

# HEALTHCARE ACCESS & EQUITY: ADDRESSING DISPARITIES IN KENYA

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## **INTRODUCTION**

Kenya faces a challenge in ensuring everyone has access to the healthcare they need. Despite government's efforts, disparities persist. Despite having a majority of Kenyans residing in the rural areas, it is those in urban areas that enjoy better medical facilities including access to qualified professionals.<sup>1</sup> This gap further widens when considering factors like poverty, gender or disability. From lack of medical professionals, particularly in remote areas, to the financial burden, numerous hurdles exist which create disparities in accessing health care services. Geographical inequities leave rural communities with fewer facilities and specialists as compared to urban centers. Despite numerous legal frameworks aiming to bridge this gap, challenges in implementation persist. The following are some of the challenges that are faced:

### **1. Human Resource Shortage:**

A critical barrier to achieving equitable access to healthcare in Kenya is the severe shortage of Human Resources for Health (HRH). This deficit impacts the entire healthcare system, from staffing shortages in hospitals and clinics to a lack of specialists in rural areas.<sup>2</sup> One of them being limited availability. Kenya falls short of the World Health Organization's (WHO) recommended staffing levels. Simply put, there aren't enough doctors, nurses, and other healthcare professionals to adequately serve the population. There is also uneven distribution as urban centers tend to have higher concentrations of healthcare workers, leaving remote regions and marginalized communities with limited access to qualified professionals. This disparity exacerbates existing inequalities. In addition to this, there is scarcity of health specialists. Kenyans requiring complex medical care often face long wait times or travel long distances to access these specialists, further hindering timely diagnoses and treatment. This therefore leads to consequences such as overburdened staff where the existing workforce is stretched thin, leading to burnout, decreased quality of care, and higher chances of medical errors. Limited services where we find clinics and hospitals may be forced to reduce service

<sup>1</sup> Azevedo, M. J., & Azevedo, M. J. (2017). The state of health system (s) in Africa: challenges and opportunities. Historical perspectives on the state of health and health systems in Africa, volume II: the modern era, 1-73.

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10826929/>

hours or even close entirely due to staff shortages, further restricting access to healthcare and also preventive care neglect in which with limited personnel, preventive care often takes a backseat, leading to a rise in preventable illnesses and increased strain on the health care<sup>3</sup>.

## **2. Uneven Distribution of facilities**

Kenya grapples with a significant challenge in its healthcare system in the uneven distribution. This geographical disparity creates a situation where access to quality healthcare varies greatly depending on where you live. A good example is the imbalance created in the urban concentration. A significant share of healthcare facilities, particularly well-equipped hospitals and specialist services, are concentrated in urban areas like Nairobi and Mombasa. This leaves vast rural regions with limited access to basic medical care, let alone advanced treatments. There is also distance as a barrier. For people living in remote areas, reaching even basic healthcare facilities can be a monumental task. Long distances, poor road infrastructure, and limited public transportation options create a significant hurdle in accessing timely medical attention. Moreover, there exists rural resource scarcity where rural facilities often lack essential equipment, medications, and diagnostic tools. This translates to limited service offerings and a lower quality of care compared to urban facilities. These challenges often bring consequences such as the health outcomes disparity. Limited access to quality healthcare in rural areas leads to poorer health outcomes for these communities.<sup>4</sup> Preventable diseases become more prevalent, and timely diagnosis and treatment of complex illnesses prove difficult. Financial burden is another one. Travel costs associated with reaching distant facilities add a financial burden to seeking healthcare, especially for those already struggling financially. This can further deter people from seeking necessary medical attention.

## **3. Financial Constraints**

Even with a well-distributed network of healthcare facilities and sufficient human resources, a significant portion of the Kenyan population faces a formidable barrier which is financial constraints. Out-of-Pocket Costs is a challenge as despite government efforts like the National Health Insurance Fund (NHIF), a substantial portion of healthcare costs remains out-of-pocket for patients.<sup>5</sup> This includes consultation fees, medications, diagnostic tests, and hospitalization expenses. Socio-economic disparity is also posed as a challenge.

<sup>3</sup> <https://healthadministrationdegree.usc.edu/blog/how-to-improve-access-to-health-care>

<sup>4</sup> Douthit, N., Kiv, S., Dwolatzky, T., & Biswas, S. (2015). Exposing some important barriers to health care access in the rural USA. *Public health*, 129(6), 611-620.

