

# The Roles and relationships of stakeholders in public health policies implementation in Kenya: Case of Baringo County

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**Abstract-** It is vital to understand the role and the relationship of various stakeholders in the process of policymaking as their input and the implementation of such policy largely depends on them. This paper sets to unearth the role and relationship of various stakeholders in health policies in Kenya. The paper was guided by the following objectives: to examine the role of stakeholders in health policies and to find out the importance of relationship among the stakeholders in the process of policies implementation. The research adopted a qualitative design approach to arrive at its logical conclusion. The paper found that each stakeholder has a role to play for the success of policy making and implementation and there should be a good relationship among stakeholders for the success of policy implementation. The paper finally recommends that illiteracy among stakeholder's especially local communities poses a great challenge towards policy making process and implementation.

**Index Terms-** health policies, implementation, stakeholders, health care.

## I. THE BACKGROUND TO THE STUDY

Health policies have been of crucial concern to various institutions, scholars, policy makers and communities' worldwide. Critical to health systems in the world is arriving at a common understanding on what should constitute a health system of a given population. Are health systems to be concerned with fair or equal distribution of 'health', 'health care' or 'opportunity' for maximizing health status? Unfortunately, there is no agreement on 'what' should be distributed equally (Culyer, 2001). There is a fair consensus that a fair distribution of healthcare is a more realistic objective of health system than a fair distribution of health. This is based on the argument that equity in health suggests equality in health outcome, and there are numerous factors that affect health status that are outside the locus of health system (Whitehead, 1992).

For decades, health problems have had profound impact in the Africa's development. Perennial fight against these diseases has consumed much of Africa's resource as insurmountable amount of money annually is used to fight these diseases. As Cooke (2009) notes, nowhere are global public health's more

acute than in Africa. The continents immense disease burden and frail health system are embedded in broader context of poverty, underdevelopment, conflicts and weak or ill-managed government institutions.

The improvement and extension of healthcare delivery in Africa is also being constrained by gaps in financing. Africa makes up 11% of the world's population but accounts for 24% of the global disease burden, according to the International Finance Corporation. More worrisome still, the region commands less than 1% of global health expenditure (World Bank, 2011). More than half of healthcare costs on the continent are currently met by out-of-pocket spending, a ratio that rises to as much as 90% in some countries (World Bank, 2011). Because of the inadequacy of government programs to address Africa's health emergencies, the continent has long been a big recipient of external aid in the healthcare sector. External donors are of two types: foreign governments and NGOs. While foreign governments have more funds at their disposal, the strings attached to their aid are sometimes onerous, and NGOs' relative independence (especially from large pharmaceutical corporations) can make them more effective (KPMG, 2012).

African countries have traditionally had fewer healthcare workers per head than anywhere else in the world. Low pay and poor living conditions contribute to a continuous brain-drain of health professionals to the developed world and this makes it difficult to recruit and retain skilled staff, particularly in more remote regions where the need is often greatest (W.H.O, 2011). Increased urbanization in many African countries, along with growing incomes and changing lifestyles, have led to a rise in the rate of chronic conditions such as diabetes, hypertension, obesity, cancer and respiratory diseases. These threaten to put considerable further strain on already overstretched healthcare systems. The WHO estimates that chronic diseases will overtake communicable diseases as the most common cause of death in Africa by 2030 (W.H.O, 2011).

To improve healthcare in Africa, primary healthcare should be strengthened. PHC is defined by three features: level of care, philosophy and set of services it provides. In terms of level, PHC is the first point of contact between the health system and the population it serves. It could be health clinics, health centers or hospital ambulatory care (WHO, 1978). As a philosophy, PHC

subscribes to equity, sustainability, efficiency, acceptability and the universal coverage of all citizens with some basic set of healthcare services—a comprehensive approach. The philosophy of PHC promotes the active participation of the community that it served; inter-sectoral collaboration (especially the social sector) and the use of effective technologies (ibid). The set of services provided by a health system based on PHC focuses on improvement of the overall health of the population rather than just treatment of disease (ibid).

World Bank (2011) notes that, by the end of the decade, many African countries will have overhauled their health facilities and treatment pathways to emphasize primary care services that educate people about healthy lifestyles keep them in good health and help them to manage chronic conditions. The changes will amount to a revolution in healthcare delivery (World Bank, 2011). Leading the charge will be a renewed focus on preventive care as a way of managing chronic conditions, promoting wellness and reducing expensive hospital stays (World Bank, 2011). As noted by KPMG, (2012), governments, multinational organizations and NGOs currently prefer to focus on primary healthcare simply because it is the most cost effective way of improving the health of a population and to deliver high impact interventions at low cost.

