

WHO COUNTRY COOPERATION STRATEGY KENYA

Medium - Term Support Strategy
2014 - 2019

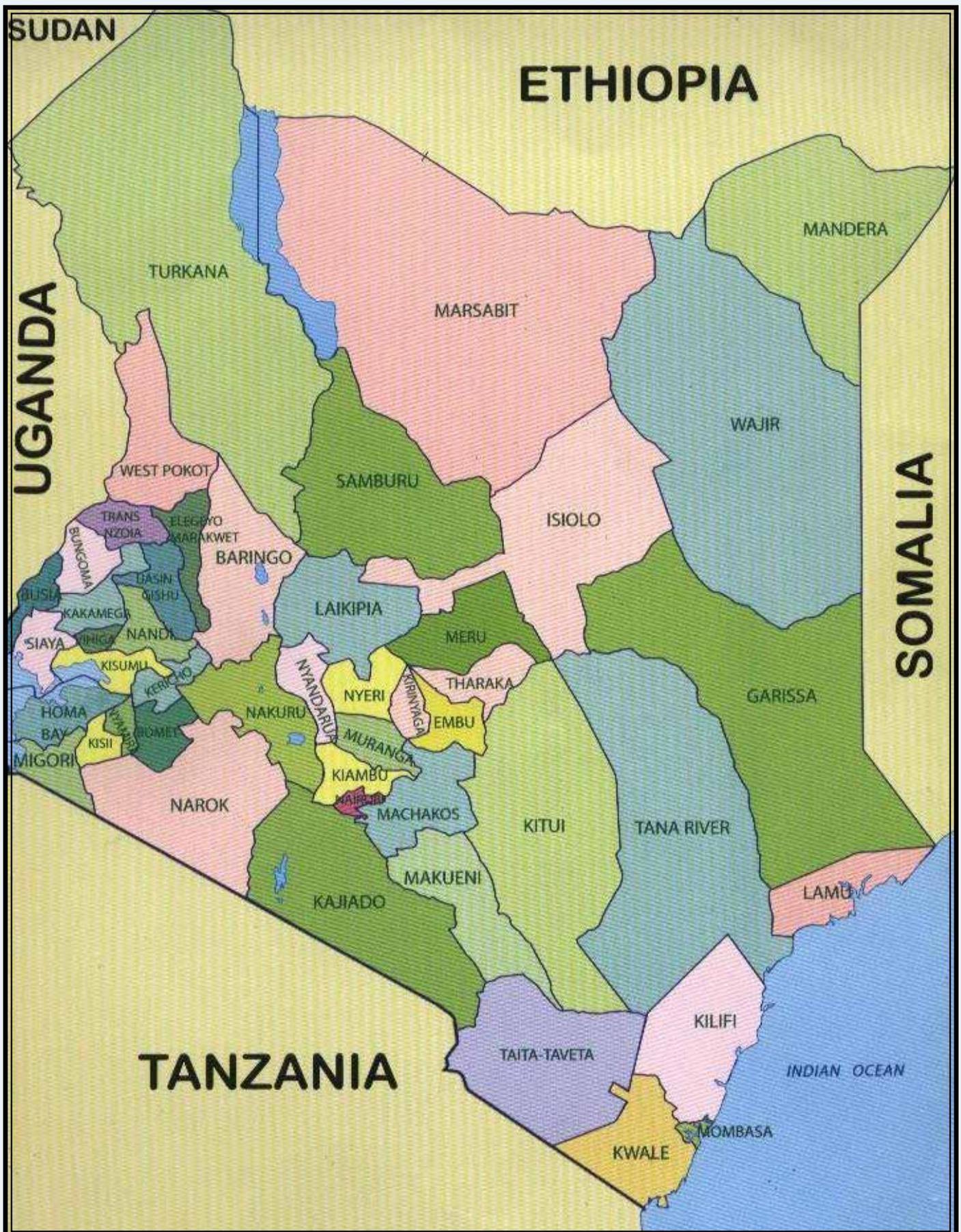


World Health
Organization



Ministry of Health

MAP OF KENYA WITH THE 47 COUNTIES



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ACRONYMS

AfDB	Africa Development Bank	KEMRI	Kenya Medical Research Institute
CCS	Country Cooperation Strategy	KEPH	Kenya Essential Package for Health
CDC	Centres for Disease Control and Prevention	KHP	Kenya Health Policy
CF	Clinton Foundation	KHSSP	Kenya Health Sector Strategic and Investment Plan
DANIDA	Danish International Development Agency	MAL	Malaria
DaO	Delivering as One	MNH	Maternal and Newborn Health
DFID	Department for International Development	MTP	Medium Term Plan
DHIS	District Health Information System	NCD	Noncommunicable Disease
DHS	Demographic and Health Survey	NTD	Neglected Tropical Disease
DPHK	Development Partners for Health in Kenya	OoP	Out of Pocket
DPR	Disaster Preparedness and Response	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
EMMS	Essential Medicines and Medical Supplies	RTIs	Road Traffic Injuries
EMONC	Emergency Obstetric and Newborn Care	SDH	Social Determinants of Health
ERS	Economic Recovery Strategy	TB	Tuberculosis
EU	European Union	UHC	Universal Health Coverage
FTCT	Framework Convention on Tobacco Control	UNAIDS	Joint United Nations Programme on HIV/AIDS
GAVI	Global Alliance for Vaccines and Immunization	UNDAF	United Nations Development Assistance Framework
GDC	German Development Cooperation	UNICEF	United Nations Children's Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	UNDP	United Nations Development Programme
HENNET	Health Network for NGOs	UNESCO	United Nations Educational, Social and Cultural Organization
HHA	Harmonisation for Health in Africa	UNHCR	United Nations High Commission for Refugees
HRIS	Human Resource Information System	UNIDO	United Nations Industrial Development Organization
HTC	HIV Testing and Counselling	UNOPS	United Nations Office for Project Services
HSCC	Health Sector Coordinating Committee	UNFPA	United Nations Population Fund
IDSR	Integrated Disease Surveillance and Response	UNWOMEN	United Nations Women
IHP	International Health Partnership	USAID	United States Agency for International Development
IHR	International Health Regulations	USG	United States Government
IFC	International Finance Cooperation	VPD	Vaccine-preventable Disease
IMF	International Monetary Fund	WB	World Bank
IPT	Intermittent Preventive Treatment	WFP	World Food Programme
ITN	Insecticide-treated Net	WHO	World Health Organization
HMIS	Health Management Information System		
JICA	Japanese International Cooperation Agency		
KAIS	Kenya AIDS Indicator Survey		

PREFACE

Third Generation – WHO Country Cooperation Strategy

The WHO Third Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly with a view to strengthen WHO capacity and make its deliverables more responsive to country needs. It reflects the WHO Twelfth General Programme of Work at country level, it aims at achieving greater relevance of WHO's technical cooperation with Member States and focuses on identification of priorities and efficiency measures in the implementation of WHO Programme Budget. It takes into consideration the role of different partners including non-state actors in providing support to Governments and communities.

