HEALTHCARE ACCESS AND EQUITY: ADDRESSING DISPARITIES IN KENYA

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"For he who has health has hope; and he who has hope has everything" Owen Arthur

Abstract

This paper embarks on exploring the inequity in access to healthcare in Kenya. This is despite the efforts by the government to ensure that all citizens have equal access to health. This paper suggests that the tremendous steps taken by the government towards that direction have been hampered by inconsistencies. The study aims to tackle social-economic disparities that negatively influence access to healthcare. A special focus is illuminated on the prevalence of socio-economic inequalities in the country. Poverty, poor quality of health services, inadequate medical personnel, inaccessibility to healthcare services and geographical barriers are some of the disparities that the paper addresses. This paper also analyses the Universal Health Coverage Policy that contains strategies and framework for implementation of health policy from the year 2020 to the year 2030. Furthermore, this study looks into the role played by both the government and stakeholders in the Heath Sector. Through the lenses of this paper the government has a critical role to play to ensure equitable access to health care services to its citizens.

1.0 Introduction

Due to the limited access to healthcare services, people in low income backgrounds tend to have a lower life expectancy compared to the wealthier people.[1] These discrepancies are mirrored in the prevalent situations in different African countries. To depart from this trend, the Kenyan government has taken significant strides to undertake initiatives such as the Universal Health Coverage.[2]

[1] Mario J Azevedo, 'The State of Health System(S) in Africa: Challenges and Opportunities' (2018) 2 Historical Perspectives on the State of Health and Health Systems in Africa, Volume II 1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7123888/> Accessed on 17, June 2024.

[2] 'Kenya Health Sector Strategic Plan' (2018) <http://guidelines.health.go.ke:8000/media/Kenya_Health_Sector_Strategic_Plan_July_2018-_June_2023.pdf> Accessed 17, June 2024.

As stipulated in the Kenyan Constitution under the Bill of Rights, the health sector bears a significant obligation to guarantee the realization of the right to health.[3] The citizens' expectations for healthcare have also increased as a result of this bill's provisions, particularly those pertaining to the right to life and the right to the highest attainable standards of health, which includes emergency treatment and reproductive health.[4] Through this, the Social Pillar of Kenya's Vision 2030, which states that the aim of the health sector is to offer all citizens access to fair, reasonably priced, and high-quality healthcare, is realized.[5]

However, this vision faces its greatest challenge from the fact that health is taken to be more of an economic commodity rather than a right. Some Hospitals Kenya have refused to treat provide emergency medical services to patients due to lack of funds.[6] Lives have been lost as a result. Moreover innocent Kenyans have been held hostage in Hospitals because of their inability to afford the medical bill.[7] Subsequently inequities and inequalities are propagated through such sad moments. To effectively tackle these issues, the Health sector has to adopt methods and practices that are inclusive and that cater for the health needs of all Kenyans despite their economic situation.

2.0 The Universal Healthcare Coverage System (UHCS)

The World Health Organization defines Universal Health Coverage as the ability of people to access health services without experiencing financial hardship.[8] This acknowledges that once in a while people face financial hick ups which should not prevent them from accessing health services whenever there is need. In more detail, this means that everyone and every community can access the necessary curative, rehabilitative, palliative, preventive, and promotional health services that are of quality that is high enough to be effective, all while avoiding financial

[3] Chapter 4 of the Constitution of Kenya, 2010
[4] Article 43 (1) (a) of the Constitution of Kenya, 2010
[5] 'Universal Health Care as Inspired by the Kenya Vision 2030 | Kenya Vision 2030' <https://vision2030.go.ke/universal-health-care-as-inspired-by-the-kenya-vision-2030/#:~:text=The%20Social%20Pillar%20of%20the> Accessed 17 June 2024.
[6] Morgan C Broccoli and others, 'Perceptions of Emergency Care in Kenyan Communities Lacking Access to Formalised Emergency Medical Systems: A Qualitative Study' (2015) 5 BMJ Open <https://bmjopen.bmj.com/content/5/11/e009208.short> Accessed 17 June 2024.
[7] 'Detention of Patients over Unpaid Hospital Bills: A Constitutional Perspective. | DLA Piper Africa, Kenya | IKM Advocates' (*DLA Piper Africa*27 May 2021) <https://www.dlapiperafrica.com/en/kenya/insights/2021/detention-of-patients-over-unpaid-hospital-bills-a-constitutional-perspective.html> accessed 17 June 2024.
[8] 'Universal Health Coverage' (*www.who.int*) <https://www.who.int/health-topics/universal-health-coverage#:~:text=Universal%20health%20coverage%20(UHC)%20means> Access 17 June 2024.

