

Kenya National e-Health Strategy 2011-2017

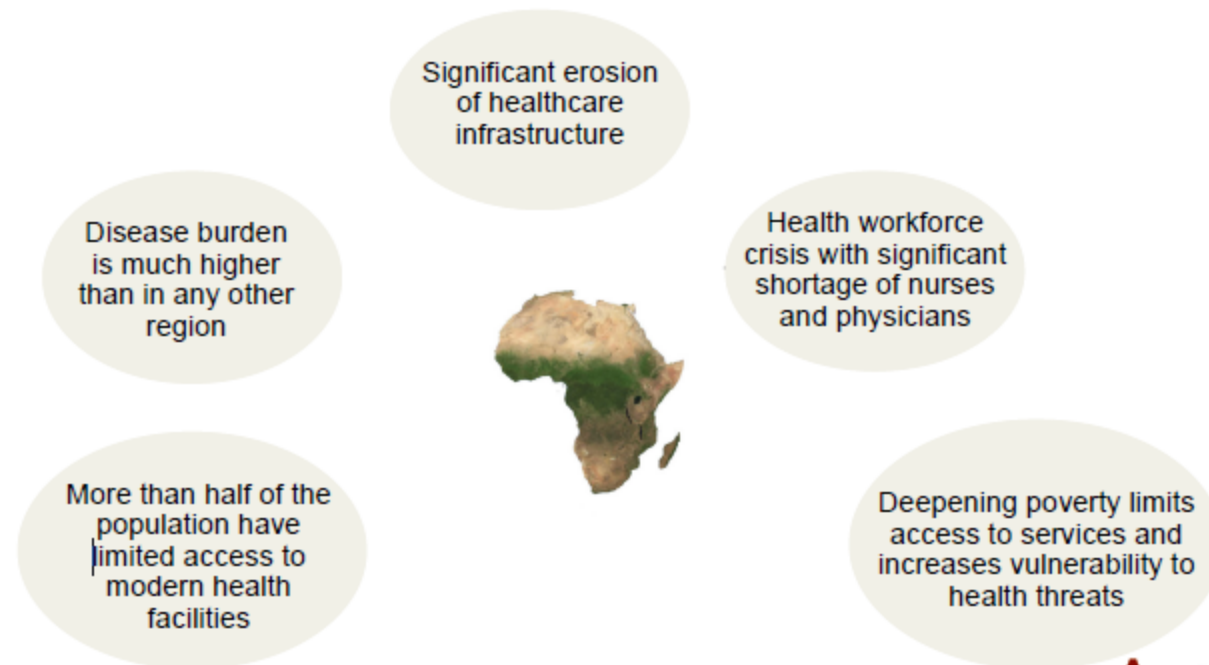
**Dr. Esther Amma Arthur Ogara
Ministry of Medical Services
Head eHealth**

**Presented at eHealth Africa Conference
Intercontinental Hotel
18th – 19 2012**



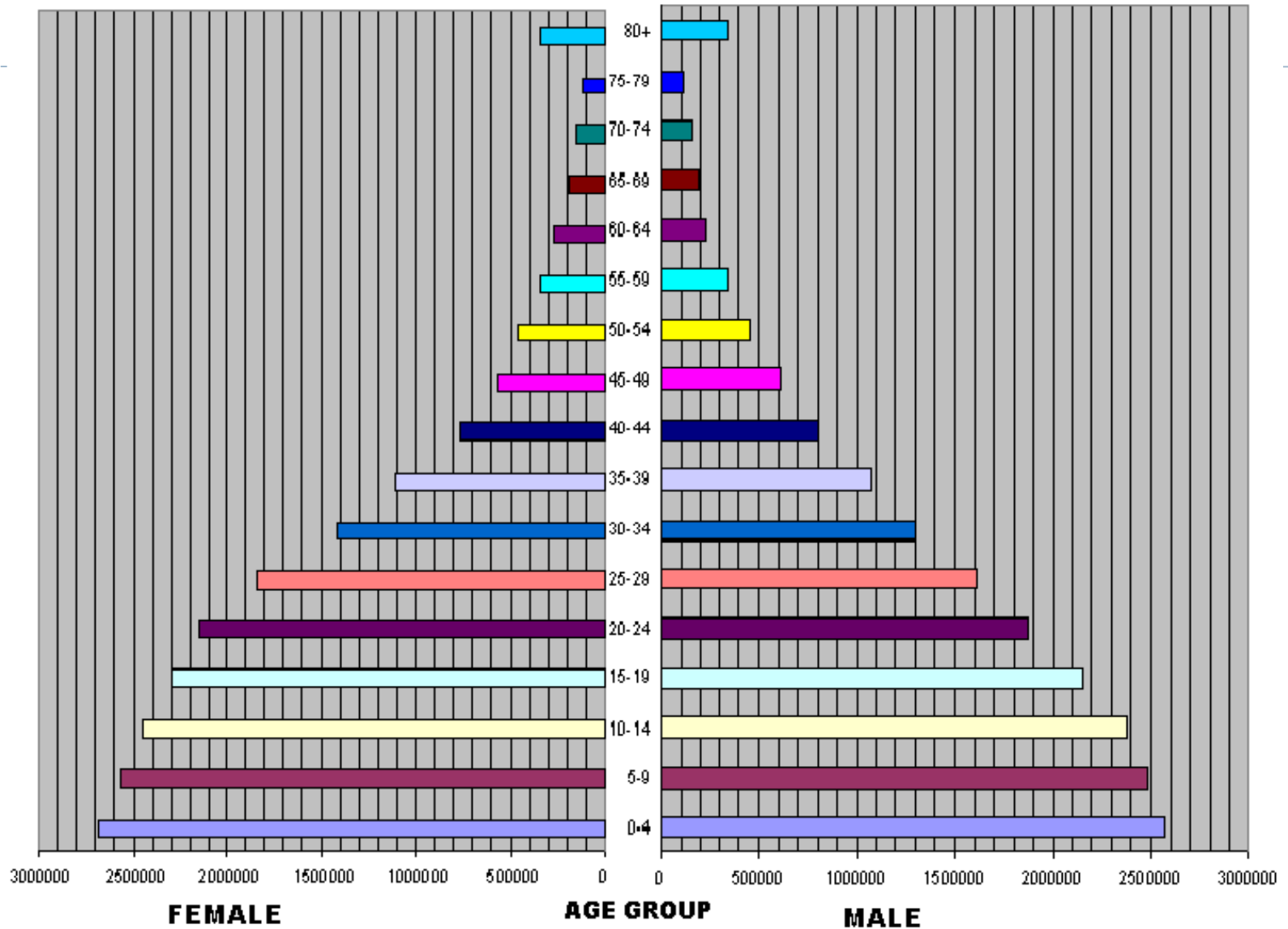
Why eHealth in Africa?

