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Health Resource Allocation Trends in Subnational Governments of Kenya: A Case of the County Government of Siaya

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Abstract
Two decades after signing the Abuja declaration, the government of Kenya is yet to allocate 15% of its national budget to the health sector. Subsequently, health sector financing in the Country is not commensurate to the disease burden. Health service delivery is devolved to the 47 County Governments of Kenya. Siaya County is one of these with a high disease burden and increasing prevalence of Non-Communicable Diseases. There is very limited information on the health sector resource allocation trends since no study has been done to establish the same. This study therefore set out to establish resource allocation trends and examine the possible consequences of the same to health service delivery in Siaya County. This was a desk review conducted by analyzing County and National Government policy documents and reports as well as WHO reports. The results show that resource allocation to health services in the County focuses more on recurrent expenditure. Personnel emoluments is allocated up to 70% of the recurrent expenditure leaving 30% for the County department of health's operation and management. On the other hand, the allocation towards preventive programs have been declining since 2018 while curative services program has had a higher allocation compared. Waste management programs have however not been funded for the past three financial years. Health financing has a direct effect on disease burden and this could already be happening in Siaya County. The study recommends that the Ministry of Health should develop a resource allocation guide to subnational governments.

Key Words*-Health financing, Subnational governments, resource allocation, recurrent expenditure, development expenditure*

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I. Introduction

Kenya and Uganda are the only countries in East and Southern Africa whose General Government Expenditure on Health isdeclining (Chitah, 2022). The economic impact of population health on the economic development of a country pushed African countries to sign the Abuja declaration in 2001, committing to allocate 15% of government spending on health services (African Union, 2001). Two decades later, the average government spending on health as a percentage of total government expenditure is at an average of 7.2% in the World Health Organization (WHO) Africa region (WHO,2020).The low government spending means that Out Of Pocket (OOP)spending is very high estimated to be at 36%. This is the second highest globally behind South Asia (Chang, Cowling, Micah, Chapin, Chen, Ikilezi, &Qorbani, (2019).

Kenya allocated 9.1% of its total government expenditure to in the F/Y 2021/2022. The Ministry of Health ranked 6th in terms of budgetary allocation amongst the 10 government ministries in the F/Y 2018/2019 and F/Y 2019/20. This allocation is acutely inadequate and has compromised the quality of service delivery in public health facilities. (Health policy plus, 2021). The resultant effect is increased impoverishing health spending that has risenfrom 32% in 2008 to 39% in 2014. This translates to 39% of Kenyans being pushed further into poverty due to health spending. In Kenya, delivery of health services is devolved to the 47 County Governments whose main source of revenue is the national government. Siaya County is one of these government entities with a population of 1 041 492 (KHIS, 2022)

The County has high disease burden with the top five causes of morbidity being Malaria, respiratory tract infections, diseases of the skin, diarrheal diseases and urinary tract infections. Moreover, the County is already undergoing epidemiological transition. The prevalence of diabetes, hypertension and mental disorders have increased by 560%, 438% and 247% respectively from 2013-2021(CDH, 2022). This burden calls for commensurate medical personnel, equipment and health system infrastructure. However, the County has inadequate medical staff. The ratio of nurses and doctors to the population is way below the World Health Organization (WHO)standards at 1:2000 and 1: 25 000 respectively.

On the other hand, the department of health services has been receiving the highest County budget allocation since the inception of devolution in 2013. However, over the past five years, personal emoluments have accounted for more than 70% of the departments' recurrent budgetary allocation, leaving little resources for Operations and Management (O&M) and development. Notably, the department also allocates more money for curative programs as compared to preventive programs. Even though curative programs receive more money; the allocations have been fluctuating. For instance, the curative program receivedKsh. 170,495,738, 156, 342,739 and 52,095,690 for the financial years 2019/2020, 2020/2021 and 2021/2022 respectively (CDH, 2022).A significant program like waste management has not been allocated any money in the current and two past financial years right in the midst of a pandemic.

