The Public Health Crisis in Kenya:
An Inside Perspective on the Medical and Economic Challenges
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- Stanford Medical School
- Hartford Hospital
- University of Hartford Business School
- USTDA: Kenyatta National Hospital
- Nairobi Hospital
Outline

• Kenya
• Public health crisis
• USTDA project
• Tale of two hospitals
• Health care funding
• Economic growth
• Next steps
Demographics of Kenya

- Population: 37 million
- 3 million in Nairobi, the capital
- Majority live in poverty
- Agricultural economy dependent on tourism
- Mixed Christian and Muslim populations
History

• Many culturally diverse African tribes
• Arabs and Persians on coast (9th century)
• Colonized by Portuguese, then British
• Achieved independence in 1963
• Contested election and violence in 2007
Strategic Importance of Kenya

- Young democracy in Sub-Saharan Africa
- Neighbors include Somalia, Ethiopia, Sudan, Uganda, and Tanzania
- On Indian Ocean and near Middle East
- Aligned with the West; historical tie to Israel
- Site of terrorist attacks
Public Health Crisis

- Limited local care
- High infant mortality
- Average age at death is 46 for men and 51 for women
- Delayed treatment
Public Health Crisis in Kenya

- High mortality rate in young children (malaria, HIV/AIDS, dysentery, respiratory infections)
- AIDS pandemic
- High prevalence of tuberculosis
- High rates of malnutrition
Public Health Crisis (continued)

- AIDS-orphaned children
- Nosocomial infection (TB and Staph.)
- Delayed diagnosis of cancer
- Neonatal sepsis
Other Serious Health Problems

- Typhoid fever
- Rheumatic heart disease
- Malignant hypertension and stroke
- Violence against women
- Drug and alcohol addiction
- Traumatic injuries
US Trade and Development Agency Project: Goals

- Encourage purchase of US medical and IT equipment
- Develop strategies to improve quality of public health care delivery
- Prioritize future human resource and medical equipment needs
US Trade and Development Agency Project: Team

- Hospital administrator
- Health information systems consultant
- Medical equipment procurement officer
- Physician/operations management consultant
Role of Physician/Operations Management Consultant

- Met with department heads and directors
- Prioritized medical equipment and human resource needs
- Identified quality assurance and health care delivery issues
- Developed protocols for medical equipment maintenance
USTDA Project: Limitations

- No US funding grant provided towards equipment purchases
- Vested management systems and governance
- Inadequate infrastructure to facilitate change
- Deficient skill sets to promote change
Kenyatta National Hospital

• Largest public referral hospital in East and Central Africa
• State corporation with mandate to participate in national health planning
• 1800 beds with occupancy of 2500 to 3000 patients
• 600,000 outpatients and 90,000 inpatients per year
Kenyatta National Hospital

• Medical education and research facility for University of Nairobi Medical School

• Training facility for nurses and allied health providers

• Public referral hospital
Funding Sources for Public Health Care

- Kenyan government funds through Ministry of Health
- Patients with limited capacity to pay
- Payment from African governments other than Kenya
- Grants from developed countries
Nairobi Hospital

- Considered leading private health care referral hospital in Central and East Africa
- Over 600 beds
- University of Nairobi Medical School faculty admit private patients here
Nairobi Hospital

- Patients pay their own way
- Self-sustaining business model with reliable income stream from operations
- Deposit and/or payment guarantee at time of admission
- High quality care
- Services comparable to referral hospital in USA
Experience as Clinical Practitioner at Nairobi Hospital

- Internal medicine and cardiology
- Hospital and outpatient clinic
- Patients from diverse geographic areas
- Patients suffered from many of the same problems as did my patients in Connecticut
Hospital Care in Nairobi: Public vs. Private

- Marked difference in care provided to public vs. private patients
- High inpatient morbidity and mortality in overcrowded, public hospital system
- Public has limited access to high quality, private hospital care
Public Health Care Funding

- Insufficient government funding of public health care
- Inadequate local health care infrastructure
- No self-sustaining funding source
Macroeconomic Issues

- Opportunity costs
- Inefficiency
- Need for economic growth
Engines for Economic Growth

- Increased trade
- Decreased disease burden
- Strengthened democratic institutions
- Job creation
- Improved infrastructure
- Knowledge transfer from developed countries
Summary

- Limited access to quality care
- Need for sustainable funding
- Next steps: public health measures, national health insurance, and primary care clinics