hardship from using these services.[9] Kenya has made great steps towards achieving the Universal Health Coverage. The first ever conference was held in Makueni County in April the year 2018. Some of the key pointers that were discussed during this conference included; the possibility of realizing UHC, identification of strategic partners and that the realization of UHC has the potential to enhance the status of Kenya to the middle-income level.[10]

Nonetheless there have been setbacks in the achievement of the objectives of the UHC. Consequently the effects are mirrored through the inequalities witnessed in healthcare service delivery. One of the major challenges of the UHC is inadequate funding for healthcare.[11] Statistics of the government expenditure reveal that, Kenya spends between 4% and 6% on health, falling short of the 12% and 15% that is suggested by the Kenya Health Sector Strategic Plan and Abuja Declaration, respectively.[12]

It is now challenging to achieve good health status, equity, efficiency, acceptability, and sustainability due to the inadequate accountability systems, corruption, and crippled healthcare system caused by this limited financing. The lack of medical professionals is another major barrier that hampers the full actualization of the UHC.[13] The current doctor-to-patient ratio of 1:6505 is higher than the recommended ratio of 1:1000.[14] Likewise, the current nurse-to-patient ratio is 1:1250, whereas the suggested ratio is 1:120.[15] Due to this deficit, healthcare services are poor, especially in rural areas where medical practitioners are concentrated in hospitals that are located in major urban towns.[16]

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[9] World Health Organization, 'Universal Health Coverage (UHC)' (*World Health Organization*5 October 2023) <https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)> Accessed 17, June 2024.
[10] 'Universal Health Care as Inspired by the Kenya Vision 2030 | Kenya Vision 2030' <https://vision2030.go.ke/universal-health-care-as-inspired-by-the-kenya-vision-2030/> Accessed 17, June 2024.
[11] Alireza Darrudi, Mohammad Hossein Ketabchi Khoonsari and Maryam Tajvar, 'Challenges to Achieving Universal Health Coverage throughout the World: A Systematic Review' (2022) 55 Journal of Preventive Medicine and Public Health 125.
[12] KMA DESK, 'Challenges Facing the Attainment of Universal Health Coverage in Kenya' (*kma.co.ke*) <https://kma.co.ke/component/content/article/79-blog/125-challenges-facing-the-attainment-of-universal-health-coverage-in-kenya?Itemid=437#google_vignette>.

[13] Manasi Kumar and others, 'A Four-Component Framework toward Patient-Centered, Integrated Mental Healthcare in Kenya' (2021) 9 Frontiers in Public Health.
[14] 'Guidelines, Standards & Policies Portal' (*guidelines.health.go.ke*) <http://guidelines.health.go.ke/#/category/12/443/meta> Accessed 17, June 2024.
[15] Ibid 15
[16] 'Kenya Health Sector Strategic Plan' (2018) <http://guidelines.health.go.ke:8000/media/Kenya_Health_Sector_Strategic_Plan_July_2018-_June_2023.pdf>.

Moreover, inequitable resource distribution for healthcare also exists, with shortages being experienced in rural areas.[17] This results in efficient healthcare services. The realization of the goals of the Universal Health Coverage has not been a walk in the park. It faces setbacks such as unprecedented diseases and calamities. In 2023 there was a worldwide outbreak of Corona Virus. The government through the Ministry of Health had to put in place measures to caution the citizens against the effects of that pandemic.[18] A lot of money was used to finance the operations hence limiting the amount available for the implementation of the Universal health Coverage. People lost their sources of income while businesses faced hard times. Subsequently this translated into reduced contributions to the National Health Insurance Fund which is the major financier of the Universal Health Cover.[19] As a result, there were fewer funds available for UHC health benefit packages. Additionally, Covid-19 reduced the financial room that could have been used to raise expenditure on healthcare.[20] This implies that Kenya could not be able to raise health spending as anticipated, hence impeding the advancement of UHC.