Affordability poses a greater challenge for low-income families and those living in poverty. Even basic medical care can be a significant financial burden, leading to delays in seeking treatment, self-medication, or neglecting healthcare altogether. There are also catastrophic costs as serious illnesses or accidents can incur exorbitant costs, pushing families into debt or forcing them to sell assets to cover treatment. This financial strain can have a long-term impact on their well-being. As a result, delayed or foregone care occurs. The fear of high medical bills often leads people to delay seeking medical attention, especially for preventive care. This can result in complications and worsen existing conditions, ultimately increasing healthcare costs in the long run. There is in addition reduced quality of life. Limited access to healthcare due to financial constraints negatively impacts people's health and quality of life. It can lead to long-term health problems, reduced productivity, and increased vulnerability to illness.

#### **4. Lack of Awareness and Information**

Beyond the readily apparent challenges of resource distribution and affordability, Kenyans face a subtler yet significant hurdle in accessing better healthcare which is lack of awareness and information. There is limited knowledge of health issues among Kenyans. Many Kenyans, particularly in rural areas, lack basic knowledge about diseases, symptoms, and preventative measures. This can lead to delayed diagnoses, confusion regarding treatment options, and a reliance on traditional medicine or self-medication, which can be ineffective or even harmful. Misinformation and myths is another problem. The spread of misinformation and myths regarding health can have detrimental consequences. This can include misconceptions about vaccinations, resistance to seeking professional help due to cultural beliefs, or resorting to unproven remedies. There is limited access to reliable information. Dissemination of accurate health information can be limited, especially in remote areas. This can be due to a lack of internet access, language barriers, or reliance on hearsay as a source of information. Consequences that can come across include preventable illnesses prevailing. Limited knowledge about preventive measures like hygiene practices, healthy eating habits, and safe sex can lead to the spread of preventable diseases. This puts a strain on the healthcare system and negatively impacts overall population health. Delayed Treatment is another consequence that emerges as people unaware of symptoms or the importance of early diagnosis may delay seeking medical attention, allowing illnesses to progress and potentially

become more difficult or expensive to treat. Last but not least poor health choices. Misinformation can lead to unhealthy lifestyle choices, such as smoking, unhealthy diets, or ignoring warning signs. This can contribute to the development of chronic conditions and further strain the healthcare system. Every Kenyan is entitled to information as seen in **Article 35(2) of the constitution** which states *Every person has the right to the correction or the deletion of untrue or misleading information that affects the person.*<sup>6</sup>

## **5. Infrastructure Limitations**

Kenyans face a fundamental challenge in accessing better healthcare through infrastructure limitations. This refers to the physical and technological shortcomings that hinder people from reaching or utilizing healthcare services effectively. Transportation bottlenecks is one. Poor road conditions, limited public transportation options, and a lack of accessible transportation for people with disabilities can make it difficult, especially for those in remote areas, to reach healthcare facilities in a timely manner. We also have power shortages. Unreliable electricity supply disrupts essential medical services like surgeries and diagnostic procedures. It also hampers the proper storage of medications and vaccines, compromising their effectiveness. Communication Barriers also poses as a challenge. Limited access to telecommunications infrastructure in remote areas can hinder communication between healthcare facilities and patients. This can delay referrals, consultations with specialists, and timely follow-up. As a result we have reduced service availability. Power outages can force clinics and hospitals to reduce service hours or even close entirely, further limiting access to healthcare and in the long run, deteriorated quality of care. Unreliable power supply can compromise the use of medical equipment, leading to potential errors or delays in diagnosis and treatment<sup>7</sup>. Lastly, exacerbated disparity. Those in remote areas with limited infrastructure face the biggest challenges in reaching healthcare facilities, further widening the gap in access to quality care.

Kenya faces a complex healthcare landscape where access to quality care varies significantly based on location, socioeconomic status, and gender. This is how these factors shape the challenges faced by Kenyans

### **Challenges by Location**

<sup>6</sup> The Kenyan Constitution 2010, Article 35(2)

<sup>7</sup> Kim, Y., Lee, W., Raghunathan, A., Raghunathan, V., & Jha, N. K. (2015). Reliability and security of implantable and wearable medical devices. In implantable biomedical microsystems (pp. 167-199). William Andrew Publishing.

