September 2024
7th Edition

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GOVERNANCE WITHIN PROFESSIONAL ASSOCIATIONS AND SOCIETIES

Dr. Simon Kigondu
President, KMA

Definition of Governance

Governance has been described on Wiki as the overall complex system or framework of processes, functions, structures, rules, laws, and norms borne out of the relationships, interactions, power dynamics, and communication within an organized group of individuals. The system sets the boundaries of acceptable conduct and practices of different actors of the group and controls their decision-making processes through the creation and enforcement of rules and guidelines. It also manages, allocates, and mobilizes relevant resources and capacities of different members and sets the overall direction of the group in order to effectively address its specific collective needs, problems, and challenges. Whereas smaller groups may rely on informal leadership structures, effective governance of a larger group typically relies on a well-functioning governing body, which is a specific group of people entrusted with the authority and responsibilities to make decisions about the rules, enforcing them, and overseeing the smooth operation of the group within the broader framework of governance.

Upheaval within professional medical associations and societies

There are currently more than twenty Professional medical associations and

societies in Kenya. Majority draw their leadership and governance structures from the Kenya Dental Association (KDA) and the Kenya Medical Association (KMA), the two oldests professional medical associations in Kenya. My interest has been drawn by the various upheavals that have been witnessed in several of the professional societies / associations. A cursory analysis of these happenings has led to the conclusion that it is important for these various organizations to assess their governance structures so as to facilitate good leadership.

Constitution

The constitution is the document that provides the framework of the organizational structure and outlines the framework upon which rules and regulations to be followed by the organization are crafted. The constitution defines the governance structure. As a model professional association the Kenya Medical Association (KMA) has a clear governance structure with the Annual General Meeting (AGM) being the supreme decision making body. The AGM decisions are operationalized by the National Governing Council (NGC) whose resolutions are operationalized by national and divisional executive committees.

The constitutions of many of the professional associations emanate from the time of their formation. Many societies and associations emerged in the 1960s and 1970s. and their constitutions are still largely based on their original structure. With the changing times it is key for these institutions to adapt to the changing times. KMA to its credit has had updates on its constitution. In 1986 the introduction of term limits for its leaders in various positions was an important change. A leader can hold a specific elected position for only two years, renewable for one term via a vote. The import of this rule is that it ensures a continued renewal of leadership with new ideas and a gradual but sure handover of leadership to the younger generation. This ensures growth and continuity of the association. Another important KMA constitutional amendment of 2019 was the removal of the requirement to have the Director Of Medical Services (DMS) be consulted about the affairs of the Association. This was useful in the formative years but had outlived its utility.

The Deposited Constitution

Not only should an organization have a constitution, but it should be in possession of the legally recognized version of its constitution filed with the Registrar. Over a period of time these professional medical societies have often had draft amended constitutions that end up in possession of individuals, but not deposited to the relevant government Registrar. It is thus possible that societies would be running on a constitution different from that which the Registrar has. This can lead to conflicts in the event of disputes.

The Election Rules

There have been a few emotive elections within professional societies. Societies should have a well-written document that guides exactly how the elections of an association are conducted. This should clearly define who conducts the election, the election timeline, which systems would be used, and how and where election results would be announced. It is also important for the document governing elections in a society to clearly define the body or group of people charged with conducting the elections of the organization. Failure of officials to follow laid-down election rules may lead to dissatisfaction by a fraction of membership.

Policies

Professional medical associations needs a large number of policy documents. Some associations may lack some policies. Some policy documents may also not satisfactorily address all issues that affect the organizations. It is imperative for an organization to continuously improve their policy documents to address their governance needs. Examples of documents that one can look out for in a professional medical association for good governance include board minutes, audit reports, staff: files, leave plans, minutes, payroll, general ledger, budgets, management letters, communication policy, data privacy policy, ICT policy, Gender policy, etc.

Trustees

Trustees are a group of people to whom the assets of a professional society are assigned. More often than not, the trustees are also involved in dispute resolutions. During the KMA national elections of 2022, the KMA Trustees were involved in dispute resolution. In principle, Trustees should be persons who have had long experience with the society, as they tend to have the betterment of the society at heart. Having trustees is thus a good governance asset.

Culture

Organizational culture is also a source of governance for societies. In majority of cases, members of professional associations act in good faith and for most times, culture guides the conduct of society. In my view, culture alone will not guard against bad leadership, and therefore professional associations should strive to ensure that all governance structures identified in this article are clearly identified and functioning optimally.

Dr Simon Kigondu is the President of Kenya Medical Association.

STRENGTHENING HEALTHCARE THROUGH COLLABORATIVE GOVERNANCE: THE ROLE OF KENYA MEDICAL ASSOCIATION IN DRIVING SUSTAINABLE REFORMS

Dr. Diana Marion
Secretary General , KMA

Introduction

The Kenya Medical Association (KMA) plays a crucial role in shaping healthcare delivery in Kenya by serving as an intermediary between healthcare providers and policymakers. In a country where the healthcare system faces geographical disparities, resource constraints, and complex stakeholder interactions, KMA, equipped with robust structures, expertise, and significant local and global partnerships, is uniquely positioned to drive significant reforms through sustainable collaborative governance. I will highlight the key components that enable such governance, focusing on leadership, inter-professional collaboration, contextual adaptation, and stakeholder engagement.

Collaborative Governance in the Kenyan Health Sector

Collaborative governance, where health and non-health actors work together, is essential to addressing the multifaceted challenges within Kenya's health sector. The Kenya Kwanza manifesto emphasizes a bottom-up approach to governance, aligning with the need for inclusive strategies in the health sector. Achieving Universal Health Coverage (UHC) and the Sustainable Development Goals

(SDGs) requires a shift from traditional top-down approaches to more inclusive, bottom-up strategies that resonate with Kenya's decentralized healthcare system. With its established partnerships and expertise, KMA is uniquely positioned to facilitate these collaborative efforts, particularly in line with the government's agenda to reform healthcare delivery.

Leadership and Management as Drivers of Change

Effective leadership is crucial for fostering collaboration and driving reforms within the health sector. The Kenya Kwanza manifesto highlights the importance of leadership in delivering key reforms, including in healthcare. KMA, leveraging its partnerships with the Ministry of Health and other stakeholders, is strategically placed to partner in building the capacity of healthcare leaders through experiential learning and systemic leadership development programs. On-site training, workshops, and action-based learning can bridge the gap between policy and practice, equipping healthcare managers with the skills needed to navigate the complexities of Kenya's healthcare landscape.

The selection of adaptive leaders is vital. Such leaders must manage power dynamics, inspire trust, and promote a culture of innovation rather than blame. In Kenya, where resource constraints and burnout are significant challenges, leaders who can foster a collaborative environment and safeguard staff welfare are essential. KMA, with its extensive networks and expertise, can play a key role in identifying, peer-reviewing, and nurturing such leaders, which is crucial for realizing the healthcare reforms.

Internal Collaborative Dynamics

Effective collaboration within healthcare networks requires creating enabling spaces that allow different partners to work together seamlessly. The Kenya Kwanza manifesto emphasis on strengthening healthcare systems through local governance and decentralization supports this approach. KMA, using its established structures, can advocate for procedural arrangements that support collaboration, such as performance-based contractual agreements and incentives for teamwork. These arrangements must consider Kenya's unique challenges, including geographical disparities and the need for equitable resource distribution.

Building trust among network members is a cornerstone of successful collaboration. Transparency in communication, shared decision-making, and open information-sharing are practices that can strengthen these networks. KMA, as advocates for healthcare professionals, can prioritize these collaborative practices to enhance social sustainability within Kenya's healthcare system, aligning with the Government's

goals of improving healthcare accessibility and quality.

Collaborative Leadership

The composition of governance bodies in healthcare networks should include leaders with emotional intelligence and transformative leadership abilities. These leaders are crucial in managing complex power dynamics and ensuring that collaborative efforts align with broader health sector goals. KMA, with its local and global partnerships, can facilitate the selection and development of such leaders.

In Kenya, where the healthcare system comprises both public and private providers, KMA can bridge the gap between these entities. By fostering alliances between hospitals, primary healthcare centers, and other stakeholders, KMA can support the implementation of joint actions that enhance healthcare delivery and contribute to achieving UHC. The Government's focus on public-private partnerships is particularly relevant here, as KMA can play a pivotal role in fostering these collaborations.

Contextual Adaptation and Organizational Learning

Adapting global strategies to the local context is a significant challenge in implementing healthcare reforms in Kenya. KMA, with its expertise and partnerships, is a key advocate for transforming healthcare network implementation into action learning projects. Systematic documentation of key organizational processes and performance indicators can provide valuable insights for future reforms.

Benchmarking against successful initiatives in other regions can help Kenyan healthcare networks adapt to changing medical and nursing densities. KMA can partner in organizing workshops that enable healthcare leaders to learn from global best practices. This adaptive approach can help address Kenya's imbalances in skill mix, geographical distribution, and resource allocation, contributing to the current healthcare reforms agenda.