However, primary health care provision can only thrive in an environment where there is a greater representation through devolution. In recent years, decentralization has been promoted by advocates of health sector as a means of improving efficiency, quality of service; promoting democracy and accountability to the local population (Green, 1999). The argument is that decentralization facilitates the design of the most effective mechanism for coping with three crucial challenges to the health system. The first challenge is that it is common to find diversity in the epidemiological pattern of disease across regions and populations within a country. This is accounted for by characteristics of the health sector, geographical, ecological, environmental, economic, social, behavioral, demographic and cultural factors that may differ from population to population in regions within a country. The second challenge is the increased complexity of health care. The greater awareness of the important influences of non-medical factors on health status requires the mobilization of complementary inter-sectoral action from agriculture, education, sanitation, labor and industry. Third, the delivery of health care has to respond constantly to changes occurring in the health situation in local areas, especially as these changes do not occur uniformly nor at the same pace in all regions of the country (Adetokunbo, 1999). It brings decision making closer to the field-level providers of health care and it is also suggested that breaking down the large monolithic decision-making structures that are typical of centralized health system increase efficiency of service provision (Green, 1999). Fiscal decentralization brings expenditure and budgeting decision-making closer to the communities, and therefore has potential to increase the responsiveness of the public sector to differential needs of local jurisdiction (De Mello, 2000) and reduces information and transaction costs associated with provision of public goods and services (World Bank, 1997).

South Africa has set the processes of laying emphasis on primary health care through her 1996 constitution which led to fiscal federal system and implementation of health policies spread

across three levels of government: national, provinces and local municipality levels (National treasury, government of South Africa, 1999). In practice, national governments role in the area of joint responsibility with the provinces is primarily to determine policy, while provincial government shape some policy and have considerable role in implementation (National treasury, government of South Africa, 1999).

Like South Africa, Kenya for decades has formulated and strived to implement primary health care policies and with the devolution of healthcare in the newly promulgated constitution, PHC is expected to yield better results in reducing disease burden. The Kenyan devolution is a revenue sharing model where the national government collects revenue and share it to the counties for various development agendas by which health is one of them. It is on that basis that Kenya through its constitution has embraced the role of primary health care. As noted by KPMG (2013) through Kenya Health Policy (2012-2030), devolution of healthcare to the counties provides an enabling environment for this approach as the county governments are responsible for the provision of primary care. Bringing primary care services closer to the people allows for ownership and participation (KPMG, 2013).

### 1.2 Statement of the problem

There are several policies that have been formulated globally, regionally or at the local level such as primary health care declared at the Alma-Atta, Millennium Development Goals among others. In 2010 report, the WHO noted that overall progress towards meeting these Millennium Development Goals (MDGs) in Africa had been less than impressive. A 2010 review of the health situation in Kenya performed by the Ministry of Medical Services and the Ministry of Public Health and Sanitation reveals that improvements in health status have been marginal in the past few decades and certain indicators have worsened (G.o.K, 2010). The persistence of these health care problems prompted the researcher to interrogate the roles and relationship of stakeholders in public health policies implementation in Kenya.

The research examines their role and relationship in the implementation to bring the desired change at the national and local level. Under the current health care reforms, public health policies require among other things participation of the stakeholders in the implementation process for sustainability and ownership. This raises the question as to what extend are stakeholders in Baringo County get involved and relate in the implementation processes? In a bid to unravel the mystery of never ending challenges in public health through the roles and relations of stakeholders in policy implementation in Kenya, this study sought to find the solution to the problem by undertaking a survey study in Baringo County.

### 1.3 Justification of the study

The study intended to provide new literature on the approaches to the implementation of public health policies across the globe, Africa and Kenya in particular especially at this current dispensation where health policies have been devolved to Kenya's forty seven county governments.

This study yields data that is going to provide information on appropriate techniques of public health implementation to policymakers and planners for health since health is critical for development as notes by Schultz, (1993) human health has a major

role to play in economic development. There is a direct link between the health of a population and its productivity, and this relationship has been demonstrated in industrial countries, which are now benefiting from years of investment in health services (ibid). The findings from the study shall augment the role played by health professional, communities and other consumers of public policy thus improving the service health care. In addition, the findings and recommendations emanating from this research shall foster cooperation of various stakeholders in the fight of public health challenge.

