

Demographic context

The population of Kenya progressively increased from 48 million to 54 million between 2017 to 2022. Infants aged below 12 months and those below the age of 5 years accounted for less than 7% and 14% of the entire population respectively. The life expectancy at birth was 62 years.

Health system context

The top three causes of death amongst the general population were neonatal conditions, lower respiratory tract infections and HIV related infections. Pneumonia, diarrhea, preterm birth complications, birth asphyxia, malaria and neonatal complications were the main causes of under-five mortalities. The Universal Health Coverage (UHC) Service Coverage index in 2021 was 53%, one of the highest in the region. This implied that only 53% of the population in Kenya had access to quality essential services including reproductive, maternal, newborn and child health, infectious diseases, and non-communicable disease services.

Health financing context

Government spending on health between 2017 and 2020 remained below 2% of the Gross Domestic Product (GDP) which was markedly below the minimum of 5% recommended for progression towards UHC (McIntyre et al., 2017). Kenya's per capita spending on health increased from USD 67 in 2017 to USD 83 in 2020, remaining slightly below the recommended per capita target of USD 86 (McIntyre et al., 2017). Further, the government expenditure on health relative to other sectors ranged between 7% and 8%, which was substantially below the 15% Abuja target.

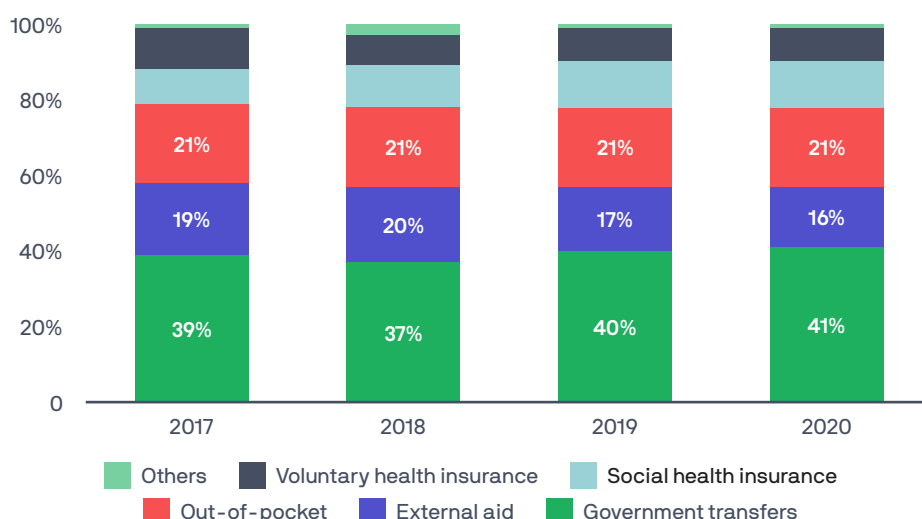
Government funding was the most significant source of financing for health in Kenya. This accounted for between 37% and 41% of all health financing. This was followed by out-of-pocket spending (21%), donor funding (16% to 20%) and Health Insurance (20%) during the period of analysis (Figure 1).

HIGHLIGHT

Though declining, the dependence on donor funding limits the transition to domestic financing of health and immunization, and further threatens sustainability of immunization services.

Increased government allocations are therefore essential to guarantee sustainability of health services, including immunization services