The response by the government to the pandemic involved a lot of financial and human resource which shifted the attention from achieving the objectives of the Universal Health Care. Private Hospitals have also been at the forefront of promoting inequalities access to health in Kenya.[21] The individually owned facilities attract very high consultation fees which the common citizen cannot afford. These establishment also porch the best qualified doctors with attractive salaries better than the ones offered by the government. This leaves public hospitals, that are accessible to the low income persons, with less qualified personnel, and sometimes none at all. Additionally the engagement of the private sector may result in competition among healthcare providers, which may ultimately impede the advancement of UHC by causing duplication of services,

[17] Ines Weinhold and Sebastian Gurtner, 'Understanding Shortages of Sufficient Health Care in Rural Areas' (2014) 118 Health Policy 201 <https://www.sciencedirect.com/science/article/abs/pii/S0168851014001997> Accessed 17 June 2024.

[18] Angela Kairu and others, 'The Impact of COVID-19 on Health Financing in Kenya' (2023) 3 PLOS global public health <https://pubmed.ncbi.nlm.nih.gov/37889878/> accessed 20 December 2023.
[19] Edwine Barasa and others, 'Indirect Health Effects of the COVID-19 Pandemic in Kenya: A Mixed Methods Assessment' (2021) 21 BMC Health Services Research.
[20] Angela Kairu and others, 'The Impact of COVID-19 on Health Financing in Kenya' (2023) 3 PLOS global public health <https://pubmed.ncbi.nlm.nih.gov/37889878/> accessed 20 December 2023.

[21]Khadija Abass Mohamed, 'Factors Affecting Realization of Universal Health Coverage: The Case of NHIf in Kisumu, Machakos, Nyeri, and Isiolo Counties' [2020] Usiu.ac.ke <http://erepo.usiu.ac.ke/11732/6810> accessed 18 June 2024.

ineffectiveness, and greater prices.[22] Integrating private healthcare providers may not be possible. Ensuring private healthcare providers follow UHC norms and principles requires the government to effectively regulate the private sector.[23] Unfortunately inadequate regulations by the government encourages exploitation and further limits UHC realization.

Kenya has to prioritize UHC-related initiatives, boost funding, and keep fortifying its healthcare system in order to attain UHC.

3.0 Socio-Economic inequity and Inequalities

Access to healthcare in Kenya is greatly influenced by socio-economic factors.[24] The inequalities experienced in Kenya's health sector can largely be attributed to both social and economic factors. These present themselves in various forms including the different household incomes which determine the standards of living, the level of education achievement and regional disparities. Compared to lower socio-economic groups, higher socio-economic classes have better access to healthcare.[25] More wealth, access to good education, career opportunities, and salaries all contribute to the better health of households. Evidently, Kenya is experiencing high levels of inequalities in healthcare access. As such, the upper middle class and rich households in Kenya have easy access to private hospitals which are inaccessible by the lower middle class and poor households.[26] In Kenya, unmet healthcare needs are mostly caused by financial constraints, especially for low-income households. A considerable segment of the population forgoes necessary healthcare services since the cost of such procedures is sometimes unaffordable for the

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[22] Antenor Hallo De Wolf and Brigit Toebes, 'Assessing Private Sector Involvement in Health Care and Universal Health Coverage in Light of the Right to Health' (2016) 18 Health and human rights 79 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394993/> Accessed 18 June 2024.

[23] 'Private Sector Commitments to Universal Health Coverage' <https://www.uhc2030.org/fileadmin/uploads/UHC2030_Private_Sector_Commitments_Statement_April2023.pdf > accessed 18 June 2024.

[24] Davies N Chelogoi, Fred Jonyo and Henry Amadi, 'The Influence of Socio-Cultural Factors in Access to Healthcare in Kenya: A Case of Nairobi County, Kenya' (2020) 08 Open Journal of Social Sciences 328.

[25] Davies N Chelogoi, Fred Jonyo and Henry Amadi, 'The Influence of Socio-Cultural Factors in Access to Healthcare in Kenya: A Case of Nairobi County, Kenya' (2020) 08 Open Journal of Social Sciences 328.