Sub-Saharan Africa is in dire need of innovative and efficient means of delivering preventive and treatment measures that improve the health of the masses.



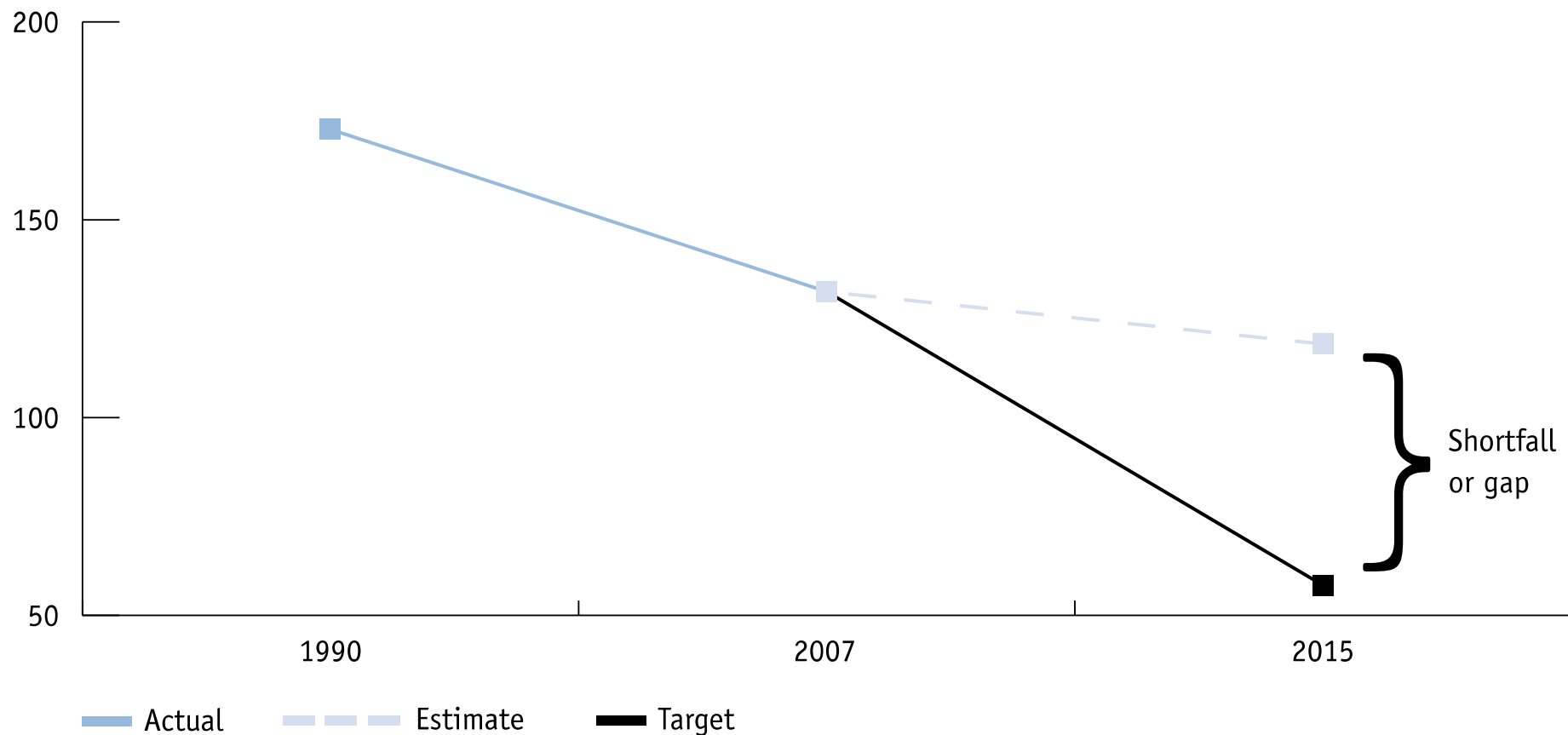
Source: Health Care in Africa: Challenges, Opportunities and an Emerging Model for Improvement by Dan Kaseje; Mobile Health: The potential of mobile telephony to bring health care to the majority by Rafael Anta, Shireen El-Wahab and Antonio Giuffrida: Innovation Note, IDB, Feb 2009; Harnessing Technologies for Sustainable Development, 2002 Policy Report by the Economic Commission of Africa <http://www.uneca.org/harnessing>