FIGURE 1. Health financing sources in Kenya

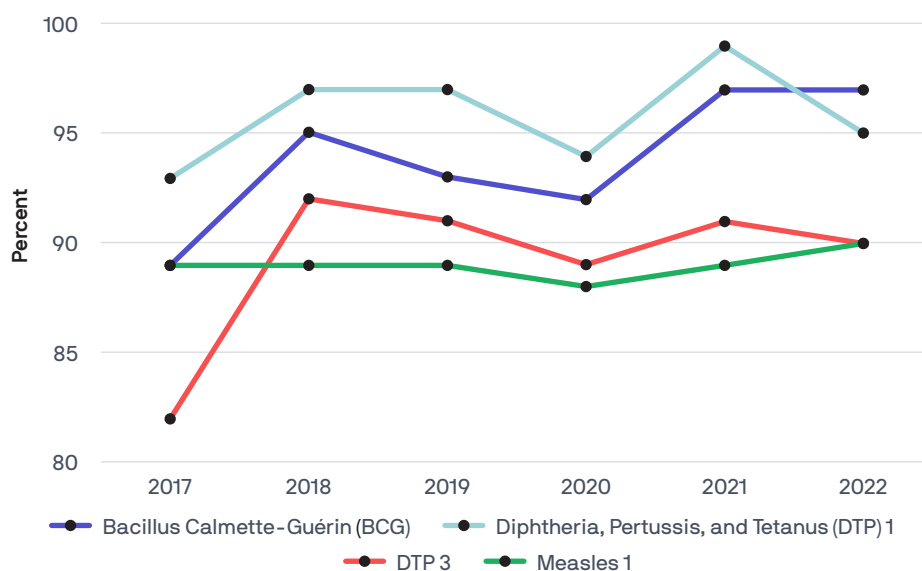


Source: WHO Global Health Expenditure Database

Immunization coverage

Overall, the national immunization coverage rates show a positive trend in performance between 2017-2022. However, the Measles 2 coverage rates remained substantially lower than the rest of the vaccines, but rose from 35% in 2017 to 59% in 2022 (Figure 2).

FIGURE 2. Immunization coverage trends in Kenya



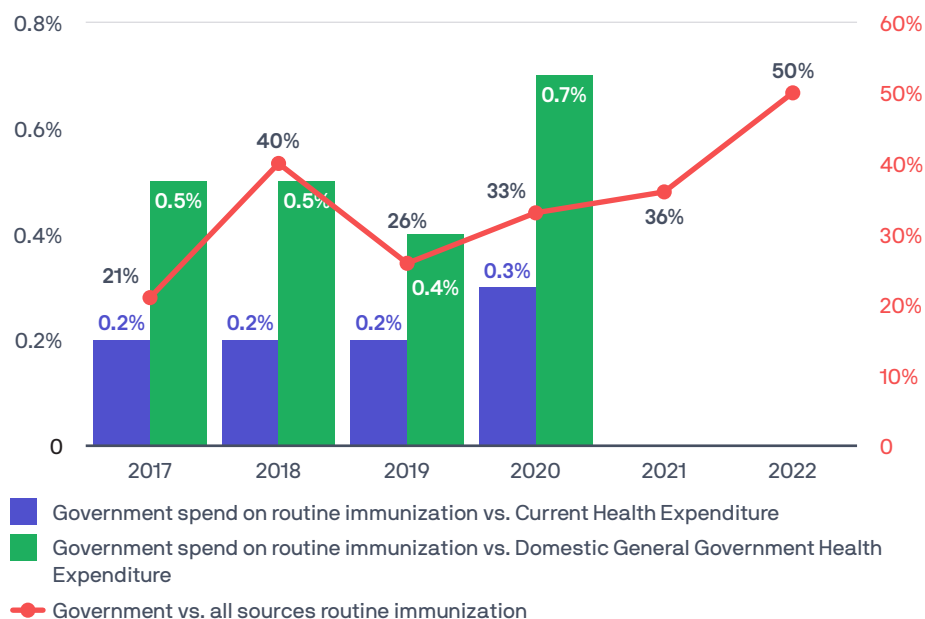
Source: WHO/UNICEF, Joint Reporting Form, Analysis by Consultant

Immunization financing

Expenditures on Routine Immunization in Kenya fluctuated during the period of study. Routine Immunization accounted for between 0.5% and 1% of the respective Current Health Expenditures (CHE); and between 1% and 2% of the Domestic General Government Health Expenditures between 2017 and 2020. Vaccine related expenditures accounted for less than 1% of the CHE, and between 1% to 2% of the Domestic General Government Expenditures.