Stakeholder Engagement and Collaborative Actions

Stakeholder engagement is fundamental to collaborative governance. KMA, with its robust structures and partnerships, working closely with the Ministry of Health, policymakers, healthcare providers, and community representatives, will ensure that reforms are contextually relevant and widely accepted. This multisectoral collaboration can bridge the gap between policy formulation and implementation, leading to more effective and sustainable health system reforms.

Quality assurance projects and accreditation processes are essential for ensuring

accountability within healthcare networks. KMA meets the capacity to advocate for transparent procedures, equitable budget allocation, and clear communication channels between network members. These measures can enhance the transparency and efficiency of collaborative actions, leading to improved health outcomes for the Kenyan population, in alignment with Vision 2030 and the Kenya Health Policy for a more equitable healthcare system.

Conclusion

Sustainable collaborative governance in Kenya's health sector requires a multifaceted approach that combines effective leadership, internal collaboration, contextual adaptation, and stakeholder engagement. Kenya Medical Association (KMA), with its structures, expertise, and partnerships, is well-positioned to help drive these reforms. By fostering a culture of collaboration, transparency, and adaptability, KMA can partner with government and key stakeholders to build a resilient, equitable healthcare system that meets the evolving needs of the Kenyan population, in line with the Kenyan Government healthcare goals.

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Healthcare, Leadership & Governance

THE HEALTHCARE LEADER

By Dr. Miriam Miima

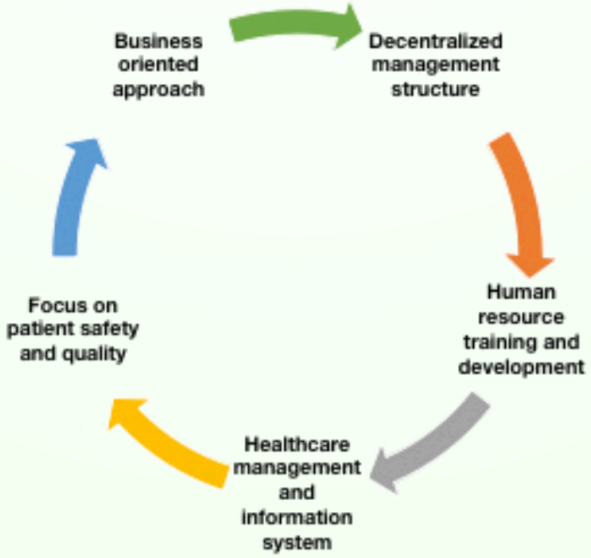
Recently, the health CS nominee was being vetted. Blue looks good on her; a calming corporate color; a contrast to the role she hopes to transition into; a fiery red ticking time bomb. I like her approach; synergize, consultative approach, I will work with you mheshimiwa, I am new … Per contra she was challenged to articulate her voice on her legislative approach as the bedrock of her future footprint. How long does it take to groom a technocrat into a savvy technocratic-legislator? That is the question healthcare leaders need to answer.

What is leadership and governance?

Warren Bennis, a pioneer of leadership studies, defines leadership as 'a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential'.
The World Health Organization defines governance as the processes, structures and institutions that are in place to oversee and manage a country's healthcare system.

NHS leadership evolution

The history of healthcare leadership can be illustrated by the British National Health System between 1967 - 2015. The Cogwheel report of 1967 transitioned the role of healthcare providers beyond bedside events into clinical leadership. The 1970s and 1980s were an epoch of management by consensus festered with analysis paralysis and an indecisive authority. This was remedied in 1983 by the Griffiths report, whose reforms introduced a corporate flavor to healthcare through: -



The modern healthcare leader

The modern healthcare leader cognizant of the deliverables and the evolution of their role must communicate a vision that inspires trust to oversee and manage a healthcare system. The healthcare system building blocks forms the epicenter of effective health care delivery. A perimeter of six core components around individuals/ communities form the healthcare system building blocks as illustrated below: -

Effective leadership and governance is designed by strategic policy framework and coalitions; both political and apolitical. This intricate tango ensures that healthcare services are accessible, equitable, efficient, affordable and of high quality for all. The levers of social justice are upheld when effective governance responds to the needs of everyone indiscriminately. Scarcity continues to stifle the ability to meet needs indiscriminately which calls for technical and allocative efficiency in resource allocation.

So, what should the CS nominee have said? I probably would have done worse with all those cameras on live television.....and the fact that my net worth is Ksh. Tala loan and Ksh. M-fululiza. She however has a chance to engage a strategic collaborative synergy in gleaning towards effective leadership and governance in healthcare. Effective leadership is never linear; it domesticates agility through various styles including: -

1. Transformative leadership
2. Transactional leadership
3. Autocratic leadership
4. Laissez faire leadership

All in all, beyond what leadership and governance is, the evolution of leadership, the technical jurisdiction of leadership and the theoretical articulation of leadership styles, I hope the next CS nominee is a leader and a manager; A vision bearer who entertains a collaborative multifaceted , dynamic approach iteratively.

The history of healthcare leadership can be illustrated by the British National Health System between 1967 - 2015. The Cogwheel report of 1967 transitioned the role of healthcare providers beyond bedside events into clinical leadership. The 1970s and 1980s were an epoch of management by consensus festered with analysis paralysis and an indecisive authority.

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WHO'S BEHIND YOUR HEALTH? UNDERSTANDING HEALTHCARE LEADERSHIP AND GOVERNANCE IN KENYA

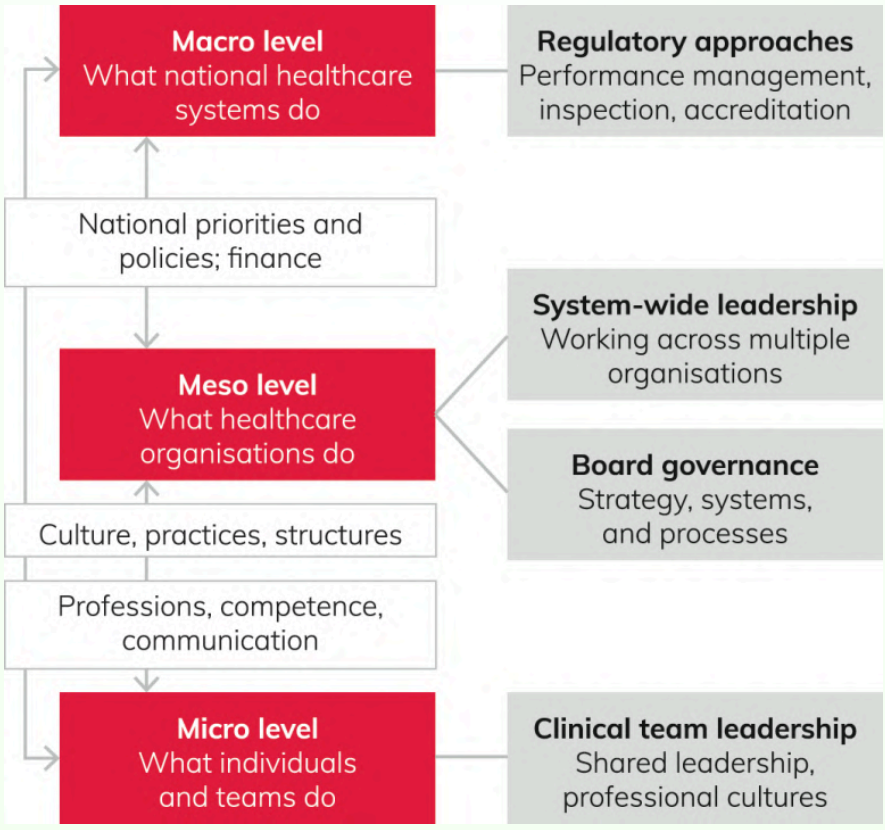
By Esther Murunga

I recently asked a friend with an architecture background about her thoughts on the term 'healthcare leadership and governance'. Her responses were: "I see a board of doctors holding a meeting to discuss business matters rather than focusing on healthcare or the world's leading doctors being summoned to various hospitals due to their specialized expertise."

Similar conversations with other friends and colleagues revealed a troubling trend of insufficient or misleading information on the subject. This article strives to change this by ensuring you understand Kenya's healthcare leadership and governance system and why it is important to arm yourself with this information.

What Is Healthcare Leadership and Governance?

Healthcare leadership and governance refer to the frameworks and processes that direct the management and delivery of healthcare services.



Courtesy: Cambridge University Press

This concept can be divided into two main components:

1. Healthcare Leadership: This aspect is people-centered. It comprises the individuals who guide healthcare systems from the frontline healthcare professionals like nurses to the high-level policymakers such as the Minister of Health.

2. Healthcare Governance: This aspect is procedure-centered. It focuses on the systems, rules, and processes that ensure effective and compliant healthcare management. You might recognize healthcare governance through regulations and compliance issues, such as healthcare insurance policies or environmental regulations.