It is against this background that this study analyzed the resource allocation trends in Siaya County with a view of establishing the reasons why health service delivery in the County has been dwindling. This study is important to County Governments of Kenya as well as other subnational governments because health financing has been proven to influence maternal and under 5 mortalities (Frank, &Mcineka, 2021). Curbing these vices have been a central focus of the County Government of Siaya (CDH, 2022) as well as most governments in Sub Saharan Africa. Furthermore, the findings of this study will be important to policy makers responsible for resource allocation in future budget making in the County. Other subnational governments will also benefit from the findings and institute reforms in health care financing.

1.1 Problem Statement

There is limited information on resource allocation trends to health services in the County Government of Siaya.

1.2 Objectives

i. To establish resource allocation trends for health services in Siaya County

ii. To examine the possible consequences of resource allocation decisions to health services in Siaya County

II. Methodology

A desk review was conducted on Annual Development Plans (ADPs), Budget Estimates, CDH reports and health system infrastructure policies guiding resource allocation to the department of health services. Secondary information was collected from MoH documents, reports from the CDH, Siaya County Assembly Health Committee reports, World Bank and WHO reports on healthcare financing. Policy documents were defined as principles and strategies for a plan of action designed to achieve a particular set of goals including through guidelines, plans and standards (Perehudoff, Kibira, Wuyts, Pericas, Omwoha, van den Ham, Mantel-Teeuwisse and Michielsen, 2022).

2.1 Data collection and analysis

An online search (conducted in April, May and June 2022) identified relevant laws, policies, and reports on health financing through the MoH and County Government of Siaya websites. Legal databases including https://www.who.int/data/gho/data/themes/topics/health-workforce and https://www.worldbank.org/en/topic/universalhealthcoverage#1 were utilized. The Google Scholar search engine was searched using the syntax "(subnational AND health financing) OR (health financing AND Sub-Saharan Africa). Physical copies of public documents from the County Government of Siaya were collected. The Documents were selected for inclusion in three stages; first legal, strategic and policy documents on budgeting. Secondly, document currently in force and thirdly, document is legal strategic or policy related. Documents were excluded if they did not meet the inclusion criteria or if full text was unavailable. This paper is a distillation of various pieces of information and data derived from collating and analyzing experiences and commitments made in the aforesaid documents.

III. Results And Discussion

3.1 Resource allocation trends

As shown in Figure 1 below, in the Financial Year (F/Y) 2021/2022, recurrent allocation was Ksh. 2,161, 539, 784 while development budget was Ksh. 219, 724,021. Further analysis of the recurrent budget shows that 73% was allocated to personnel emoluments leaving 27% to operations and management of the department.spending these amounts of resources on recurrent expenditure means that the department has inadequate capacity to invest in expansion and consolidation of services (Health Policy Plus, 2021).

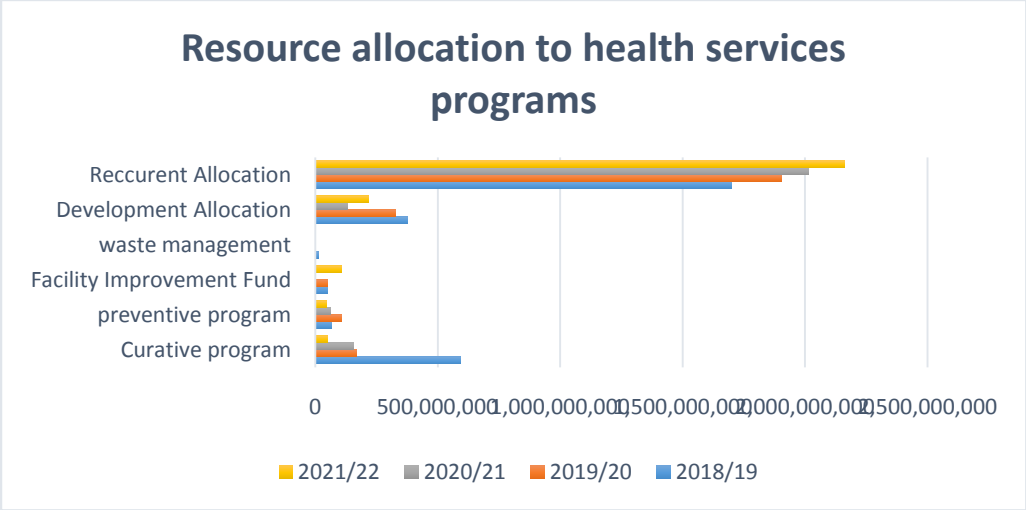

*Figure 1-Resource allocation to health services programs. Source (*CDH, 2022)

