BRIEF

URGENT ACTION NEEDED: CATASTROPHIC HEALTH EXPENDITURE IN KENYA'S RAPIDLY GROWING URBAN AREAS

The rapid growth of urban populations poses significant challenges to healthcare access in cities in low and middle-income countries (LMICs), such as Kenya. A scoping review on the economic impact of accessing healthcare in urban populations indicates that residents across the city, including those living in informal settlements (colloquially known as slums), incur high costs but the economic burden differs when accessing healthcare. We recommend increased coverage of social protection interventions such as the National Health Insurance Fund (NHIF) and the Linda Mama maternity programme among vulnerable people living in Kenyan urban areas, while considering the complexity of healthcare provision in this context.

ARISE
Accountability in Urban Health

INTRODUCTION

The United Nations estimates that 2.9 billion people were living in cities in 2018. In Kenya, 29% of the population resides in urban areas, of whom 60% live in informal settlements. High population densities, lack of social amenities and poor living conditions characterise these areas. There is also a severe economic burden to accessing healthcare amongst the most impoverished urban populations, especially those living in informal settlements.

Limited provision of universally affordable healthcare threatens the health of those living in the city's poorest areas. This means the poorest suffer the highest economic impact and are more likely to incur catastrophic health expenditures (CHE). The high economic burden of accessing health care is one of the barriers for Kenya to achieve Universal Health Coverage (UHC) as advocated by the World Health Organization (WHO).

This scoping review was conducted as part of ARISE, which aims to enhance accountability and improve the health and wellbeing of marginalised populations living in informal settlements in LMICs. This brief presents results from the review and provides policy options to improve healthcare access in Kenya's rapidly growing urban areas.

REVIEW PROCESS

This is a collaborative study developed by representatives from the ARISE partner organisations in the UK, Kenya, India, Bangladesh and Sierra Leone. Studies were categorised as conducted in slums or city-wide (both slums and non-slums). This review aimed to answer the following research questions

1. What is the mean cost of accessing healthcare for urban populations in LMICs?
2. What is the health expenditure pattern across the urban population in LMICs?
3. What is the prevalence of CHE incurred by the urban population in LMICs?

Sixty four studies were included in the review, most of which were from the South-East Asian region (38, 59%). Eight (12%) studies were from the African Region, with one from Kenya meeting the inclusion criteria. Most publications were categorised as city-wide (37, 58%), followed by slum (23, 36%) and slum/non-slum (4, 6%).

KEY FINDINGS

- Compared with city-wide, people in informal settlements reported higher out-of-pocket expenditures in accessing healthcare for acute conditions (Slum: from I$157 for the poorest wealth quintile to I$408 for the richest wealth quintile vs City-wide: from I$125 for the poorest wealth quintile to I$177 for the richest quintile) and lower for chronic and unspecified health conditions (Slum: from I$789 for the poorest wealth quintile to I$1,695 for the richest wealth quintile vs City-wide: from I$2,552 for the poor wealth quintile to I$3,166 for the middle wealth quintile).
- Out of pocket expenditures for chronic conditions were highest amongst the richest wealth quintiles for slum dwellers (poorest wealth quintile: I$789 vs richest wealth quintile: I$1,001) and more equally distributed across all wealth quintiles for city-wide (poorest wealth quintile: I$2,870 vs richest wealth quintile: I$2,607).
- The incidence of CHEs for chronic conditions was similar across all wealth quintiles in slums (~19%) and concentrated among the poorest residents city-wide (poorest wealth quintile: 46% vs richest wealth quintile: 18%).
- There is limited evidence of the economic burden and causes of inequities in healthcare access in Kenya's rapidly expanding and evolving cities.
- The quality of evidence was mostly classified as poor (score < 75% of agreement with quality appraisal tools). The quality score was 74% for slum and non-slum studies, 71% for slums and 66% city-wide.
- 12% (N=8) of the studies came from the Africa region: Nigeria, Democratic Republic of Congo, Kenya, Malawi, Ghana, Côte D'Ivoire, and Uganda.

RECOMMENDATIONS

Promote equity of healthcare expenditures

- Increase financial assistance to the vulnerable urban populations who are more likely to incur CHE to enable them to access more and better-quality health services.
- Increase awareness of government social protection programmes including NHIF, Linda Mama, M-tiba, Inua Jamii cash transfers to prevent impoverishment, caused by chronic and acute health conditions, of poor populations.
- Increase funding for social health insurance programmes to ensure that vulnerable urban populations have access to affordable and quality healthcare.

Generate evidence on the local context

- Improve the quality of studies on CHE and ensure data collected in cities are disaggregated across slums and non-slums and wealth quintiles.
- Promote and support the implementation of health and wellbeing surveys across Nairobi to estimate the economic burden of accessing health care.

Local engagement and capacity strengthening

- Maximise the social and economic impact of research projects by promoting engagement with national and international stakeholders.
- Ensure the implementation of robust research methods and approaches in future research.
- Promote capacity-strengthening activities for public health researchers, co-researchers and community health workers to allow the development of high-quality scientific evidence and develop local expertise.

The ARISE Hub – Accountability and Responsiveness in Informal Settlements for Equity – is a research consortium, instituted to enhance accountability and improve the health and wellbeing of marginalised populations living in informal urban settlements in low-and middle-income countries.

The ARISE vision is to catalyse change in approaches to enhancing accountability and improving the health and wellbeing of poor, marginalised people living in informal urban settlements.

ARISE is guided by a process of data collection, building capacity, and supporting people to exercise their right to health. ARISE works closely with the communities themselves; with a particular focus on vulnerable people living in the informal settlements; often overlooked in many projects and initiatives.

ARISE was launched in 2019 and is a 5-year project. It is implemented in four countries: Bangladesh, Kenya, India and Sierra Leone.

SUGGESTED CITATION:

[1]Njoroge Inviolata, [1]Kihiu Mercy, [1]Gachigua Sammy, [1]Karuga Robinson, [1]Munyao Faith, [1]Lyaga Sakibu, [1]Nyauchi Benard, [1]Gaitho Michael, [1]Thiomi Jane, [1]Mwaniki Anthony, [1]David Mwaura, [4]Kibuchi Eliud, [3]Siqueira Noemia, [2]Jane Wairutu, [2]Ouma Sarah, [2]Abala Rodgers, [2]Omondi Jacob (2024). Urgent action needed: Catastrophic health expenditure in Kenya's rapidly growing urban areas

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The UKRI GCRF Accountability for Informal Urban Equity Hub is a multi-country Hub with partners in the UK, Sierra Leone, India, Bangladesh and Kenya which we call ARISE. The Hub works with communities in slums and informal settlements to support processes of accountability related to health. It is funded through the UKRI Collective Fund.