Why Is It Important for You to Understand Kenya's Healthcare Leadership and Governance?

As we work towards improving Kenya's healthcare system, it is concerning to hear that many Kenyans lack a clear understanding of our healthcare leadership and governance. Here is why it is important to gain this understanding:

1. When people understand who is responsible for their healthcare and how decisions are made, they are better equipped to contribute to meaningful improvements.
2. Public awareness reduces the risk of mismanagement of healthcare resources by enhancing accountability.
3. An uninformed public will significantly succumb to confusion about who is responsible for what in health crises like COVID-19 resulting in ineffective coordination efforts.
4. When there's a lack of understanding, people might distrust the healthcare system and resist complying with health directives.
5. An uninformed public will also struggle to advocate for changes or improvements in the healthcare system.

Key Players in Healthcare Leadership and Governance in Kenya

Various entities and individuals play key roles in shaping and overseeing healthcare policies and delivery in Kenya.

1. Ministry of Health (MoH)
The Ministry of Health is at the helm of healthcare governance in Kenya. It is responsible for formulating policies, strategies, and regulations. The ministry also oversees the implementation of health programs and ensures coordination across

different health sectors. Key figures here include the Cabinet Secretary for Health, the Principal Secretary, and directors of specific health departments.

2. County Executive Committee Members

At the local level, the County Executive Committee Members are in charge of Health and Wellness. They assist the County Governments in addressing local health needs by managing healthcare services such as county health facilities and health information systems. Their leadership facilitates the tailoring of healthcare delivery to the unique challenges faced by different counties.

3. Kenya Medical Practitioners and Dentists Council (KMPDC)

The KMPDC maintains standards of practice in healthcare services by regulating medical and dental professions, The Council's Chairperson and board members are the leadership focal point in upholding professional standards and addressing concerns within the medical community.

Courtesy: kmpdc.go.ke

4. Professional associations

Professional associations such as the **Kenya Medical Association**, advocate for the interests of healthcare professionals. They are strategically positioned to contribute to policy discussions that influence the landscape of the country's medical practice.

5. Kenya Medical Research Institute (KEMRI)

KEMRI provides evidence-based information that supports public health

interventions by conducting peer-reviewed medical research. The Director and senior researchers at the institution contribute significantly to advancing medical knowledge and informing health policies

Courtesy: kemri.go.ke

6. National Hospital Insurance Fund (NHIF)

NHIF is responsible for providing health insurance coverage and managing the financing of healthcare services at the national and county levels. The CEO and Board of Trustees oversee the Fund's operations intending to ensure that healthcare financing remains sustainable and accessible.

7**. Health Non-Governmental Organizations (NGOs)**

Health NGOs play a key role in implementing health programs, advocating for health issues, and providing additional support to the public health system. Leaders of these organizations and their program managers work to address various health challenges and support community health initiatives.

8. Academic and Training Institutions

Academic institutions are responsible for training healthcare professionals and conducting research that informs health policy and practice. Deans of medical schools, senior faculty members, and researchers contribute to the development of a skilled healthcare workforce and the advancement of medical knowledge.

9.Patients and Advocacy Groups

Patients and advocacy groups such as the Kenya Healthcare Federation Group are instrumental in advocating for patient rights and influencing health policies. They ensure accountability in the healthcare system by proactively participating in engagement structures such as policy formation meetings.

Kenya Healthcare Federation (KHF) is the health sector board of the Kenya Private Sector Alliance (KEPSA). Founded in 2004, the Federation works with commercial healthcare institutions, professional associations and non-state healthcare firms to promote strategic public-private partnerships towards achieving national access to quality healthcare and is dedicated to engaging the government and all relevant stakeholders in achieving quality healthcare by maximizing the contribution of the private sector.

Courtesy: khf.co.ke

10.Community Health Workers (CHWs)

CHWs are the lifeline of primary healthcare services at the community level in Kenya. They support disease prevention and health promotion bridging the gap between communities and formal healthcare systems.

While the above entities play significant roles in Kenya's healthcare leadership and governance, many other bodies and actors also contribute to this complex system. Pharmaceutical companies, private healthcare providers, international health organizations, community-based organizations, traditional health practitioners, health insurance companies, and policy think tanks are also instrumental in shaping health outcomes and policies.

ESTHER MURUNGA IS A PUBLIC HEALTH PROFESSIONAL WITH THREE YEARS OF EXPERIENCE IN HEALTH PROMOTION AND ADVOCACY. SHE HAS BEEN A DEDICATED ADVOCATE FOR SRHR WITHIN THE FAMILY HEALTH OPTIONS KENYA (FHOK) ORGANIZATION, SERVING IN BOTH THE BONDO AND KAKAMEGA BRANCHES. CURRENTLY, ESTHER SERVES AS THE PROGRAM LEAD FOR THE IMMUNIZATION DEPARTMENT WITHIN THE KENYA MALARIA YOUTH CORPS. HER COMMITMENT TO IMPROVING PUBLIC HEALTH OUTCOMES IS UNDERSCORED BY HER GUIDING PRINCIPLE: "WHY TREAT PEOPLE AND SEND THEM BACK TO THE CONDITIONS THAT MADE THEM SICK?"

REDEFINING HEALTHCARE GOVERNANCE AND LEADERSHIP: THE CRUCIAL ROLE OF A HEALTH SERVICE COMMISSION IN KENYA

By Dr. Sammy Musungu

Kenya's healthcare sector stands at a critical juncture, fraught with recurrent labor disputes and systemic inefficiencies that have manifested in frequent doctors' strikes and contentious collective bargaining agreements (CBAs). These perennial challenges underscore the necessity for a paradigm shift in the leadership and governance structures within the Ministry of Health. The establishment of a Health Service Commission (HSC) emerges as a pivotal reform to address these issues .

Historically, the management of Kenya's healthcare workforce has been mired in a decentralized framework, particularly following the devolution of healthcare services to county governments. While this decentralization aimed to enhance service delivery by bringing healthcare closer to the populace, it inadvertently engendered disparities in resource allocation, employment terms, and administrative efficiency. The resultant fragmentation has precipitated delays in salary payments, inequitable distribution of healthcare workers, and a lack of standardized career progression pathways, all of which have fueled dissatisfaction and unrest among medical professionals.

In response to these systemic challenges, the conception of an HSC proposes a centralized authority dedicated to the recruitment, deployment, and welfare of healthcare workers. This body would function as an intermediary, harmonizing the interests of healthcare professionals with the strategic objectives of the Ministry of Health.

The HSC would ensure a fair and transparent recruitment process, facilitating an equitable distribution of healthcare personnel across the nation. This centralized approach would mitigate the current regional disparities and ensure that underserved areas receive adequate staffing.

By centralizing the oversight of employment conditions, the HSC could standardize salaries, benefits, and working conditions. This uniformity would address the discrepancies that currently exist between counties, thereby reducing salary-related grievances and enhancing job satisfaction.

Establishing clear guidelines for promotions and career development would foster a meritocratic culture within the healthcare sector. Transparent criteria for

advancement would motivate healthcare workers and improve retention rates.

An independent HSC would act as a neutral arbiter in labor disputes, providing a structured mechanism for resolving conflicts. This role is crucial in preempting strikes and ensuring continuous dialogue between healthcare workers and the government.

Coordinating ongoing training and professional development programs would ensure that healthcare workers remain adept with the latest medical advancements and best practices. This continuous capacity building is essential for maintaining high standards of healthcare delivery.

Globally, several nations have successfully navigated similar challenges through the establishment of centralized healthcare oversight bodies. For instance, the United Kingdom's National Health Service (NHS) exemplifies a model where centralized management ensures uniformity in employment terms and operational standards.

Similarly, South Africa's Health Professions Council (HPCSA) provides rigorous oversight of healthcare professionals, ensuring their training and professional conduct meet established standards.

The establishment of an HSC in Kenya is not without its challenges. Adequate funding and resources are paramount to ensure the commission's efficacy. This includes investment in infrastructure, personnel, and operational systems. Additionally, a robust legislative framework must delineate the HSC's powers and functions, safeguarding its independence from political interference.

Moreover, stakeholder engagement is critical. Building consensus among healthcare workers, unions, county governments, and the national government requires continuous dialogue and negotiation. Ensuring stakeholder buy-in will be essential for the smooth implementation of the HSC and the sustainability of its reforms.

The establishment of a Health Service Commission represents a transformative step towards resolving the endemic issues within Kenya's healthcare sector. By centralizing the management of healthcare workers, standardizing employment terms, and providing a robust mechanism for dispute resolution, the HSC promises to usher in an era of stability and efficiency. As Kenya navigates this critical juncture, robust leadership and governance within the Ministry of Health will be indispensable in realizing the full potential of this reform and ensuring that the healthcare needs of the populace are met with unwavering dedication and excellence.