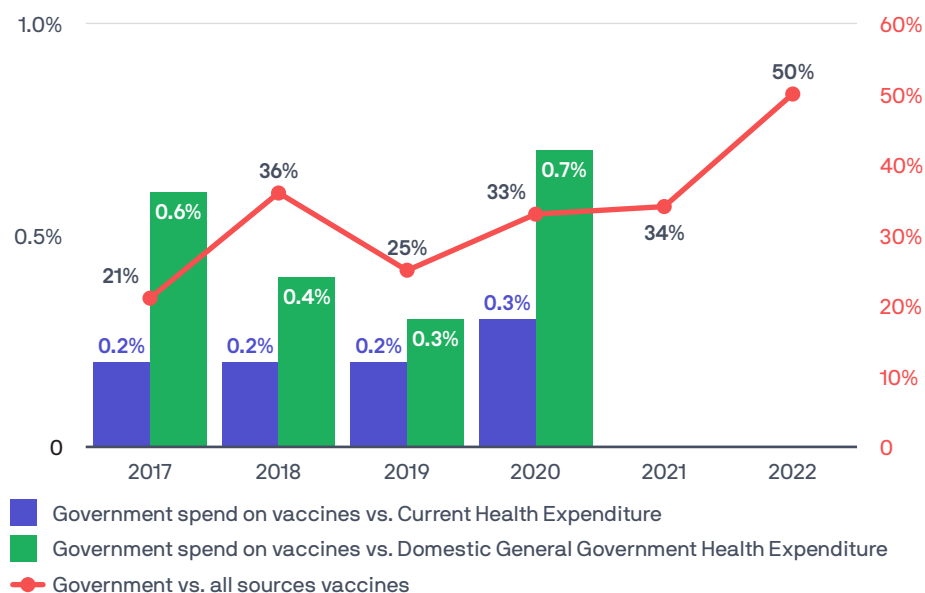
Government funding as a source of immunization financing increased from 21% in 2017 to 50% in 2022. This accounted for less than 0.5% of Current Health Expenditures and less than 1% of the Domestic General Government Health Expenditure (Figure 3).

FIGURE 3. Government prioritization of immunization in Kenya



Government funding as a source of vaccination financing progressively increased from 23% to 50% between 2017 and 2022. This accounted for less than 0.3% of Current Health Expenditures and less than 1% of the Domestic General Government Health Expenditure (Figure 4).

FIGURE 4. Government prioritization of vaccines in Kenya



Source: WHO/UNICEF, Joint Reporting Form, Analysis by Consultant

HIGHLIGHT

While government's contribution to immunization financing has progressively increased over the years, there is still significant dependence on donors in funding half of the immunization expenditures in Kenya.

Increased Government investments in immunization are necessary to ensure sustainability and continuity of care post donor transitions.

Challenges to Immunization Financing in Kenya

- **Resource Constraints:** Kenya's healthcare system faces budgetary limitations, and immunization programs often compete for funding with other healthcare priorities.
- **Vaccine Procurement Costs:** The cost of vaccines and related supplies can be a significant financial burden, particularly when new vaccines are introduced.
- **Global Health Priorities:** Changes in global health priorities and shifting donor funding can impact the availability and stability of external funding for immunization programs.

Recommendations

Increase government prioritization of Immunization:

- Increase government funding for immunization programs to progressively cater for annual birth cohorts that require uninterrupted immunization services without relying on donor funding.
- Explore innovative financing mechanisms, such as public-private partnerships to fund immunization services within the context of health sector financing.

References

GAVI. (2022). *Gavi Alliance Eligibility and Transition Policy Version 4*. <https://www.gavi.org/types-support/sustainability/eligibility>

McIntyre, D., Meheus, F., & Rottingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Economics, Policy and Law*, 12(2), 125–137. <https://doi.org/10.1017/S1744133116000414>