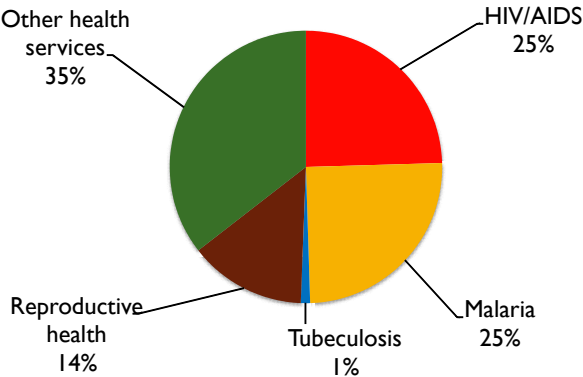


NHA Subaccounts

THE on Priority Areas, 2009/10



NHA subaccounts provide data on health spending in specific priority areas. The 2009/10 NHA estimation, subaccounts were measured for

- Child health
- HIV/AIDS
- Malaria
- Reproductive health
- Tuberculosis

Expenditures on child health services, which cut across the HIV/AIDS, TB, and malaria subaccounts and other general health spending, accounted for 7.5% of THE. Due to the overlap with other subaccount spending, the child health expenditures are not shown separately.



How Does NHA Influence Policy?

- Increase government spending on health
- Elevate the status of MDG priority areas
- Inform resource allocation decisions
- Hold stakeholders accountable
- Informed civil society advocacy efforts
- Foster need for greater coordination
- Monitor progress towards spending goals
- Increase health sector transparency
- Increase access to health care



The Kenya NHA 2009/10, was completed with support from the Government of Kenya, the United States Agency for International Development (USAID)/Kenya Mission, the World Health Organization, and the World Bank.

www.healthsystems2020.org/nha

National Health Accounts

Kenya 2009/10

National HealthAccounts is a tool for health sector management, policymakers, and activists that measures total health expenditures (THE) from public and private sectors, linking the sources of funds to service providers and uses.



Ministry of Medical Services
Ministry of Public Health & Sanitation

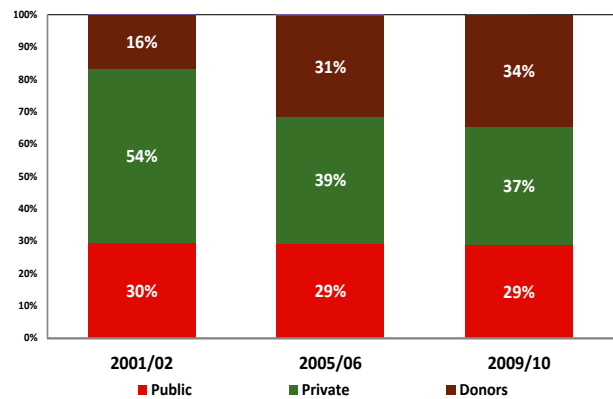
Health in Kenya

The Government of Kenya has made health a priority. Health is essential to the socio-economic agenda of the Economic Recovery Strategy as well as to the social pillar of the Vision 2030. As Kenya seeks to strengthen its health sector, decision makers need timely data to inform policy development.

Findings from the NHA 2009/10 will shape the national health financing framework and inform the National Health Strengthening Strategic Plan III.

Who Financed Health?

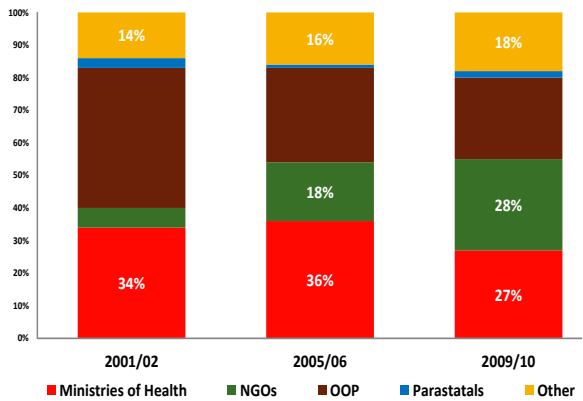
THE by Financing Source (2001/02, 2005/06, 2009/10)



Donor contributions to THE increased by Ksh 42.4 billion from 2005/06 to 2009/10, or 34%, and government contribution in absolute terms increased by 18% over 2005/06 estimates, reaching Ksh 35.4 billion in 2009/10.

Who Managed Spending?

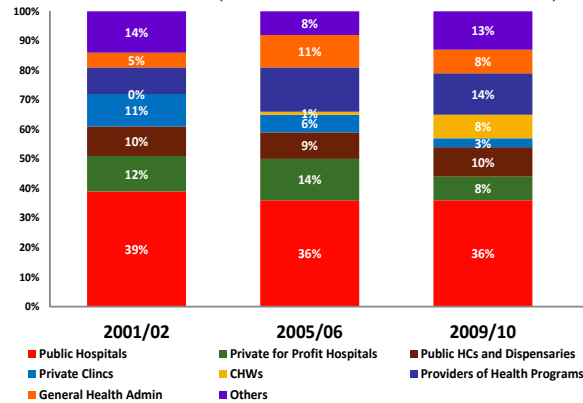
Financing Agents (2001/02, 2005/06, and 2009/10)



Ministries of Health, NGOs, and out-of-pocket payments continued to be the predominant financing agents. In absolute values, the resources managed by state corporations (parastatals) doubled from Ksh 1.4 billion in 2005/06 to Ksh 3.0 billion in 2009/10.

What Services Were Used?

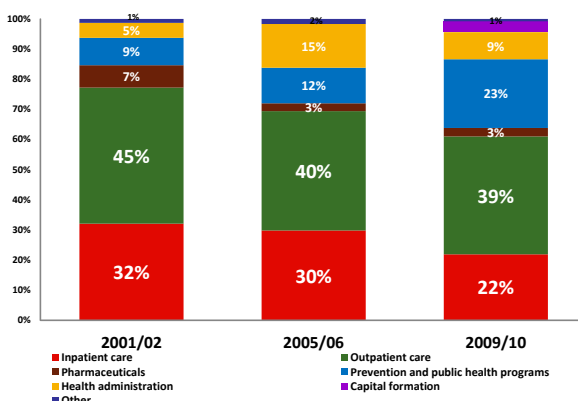
Distribution of Providers of Health Services and Commodities (2001/02, 2005/06, and 2009/10)



In 2009/10, public hospitals utilised 36% of THE, followed by providers of health programmes at 14%. Resources utilised by public health centres and dispensaries increased from 9% in 2005/06 to 10% in 2009/10, supporting the objective of decentralising care to lower-level facilities.

How Was Money Spent?

Distribution of THE by Function (2001/02, 2005/06, 2009/10)



Outpatient curative care continues to take the largest portion of THE, at 39% in 2009/10. The portion of THE spent on prevention and public health programs doubled, from 2005/06 to 2009/10, while the portion of THE spent on inpatient curative care declined to 22%.

Key Findings

- THE per capita increased from Ksh 2,636 (US\$34) in 2001/02 to Ksh 3,203 (US\$42) in 2009/10, a 24% increase
- Government health expenditures as a percentage of total government expenditures declined from 8.0% in 2001/02 to 5% in 2009/10
- Public sector financing has remained constant over the last decade, at about 29% of THE, while donors contribution more than doubled
- The health sector continues to be predominantly financed by private sector sources (including households' out-of-pocket spending), although the private sector share of THE has decreased from 54% in 2001/02 to 37% in 2009/10
- Public health facilities continue to be the major providers of health care services. In 2009/10 they accounted for nearly half (47%) of THE, followed by private health facilities (22%)