- **Urban vs. Rural:** Urban areas generally have better access to healthcare facilities, specialists, and equipment compared to rural areas this being a challenge.
- **Limited Services:** Rural residents may lack basic amenities like maternity care, emergency services, or specialists.
- **Long Distances:** Traveling to distant facilities for specialized care can be a significant obstacle in rural areas due to poor infrastructure and limited transportation options.<sup>8</sup>
- **Geographical Variations:** Arid and semi-arid areas often face additional challenges such as limited water access which can exacerbate health issues and hygiene practices.

#### Challenges by Socioeconomic Status:

- **Financial Strain:** Low-income families struggle to afford healthcare, even with initiatives like NHIF.<sup>9</sup>
- **Delayed Treatment:** People may postpone seeking medical attention due to cost concerns, allowing illnesses to worsen.
- **Limited Choices:** They may opt for cheaper, potentially less effective treatments, or avoid preventive care altogether, impacting long-term health.
- **Informal Employment:** Those in informal employment may lack health insurance or benefits, further increasing their financial vulnerability.

#### Challenges by Gender:

- **Cultural Norms:** Gender roles in some communities may limit women's access to healthcare, requiring permission from husbands or prioritizing male healthcare needs.
- **Reproductive Health:** Women can face challenges accessing family planning services, skilled prenatal care, and safe delivery options as most of them are uneducated and others can not access them.
- **Gender-Based Violence:** Victims of gender-based violence may require specialized healthcare services which may be limited or unavailable.<sup>10</sup>

<sup>8</sup> <https://publichealth.tulane.edu/blog/how-to-improve-health-care-in-rural-areas/#:~:text=Residents%20in%20rural%20areas%20typically,attend%20doctor%20visits%20and%20checkups.>

<sup>9</sup> <https://www.fsdkenya.org/wp-content/uploads/2016/03/16-03-22-Struggling-to-Thrive-Report.pdf>

<sup>10</sup> Keesbury, J., & Askew, I. (2010). Comprehensive responses to gender-based violence in low-resource settings: Lessons learned from implementation.

These challenges often intertwine. For example, a woman living in rural poverty might face the combined hurdles of limited local services, financial constraints to reach distant facilities, and cultural barriers preventing her from seeking necessary healthcare.

The Kenyan government recognizes the disparities in healthcare access and equity across the country. To address these challenges, they have implemented various initiatives aimed at creating a more inclusive and efficient healthcare system. This is in correlation to **Article 43(1)(a) of the constitution** which states *Every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive health care*<sup>11</sup>. Here's a closer look at some key government efforts:

### 1. Universal Health Coverage (UHC) Policy (2020-2030)

This overarching policy serves as a blueprint for achieving UHC, aiming to ensure all Kenyans have access to quality healthcare services without financial hardship. The UHC policy focuses on

- **Strengthening Primary Healthcare:** Revitalizing primary healthcare services at the community level forms the cornerstone of UHC. This includes expanding access to basic medical care, preventive services, and health education in local clinics.
- **Health Insurance Expansion:** Efforts are underway to expand coverage under the National Health Insurance Fund (NHIF) to include a wider range of services and a larger segment of the population.
- **Increased Public Investment:** The government aims to raise public health spending as a proportion of GDP, leading to increased resources for healthcare facilities and staffing.<sup>12</sup>

### 2. Investing in Human Resources for Health (HRH)

The shortage of healthcare workers is a critical barrier. Initiatives include

- **Increased Training:** Investing in programs to train more doctors, nurses, and other healthcare professionals to address the workforce gap.
- **Retention Strategies:** Improving working conditions, offering competitive salaries and benefits, and fostering a supportive work environment to retain existing healthcare professionals.

<sup>11</sup> The Kenyan Constitution 2010 Article 43(1)(a)

<sup>12</sup> McIntyre, D., Meheus, F., & Røttingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage?. *Health Economics, Policy and Law*, 12(2), 125-137.

- **Task-Shifting:** Delegating routine tasks to appropriately trained mid-level providers to free up doctors for more complex cases.

### 3. Addressing Infrastructure Limitations:

Geographical disparities in healthcare access are being tackled through efforts like:

- **Upgrading Infrastructure:** Investing in road improvements and expanding public transportation options in rural areas to improve access to healthcare facilities.
- **Renewable Energy Solutions:** Exploring alternative energy sources like solar power to ensure a more reliable power supply for healthcare facilities, particularly in remote areas.<sup>13</sup>
- **Telemedicine Expansion:** Utilizing technology to facilitate remote consultations with specialists and improve communication between healthcare providers and patients in underserved areas.

