

## Are Injuries injuring the Health Sector? Analysis of financial burden

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### Key Messages

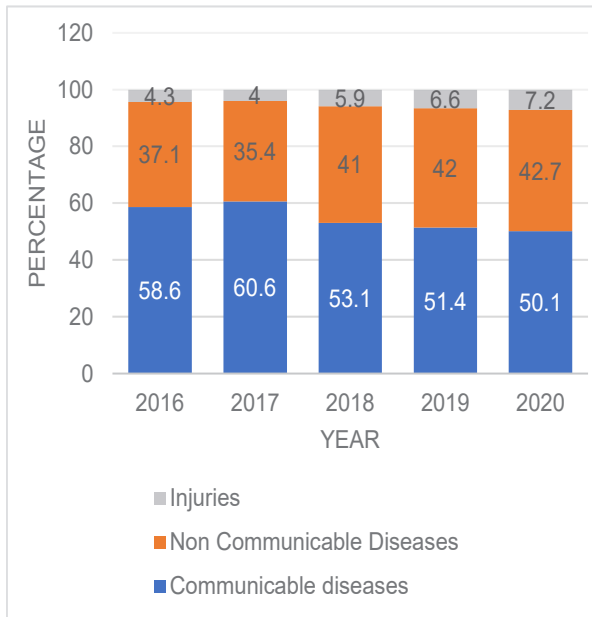
- Expenditure of 2.9 percent towards injury prevention and control cannot lead to significant reduction in the burden of injuries in the country. Concerted increase in funding from relevant stakeholders is needed to achieve significant gains.
- Government remains the largest provider of revenue for injury prevention and control at 52.1 percent in 2018/19.
- Decentralization of services for injuries prevention and control can result to greater reduction of morbidity and mortality from injuries, however county government spending on injuries has to increase from the current spending of 18.4 percent.
- More than half of health expenditure for injuries is incurred at inpatient level. Revamping of preventive interventions has the potential to reduce health care cost and burden associated with injuries.

### Context /Background

Injuries are a public health concern in the Country accounting for 8% of the Country's mortality<sup>1</sup>. The magnitude of injuries is projected to increase over the years if sufficient measures are not put in place. Health facility data demonstrates that deaths attributed to injuries has been gradually increasing up from 4.3 percent in 2016 to 7.1 percent in 2020<sup>2</sup>.

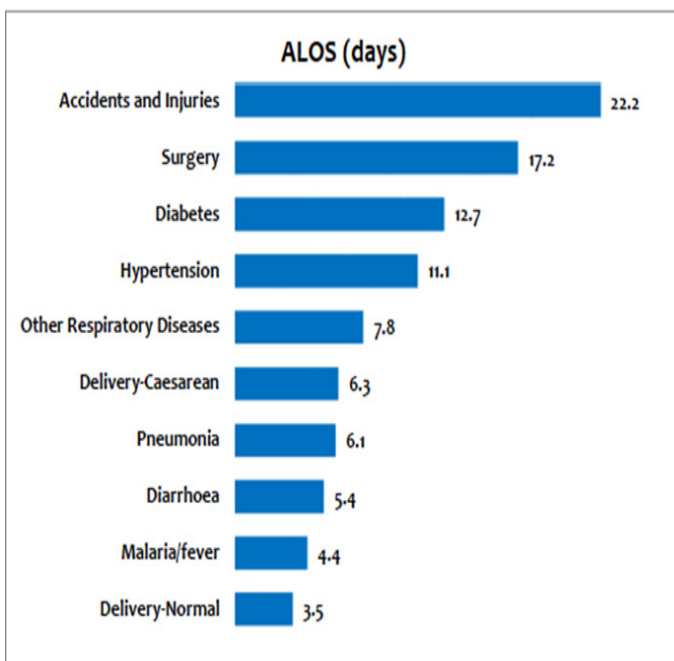
In 2015, 15 percent of Kenyans had experienced serious injuries requiring medical attention in the preceding 12 months. Major causes included falls (48 percent), cuts (34 percent), animal bites (5 percent), interpersonal violence (4 percent), burns (4 percent) and road traffic injuries (4 percent)<sup>3</sup>. The public health priority accorded to the prevention and response to violence and injuries is not commensurate with the magnitude of the problem. Meaningful reduction in the prevalence of injuries is only possible by using a multisectoral approach including strict enforcement of existing laws and increased financial allocation.

Figure 1: Health Facility Trend on causes of death, Kenya 2016-2020



According to the Kenya Household Health Expenditure and Utilization Survey accidents and injuries had the highest average length of stay (ALOS) at 22 days<sup>4</sup>.

Figure 2: Top 10 causes of Average Length of Stay (ALOS)



1. Road traffic injuries are ranked 9th among the leading cause of death in the country and majority (over 40 percent) of these deaths occurs among pedestrians.
2. The number of road traffic fatalities have continued to rise over the years (in the year 2018 fatalities were 3,158, 3,586 and 3,978 in 2018, 2019 and 2020 respectively.)<sup>5</sup>.
3. The violence against children survey (2018) reported that, 46 percent females and 56 percent males experienced childhood violence<sup>6</sup>.

