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**Title: Kenya on the right path to achieving universal health coverage**

The World Health Organization (WHO) continues to advocate for the member states to make decisive progress towards universal health coverage (UHC) by taking bold political steps at the highest level of government towards ensuring that their populations are able to access essential high-quality health services without financial hardship. Kenya is one of the foremost countries in the Africa Region who have set out to achieve UHC within the next five years. The goal to achieve UHC in Kenya is rooted in the government of Kenya identifying the UHC as one of the four priority developmental agenda during the period 2018-22.

UHC in Kenya is championed by the President of the Republic and the Government's need to achieve UHC is driven by several factors namely; The Constitution of Kenya, 2010 Constitution of Kenya, 2010 which provides for the right to health for all, among other rights and has taken health as a human right; a) The Kenya Vision 2030, which calls for a healthy and productive population as part of the drive to Kenya becoming a middle-income country by 2030; b) The sessional Paper No. 2 of 2017 on the Kenya Health Policy 2014-2030 whose goal is to attain affordable, accessible and quality health care; and International commitments to health such as SDGs and regional obligations including the African Union (AU) agenda 2063. The SDG Goal 2 and 3 state that "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" and "Ensure healthy lives and promote well-being for all at all ages" respectively. Agenda 2063, named The Africa We Want which sets out aspirations for the African continent of 'Attaining an integrated, prosperous and peaceful Africa, driven by its own citizens, representing a dynamic force in the international arena' in the first ten-year implementation plan 2014-2023. The 1st aspiration goal 3 aims at a healthy and well-nourished citizen with a key priority area on health and nutrition has 10 targets which the member states will work towards achieving them c) The global drive to achieve UHC as articulated by WHO. AFRO Regional Committee meeting resolutions on AFRO UHC actions framework which articulates the focus and orientations that countries within the continent should adopt and monitor if they are to achieve Sustainable development goals.

In the recent past, Kenya has made progress towards UHC with specific populations being targeted to reduce the out of pocket expenditures. Notable areas are the abolition of use fees in levels 2 and 3, free maternity services and health insurance subsidy for the poor and the elderly. Cumulatively Kenya has recorded notable achievements in ensuring access to quality and affordable health care, although enormous challenges remain. There has been tremendous reduction in child and maternal health. The under-five mortality declined from 115 per 1,000 live births in 2003 to 52 per 1,000 live births currently. The number of women accessing free delivery services has almost doubled in the last five years. By the end of 2017, Kenya achieved its target of putting 1 million people on ART. Estimates from WHO indicate that TB case detection rate was 80%, while treatment success rate was 90% by the end of 2017, surpassing WHO targets. Other notable achievements were recorded on Malaria and nutrition, among other indicators. Significant strides have been made to expand the physical health infrastructure and equipment.

The number of health care facilities increased from less than 9,000 in 2013 to 10,000 in 2016, increasing the national average facility density from 1.9 to 2.2 health facilities per 10,000 populations as at the end of 2018. The Kenya Medical Supplies Agency (KEMSA) order fill rate improved from 50% in 2013/14 to the current rate of 86%. Although the health sector still constitutes about 7 percent of the total government budget. Through the managed Equipment Service, with 98 hospitals have been equipped with modern diagnostic and management equipment; expansion of infrastructure at the two major National referral hospitals (Kenyatta National and Moi Teaching and referral hospitals) and improvement of health facilities in slum areas. However, gaps remain in terms of geographical reach, range of services covered and financial risk protection among the population. Health Insurance coverage through the national health insurance fund (NHIF) currently stands at 6.8 million members which translate to an overall coverage of 17 million Kenyans (principal contributors and their dependents) having insurance cover. The ongoing National health insurance reforms seek to improve the efficiency of the scheme and enrollment.

To Move Kenya's towards Universal Health Coverage, the country embarked on a structured process of implementation initially starting with definition of UHC Health benefit package to be delivered to the population based on the current fiscal reality. This structured process enabled the country to identify the essential health services that should be delivered to the population using tax-based financing. The approach used by Kenya entails implementation of the health benefit package through financing of inputs at all levels of care (Level 2 to 5) and access to free health services in all Public health facilities. Further, the country's approach to implementation is phased starting with 4 sub-national levels named as counties. This approach together with a robust real time monitoring and evaluation system allows the country to test the response of the system to increased utilization and demand for services providing lessons to inform scale up to the other 43 sub-national levels.

Several issues characterize the road to UHC that Kenya has embraced which may inform similar processes in other countries. Among these is the highest level of political commitment clearly translated into resource allocation; a clear definition of the benefit package which is costed and government funded to ensure sustainability while taking into consideration the fiscal reality of the country. Readiness of facilities to provide health services is a critical component and would require careful planning to ensure that health facilities are able to handle the surge in demand for the health services. There should be significant investments in ensuring that health facilities have the necessary infrastructure to be able to provide the services. In addition, strong and real time monitoring and evaluation to ensure progress and corrective action where required.