### 4. Equity-Focused Programs:

Specific programs cater to vulnerable populations facing unique challenges in accessing healthcare:

- **Free Maternal Care:** Government initiatives provide free maternity care services in public health facilities, aiming to reduce maternal mortality rates and improve birth outcomes.<sup>14</sup>
- **Subsidized Care Programs:** Programs exist to provide subsidized or free healthcare services for low-income families, pregnant women, children, and the elderly.
- **Community Outreach Programs:** Initiatives raise awareness about health issues, disease prevention, and the importance of seeking professional medical care, particularly targeting rural communities.

Despite these initiatives, achieving UHC remains a complex journey. Challenges include limited resources, corruption, and ensuring efficient implementation across the country. Continued government commitment, collaboration with the private sector and NGOs, and addressing implementation gaps are crucial for success.

<sup>13</sup> <https://green.org/2024/01/30/solar-energy-and-healthcare-innovations-in-medical-facilities/#:~:text=Solar%20energy%20solutions%20for%20remote,for%20vaccines%2C%20and%20telemedicine%20services.>

<sup>14</sup> Elmusharaf, K., Byrne, E., & O'Donovan, D. (2015). Strategies to increase demand for maternal health services in resource-limited settings: challenges to be addressed. *BMC public health*, 15, 1-10.

The Kenyan government's initiatives aimed at improving healthcare access and equity have shown some positive impacts, but challenges remain. Here's how it shows

### **Successes and Positive Impacts:**

#### **1. Increased Primary Care Utilization:**

The focus on strengthening primary healthcare has led to an increase in the number of Kenyans utilizing local clinics for preventive care and basic medical services.

#### **2. Expanded NHIF Coverage:**

NHIF enrollment has grown steadily, with more people gaining access to a wider range of covered services. This helps reduce out-of-pocket expenses and encourages seeking care.

#### **3. Improved Infrastructure in Some Areas:**

Investments have led to upgrades in certain healthcare facilities, particularly in some rural areas. This can translate to improved service availability and quality of care in those locations.

#### **4. Increased Training of Healthcare Workers:**

Government programs are producing more nurses and other healthcare professionals, slowly addressing the HRH shortage.<sup>15</sup>

### **Challenges and Limitations:**

#### **1. Limited Resources:**

Achieving UHC requires significant and sustained financial investment. Budgetary constraints can hinder the full implementation of all initiatives.

#### **2. Uneven Implementation:**

The rollout of some programs, especially in remote areas, hasn't been uniform. This can exacerbate existing disparities and leave some communities behind.<sup>16</sup>

#### **3. Corruption Concerns:**

<sup>15</sup> World Health Organization. (2016). Global strategy on human resources for health: workforce 2030.

<sup>16</sup> Todes, A., & Turok, I. (2018). Spatial inequalities and policies in South Africa: Place-based or people-centred?. *Progress in Planning*, 123, 1-31.



Efforts to combat corruption are vital to ensure resources reach their intended beneficiaries and improve service delivery. This therefore poses as a challenge.

#### **4. Sustainability of Programs:**

The long-term viability of some initiatives, like subsidized care programs, hinges on continued financial commitment by the government.

Kenya's healthcare initiatives have yielded positive results in some areas. However, addressing resource limitations, ensuring equitable implementation, and battling corruption are critical for sustained progress. By continuously monitoring progress, fostering community engagement, and adapting strategies based on data, Kenya can move closer to achieving a truly equitable and efficient healthcare system for all its citizens.

Building on the identified challenges and limitations of existing initiatives, here's a deeper exploration of strategies that can be implemented to further improve healthcare access and equity in Kenya:

##### **1. Innovative Financing Models**

This can be achieved through:

###### **● Public-Private Partnerships:**

Collaborate with the private sector to leverage resources and expertise. Public-private partnerships can help finance infrastructure development, equipment procurement, and training programs.

###### **● Social Health Insurance Schemes:**

Explore alternative financing models like micro-health insurance, allowing low-income individuals to contribute smaller amounts and access basic healthcare services.<sup>17</sup>

###### **● Diaspora Engagement:**

Leverage resources from the Kenyan diaspora for targeted programs and initiatives focused on specific healthcare needs, like scholarships for healthcare training.