KENYA POPULATION PHYRAMID 2008



MDG4 target still far

Figure 18: Under-five mortality rates in Africa for 1990, 2007, and 2015 (estimated rate and target)



Source: ECA computations based on UNSD data, updated in July 2009.

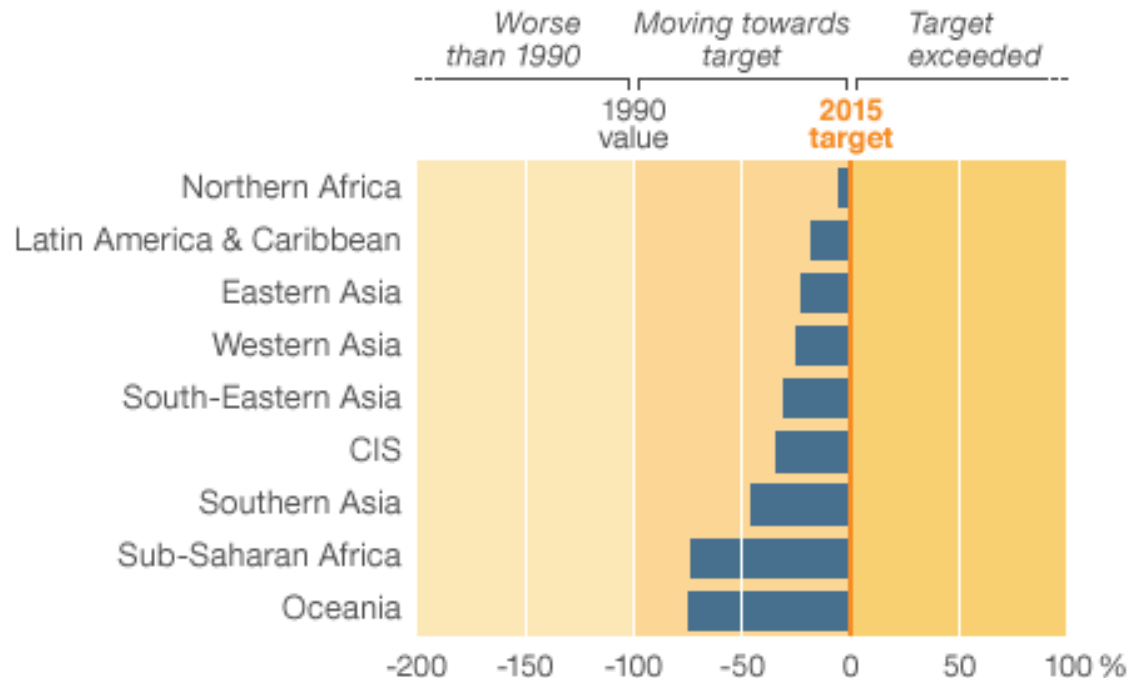
MDG 4 – U5 mortality

GOAL 4: Reduce child mortality

DATA: Under-five mortality rate per 1,000 live births

KEY TARGET: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

% of target still remaining in 2008



MDG 4

Dramatic differences within countries

Poorest have highest levels of illness and premature death

Health and illness follow a social gradient

ICT in Health Today

The third pillar of the health industry

Chemistry – 19th century ➡ Pharmaceuticals

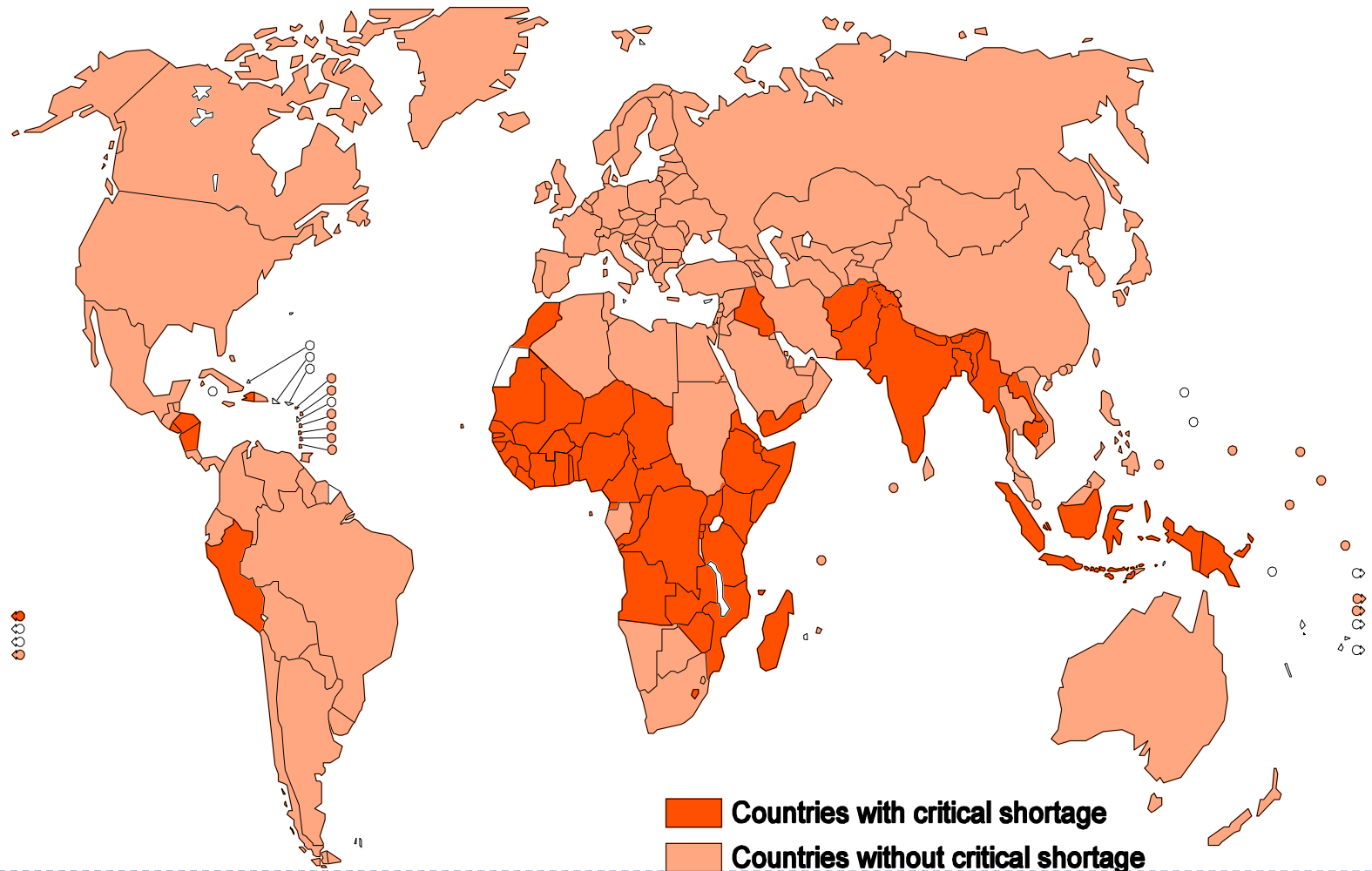
Physics – 20th century ➡ Imaging systems

ICTs – 21st century ➡ Knowledge systems for health

Fuelling a paradigm shift

From health systems focused on curing disease in patients by health professionals in health care facilities, to a focus on the citizen – empowering patient with information to maintain his/her health wherever he/she may be.

Countries with a critical shortage of health service providers (doctors, nurses and midwives)



Data source: World Health Organization. *Global Atlas of the Health Workforce* (<http://www.who.int/globalatlas/default.asp>).