The establishment of a Health Service Commission represents a transformative step towards resolving the endemic issues within Kenya's healthcare sector. By centralizing the management of healthcare workers, standardizing employment terms, and providing a robust mechanism for dispute resolution, the HSC promises to usher in an era of stability and efficiency.

I AM A MEDICAL OFFICER BASED AT THE BUSIA COUNTY REFERRAL HOSPITAL, DEDICATED TO DELIVERING HIGH-QUALITY HEALTHCARE AND IMPROVING PATIENT OUTCOMES.

HEALTHCARE LEADERSHIP AND GOVERNANCE

By George Amolo

In the dynamic landscape of healthcare, effective leadership and governance are pivotal to delivering high-quality patient care, ensuring safety, and achieving operational excellence. Both pre-hospital and hospital settings play crucial roles in the continuum of care, each with its unique challenges and opportunities. Healthcare leadership and governance refer to the overall management and decision-making processes that ensure the effectiveness, efficiency, and quality of care provided to patients outside of a hospital setting and hospital settings. This includes setting strategic goals, implementing policies and procedures, overseeing staff development and training, and maintaining compliance with regulations and standards.

This article explores the essential components of healthcare leadership and governance in these two interconnected realms, highlighting best practices, strategies, and the importance of collaboration.

1. Understanding the Landscape

Pre-Hospital Settings

Pre-hospital care includes a wide range of services delivered outside of traditional hospital environments, such as emergency medical services, urgent care clinics, and community health services. The primary focus in pre-hospital settings is on providing immediate care to individuals during emergencies and facilitating timely referral to appropriate healthcare facilities. They operate in compliance with relevant laws and regulations. This may include developing and implementing clinical guidelines, conducting regular audits and reviews, and maintaining transparent communication with stakeholders.

Hospital Settings

Hospitals serve as critical hubs for comprehensive healthcare delivery, managing everything from emergency and inpatient care to specialized services. They operate under complex regulatory frameworks, requiring robust governance and leadership structures to ensure quality, compliance, and financial viability.

2. Leadership Roles and Responsibilities

In Pre-Hospital Care

Prehospital Leadership: The leaders of prehospital organizations are responsible for overseeing operations, staffing, training, and community engagement. They must navigate the unique challenges posed by emergency situations, such as limited resources and the need for rapid decision-making.

Clinical Leadership: Paramedics, emergency physicians, and nurses play crucial roles in guiding clinical practices, ensuring adherence to standards of care, and supporting the training of frontline staff. Their expertise is vital for maintaining high-quality pre-hospital services.

Community Engagement: Leaders in pre-hospital settings must build strong relationships with community stakeholders, including local hospitals, public health agencies, and emergency management organisations, to enhance the overall effectiveness of emergency response systems.

In Hospital Care

Executive Leadership: Hospital leadership typically includes roles like Chief Executive Officer (CEO), Chief Medical Officer (CMO), and Chief Financial Officer (CFO), who collectively set the strategic direction and manage the overall operations of the hospital.

Clinical Leadership: Department heads and medical directors ensure adherence to clinical guidelines and oversee the quality of care provided in specialised areas. Effective clinical leadership fosters a culture of excellence among healthcare professionals.

Nursing Leadership: The role of nursing leaders, including nurse managers and Chief Nursing Officers (CNOs), is critical in advocating for nursing staff, fostering teamwork, and maintaining high standards of patient care.

3. Governance Structures

In Pre-Hospital Care

Policy Development: Pre-hospital settings require the establishment of policies and protocols that reflect best practices and ensure patient safety. This includes crafting guidelines for emergency response and clinical interventions.

Quality Improvement: Governance in pre-hospital settings is strengthened by continuous quality improvement initiatives. This involves monitoring performance metrics, patient outcomes, and patient feedback to identify areas for enhancement.

In Hospital Care

Board of Directors: The governance of hospitals typically involves a Board of Directors responsible for strategic oversight, financial planning, and regulatory compliance. The board sets the strategic vision and policies that guide hospital operations.

Committees: Various committees focused on quality, patient safety, finance, and ethics support the board by providing specialised oversight and

recommendations, ensuring that diverse perspectives are considered in decision-making.

Compliance and Accreditation: Hospitals must adhere to a myriad of regulations and standards set forth by governmental and accrediting bodies. A dedicated governance framework is essential for ensuring compliance and maintaining accreditation status.

4. Quality and Safety Initiatives

Pre-Hospital Care
Training and Education: Continuous professional development for prehospital providers is critical for maintaining high standards of care. Regular training sessions, simulations, and updates on best practices contribute to better patient outcomes.

Response Protocols: Establishing clear response protocols and communication channels between prehospital providers and receiving hospitals enhances the continuum of care and minimises delays in treatment.
Hospital Care

Patient Safety Programs: Hospitals implement multifaceted patient safety initiatives to reduce adverse events, enhance communication, and promote a culture of safety. This includes incident reporting systems and root cause analysis of errors.

Quality Metrics Monitoring: Systematic monitoring of quality metrics, such as readmission rates and patient satisfaction scores, helps hospitals identify areas for improvement and implement corrective actions.

5. Collaboration between Pre-Hospital and Hospital Settings

Effective healthcare delivery relies on seamless collaboration between pre-hospital and hospital settings. This partnership is crucial for:

Information Sharing: Timely communication between EMS and hospitals ensures that receiving teams are prepared for incoming patients, facilitating a swift transfer of care.

Integrated Care Models: Developing integrated care models that bridge pre-hospital and a hospital environment enhances the overall patient experience. Collaborative efforts may include shared protocols, joint training exercises, and community health initiatives.

Crisis Management: In large-scale emergencies or disasters, a coordinated approach among prehospital, hospitals, and other community resources is vital for effective response and recovery efforts.

The establishment of a Health Service Commission represents a transformative step towards resolving the endemic issues within Kenya's healthcare sector. By centralizing the management of healthcare workers, standardizing employment terms, and providing a robust mechanism for dispute resolution, the HSC promises to usher in an era of stability and efficiency.

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LEADERSHIP IN MEDICINE AND PUBLIC HEALTH. WHAT LESSONS CAN KENYA DRAW?

By Dr. Eric Mugambi

The term "leadership" traces back to the Old English word "lædan," which means "to lead, guide, bring forth, or go." The noun "leader" appeared in the 14th century, and "leadership" as a concept became widely used in the 19th century. In medieval times, medical care was primarily provided by religious institutions like monasteries and convents. These early hospitals, known as "xenodochia" or "hospitia," were managed by abbots and abbesses who combined spiritual guidance with practical care, emphasizing compassion and charity.

The 12th and 13th centuries saw the rise of universities in Salerno, Bologna, and Paris, marking a significant shift in medical education. Professors and scholars of medicine began to emerge as academic leaders, advancing medical knowledge through teaching and research, transitioning medical practice from religious care to a more scholarly and empirical approach. The Renaissance period emphasized scientific inquiry and empirical evidence, with figures like Andreas Vesalius and William Harvey making groundbreaking contributions to anatomy and physiology. Medical leaders during this time were pioneering scientists and physicians who advanced medical understanding through experimentation and observation.

The establishment of hospitals like St. Bartholomew's in London and Hôtel-Dieu in Paris marked the development of more structured health systems. Hospital administrators and chief physicians took on leadership roles, focusing on improving patient care, hospital management, and medical education. In the 19th and early 20th centuries, public health leadership emerged with pioneers like John Snow, who identified the waterborne nature of cholera. This period saw the development of organized public health systems, with health officers advocating for sanitation, vaccination, and other preventive measures, significantly reducing infectious disease incidence. Professional bodies such as the American Medical Association (AMA) and the General Medical Council (GMC) standardized medical practice and education, professionalizing medical leadership.

The World Health Organization (WHO), established in 1948, has been instrumental in coordinating international health efforts, setting global health standards, and responding to health crises. Modern healthcare leadership focuses on integrating health systems components to improve efficiency, accessibility, and quality of care. Leaders emphasize evidence-based practices, health technology, and patient-

centered care, with digital health technologies and data analytics transforming healthcare leadership. Charles Handy's "Understanding Organizations," a fundamental text for the MSc. Public Health course at LSHTM, University of London, delves into diverse leadership styles and frameworks suitable for various organizational settings. Handy categorizes organizational culture into four types: Power Culture, Role Culture, Task Culture, and Person Culture, each shaping leadership approaches and their effectiveness. Handy's Sigmoid Curve illustrates the lifecycle of organizations and the importance of proactive leadership, while the Doughnut Principle highlights the balance between defined responsibilities and personal autonomy. Handy distinguishes between Role-Based Leadership and Function-Based Leadership, encouraging a democratic and distributed form of leadership. He emphasizes the need for leaders to be adaptive and responsive to changing environments, fostering a culture of initiative, lifelong learning, and self-improvement.