The Ministry of Health has played a pivotal role in addressing violence and injury prevention and control by; developing surveillance systems to capture incidence and prevalence of injuries, providing pre-hospital emergency care in coordination with other emergency services, providing rehabilitation services for those who have been injured and contributing to policy and legislative development and review on violence and injury prevention among others.

Despite efforts to include violence and injury prevention as a priority agenda for the health sector in the country through the Kenya Health policy 2014-2030, financing remains low especially among the county governments and partners. There is mounting evidence on the potential benefits that could accrued from investing in injury and violence prevention using a public health approach. There is a clear connection between decreasing injuries and violence and increasing population health and in turn increasing productively and higher economic gain.

This policy brief details the expenditure on injuries using various dimensions and correlating it with the burden of injuries in the country.

## Methodology

This policy brief was informed by findings from the National Health Accounts (NHA) 2021 for Financial Years 2016/17 to 2018/19 and evidence from other health sector documents that has assessed health sector performance. Publications on access to health services were also used to collaborate the findings. The Kenya National Health Accounts (NHA) estimation was undertaken in order to track the flow of funds to the health sector for injuries prevention and control.

## Results/Findings

Table 1: Summary of findings

Indicators	2016/17	2017/18	2018/19
Total Injuries health expenditure (THE <sub>INJ</sub> ) KShs	12,114,860,207	13,131,637,027	14,247,343,477
Injuries spending as a % of general THE	2.7%	2.8%	2.9%
<b>Financing sources as a % of Current Health Expenditure Injuries</b>			
Government	51.6%	52.4%	52.1%
Private	18.3%	14.2%	15.0%
Households	30.2%	32.3%	32.4%
Donors	0%	1.2%	0.4%
<b>Financing Schemes</b>			
Out-of-pocket excluding cost-sharing as % of CHE	26.7%	27.0%	27.3%
Social health insurance schemes	20.9%	27.2%	30.3%
Central government schemes	9.6%	8.4%	5.0%
County Government schemes	19.9%	20.2%	18.4%
Non-Governmental Organisations	0.0%	2.9%	2.9%
Others	22.9%	16.1%	18.4%
<b>Function distribution as a % of CHE Injuries</b>			
Inpatient curative care	59.7%	62.7%	61.1%
Outpatient curative care	25.8%	23.8%	26.7%
Rehabilitative care	0.8%	1.8%	0.8%
Medical goods (non-specified by function)	1.3%	1.3%	1.2%
Preventive care	4.4%	3.8%	3.4%
Governance, and health system and financing administration	7.9%	6.6%	6.7%

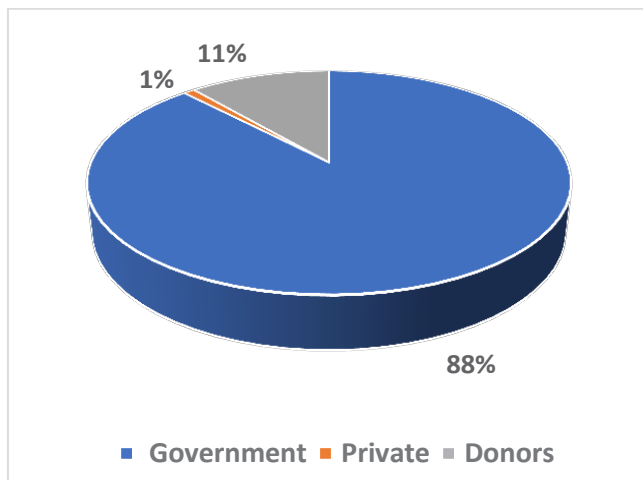
The total injuries health expenditure stood at 2.9 percent of THE in 2018/19 which is a slight increase from the 2.7 percent in 2016/17.

Social health insurance schemes are highest financing scheme at 30.3 percent in 2018/19, followed by out-of-pocket spending at 27.3 percent. Schemes from county governments stand at 18.4 percent and these have been progressively decreasing over the years.

More than half of the spending of injuries is incurred for inpatient services. Preventive services take up 3.4% whereas rehabilitative services take up a paltry less than one percent.

About KShs 1.1 billion was spent on capital formation for injuries in 2018/9 which represent 2% of all the total capital formation. The distribution of capital formation by institutions providing financing schemes is shown in the figure 3 below.

Figure 3: Distribution of capital formation by institutional Units providing financing schemes



The findings of the assessment indicate that injuries are a growing concern in the country and the spending on injuries is not commensurate with the burden of the injuries in the Country. If more was spent towards the prevention of injuries, there would be greater gains made in terms of reducing the morbidity and mortality occasioned by injuries. Further, it would decrease healthcare associated cost as the injured persons spent the longest number of days hospitalized. It would also reduce strain on healthcare system. To achieve this, it is crucial that counties increase expenditure towards injury prevention and control programs.

## Recommendations

1. Scale up spending on injury programs. The current spending on injuries is not proportionate to the burden of injuries in the country. Increased funding for injuries programs is crucial to reducing the burden of injuries
2. Increase investments on prevention on injuries. There will be substantial benefit in increased spending on prevention programs for injuries since they are cost effective interventions thereby reducing out of pocket expenditure for families.

3. Call to counties to prioritize injuries prevention and control. It is fundamental that counties increase spending on injuries prevention and control as this will have the overall effect of reducing the health care burden particularly on hospital admissions due to injuries.

## References

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