Finally, the findings from the study are useful to scholars of policy and other academicians on issues of policy implementation, devolution and healthcare financing. The research reviewed comparative analysis of public health implementation that provides fodder for scholars in the field of policy.

**1.4 Scope and delimitation of the study**

The study was conducted in Baringo County in Kenya reviewing the role of and relationship of stakeholders in health policies implemented between the periods 2003 to 2015. This was the period when governments had come up with a lot of public health policies and other policies related to health care.

**1.5 Methodology**

This research adopted a qualitative design, an interview schedule to collect data and a mixed strategy in data presentation and analysis.

**1.6 Role of Stakeholders in the Public Health Policies Implementation**

It is pertinent to understand the role various stakeholders play in public health implementation process. Their role is indispensable in this era of democracy and popular participation in policy making and implementation. Emphasizing the importance of stakeholders in policy implementation, Smith (1973) argues that public bureaucrats, interest groups and affected individuals and organizations often attempt to force changes in the original policy during the implementation process. The research therefore, sought to establish the role and relationships among the stakeholders. These stakeholders included: Governments (Both National and County), Communities, NGOs & FBOs, private health professionals.

**1.6.1 Communities Role in the Implementation of Public Health Policies**

Communities’ role in development of policies has always been effective in implementation process as they help develop the right strategies for implementation and sustainability of such policies. Hence their presence and activity is mandatory in the implementation process. This information is presented in table 1.

**Table1. Communities Role in the Implementation of Public Health Policies**

Communities’ role	Frequency	Percentage
Yes	262	86.2
No	42	13.8
<b>Total</b>	<b>304</b>	<b>100.0</b>

Source: Field data, 2015

From the data collected it was evident that (86.2%) of the respondents said yes they have a role to play and the remaining (13.8%) said no. From the findings it can be deduced that the success of the implementation of a health policy will depend on the people realizing its benefits and impact through their own initiatives. This further means it is important to involve the people in the implementation process by considering their views. According to Sen, (1999) freedom of people to participate socially and politically in shaping their lives and what they value is central to human and economic development. Sen offers many examples of how people having ‘‘agency’’ (the ability to act and bring about change), coupled with access to basic education and health services can lift themselves out of poverty and transform societies (ibid). The data collected further agrees with (World Bank, 1997) that government programs work better when they seek participation of the users, and when they tap the community’s reservoirs of social capital and the benefit shows up in smoother implementation, enhanced project performance, greater sustainability and better feedback to government agencies.

Health professionals interviewed acknowledged the role communities play in the implementation of public health programs but questioned the level of their participation. According to them community members are not trained to handle technical issues such as curative as they may not possess medical knowledge thus compromising quality and standards. One health professional pointed out that:

*“Involving the community members in the implementation process requires them to possess some degree of technical skills and knowledge concerning health issues which may not be the case in many areas of Baringo thereby compromising national and global quality that require sets of standards for health service delivery that should diligently be observed.”*

According to March and Olsen, (1984) lack of information and skills limits communities’ involvement in the implementation especially in societies where trained medical personnel and literacy levels are low. However, such a problem can be overcome by training community and equipping them with necessary resources to implement the health policies within their areas of residence. According to Economic Intelligence Unit 2011, non-professional people can be trained to provide education, support treatment for HIV, deliver prescribed medicines, and use a weighing scale or glucose-testing device thus freeing up specialized medical staff to perform more complicated procedures and reducing the pressure on overstretched public-sector hospitals.

**1.6.2. Role of NGOs and Private Health Providers in the Implementation of Public Health Programs**

NGOs and private health providers have played a critical role in implementing health policies in Kenya and they have positively influenced the people especially in arid and semi-arid areas (ASAL) where the government is not effective in provision of health care. Due to this, the researcher found it important to establish their role in the implementation of the health policy. This data is presented and tabulated in table 2.