[26] Stefania Ilinca and others, 'Socio-Economic Inequality and Inequity in Use of Health Care Services in Kenya: Evidence from the Fourth Kenya Household Health Expenditure and Utilization Survey' (2020) 18 International Journal for Equity in Health. Available at https://pubmed.ncbi.nlm.nih.gov/31849334/> Accessed on 18 June 2024.

impoverished.[27] The absence of financial risk protection systems exacerbates this, making the impoverished more susceptible to financial difficulty as a result of medical costs.[28]

The level of education also plays a crucial role when it comes to the quality of health care that one has access to. Essentially better education translates to better healthcare. This is because skills and knowledge acquired through education exposes one to employment opportunities. Subsequently education improves a person's socioeconomic standing, career prospects, and income, all of which improve access to healthcare.[29] Consequently the level of education is inversely proportional to access to healthcare resources such health insurance, health facilities and qualified medical practitioners.[30]In contrast, homes which have less people that have gone to school tend to seek health care services less due to the limited knowledge on the importance of regular health check-ups for instance.[31] It could also be due to the fact that they are unaware of how to access the services in the first place. As a result inequality presents itself where the rich have access to health services whereas the poor lack this access. As such, the rate of seeking medical services in Kenya is influenced by the level of education.[32] Going to school exposes people to the knowledge that enables them to comprehend the importance of taking care of their health and ways of accessing avenues to do so.[33]

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[27] Purity Njagi, Jelena Arsenijevic and Wim Groot, 'Decomposition of Changes in Socioeconomic Inequalities in Catastrophic Health Expenditure in Kenya' (2020) 15 PLOS ONE Available at https://doi.org/10.1371/journal.pone.0244428> Accessed 18 June 2024.

[28] Ibid 28

[29] Stefania Ilinca and others, 'Socio-Economic Inequality and Inequity in Use of Health Care Services in Kenya: Evidence from the Fourth Kenya Household Health Expenditure and Utilization Survey' (2020) 18 International Journal for Equity in Health. Available at https://doi.org/10.1186/s12939-019-1106-z> Accessed 18 June 2024.

[30] Viju Raghupathi and Wullianallur Raghupathi, 'The Influence of Education on Health: An Empirical Assessment of OECD Countries for the Period 1995–2015' (2020) 78 Archives of Public Health 1 <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00402-5> Accessed 18 June 2024.

[31] Ibid 31

[32] Elvis OA Wambiya and others, 'Patterns and Predictors of Private and Public Health Care Utilization among Residents of an Informal Settlement in Nairobi, Kenya: A Cross-Sectional Study' (2021) 21 BMC Public Health 850 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8091493/> Accessed 18 June 2024.

[33] 'Center on Society and Health' (*societyhealth.vcu.edu*13 February 2015) <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html#:~:text=Health%20Behaviors&text=Education%20can%20also%20lead%20to>. Accessed 18 June 2024.

Socio-economic variations in healthcare are also significantly influenced by regional disparities in access to Medical Care.[34] Kenya has struggled with the issue of uneven regional development ever since gaining independence in 1963.[35] The government has attempted, through a variety of initiatives and policies, to undo the discriminatory consequences of colonial policies, which had led to significant imbalances and inequality between regions. Unfortunately despite decades of trying various economic and social strategies, regional inequalities and discrepancies continue to exist in the advancement of the economy and society.[36] Different regions have different healthcare service availability and accessibility. In general, urban areas have better access to healthcare facilities compared rural areas.[37] This results from the concentration of healthcare facilities in major towns and the scarcity of the same in rural areas.[38] The disparity is caused by factors such as health determinants, the population concentrated in a certain area and the resources allocated to various counties.[39] However this should not mean that some people are less important than others just because they live in the rural areas.

The health dispensaries located in the interior villages are mostly served by Clinical Officers.[40] This implies that there is lack of specialized practitioners in such areas. Moreover the supply of medicine and medical equipment is also limited. The poor development of health infrastructure make qualified personnel lack the motivation to work in such places. Statistically, research has shown that in six North Eastern Counties, less than 75% of children have not received

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[34] Purity Njagi, Jelena Arsenijevic and Wim Groot, 'Decomposition of Changes in Socioeconomic Inequalities in Catastrophic Health Expenditure in Kenya' (2020) 15 PLOS ONE. Available at <https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0244428>Accessed 18 June 2024.