eLearning easing healthcare HR crisis in Kenya

In Kenya, chronic shortage of highly skilled nurses

Enrolled Nurses (ENs) comprise 70% of nursing and 45% of the health workforce in Kenya

- First point of contact for communities, but are inadequately skilled to manage new and re-emerging diseases like HIV/AIDS

PPP led by the Nursing Council of Kenya (NCK), the African Medical and Research Foundation (AMREF) and Accenture to upgrade 22,000 ENs from 'enrolled' to 'registered' level within 5 years via eLearning (distance education through ICT) methods

Source: Source: WHO, AMREF website

Promising progress since start of program in Sep. 2005



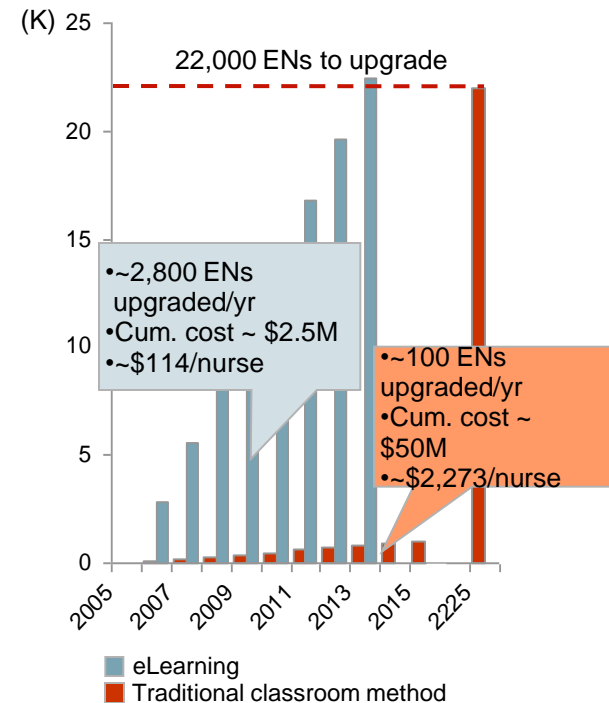
As of Nov. 2006, 3,265 nurses upgraded

27 colleges and schools participating including AMREF's Virtual Nursing School

Over 100 computer-equipped training centers set up in 8 provinces, including remote and marginalized districts

eLearning can reach goal w/in next decade versus >200 years w/ traditional classroom methods

eLearning vs. traditional methods for upgrading ENs



Results do not just represent dramatic cost and time improvements over status quo, they are nearly impossible without use of ICT

Broadening the scope: social determinants of health

eHealth = ICT for health

What produces health?