Kenya's healthcare system faces challenges in achieving Universal Health Coverage (UHC) and reforms in the National Health Insurance Fund. Frequent strikes by healthcare workers, inadequate funding, and service delivery inefficiencies exacerbate these challenges. Despite some progress in basic health indicators, Kenya's healthcare system requires strong leadership to navigate these complexities. The vetting and approval of the new Health Cabinet Secretary, Dr. Deborah Barasa, will be closely watched. Dr. Barasa, an internist and public health specialist with extensive experience working at the WHO, has been instrumental in establishing sustainable health programs in Eastern and Southern Africa. Her work at the WHO, particularly in developing and implementing national action plans and providing technical guidance on global health policies, is a significant asset.

Notably, insights from Dr. Abdourahmane Diallo, the WHO Representative to Kenya, highlight the complexities of global health and the importance of strong, effective leadership. These perspectives underscore the hope that Dr. Barasa will draw from her deep well of experience and networks to steer Kenya's health sector. Her leadership will be crucial in addressing healthcare worker grievances, improving health outcomes, and meeting UHC goals. As Kenya progresses in achieving the Sustainable Development Goals (SDGs) and improving basic health indicators, robust and effective leadership will be essential for steering the healthcare system towards success

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Kenya's healthcare system faces challenges in achieving Universal Health Coverage (UHC) and reforms in the National Health Insurance Fund. Frequent strikes by healthcare workers, inadequate funding, and service delivery inefficiencies exacerbate these challenges.

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SCORECARDS FOR ACTION AND ACOUNTABILITY; YOUTH LED ADVOCACY IN ELIMINATING MALARIA AND NTDS IN AFRICAS

By Dr. Annette Onyango

Malaria and NTDs pose a major public health threat to the continent, especially in endemic and epidemic prone regions. The World malaria report 2023 states an estimated figure of 249 million malaria cases globally. Sub-Saharan Africa accounted for about 94% of the cases and 96 % of deaths globally. Kenya has a malaria prevalence of 6% according to the Kenya Malaria Indicator Survey, 2020. It is estimated that NTDs affect more than I billion people globally and Africa carries 40% of the global burden, with East Africa carrying about 15 % of this burden.

As a continent and a country, we have made progress over the last century but it has stalled because of a myriad of storms. The world malaria report 2023 and AU Malaria Report highlight climate change as a major threat to global malaria elimination, impacting livelihoods and affecting access to health care. Climate change can cause floods and cyclones leading to contamination of water sources increasing prevalence of vector borne diseases transmitted by mosquitoes e.g. Malaria, dengue fever, chikungunya as well diarrheal diseases such as intestinal schistosomiasis.

NTDs debilitate, disfigure and can be fatal, yet they are preventable and treatable. These diseases are caused primarily by our interaction with the environment and mostly affect the most vulnerable people in the community. This is due to poor sanitation, water contamination and lack of proper shelter to protect themselves from adverse weather conditions. The other challenges stalling progress include biological threats such as drug and insecticide resistance, humanitarian crises and Inadequate financing. Inclusive participation, especially of gender, youth and increasing cross cutting approaches can support NTDs and Malaria elimination agenda. This can be done by enabling and providing them with opportunity to contribute to climate politics through advocacy and research.

African Leaders Malaria Alliance (ALMA) Youth Advisory Council gives ALMA operational support and advice on meaningful engagement of the young people across the continent to achieve its priority agenda of driving accountability and action for results against Malaria ,NTDs and UHC. This keeps malaria and NTDs high on the policy and political agenda through the use of scorecard

management tool. The scorecard tool promotes data visualization and the use of data to drive policy formation and implementation. The Scorecards which are country owned are updated quarterly and integrated into decision making process in Malaria, NTDs, Nutrition, RMNCAH and Community engagement. The score cards use existing quarterly data from routine sources like DHIS2 and integrated into existing management process. Data from existing sources are populated in the scorecards, analyzed, it undergoes the existing management process review and actions to be implemented in an action tracker, programs and partners implement and the actions are monitored.

The Youth Advisory Council provides guidance on the implementation plans on national malaria youth corps e.g. Kenya Malaria Youth Corps who advocate for policies and resource mobilization, community action, communication for social change and drive innovation through research that prevent, diagnose and treat malaria and NTDs. This actions can all be documented as best practices for emulation.

Young people when supported and given the platform, can contribute to leadership in elimination and eradication strategies of the major global health challenges that are affecting the continent. Addressing these challenges such as inadequate financing can help in promoting access to education, safe housing, clean water and energy. These factors play a crucial role in prevention of NTDs and malaria including the health seeking behavior in the communities.

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HEALTHCARE, LEADERSHIP AND GOVERNANCE

By Dr. Suhaib Khan

Leaders are those who take charge. They pave the way for others to tread and ensure that the path is cleared as best possible while ensuring those who tread said path are equipped with the tools to clear any impeding barriers. They inspire productivity by setting an example implementing the change they would like to see in others. They are willing to go the extra mile, do the extra work, spend that extra time to make sure that the job is carried to completion. A person who not only takes on responsibility, burdens the load, but also who delegates tasks decisively proves worthy. I do not believe it innate but rather it arises through years of making the difficult decisions to rectify situations and challenge prerequisite mental frameworks that with time cement these strong leader qualities firmly into place. There are no shortcuts.

In healthcare currently a trend has emerged of medical staff expressing their disappointment with government systems, despite being voted in place to make positive changes, that are the forerunners in delaying growth and development of the sector. Legislated bills cut deep into the ever-shrinking pockets of the public, budgetary allocation that never seem to reach their target prospects, delays in payment of salaries, poor working conditions, these are but some of the challenges faced by those that brave the long hours to offer healthcare services to the society.

Demonstrations inevitably being the result of long suppressed feelings of frustration, disappointment and anger. They occur year in, year out with the most recent one ending several months ago this year. This only goes to affirm that for decades despite continued demonstrations the many issues that plague the healthcare framework have not been solved effectively. This is not to say that we have not seen any changes since the past. However, the question of reaching projected growth targets still remains and a comparison of the past to present times would mean having to run the clock back to times when Kenya's debt burden was not as severe. Similar issues arising again and again just go bolster a sense negligence or a lack of concern/care for those in the healthcare system.

Better access to care is promised to the public every four years but fails miserably to reach its targets once seats have been occupied. Projected figures and disingenuous statistics are used to blind the public eye in hopes of holding coveted seats just a little longer. The problems that seem to plague the government over the decades prove chronic and require serious rehabilitation measures. The sad reality of the framework in our country is that reminders must be sent repeatedly for any matter to be taken with any ounce of interest.

forced obligation upon us to keep sending these reminders in hopes that change follows.

Leaders are those who take charge. They pave the way for others to tread and ensure that the path is cleared as best possible while ensuring those who tread said path are equipped with the tools to clear any impeding barrier

Senior Medical Officer,
experienced in Critical Care
Medicine, Emergency Medicine,
and Cardiology

ONE OF THE MANY.

By. Dr. Nyangweso Orina

Recently I had a young polytrauma patient who had sustained pan facial fractures, femur fracture, and head injury due to a fall. We made a plan together with the oral and maxillofacial surgeon to do open reduction and internal fixation under GA (for the facial fractures). As a general dental practitioner, my role was to ensure that the patient had been adequately prepared for theatre. Hence that meant ensuring the Hemoglobin levels were optimized for an operation in theatre (hers was 7g/dl), repeat baselines were done, and other instructions given.

The initial plan was to hitchhike on to the orthopedics surgery, prepare the patient at the same time, so that both ORIF and IM nailing could be done simultaneously. However, this never got to happen! We then organized for a different day to perform the maxillofacial surgery. The patient was starved from midnight on, into the next day. She was wheeled into theatre but the surgery never took place. Specifically, during this period of time, the reason was because clinical officers had gone on strike and there was a shortage of anesthetists.

Now this was a patient who had been admitted in the ward for over one week, had been transfused, prepped for theatre but could not be accorded the care she deserved in the correct timing. Personally, I felt disappointed for the amount of work that had been put in towards the preparation phase, but it could never exceed the amount of devastation felt by the parent whom I had previously reassured that the procedure would surely take place, and put him under pressure to ensure that he bought the required plates in time.

Of late, there has been a myriad of protests in Kenya. The remarkable one in the healthcare sector was the 56-day Doctors' strike which affected millions of Kenyans. There is a shortage of healthcare workers in the country including that of doctors, and nurses who have not been employed. Majority of our leaders are equally having a hard time understanding the significance of healthcare workers, as well as the compensation they deserve. Currently, majority of the intern doctors have been posted to various facilities, not knowing on what terms (financially). The concern is, there's already a massive gap in the healthcare sector, human resource being the most critical. The question is, who takes the fault? Who does this fall on?