[35] '(PDF) Regional Development Inequalities in Kenya: Can Devolution Succeed Where Other Strategies Failed?' (*ResearchGate*) <https://www.researchgate.net/publication/332015888_Regional_Development_Inequalities_in_Kenya_Can_Devolution_Succeed_Where_Other_Strategies_Failed> Accessed 18 June 2024..

[36]'INEQUALITY TRENDS and DIAGNOSTICS in KENYA 2020 | a Joint Report of the Kenya National Bureau of Statistics on Multidimensional Inequality |' <https://www.knbs.or.ke/wp-content/uploads/2021/07/Inequality-Trends-and-Diagnostics-in-Kenya-Report.pdf>.Accessed 18 June 2024.

[37] RHIhub, 'Healthcare Access in Rural Communities Introduction' (*Rural Health Information Hub*19 April 2024) <https://www.ruralhealthinfo.org/topics/healthcare-access> Accessed 18 June 2024.

[38] Ibid 36

[39] Ibid 37

[40] Patrick Mbindyo, Duane Blaauw and Mike English, 'The Role of Clinical Officers in the Kenyan Health System: A Question of Perspective' (2013) 11 Human Resources for Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3724708/> accessed 3 February 2020.

immunization against measles. This indicates poorer heath access in these regions.[41] In terms of maternal healthcare, less than 30% of newborns in five counties; Samburu, West Pokot, Marsabit, Wajir, and Turkana are attended by trained medical professionals.[42] These are mostly impoverished, rural areas. Women who reside in rural areas are less likely to approach specialists for maternal health services.[43] These women more often than not, wait until the last stage of pregnancy for them to consider going to hospital.[44] It is important to note that some nurture the pregnancy and deliver the baby while at home.

There have been programs to offer free services to expectant and lactating mothers but they have yielded minimum results.[45] Clearly, there is pressing need to educate women in rural areas about the importance of seeking medical care services. Notably some of the similarities between the counties found in the Northern and Eastern part of Kenya are; they have the highest poverty levels of above 55%, they have limited access to healthcare and the lowest levels of education when compared to other counties in Kenya. These counties are inhabited by minority and marginalized groups such as the Turkana and the Endorois. For them to access services such as healthcare and education, they have to travel for long distances because of the poor infrastructure in the region.[46] Such factors continue to perpetuate inequalities in access to health in the country. A fundamental concern arises as to what efforts the Kenyan government is putting in place, to address such disparities in the health sector.

4.0 The Responsibility by Government.

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[41] 'Exploring Inequalities in the Health Sector in Kenya: Who's Left Behind?' (*Development Initiatives*) <https://devinit.org/blog/exploring-inequalities-health-sector-kenya-whos-left-behind/>. Accessed 18 June 2024.

[42] Ibid 42

[43] 'Maternal Health Challenges in Kenya: What New Research Evidence Shows | Wilson Center' (*www.wilsoncenter.org*) <https://www.wilsoncenter.org/event/maternal-health-challenges-kenya-what-new-research-evidence-shows>. Accessed 18 June 2024.

[44] Ibid 44

[45] Janet Chepkorir, 'DETERMINANTS of MATERNAL HEALTHCARE UTILIZATION in RURAL KENYA' (2014) <http://erepository.uonbi.ac.ke/bitstream/handle/11295/75596/Chepkorir_Determinants%20of%20maternal%20healthcare%20utilization%20in%20rural%20Kenya.pdf?sequence=4> accessed 18 June 2024.

[46] W Ho and W Her, 'Unmasking Ethnic Minorities and Marginalized Communities in Kenya' (2017) <https://www.ngeckenya.org/Downloads/Unmasking%20Ethnic%20Minorities%20and%20Marginalized%20Communities%20in%20Kenya.pdf>. Accessed 18 June 2024.

