Public-Private Dialogue

Kenya Health Initiative - Improving Basic Patient Safety Standards in Private and Public Health Sector Facilities

By

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1- Background and Context

The role of champions has been very instrumental into combining inspections carried out by 6 bodies into one joint inspection checklist. The leader of Health in Africa Initiative is well-respected and great facilitator. Equally important has been finding passionate champions of this reform in the two largest professional boards that don't necessarily trust each other, Medical and Board and Nurses' Council. International health experts are also brought into the conversation.

The checklist went through stakeholder validation and field testing country-wide. Now it's being supplemented by an implementation manual to better evaluate quality of service in medical facilities.

Nevertheless, there are a series of remaining challenges:

- While the national government is responsible for setting policy, implementation is up to Kenya's new 47 county governments. The national government provides fund transfers but they come in bulk without explicit earmarks for healthcare. That creates risks that funds may get diverted to other priorities.
- Regulatory bodies (the Health Ministry) and professional boards don't have full presence at the country-level, raising questions on who will conduct inspections. One idea is for county staff responsible for other quality assurance functions to be trained on inspections of health facilities.
- The checklist is still manual and just one form for different types of facilities, which makes it somewhat cumbersome. Having an electronic version would make it easier to gather information and access the relevant sections of the questionnaire by facility type.

This is a national initiative, designed with the aim of improving patient safety standards in Kenya through a reformed inspections process. In January 2010, Health in Africa

Initiative – (HiA), a joint World Bank program and USAID, published the "Private Health Sector Assessment in Kenya". The study started in December 2008 and was a combination of survey data analysis, key informant interviews and two stakeholder engagement workshops held in April and June of 2009.

A key finding of the assessment and a topic of heated debate during the two workshops was how the Ministry of Health, professional boards and councils and the private sector could work together to improve health regulations , with a special focus on licensing and inspections of health facilities/institutions. The reason this was such a hot topic is because Kenya has a total of 10 regulatory bodies in health and about 6 of these carry out inspections at health facilities. Firstly there was an overconcentration on the private sector and, secondly, these inspections were conducted in an uncoordinated manner such that a private health facility would expect 6 separated inspections from each of the regulatory bodies – resulting in a drain on scare human resources and lost revenue.

The Kenya medical association and the ministry of health in conjunction with the World Bank group convened a one day pre-conference workshop on April 2010 in Kenya. The conference was strategically timed to coincide with the 38th Annual scientific conference of the KMA and the quarterly meeting of the KMA national governing council. Participants drawn from health professionals and institutions in the public and private sectors, regulatory bodies, experts from the World Bank Group, and other stakeholders including the legal and insurance sectors met to discuss some of the critical issues surrounding effective Public-Private dialogue in Kenya and the potential contributions that could be made by greater public sector engagement with the private sector and non-governmental institutions. A key resolution from that meeting was that IFC would host a spin-off event focusing in inspection reforms and capacity building with participants drawn from the various health related bodies
In May and September 2010, IFC hosted two technical meetings with the regulatory bodies, the then Department of Standards and Regulatory Services (DSRS) of the MoH and private sector representatives to discuss the way forward on inspections reform. The MoH and regulatory bodies requested technical assistance and facilitation from IFC for

- Improving regulators coordination and cooperation: medical facilities regulated by a number of professional boards and councils and well as by the ministry – attempt to set up a joint inspections system
- Supporting development of better tools for inspection: risk based planning and checklists – allowing for better focused and more effective inspections and health facilities better informed of compliance priorities

On April 18-19, 2011 the MoH, private sector and regulatory bodies convened a health sector inspections reform workshop that aimed at getting stakeholders to agree on the scope of joint inspections, identify the key risks to be addressed during joint inspections, come up with indicators of such risks and identify the methods of checking the existence

of such risks in a checklist framework. One of the outputs of the workshop was a “draft Joint Health Inspections Checklist” that was to be tested in the field by inspection teams drawn from the different regulatory bodies. The workshop also requested technical assistance from IFC to a working group tasked with developing a monitoring framework to assess the effectiveness of the joint health inspections.

Between April 2011 and May 2012, the draft checklist was tested in the field by the joint health inspections teams. At the same time, with support of IFC, discussions were held to agree on the M&E framework for joint inspections. It was agreed that the aim of joint health inspections would be to ensure a minimum level of patient safety across health facilities in Kenya. IFC agreed to design and commission a survey to establish current compliance with international patient safety standards in Kenya.

A second inspections reforms workshop was held in May 2012 with the aim of finalizing a joint health inspections checklist based on feedback from field testing and within the framework of achieving minimum compliance with patient safety standards. The outcome of the workshop was a revised checklist as well as an agreement on way forward for inspections reform that included the following milestones:

- Distribute the checklist and collect feedback from all stakeholders
- Incorporate stakeholders feedback into a final version and gazette the checklist
- Develop and implementation manual for the checklist to provide guidance on application of the checklist criteria, scoring and determination of a risk classification for facilities.
- Develop a system of warnings and sanctions based on the risk level of the facility
- Develop a system of translating the outcomes of the checklist into information for consumers

The joint health inspections checklist was officially gazetted on July 20, 2012 in the Kenya gazette; this was a major reform as it was now official that joint inspections could be conducted across Kenya.

A nationwide patient safety survey was also jointly commissioned by IFC, WHO, PharmAccess and MoH in late 2012 to establish current compliance with international patient safety standards in Kenya. This would serve as a baseline assessment to the implementation of the joint health inspections checklist.