I take the blame to poor leadership and governance. I mean, most critical decisions are not made unanimously, but who has the capacity to push? -our leaders. Most people think to themselves, what happens up there? What happens to leaders when they get posted, nominated, or elected into leadership positions? Why do they forget

the tens and hundreds of promises they made previously? Because I believe they have the capacity to change this nation and things for the better. But you listen to most of the conversations, and it seems like they do not recognize their roles at all. Where does someone get the motivation to work if the employers are demeaning in terms of words and actions?

Weeks later after the Doctors' strike, there came a nation - wide strike termed "GEN-Z movement". This was against the 2024 finance bill for which many Kenyans felt that was impinging on them. A few days later as I was doing a procedure on one of my patients, I asked my dental assistant what she thought of the recent protests that is "the reject finance bill", and the "doctors strike" ones. Again, I also alluded to the story of a patient of mine who had been prepped twice for theatre, but the procedure could not take place in good time. My patient took keen interest in the conversation and after the procedure, we stayed on for 30 minutes talking about the issues that had incited the protests. He was not in support of the protests, but at the end of it all we agreed that something was wrong. It seemed like our country was suffering from an airborne disease, and unfortunately many systems were infected. From top to bottom.

I was one of the people who used to think that being interested in politics or who rules does not matter. Now I know, it does. It matters who makes decisions on behalf of people. These decisions are major, and affect each and every one of us.

So, to our leaders, how do you want to be remembered by Kenyans? That you fought for every right of the Kenyan citizens? Or that you had a one -sided perspective, and a defensive nature was an obstacle to service delivery and quality healthcare?

I believe we can do better. Let us listen to our own and act right, despite the push and pull. Your say doesn't have to rhyme with that of the 'MAJORITY'. It can be one in a crowd, with the capacity to prove to be great at the end of the day. My commencing story was only one of the many. Thousand of Kenyans lack what we actually have as a country. I know we can put in the work, and make things better as leaders...

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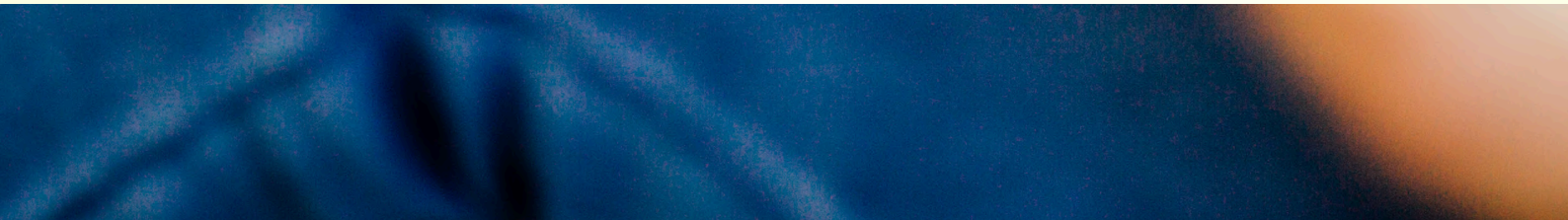
Research Articles



RE-IMAGINING HEALTH SYSTEMS IN THE 21ST CENTURY: EIGHT PRACTICES FOR HEALTH SYSTEMS 2.0 PRACTITIONERS

By Dr. Ndirangu Wanjuki

Urgent Call for Health Systems Reform

The 2023 UHC global monitoring report shows that the world is off track to achieve the Universal Health Coverage (UHC) SDG target 3.8 by 2030. Although the UHC index improved from 45 to 68 out of 100 between 2000 and 2021, progress has stalled since 2015 and stagnated since 2019 (Figure 1). Around 4.5 billion people lack full access to essential health services, and one billion face severe out-of-pocket health expenses. The stagnation is due to gaps in Primary Health Care (PHC) implementation, insufficient funding, and the impact of COVID-19. WHO recommends reorienting health systems using a PHC approach, which can deliver 90% of UHC interventions and save 60 million lives.

In Africa, where health spending averages US$54 per capita, leadership and health system innovation are needed to drive this reorientation. This calls for a new health systems framework, and the author has proposed such a framework to stimulate discussion. See Annex 1 for a simplified schema of Health Systems 2.0 framework and Annex 2 for a detailed version. The author proposes eight essential practices for those wishing to contribute to PHC-focused health systems reform, calling them Health Systems 2.0 practitioners.

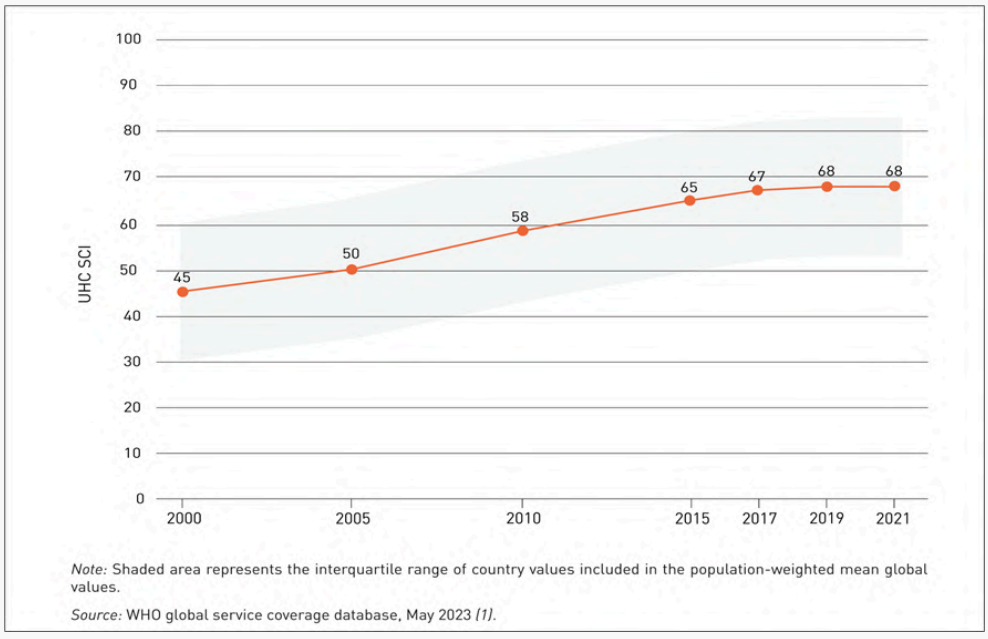


Fig 1: SDG 3.8.1 UHC Service Coverage, 2000–2021

Practice #1 - Begin With a Mission of Improving Population Health.

Health Systems 2.0 practitioners, driven by a sense of purpose, begin by defining the desired impact, such as improving the UHC index from X to Y or reducing maternal mortality from A to B within five to ten years, as outlined in government strategies. Setting population health targets helps avoid the "inefficient equilibrium" trap affecting many African nations. HS 2.0 practitioners assist governments in convening stakeholders to support a shared, people-centered agenda built on pathways that can advance population health.

Practice #2 - Prioritize Leadership and Funding as Core Inputs

Health Systems 2.0 has two pivotal inputs—money and leadership—which, if applied effectively, are sufficient to achieve the desired population health impact. Failure to reach these outcomes often stems from deficiencies in these core inputs. HS2.0 practitioners advocate for informed funding allocation within a country's fiscal space and encourage the appointment of individuals who can embrace and cascade adaptive leadership practices into key roles within Ministries of Health.

Practice #3 - Invest in Eight Interdependent Processes Through a People-Centered Lens

Premised on systems theory [2, 3, 4, 5], an effective health system that can deliver population health outcomes requires investing in eight interdependent processes that encapsulate the six building blocks of the 2007 WHO health systems framework [6], situated within the context of systems thinking and human-centered design. These processes are: finance management, human resources, medicines and commodities, medical equipment, community engagement, multi-sectoral collaboration, digitization and digitalization, and integrated health services through models of delivery that are convenient for communities. When a health system effectively deploys these eight processes, it can achieve key attributes of functionality, namely access, equity, safety, quality, efficiency, and responsiveness, leading to better coverage, financial protection, and equitable gains in population health. The subsystems are like a chain, vulnerable at the weakest link. Overlooking their interconnectedness leads to an 'inefficient equilibrium,' where health systems lack impact.

Combining systems thinking, adaptive leadership, and human-centered design helps prevent 'inefficient equilibrium.' Human-centered design, also known as people-centered design, focuses on tailoring solutions to meet the specific needs and contexts of communities rather than the preferences of the designer [7, 8]. It involves empathizing with communities to understand their needs, defining problems clearly, ideating and prototyping solutions, testing with communities,

and iterating based on feedback. This approach ensures that health solutions are customized to meet real community needs in terms of access, quality, affordability, and responsiveness. Examples of human-centered design within health systems include the Better Immunization Data initiative in Tanzania and Zambia [9], the Aravind Eye Care System in India [10, 11], the Kimormor one-stop-shop outreach model [12, 13], low-cost solar-powered movable clinics [14] delivering COVID-19 vaccines and other essential services to remote or hard-to-reach areas of Kenya, and the surgical training program for clinical officers in Malawi [15].