The development budget, which is meant to fund development programs had 70% of it allocated paid back to the national government for specialized medical equipment. This is a program run between the national government and County Governments. Specialized medical equipment were distributed to County Governments in 2015 and a Memorandum of Understanding signed on annual payment to be remitted to National government as payment (Simeoni, Kinoti, 2020).Figure 2 below shows the extent to which the Managed Equipment Service (MES) project accounts for the development budget of the CDH over four financial years. Furthermore, allocations to the recurrent budgets has been increasing over the years while the development budget is inconsistent and on a reducing trend.

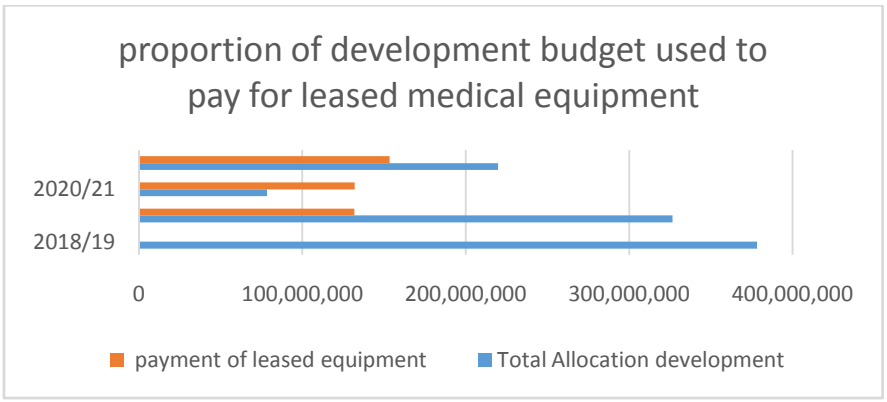

Figure 2- proportion of development budget allocated for MES project (CDH, 2022)

The department of health services has 8 programs to which money is allocated annually. Of interest to the study were waste management, Facility Improvement Fund (FIF), Preventive and curative programs. As figure one shows; waste management has not received any budgetary allocation since the F/Y 2019/2020. The FIF funds meant for 36 health centers and 125 dispensariesdid not receive any funding in the F/Y 2020/2021 right in the midst of COVID-19 outbreak. Primary and Community health care are the frontline of all health systems. It is therefore important that they are well financed and equipped to build resilience. Thishelps in decongesting hospitals, providingservices to those with chronic conditions and most importantlyoffer essential services to remote communities within their jurisdictions (OECD, 2021).

Scientific evidence show that poor waste management directly correlates to adverse health outcomes. Urbanization and industrialization have spiraled an increase in generation of solid waste in developing countries like Kenya.

As is the case in Siaya County, waste is often dumped in poorly drained and congested informal settlements(CITE). The toxicity of solid waste landfills is never determined and the effects manifests years later in form of complicate and fatal diseases (Ziraba, Haregu, &Mberu, 2016).

It is also worth noting that the County has a trend of allocating more resources to preventive programs over the years even though the allocations to curative programs which have always been high are on a steep decline. This

trend affects the economic growth of Siaya County which can be catalyzed with optimized resource allocation for both preventive and curative programs (Wang, 2018).

3.3 Consequences of resource allocationdecisions

The national allocation to health care over the past recent years has been less than 10%. This is two decades after Kenya's ratification of the Abuja declaration. Even though County Governments have been allocating more than 20% of their budgets to the health sector, the inadequacy remains because it is a percentage of a deficient national figure. In 2021/2022 the national government allocated Ksh. 121.1 billion to health services which was 9.1% of the national budget (Health Policy Plus, 2021).This is way below the Abuja declaration of 15% allocation to health services envisioned to cause efficiency in the health sector.