**Table2. Role of NGOs and Private Health Providers in the Implementation of Public Health Programs**

NGOs	Frequency	Percentage
Yes	274	90.1
No	21	6.9
Non response	9	3.0
<b>Total</b>	<b>304</b>	<b>100</b>

Source: Field data, 2015

From the data collected it was evident that (90.1%) agreed that NGO have a great role to play while (6.9%) disagreed and the non-response was (3.0%). From the findings it can be deduced that the NGOs and private health providers have a role to play. This includes construction of a hospital or development of a mobile clinic which offer immunization in far flung areas, provision of ambulatory services and health education and awareness. NGOs funded health facilities provide quality services at affordable costs in areas where government facilities are few or non-existent. One of the NGOs officials interviewed had the following to say on their role in health care provision:

*“NGOs play a key role in areas where government health facilities are inadequate or understaffed and in most cases partner with government in implementing some community health programs and other programs such as immunization, reproductive health, nutrition and maternal health and other programs related to health such as eradication of poverty, provision of clean water and education.”*

This response is consistent with Hardee *et al*, (2004) that institutions outside the government play a role in policymaking by acting as advocates for policy change (civil society groups, grassroots organizations, NGOs, and advocacy groups) by providing data for decision making (academic and research organizations) and by providing funding (donor organizations) for policy research, policy dialogue and formulation, and implementation. Finally, international organizations also play a role in supporting—and influencing—policymaking. Literature reviewed indicate that the importance of these actors in the implementation of public health policies have never been taken with seriousness they deserve by the government health system as observed by Mwabu and Kibua (2008) that health planners have never streamlined the role of donor funding for purposes of good health care delivery. According to Mwabu and Kibua (2008) District Health Systems failed to recognize the role of private sector and NGOs in the delivery of health care services in the districts despite the important role played by private sector and NGOs especially the mission facilities located in under-served areas (ibid).

**1.7 Relationship of Stakeholders**

In public health implementation, individual and institutional relationships are important as it allows proper coordination in the areas of cooperation. The researcher sought to know how the government, NGOs, private healthcare givers and the community relate in their day to day business of providing health services. Data tabulated on relationship is presented in table 3.

**Table3. Relationship of Stakeholders**

Relationship	Frequency	Percentage
Good	130	42.8
Very Good	6	2.0
Average	154	50.7
Poor	4	1.3
Non response	10	3.3
<b>Total</b>	<b>304</b>	<b>100</b>

Source: Field data, 2015

From the data collected response showed that (42.8%) termed relationship as good, (2.0%) as very good, (50.7%) as average and (1.3%) as poor. From these data obtained it can be deduced that the relationship is fairly good. These stakeholders should strengthen their partnership in areas they co-operate especially the areas of health education and awareness, maternal health, ambulatory care, referrals and immunizations as these were the major areas respondents cited has the major ‘areas of cooperation’. However, county government officials mentioned some hiccups in its relations with the national government in implementations of health programs. County official interviewed had this to point out:

*“The relationship between the national and county government sometimes is constrained. The national government is not committed in increasing the funds for policy implementation, usurps the roles for county governments in the implementation thereby creating ‘bad blood’ between these two levels.”*

The same challenge is supported by the literature reviewed. According to Transparency International (2011) there is poor coordination and implementation of public health policies among various implementing agencies which leads to duplication and scramble for the scarce resources. Despite these hiccups, cooperation among implementing stakeholders is critical for successes. World Bank, (2011) underpinning importance of cooperation among actors argues that while the role of the private sector in African healthcare continues to be “contentious”, better collaboration between both the public and private sectors will be crucial to improving healthcare provision in Africa. In many cases, governments and multilateral donors are likely to look to public-private partnerships (PPPs) as the most efficient way of extending high-quality healthcare across the continent (ibid). The same sentiments are echoed by Economic Intelligence Unit (2011) that large-scale collaborations have already been critical to developing medical treatment such as the Medicines for Malaria Venture and the International AIDS Vaccine Initiative and other initiatives have aimed to strengthen health services by developing a comprehensive approach to prevention, care, treatment and support.

**1.8 Findings and recommendations**

The researcher found that the national government is the main agency of implementing health policies despite health being a devolved function. Private sector and NGOs were acknowledged by residents as having a role to play in the provision of health care especially in areas where the government services are inefficient, ineffective and nonexistent. The study calls for collaboration and synergy between the stakeholder’s especially

central government and county government to ensure the health policy is fully implemented.

The integration of stakeholders' interests and strategies incorporating activities of donors, private sector and NGOs within the county will go a long way towards enhancing the provision of quality health care. This calls for restructuring of health system to allow for joint planning, budgeting, implementation, monitoring and evaluation of all health projects in the county. The Swap (Sector Wide approach) created by government should be implemented fully so that it can create necessary policy framework to ensure private sector, NGOs and donors are brought together for joint planning and management processes at the county level.

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