Water and sanitation

Food and nutrition

Housing and shelter

Education

Health care

“Health is made in the home
and repaired in institutions”

*Prof. Francis Omaswa (Physician and
Public Health Expert)*

Where can we bring ICT to bear on this production?



Strategy development phases



Vision, Mission and Objectives

Vision

- **Develop efficient, accessible, equitable, secure and consumer friendly healthcare services enabled by ICT.**

Mission

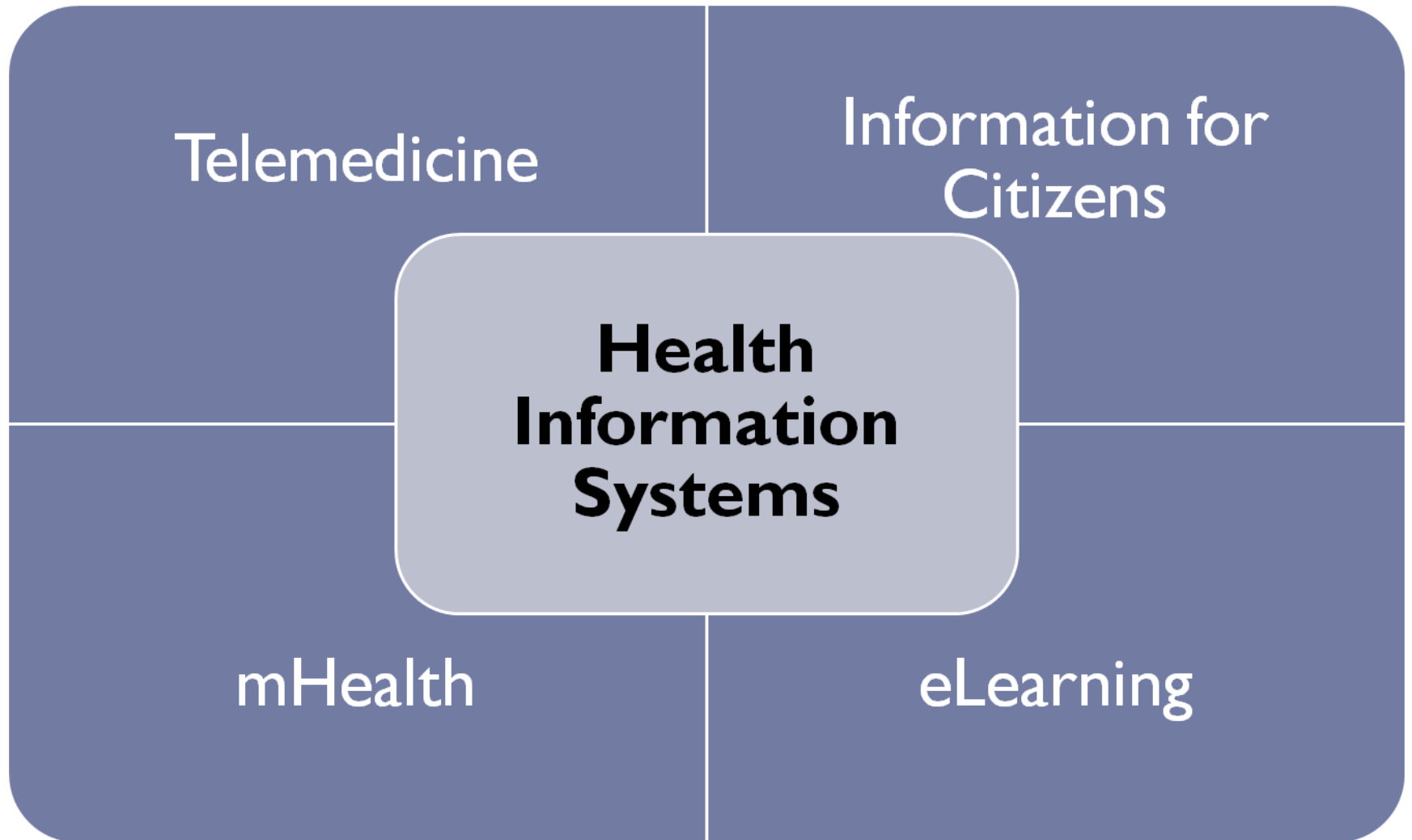
- **Promote and deliver efficient healthcare services to Kenyans and consumers beyond our borders, using ICT.**