3.3.1 Attainment of Universal Health Coverage (UHC)

This efficiency would then go along way in delivering UHC.Health care is not just about delivering services to the people, there is a quality component to it. It is therefore important that the health systems are well positioned to deliver quality health services from the community level to specialized care facilities. Low quality health care leads to poor health outcomes. When countries concentrate on a blanket assumption of attaining UHC without measuring quality of services, the true impact of this program to the beneficiaries remains unknown (Asante, Man & Wiseman, 2020). Siaya County envisioned to attain UHC by 2022 but the current financing trends are not sufficient to empower the health systems to deliver UHC.

3.3.2 Disease burden

Siaya County is gradually undergoing epidemiological transition. As shown in Figure 3 below Non Communicable Diseases like Diabetes and hypertension are on a steep increase. The ongoing inadequacies in resource allocation hamper delivery of life saving services to the sick and even curtails delivery of preventive services. Similarly, the County is witnessing a surge of mental disorders, yet there is no mental health specialist to attend to these cases (CDH, 2022).

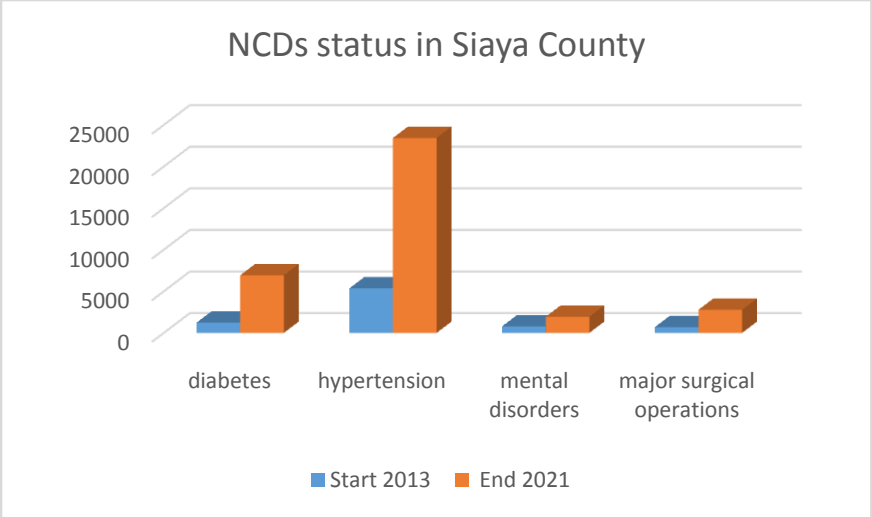

Figure 3- prevalence of NCDs in Siaya County. Source: CDH

Child nutrition indicators in Siaya County are also pointing to poor nutrition of children under 5. The prevalence of stunting in children under five is at 22% while wasted and underweight children are 6 and 13% respectively. Adolescent pregnancy is also rife in the County at 21.2%. These statistics show a needy population which would greatly benefit from efficient health systems. The evident underinvestment in preventive health care is increasing disease prevalence in Siaya County and thus pushing the County to allocate more of the already scarce resources to curative health (Wang, 2018). The increased demand for curative services overstretches hospitals and overwhelms the existing inadequate workforce.

IV. Conclusion

Preventive and curative health services complement each other in boosting economic growth. Underinvesting in preventive health care erodes the positive impact of curative health services and vice versa. economies that invest less in preventive health care cause an increase in disease prevalence thus bloating their curative budgets (Wang, 2018). It is therefore important that County Governments of Kenya create a guideline on resource allocation to and within the health sector programs. Such policy will help in creating some stability

in resource allocation. County Governments should also invest in research as the basis for resource allocation in health.Evidence based decisions will put money where there is need.

The high disease burden in Siaya County can be reversed by increasing financial resources to the CDH. Health financing directly affects health outcomes and demographic dividend measure by both young and old dependency ratios. Another benefit in increasing health financing is that it has an indirect impact on both primary and secondary school enrollment (Frank &Mcineka, 2021). The Government of Kenya introduced the policies on free primary school education and 100% transition from primary school to secondary schools. It is therefore in the interest of both National and County Governments to increase health financing and catalyze the achievement of these two policies critical for County and National development.

V. Recommendation

The national Government should increase its resource allocation to health services. Additionally, the Ministry of Health to develop a guide to the County Governments that will help in raising revenue allocation to a national figure of 15%.

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