The Third Generation CCS draws on lessons from the implementation of the first and second generation CCS, the country focus strategy (policies, plans, strategies and priorities), and the United Nations Development Assistance Framework (UNDAF). The CCSs are also in line with the global health context and the move towards Universal Health Coverage, integrating the principles of alignment, harmonization and effectiveness, as formulated in the Rome (2003), Paris (2005), Accra (2008), and Busan (2011) declarations on Aid Effectiveness. Also taken into account are the principles underlying the "Harmonization for Health in Africa" (HHA) and the "International Health Partnership Plus" (IHP+) initiatives, reflecting the policy of decentralization and enhancing the decision-making capacity of Governments to improve the quality of public health programmes and interventions.

The document has been developed in a consultative manner with key health stakeholders in the country and highlights the expectations of the work of the WHO secretariat. In line with the renewed country focus strategy, the CCS is to be used to communicate WHO's involvement in the country; formulate the WHO country workplan; advocate, mobilise resources and coordinate with partners; and shape the health dimension of the UNDAF and other health partnership platforms in the country.

I commend the efficient and effective leadership role played by the Government in the conduct of this important exercise of developing the CCS. I also request the entire WHO staff, particularly WHO Country Representative to double their efforts to ensure effective implementation of the programmatic orientations of this document for improved health outcomes which contribute to health and development in Africa.



Dr Matshidiso Moeti

WHO Regional Director for Africa

FOREWORD

This third generation WHO Country Cooperation Strategy (CCS) is being implemented during an interesting period for Kenya. Firstly, the Country is in the transition phase for the implementation of the 2010 constitution. Secondly, a new Government came into place in April 2013, whose structure and functioning is guided by the new constitution with health sector devolution in place. Thirdly, the United Nations started implementation of a new United Nations Development Assistance Framework (UNDAF) in 2014, based on the Delivering as One approach. Fourthly, the Country has in 2013 defined its overall strategic direction in the 2nd Medium Term Plan (MTP-2), and in 2014 its health strategic direction in the Kenya Health Sector Strategic and Investment Plan (KHSSP). These in-country changes have a direct implication on the structure and functioning of the WHO in Kenya.

In addition, the Country is facing unique health challenges that are different from what it is used to. There is evidence that efforts during the 2nd generation CCS period have led to a stagnation, and/or reduction in overall mortality and morbidity. This is contributed to, amongst other issues, by improvements in services for some communicable conditions like HIV/AIDS, TB and Malaria. However, a rising burden of non-communicable conditions and injuries, plus increasing health risks from new/re-emerging communicable conditions represent rising risks to health in Kenya.

The CCS priorities are therefore in response to this situation, taking into consideration the WHO/Kenya capacity and expectations. It builds on the spirit of strengthening health systems to attain primary health care ideals, and takes into consideration the changes in the country's political, economic and institutional context as defined above.

The WHO strategic agenda in the CCS III is defined across three levels: there are five (5) strategic priorities, with twenty-three (23) main focus areas across these priorities, with each main focus having 2 – 3 strategic approaches.. All the levels of WHO will support Kenya around this strategic agenda. By focusing on this agenda, we shall be able to contribute to the Country's health agenda, as expected of WHO.

Asante Sana



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