Practice #4 - Strengthen Health Governance as a Foundation for System Control

Health Systems 2.0 practitioners focus on strengthening health governance, including laws, policies, regulations, strategies, and coordination mechanisms that create an inclusive, enabling environment for health systems to protect and advance population health accountably and sustainably. They help electioneering political parties define priorities and assist governments in implementation based on citizen feedback. They coach managers on using controls such as costed work plans or roadmaps; monitoring frameworks that include measures of efficiency, equity, access, and quality of care, as well as proxy indicators for population health; financial checks and balances; regular service audits that generate causal insights; tracking of performance metrics through dashboards or visualizations for leaders and communities to engage with; quality controls, including certification and accreditation standards for various cadres of health workers; and risk management measures, especially concerning factors and trends in the health system's operating environment as described in Practice #7. Notably, HS 2.0 practitioners emphasize social accountability, whereby communities, including young people and those with lived experiences, track and hold duty bearers accountable for implementing governance and control mechanisms such as laws and policies. They integrate systems strengthening and disease programs, ensuring available resources support efficient pathways to health outcomes.

Practice #5: Deploy Precision Population Health to Prevent 'Inefficient Equilibrium'

To build insightful feedback loops, HS 2.0 practitioners inspire and guide teams to undertake thoughtful interpretation of reports or additional analysis of data from national surveys, existing health information systems, and surveillance data. When articulated as publicly visible and actionable insights or foresight, these informational feedback loops guide adjustments in governance and control actions and the eight processes. They help governments and stakeholders avoid 'inefficient equilibrium' using real-time population proxy health indicators to inspire spot-on action. For instance, in Kenya, skilled birth attendance more than

doubled from 42% in 1998 to 89% in 2022, approaching universal coverage. Maternal deaths declined from 590 to 355 per 100,000 live births, a decrease of 40% during the same period. This improvement in maternal health falls short of expectations, given that 9 out of 10 mothers now trust health facilities for delivery. Using real-time proxy data on population health, such as facility maternal deaths, and coupling it with quality-of-care data can inform continuous improvement, akin to businesses using monthly profit and loss statements for management decisions. This calls for re-engineering maternal death reviews to ensure accountability for precise improvement actions — what the author calls precision population health. Precision population health — where practitioners discover and deploy minimalist system improvement pathways that are efficient and informed by data to address prioritized health needs — could help initiatives like the Ending Preventable Maternal Mortality action plan achieve meaningful results in constrained fiscal spaces such as most of Africa.

Practice #6 - Practice Adaptive Leadership Irrespective of Your Title or Position

A key skill and practice for HS 2.0 practitioners is adaptive leadership—leadership being a practice that anyone can learn, not a title or position. By practicing adaptive leadership, HS 2.0 practitioners can inspire the adoption of new practices, such as the eight described in this paper, by stakeholders in the broader health ecosystem. Considering the magnitude of such an ecosystem-wide scope, HS 2.0 practitioners can only be catalysts for change. The adaptive leadership style distinguishes between adaptive challenges, which require leadership, and technical problems, which do not. Mistaking the two is a common cause of leadership failure. Adaptive leaders help others adapt to change, manage associated losses, and foster a learning culture. They engage stakeholders in diagnosing issues at the ecosystem level and building on what works. They are self-aware, deep listeners, present engagers, and prioritize self-care to prevent burnout. For more, see 'The Practice of Adaptive Leadership' by Prof. Ronald Heifetz and others [16].

Practice #7 - Embrace Factors or Trends in the Operating Environment

Health Systems 2.0 practitioners are pivotal in guiding ecosystem players to discern eight critical environmental factors and trends that necessitate adaptability in health systems strengthening work. These factors include climate change, the risk of pandemics and large-scale outbreaks, digitization and digitalization advancements such as artificial intelligence, constrained financial resources, demographic dynamics like the youth population, epidemiological shifts such as the surge in cardiometabolic disorders across Africa, domestic and international conflicts, and the impacts of migration and trade on health systems. Failure to recognize and adapt to these environmental factors or trends within

the operational landscape often leads managers to underestimate system complexity in their quest for simplification, impeding effective control and leading to the failure of health systems to deliver population health outcomes. The eight factors present risks that need to be managed. However, they are also opportunities, such as leveraging climate funds for health adaptation or AI technology for insights and forecasting, enhancing system resilience and adaptability.

Practice #8 - Embrace a Reformist Mindset

Health Systems 2.0 practitioners routinely advocate for, push, and negotiate health system reforms at all levels, promoting progressive practices to improve health outcomes. They champion sub-national, national, regional, and global reform initiatives, embracing leadership without requiring official titles. They refuse to confine themselves to the limits of frameworks or practices that have not delivered the desired results because they know that doing so is a form of white-collar insanity. Instead, they drive meaningful health system reforms from any position, taking individual and team action to drive change and leveraging available financial and network resources wherever they are. Additionally, they recognize that the cumulative impact of our collective small efforts, such as incorporating novel ideas like the HS2.0 philosophy into our current roles, has the potential to lead to the change we aspire to see. They are, therefore, not afraid of making small steps toward the change they envision, building on their current project's or organization's sphere of influence in the health ecosystem. Often, the initial small step is taking an interest in learning and understanding the health ecosystem or developing their skills in adaptive leadership. Whether they work in WHO, government, development organizations, philanthropic foundations, academia, civil society, or are health workers, their reformist roles are crucial.

Concluding Reflections

In our efforts to reorient health systems using the PHC approach, we have an opportunity to re-envision them as Health Systems 2.0 by applying systems theory, human-centered design, and adaptive leadership to strengthen resilience and improve population health outcomes. Embracing Health Systems 2.0 offers hope that by thinking and acting differently based on UHC data trends, we can expedite progress toward SDG 3. This will bring more meaning to our work and resonate with communities, who can see and feel the results in better coverage and health outcomes.

A health development practitioner with experience in Africa’s maternal and newborn health recently said, "We have a short window of trust to show women that when they seek care at public health facilities, they will come out alive with a healthy baby." What action—big or small—will you take on Monday to reform the

health system at the level where you are working? Your action means everything to a mother, a newborn, a family, a community. Remember the eight HS 2.0 practices, eight interdependent processes, and eight key factors in the operating environment. It's like a game of 'Triple Eight.'"

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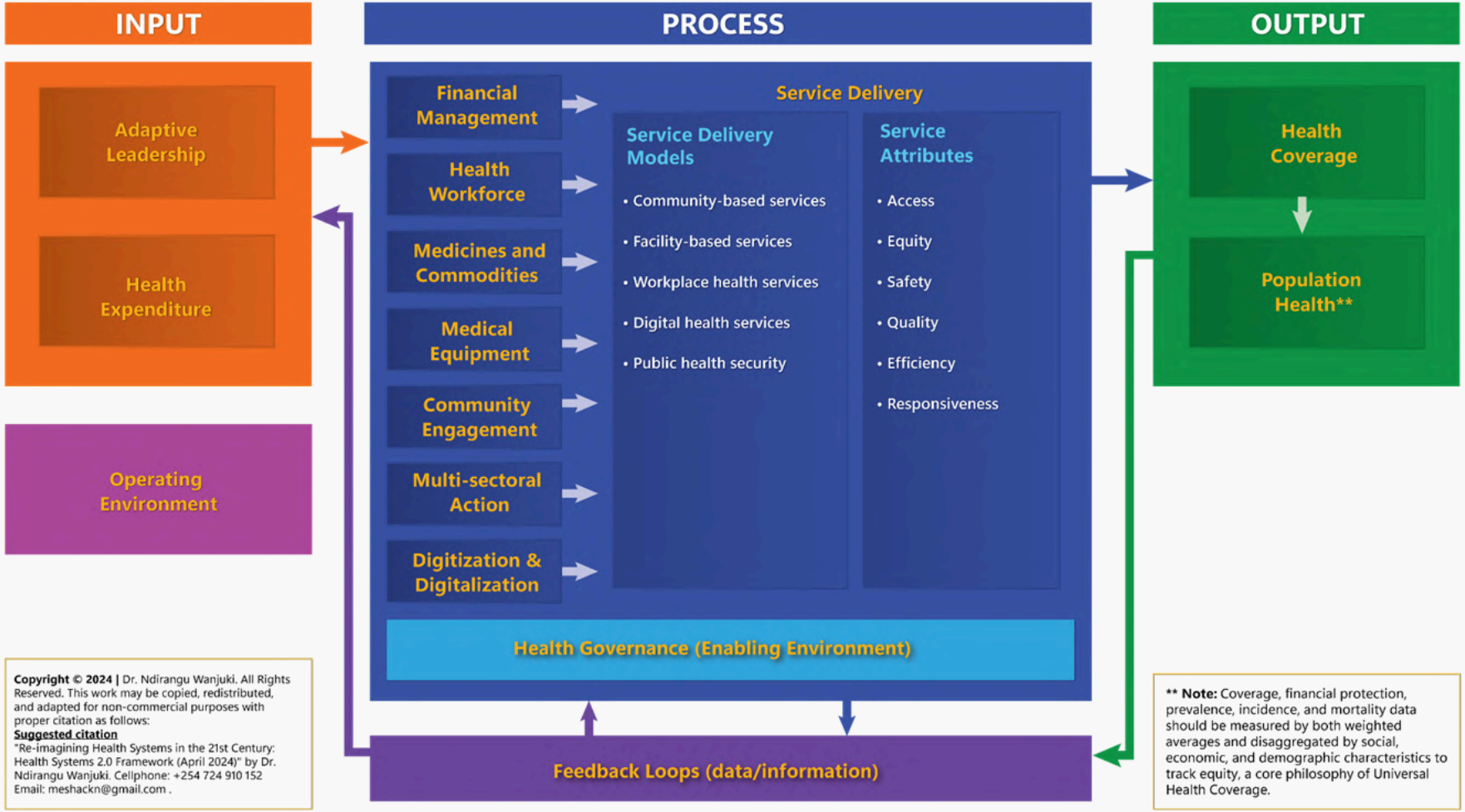
Dr. Ndirangu Wanjuki serves as the Country Director of Amref Health Africa in Kenya. He leads a dynamic and diverse team of 500+ professionals and manages an annual budget exceeding ~USD 70 million. With more than two decades of experience in public health and a decade in executive leadership, Dr. Ndirangu is renowned for his strategic acumen and impact-driven
interventions.