##### **2. Technological Advancements:**

The advancements can be achieved through the following ways as seen below

<sup>17</sup> Meghan, S. (2010). Micro-finance health insurance in developing countries. Wharton Research Scholars Journal.

- **Telemedicine Expansion:**

Further invest in telemedicine infrastructure and training healthcare professionals in its use. This expands access to specialist consultations in remote areas and reduces travel burdens for patients.

- **Mobile Health (mHealth):**

Utilize mobile phone technology for health education, appointment scheduling, medication reminders, and information dissemination. mHealth can be particularly effective in rural areas with high mobile penetration rates.<sup>18</sup>

- **Data-Driven Decision Making:**

Invest in data collection and analysis tools to track health outcomes, identify areas of need, and inform resource allocation and program design.

### **3. Strengthening the Healthcare Workforce:**

When focusing on strengthening the work force, several strategies can be put in place. These include

- **Retention Strategies:**

Beyond increasing training, prioritize strategies to retain existing healthcare professionals. This includes offering competitive salaries, improving working conditions, and fostering a supportive work environment.

- **Task-Shifting and Skill-Sharing:**

Expand task-shifting to utilize mid-level healthcare providers for routine tasks, freeing up doctors for more complex cases. Invest in skill-sharing programs between specialists in urban areas and healthcare professionals in rural locations.<sup>19</sup>

- **Volunteer Programs:**

Explore volunteer programs to attract qualified healthcare professionals from abroad to offer temporary support in underserved regions.

<sup>18</sup> [https://www.toutenkamion-group.com/en/mobile-units/mobile-clinic.html?gad\\_source=1&gclid=Cj0KCQjw4MSzBhC8ARIsAPFOuyWy7QuIkVjVXVYGeOy\\_ddnKNWg-V1tq14\\_L-fahr\\_W967bVa\\_-rVZwaAo1NEALw\\_wcB](https://www.toutenkamion-group.com/en/mobile-units/mobile-clinic.html?gad_source=1&gclid=Cj0KCQjw4MSzBhC8ARIsAPFOuyWy7QuIkVjVXVYGeOy_ddnKNWg-V1tq14_L-fahr_W967bVa_-rVZwaAo1NEALw_wcB)

<sup>19</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10337489/>

#### **4. Addressing Equity Concerns:**

This is amplified in ways such as

- **Community Outreach Programs:**

Target interventions towards vulnerable populations. Community health workers can play a crucial role in raising awareness about health issues, dispelling myths, and promoting preventive care practices.

- **Gender-Sensitive Approaches:**

Develop gender-sensitive programs that address specific healthcare needs of women and girls, including reproductive health services and tackling gender-based violence.

- **Disability Inclusion:**

Ensure healthcare facilities are accessible to people with disabilities and train healthcare providers on sensitive communication and personalized care approaches.<sup>20</sup>

#### **5. Fostering Collaboration:**

This is seen in ways such as:

- **Multi-Sectoral Approach:**

Healthcare access and equity are influenced by factors beyond the medical field. Collaboration with sectors like education, sanitation, and agriculture can address underlying determinants of health and improve overall health outcomes.

- **Civil Society Engagement:**

Partner with NGOs and community-based organizations to leverage their local knowledge and networks in reaching underserved populations.

- **Citizen Participation:**

Encourage citizen engagement to hold government accountable for healthcare service delivery and program implementation.

<sup>20</sup> Krahn, G. L., Hammond, L., & Turner, A. (2006). A cascade of disparities: health and health care access for people with intellectual disabilities. *Mental retardation and developmental disabilities research reviews*, 12(1), 70-82.

In conclusion, Kenya faces significant challenges in ensuring equitable access to healthcare for all its citizens. Disparities exist based on location, socioeconomic status, and gender. The government has implemented initiatives like Universal Health Coverage and investment in human resources, but challenges remain. Innovative strategies like public-private partnerships, telemedicine, and community outreach programs hold promise<sup>2122</sup>. By addressing resource limitations, fostering collaboration, and adapting based on data, Kenya can bridge the healthcare gap and create a system that serves all its people. This journey towards equity requires sustained commitment and a focus on leaving no Kenyan behind.

**21** Dionne, W. J., & Guishard, D. (2020). Public-Private Partnerships Extend Community-based Organization's Longevity

**22** Porignon, D. (2020). In practice: bridging global commitments with country action to achieve universal health coverage. 2019 Annual report of the Universal Health Coverage Partnership.

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