October 2013 Third inspections reforms workshop held to review the JHIC following one year of implementation. The outcome of the workshop was:

- To form a technical working group that would within 2 months

- Develop an implementation manual for the JHIC that would include:- Scoring system for the checklist, System for classifying facilities into risk categories, Warnings and sanctions to accompany facilities in different risk categories
- Revise the JHIC based on field based recommendations following one year of implementation
- Support an evaluation will be conducted by the world back group to provide evidence of the impact of different models of health inspections on patient safety and quality of health care

2- Partnership, Structure and Processes

1. *Mandate and Institutional Alignment* – Mandate is a memorandum understanding – two key documents capture the commitments to inspections reforms in Kenya – Naiveté declaration of 2011 and the Windsor agreement 2013. PPD is led by the MoH with secretarial support (technical and facilitation of workshops) from IFC. MoH has the official role of setting standards and regulations countrywide, hence the need to take the helm, regulatory bodies implement inspections and private sector represent private providers who bear the brunt of these inspections

2. *Structure and Participation* – PPD consists of one large stakeholder workshop with representation from the MOH, regulatory bodies and private sector, with a technical working group (TWG) formed from this larger group, with representation from all stakeholders present and mandate to make decisions on behalf of their organizations. MoH with IFC support is the coordinating secretariat and coordinates both the outputs of the TWG , testing of these outputs and larger stakeholder group(this is where validation of outputs takes place)

3. *Champions* – Political will embedded in the new Kenya Constitution 2010 – which guarantees all Kenyans the right to the highest attainable quality of care possible, main champions from the public sector is the MoH-Directorate of health standards, quality assurance and regulations, regulatory bodies specifically the Kenya Medical Practitioners and Dentists board and Nursing Council of Kenya and the Kenya healthcare federation (represents private health sector institutions)

4. *Facilitator* – Key facilitator for major stakeholders meetings is Prof. Khama Rogo – lead health specialist at WBG – who has a wealth of experience in the health sector and is a well-known international figure; experts in patient safety and quality of care have also made presentations at these larger consultative stakeholder workshops – to ensure deeper understanding of the technical issues; secretariat is run by IFC lead by a technical expert (consultant) who works closely with the different stakeholders either individually or in technical working groups

5. *Outputs*

- Analytical outputs e.g. the patient safety survey conducted in 2012 to determine the level of patient safety standards in Kenya across both public and private sector
- Specific reform recommendations e.g. development of a joint health inspections process and tools to implement this
- Structure and process outputs e.g. technical working groups worked within stipulated timelines to develop output like the JHIC and the implementation manual
- Soft outputs e.g. regulatory bodies had a lot of mistrust between them in the beginning – trust has been slowly built through this process to the extent that all boards do not feel they have to be represented during a joint inspections process since they now have a common understanding to what is required.

6. *Outreach and communications –* no formal communication strategy has been developed yet , however media has been engaged during the high level joint stakeholder workshops where representatives from the champion organizations have engaged the press in explaining the PPD

7. *Monitoring and evaluation –* baseline assessment – patient safety survey; evaluation of the impact of different models if inspections on patient safety and quality of care.

8. *Sub-national –* this will now be developed under the leadership of the ministry of health as Kenya has transitioned to a devolved system of government with the devolved structures in charge of service provision and central government in charge of setting standards, regulations and quality assurance and policy making in general

9. *Sector-Specific –* Addresses specific issues touching on the policy& regulatory constraints faced by the private sector as well as lack of enforced or enforceable standards to ensure high quality care is provided to patients – as highlighted by the "private health sector assessment in Kenya" and the patient safety survey

10. *International Role –* PPD initiative has pulled in international expertise in quality improvement such as Safecare/PharmAccess – whose system was used in the patient safety survey and is being implemented by the national hospital insurance fund as part of a larger process on quality improvement; experts in inspections and quality of care measurement. Kenya will have an opportunity to learn and build its' capacity on a method of measuring clinical quality of care known as standardized patients (used by the world bank in India) through the impact evaluation

11. *Crisis-mitigation –* N/A

12. *Development partners –* IFC/WBG seen as a leader "honest broker" in this process and other donors USAID, GiZ working closely with IFC in enhancing quality in

Kenya. PPD does not require a huge financial input to succeed as most funds have been spent on TA and workshops – joint inspections are conducted by the

3- Results so far

1. Joint health inspections checklist
2. Patient safety survey report – which highlights the safety standards across 500 public and private facilities across Kenya

4- Expected Results

1. Implementation manual to the joint health inspections checklist that contains a risk based scoring matrix for categorizing health facilities, a system of warnings and sanctions as well as explanatory notes to the checklist
2. Evaluation results of the impact of different models of inspections on patient safety and quality of care in Kenya
3. PPD on patient safety is replicated across the 47 counties in Kenya under the devolved system of governance

Biography of Author:

Dr Njeri Mwaura - Operations officer, Investment Climate, World Bank Group. Recently joined the World Bank Group and manages the Health in Africa Initiative Advisory services project in Kenya. Prior to joining IFC, she was a programme manager at African Medical Research Foundation (AMREF) – where she managed two large national programs focusing on strengthening the national HIV&AIDS M&E framework and health care provider capacity and strengthening organizational and technical capacity of community based organizations through a grant making and capacity building programme. She was also the gender focal point at AMREF Kenya. She also worked at the Ministry of health in Kenya, in the sector monitoring and planning department at national level and as a District Medical Officer of Health in charge of all health service delivery and provision where working jointly with stakeholders she significantly improved the health outcome indicators of the district. She is also the national assistant secretary of the Kenya National Medical Women's Association. Dr Mwaura holds a medical degree from Makerere University, Kampala Uganda and a postgraduate diploma and masters of Science in Public health from London School of Hygiene and Tropical Medicine – University of London.