General Objectives

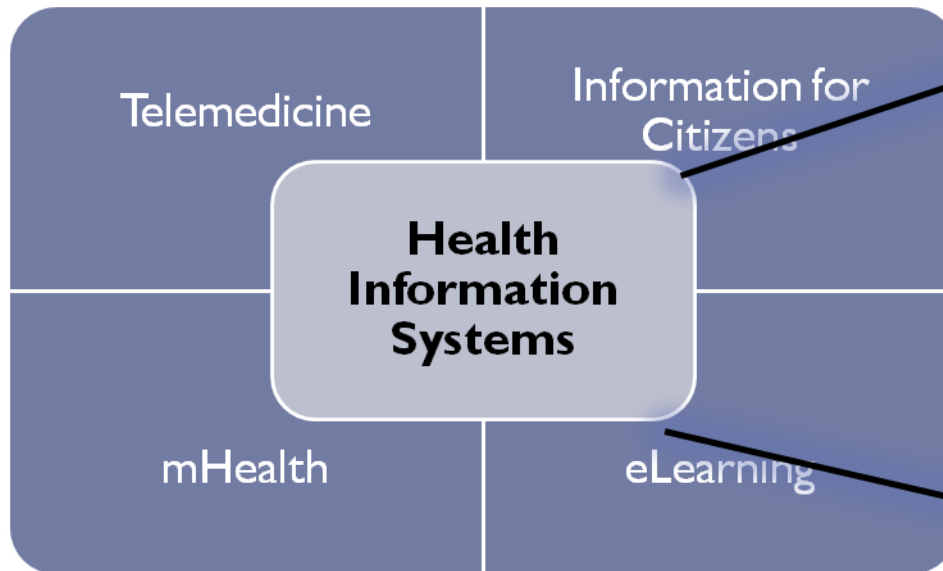
- Support more informed policy, investment and research decisions through access to timely, accurate and comprehensive reporting on Kenyan health system activities and outcomes.
 - Improve the quality, safety and efficiency of clinical practices by giving care providers better access to consumer health information, clinical evidence and clinical decision support tools.
 - Enable the Kenyan health sector to more effectively operate as an inter-connected system overcoming the current fragmentation and duplication of service delivery.
 - Create linkages between health research and information technologies.
-



Strategic Areas of Implementation: The Five Pillars



Implementation Framework



Five Functional Domains:

1. Patient Centric Information
2. Pharmacy and Medical Supply Chain Information Management
3. Financial Information, including Insurance and Payments
4. Health Workforce Management and Training
5. Regulation

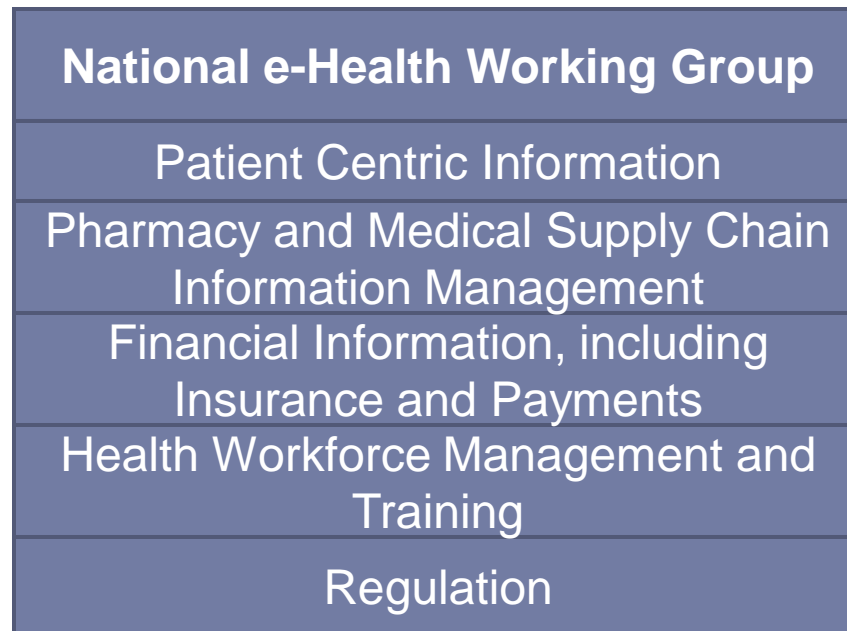
Enterprise Architecture:

1. Architecture is a coherent structure
 2. Describes its components, their relationships to each other, and the principles and standards.
 3. Leads to common understanding.
 4. Made up of well described and designed building blocks that are reusable to save time, save money and reduce risk of project failure.
-



Governance

National e-Health Steering Committee



Implementation Committees formed by government, private sector and development partners



National e-Health Secretariat (MOMS/MOPHS)