As a visionary leader, Dr. Ndirangu has spearheaded large-scale health initiatives, securing over $350 million in funding and driving transformative outcomes. His expertise lies in optimizing operations, fostering best practices, and driving sustainable growth trajectories. He excels in
cultivating strategic partnerships with development agencies, philanthropic foundations, and governmental entities to drive development agendas.

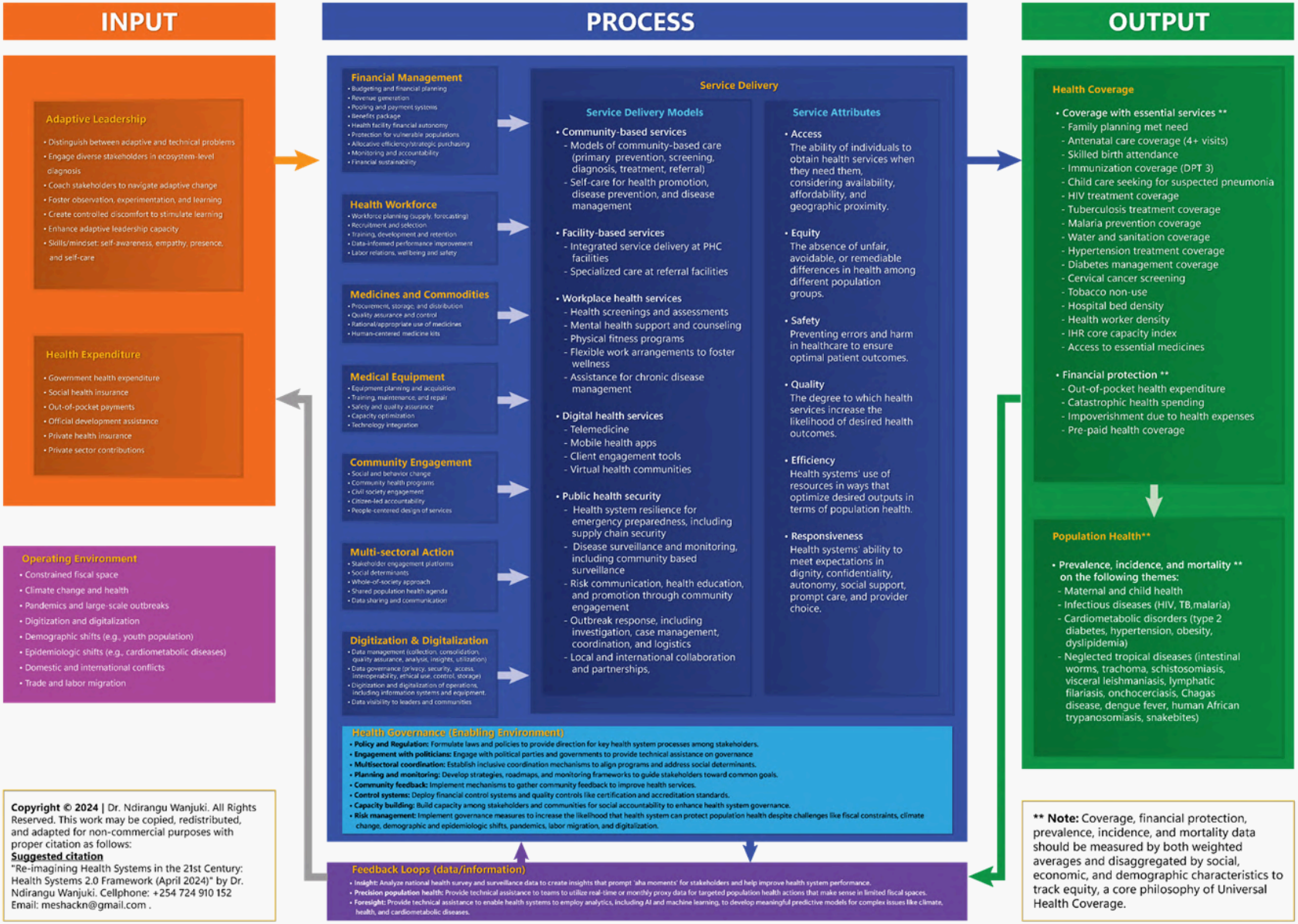
Committed to talent development and organizational excellence, Dr. Ndirangu is an accredited Executive Coach dedicated to nurturing emerging leaders and fostering inclusive and supportive work cultures. Driven by a passion for inspiring positive change, Dr. Ndirangu is deeply engaged
in initiatives aimed at advancing Primary Health Care and integrating Community Health Workers as the cornerstone for Universal Health Coverage frameworks, preventing maternal and newborn mortality, malaria eradication, addressing non-communicable diseases, and tackling water and sanitation-related health challenges.

Dr. Ndirangu holds an Executive MBA, MPH, MBChB, and a Post-Graduate Diploma in Executive Coaching. Furthermore, he penned 'Career Choice a valuable handbook aiding students and young professionals in mapping their career paths. You can grab a copy at local bookshops or
find it on Amazon.

Annex 1: Health Systems 2.0 Framework Founded on System Design, Human-Centered Design, and Adaptive Leadership (Simplified Version)



Annex 2: Health Systems 2.0 Framework Founded on System Design, Human-Centered Design, and Adaptive Leadership (Detailed Version)



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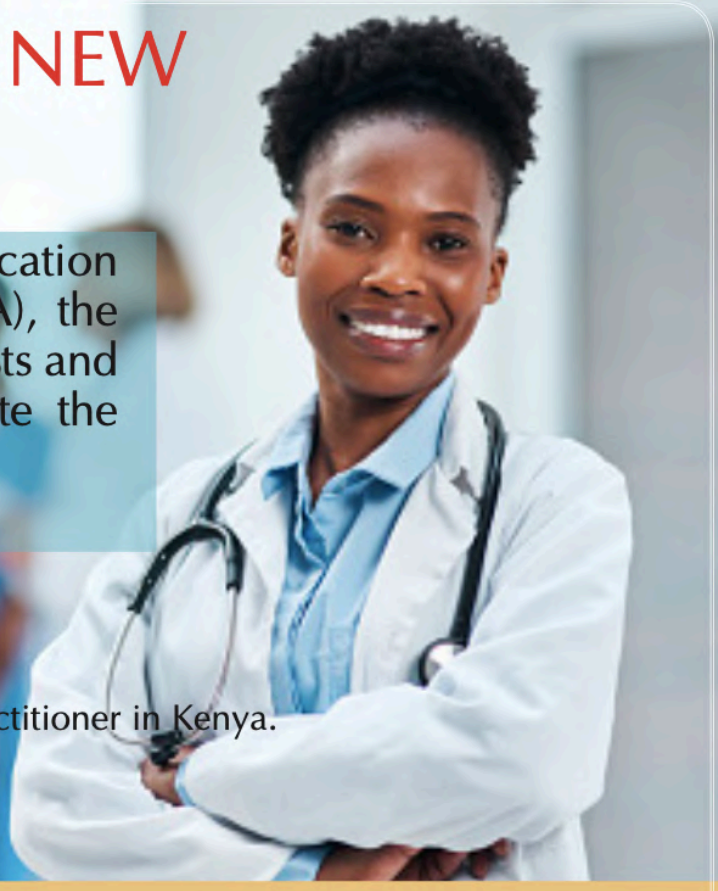

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Medicus Magazine is a publication of KMA

This publication was supported by:

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