According to Article 43 of the Constitution of Kenya, the government is tasked with the responsibility to ensure that its citizens enjoy the right to the highest attainable standards of health.[47] The government is expected to develop policies and measures towards the realization of this fundamental right. Additionally, Kenya has ratified the United Nation's Universal Declaration of Human Rights. Therefore the government has a global obligation under Article 25 of the Universal Declaration of Human Rights to ensure that its people enjoy good health and general welfare.[48] For the Kenyan government, guaranteeing fair access to high-quality medical care is the priority. In as much as the government has taken positive steps to improve the health sector in the country, the inequities and inequalities between the rural and urban areas are still very much present.

The National Government in an effort to address this challenge transferred the functions of the Heath Public Service to the 47 County Governments.[49] Nonetheless, there are numerous problems still witnessed within the health sector even at the county level. The main issues facing the health sector in the post-devolution era include insufficient funding or resources from the national government and understaffed medical facilities. In addition to the frequent strikes by health care workers over merger pay, medical personnel prefer to work in certain counties that supposedly have better working conditions. There is also inequitable distribution of the available health workforce by the government.[50] To address the inequity in provision of medical services, the central government in collaboration with county governments ought to develop strategies to streamline working conditions. To increase access, the government has established a number of healthcare finance programs, including the National Health Insurance Fund (NHIF).[51]

Despite the reforms done within the National Health Insurance Fund, Kenyans still find themselves using their personal money to pay for medical services. The lower middle class is

[47] Article 43 (1) of the Constitution of Kenya, 2010.
[48] United Nations, 'Universal Declaration of Human Rights' (*United Nations* 1948) <https://www.un.org/en/about-us/universal-declaration-of-human-rights#:~:text=Everyone%20has%20the%20right%20to%20a%20standard%20of%20living%20adequate>. Accessed 18 June 2024. Available at https://doi.org/10.1016/j.puhe.2020.10.001> Accessed 18 June 2024.
[49] BB Masaba and others, 'Devolution of Healthcare System in Kenya: Progress and Challenges' (2020) 189 Public Health 135.
[50] Sunny C Okoroafor and others, 'Investing in the Health Workforce in Kenya: Trends in Size, Composition and Distribution from a Descriptive Health Labour Market Analysis' (2022) 7 BMJ Global Health <https://gh.bmj.com/content/bmjgh/7/Suppl_1/e009748.full.pdf>. Accessed 18 June 2024.
[51] Edwine Barasa and others, 'Kenya National Hospital Insurance Fund Reforms: Implications and Lessons for Universal Health Coverage' (2018) 4 Health Systems & Reform 346.

greatly affected and should be beneficiaries of subsidies from the fund while the government finds more sources of funds. Social Health Insurance Fund (SHIF) is set to replace the National Health Insurance Fund with better perks for low income earners.[52] All employed persons are expected to pay a minimum of Ksh, 300. Ideally it is supposed to be a 2.5% deduction from the Gross salary. The employer ought to make this payment to the Fund before the 9th day of every month.[53] The SHIF faces the same challenge as its predecessor. The poor and extremely vulnerable are still expected to contribute to the fund with no source of income. Lack of employment means lack of income and this raises the question; where does the government expect people without jobs to get Ksh. 1,000 to contribute to the SHIF?

The government has made investments in building new facilities and renovating old ones as part of its infrastructure expansion plan for healthcare.[54] But the lack of healthcare professionals, especially in rural regions, continues to be a problem. Healthcare workers should be hired, trained, and distributed fairly throughout the nation by the government. Due to their remote locations, restricted access to healthcare services and scarcity of medical practitioners, rural areas present particular healthcare issues. Access to specialized healthcare treatments, such as advanced surgical operations or cancer treatment, are often limited in rural locations.[55] This poses a serious problem for rural communities. Accessing healthcare services may be financially difficult for rural residents due to factors including high out-of-pocket expenses or a lack of health insurance.[56] Communication obstacles for rural communities could include restricted access to language-speaking healthcare providers or low health literacy.[57] The government has to devise ways of allocating medical practitioners who share the same language and culture with the local people. However this may not always be possible because some regions lack local persons