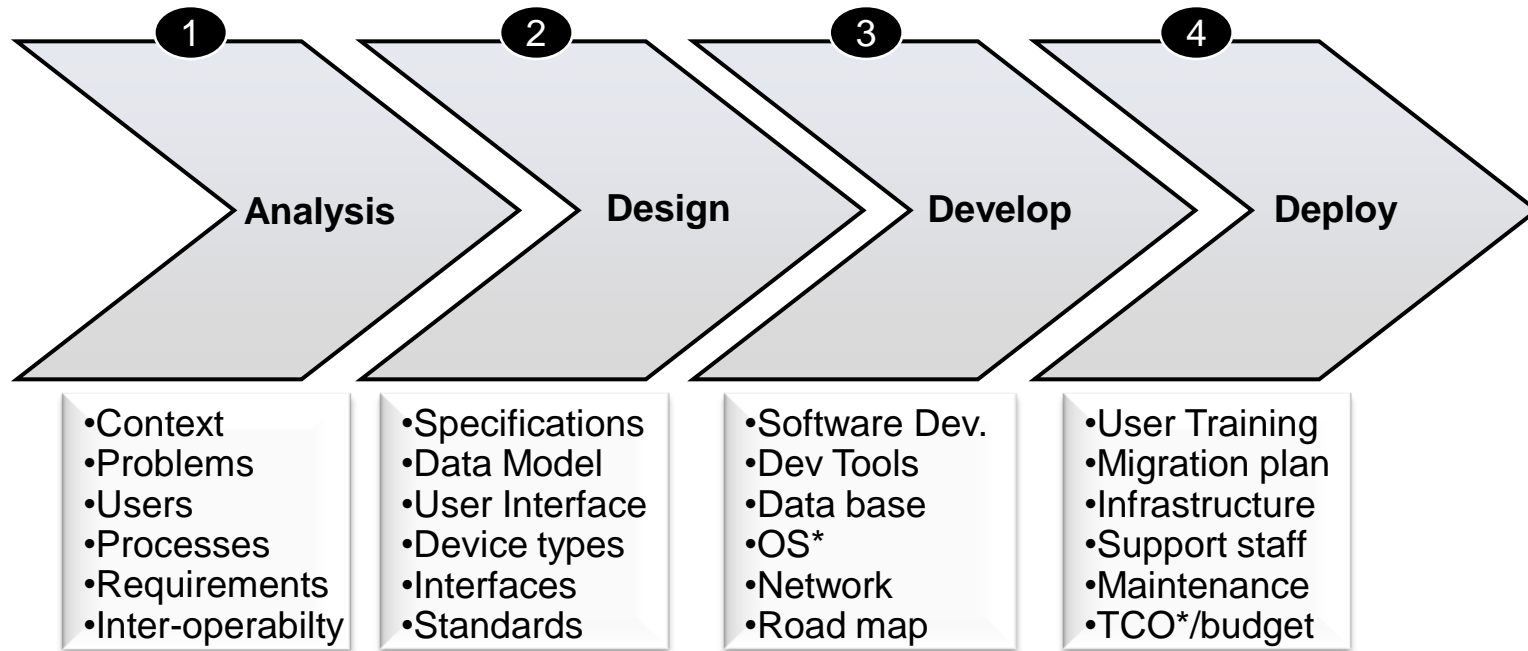


Enterprise Architecture Development

1. Ensure coherence and inter-operability within each functional domain:

Five Functional Domains:

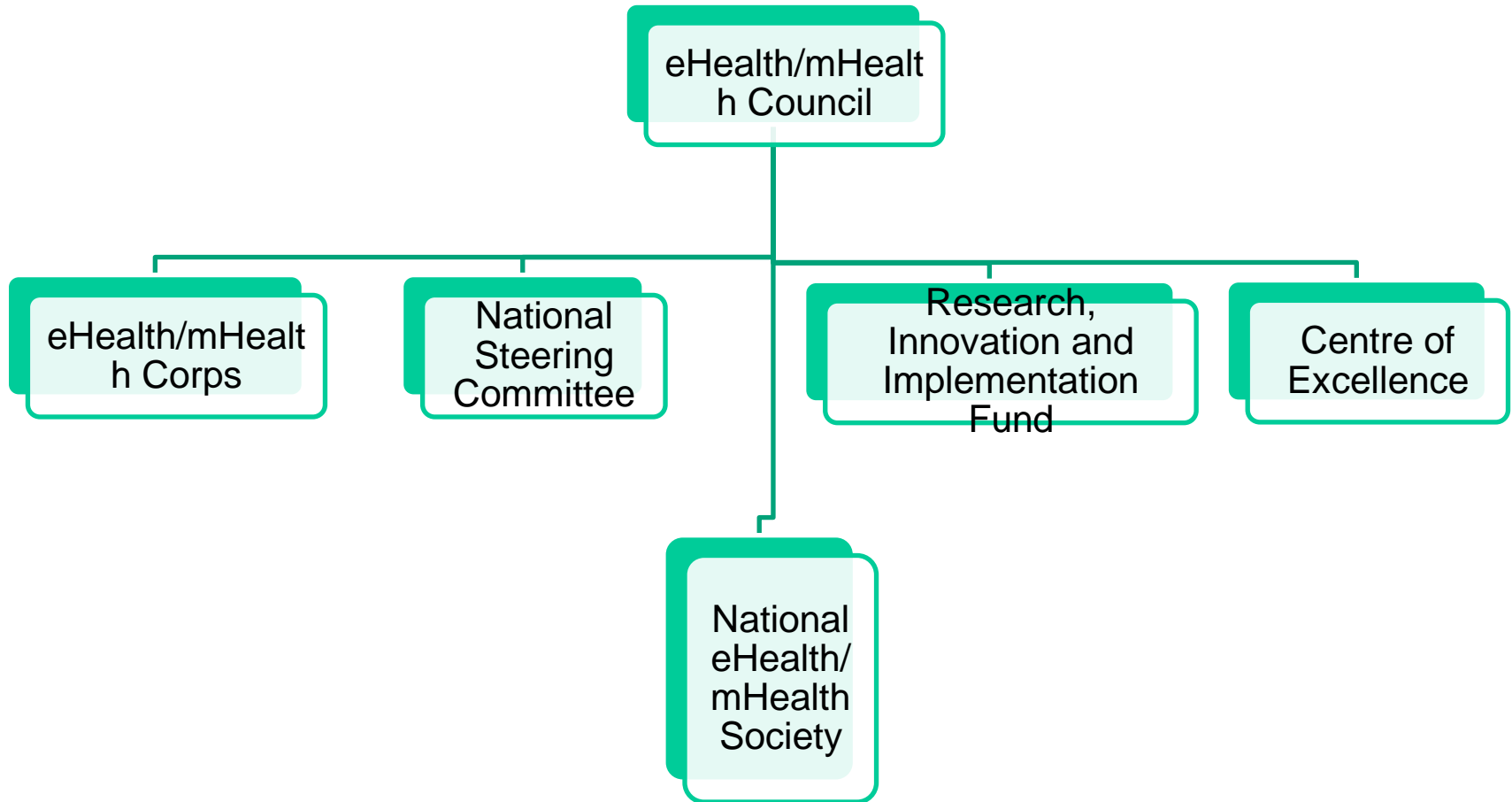
1. Patient Centric Information
2. Pharmacy and Medical Supply Chain Information Management
3. Financial Information, including Insurance and Payments
4. Health Workforce Management and Training
5. Regulation



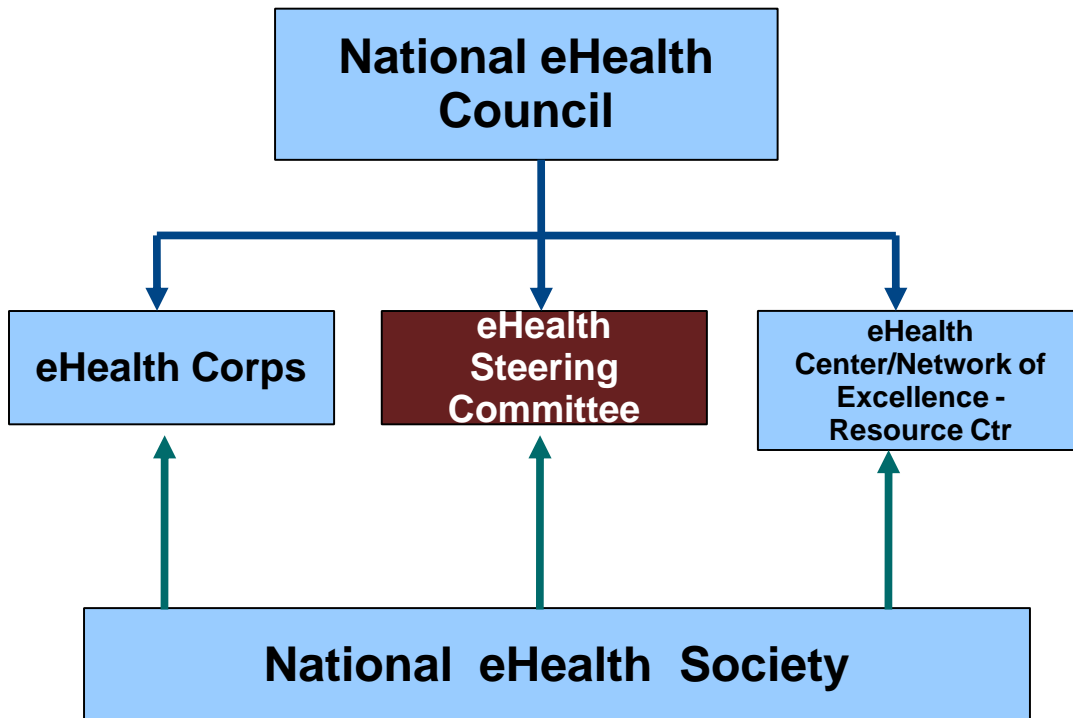
*"SDLC" software development life cycle, "OS" operating systems, "TCO" total cost of ownership.

2. Coordination to ensure coherence and inter-operability among functional domains

Governance/Management Structures



eHealth Steering Committee



The GeHCs-ISfTeH Framework

Ministry organ:

- Advise Minister
- Includes all stakeholder groups
- Coordinate eHealth activities
- Provide oversight on eHealth within Ministry



Key challenges in scaling-up

Clearly defined National priorities and Plan

Coordination between different stakeholders

Convincing Evidence to scale the projects

Resources to support scaling-up procedures

Capacity of planners and users

Policies to support mHealth/eHealth initiatives

Change management plan

Leadership (Governance and management) structures



Recommendation

- Government Leadership
- Multisectoral Involvement
- Change Management: Users, Service providers, Health workers, patients
- Involve stakeholders right from the beginning
- Turn challenges into opportunities
- Oppositions/Resistance/Acceptance
- Lobby to work those opposing and resisting
- *We must integrate eHealth into the health system*



Acknowledgements

- Kenya Government and line Ministries
- Commonwealth Secretariat London
- IFC
- World Bank Group
- Multilateral Investment Guarantee Agency
- Rockefeller Foundation
- Aga Khan University, Pakistan
- DFID
- WHO



A vibrant space-themed background featuring a dense field of stars, a bright sun-like star with a lens flare in the upper left, a crescent moon in the upper right, and the reddish-orange surface of Mars in the lower left. The text is centered in a bold, italicized, cyan font.

***Thanks for your
attention***