[52] Jacob Kazungu and others, 'Examining Inequalities in Spatial Access to National Health Insurance Fund Contracted Facilities in Kenya' (2024) 23 International Journal for Equity in Health 78 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11027528/#:~:text=This%20will%20still%20be%20the> accessed 18 June 2024.
[53] Ibid 55
[54] Ntuli A Kapologwe and others, 'Development and Upgrading of Public Primary Healthcare Facilities with Essential Surgical Services Infrastructure: A Strategy towards Achieving Universal Health Coverage in Tanzania' (2020) 20 BMC Health Services Research. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7076948/
[55] Birna Mohr Joensen, Sonja Nielsen and Ása Róin, 'Barriers to Quality of Care for Cancer Patients in Rural Areas: A Study from the Faroe Islands' (2020) Volume 13 Journal of Multidisciplinary Healthcare 63. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6974407/> Accessed 18 June 2024.
[56] Ibid 58
[57] Hilal Al Shamsi and others, 'Implications of Language Barriers for Healthcare: A Systematic Review' (2020) 35 Oman Medical Journal 1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7201401/>. Accessed 18 June 2024.

in this profession. In addition to medical facilities and medical personnel in the rural areas, the government should consider making available internet services at these facilities.[58] This is attributed to the fact that we live in the digital era where medical services have been digitized to save on time and resources. In that regard, medical facilities in the rural areas should also be brought on board. Assistance by the government is instrumental mitigating the factors which facilitate inequity in the access to health in Kenya.

5.0 Conclusion

In light of the foregoing, inequity and inequality in access to health care services are a reality in Kenya. This is despite the Kenyan government taking numerous steps to ensure equity in the delivery of medical services to all citizens. The various factors that perpetuate these inequalities include socio-economic factors, inequalities by the Universal Health coverage policy, regional disparities and the role played by the government. Socio-economic inequalities are the major contributors to the inequity in the access to healthcare in Kenya. As such, wealthy house-holds have access to better healthcare compared to poorer house-holds. The standards of living seem to largely determine the kind of healthcare one has access to. This notion creates a scenario where the wealthier patient can easily afford the money to be treated at a private hospital with state of the art facilities, whereas the less fortunate patient is left at the mercy of the rather inadequate facilities in a public hospital. Evidently, the quality of life is determined by the amount of money one has, yet it ought to be a universal human right enjoyed by everyone pursuant to Article 25 of the UN Universal Declaration of Human Rights. Education as a socio-economic factor has its fair share in the inequities facing the access of healthcare services. Apparently Kenyan citizens with higher Academic achievements are likely to access better quality services of healthcare compared to those of a lower Academic level. Education equips one with the knowledge of the importance and means of seeking medical services. Lack of Education on the other hand makes people fail to appreciate the importance of routine check-ups hence they fail to access the services.

The Universal Health Coverage was introduced in Kenya to ensure equitable distribution of resources for the delivery of health services. The main goal was to ensure that every citizen was

[58] Simon Onsongo and others, 'Experiences on the Utility and Barriers of Telemedicine in Healthcare Delivery in Kenya' (2023) 2023 International Journal of Telemedicine and Applications 1.

able to access healthcare at any given time of need without any financial strain. The Universal Health Coverage faces challenges that promote to the greater inequality in accessing healthcare. Inadequate financing of the initiative and limited number of medical practitioners are some of the outstanding setbacks. The aspect of the expensive fees charged by private hospitals also perpetuates inequities and inequalities in the access of health in Kenya. This is because it implies that only the rich with the money to pay can access the services. Regional disparities have also been another major factor. The population living in the rural area has minimal access to healthcare services as compared to the population in urban areas. This is attributed to medical facilities being concentrated in major towns whereas there is poor and inadequate infrastructure in the rural areas.

The gap between rural and urban areas has been a major problem that has contributed to inequities to a large extent. People in rural areas have to travel for long distances to access specialized treatment because the best they could get close to their home was a dispensary. There is need to invest in healthcare infrastructure in the rural parts of the country. Inadequate personnel are another problem caused by regional inequities where Doctors prefer to work in certain counties because of better working conditions. Despite the government taking a step to delocalize the health functions, these challenges have not reduced. There are issues of insufficient funding from the government and shortage of practitioners. The Government ought to move swiftly to address these issues so as to ensure a more inclusive and equitable health care in Kenya.

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