

# Development of e-Health Strategy for Kenya, 2011

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# Outline of Presentation

- Introduction
- Process of development of the strategy
- Experiences
- Progress of the implementation of the strategy
- Acknowledgements

# Introduction

- Kenya published her first National e-Health strategy (2011-2017 ) in April 2011
- The rationale was to exploit the expanding ICT in the country for health care
- The strategy has five Areas of Implementation
  1. Telemedicine
  2. Health Information Systems
  3. Information for Citizens
  4. M-Health
  5. E- Learning

# Process of Development of the Strategy

- A participatory approach by all stakeholders was used in the development of the strategy
- The stakeholders were:-Government ministries, Universities, private sector, civil societies and development partners.
- The process benefitted greatly from experts and information from other sectors and counties

# Process of Development of the Strategy

- In 2010, the MOH and the World Bank Group through its Health in Africa Initiative(JiA) and Kenya Investment Climate Program partners came up with an implementation framework
- A stakeholders workshop held on 2011 prioritized the health information pillar and adopted the notion of enterprise architecture as the implementation framework for the strategy

# Factors that facilitated the process(Strengths)

- Political will by Government on healthcare reforms
- The willingness of the medical personnel to embrace technology
- Availability of advanced health institutions (referral hospitals) capable of carrying out complex medical procedures using high technology
- High level of awareness of ICT among the general population

# Factors that facilitated the process (Strengths)

- Well developed mobile telecommunications infrastructure
- Alternative sources of electrical power (generators)
- Availability National ICT policy National
- Availability of a e-Government Strategy that recognizes e-Health as a national priority

# Factors that facilitated the process (Strengths)

- Availability of affordable, reliable bandwidth (internet access) through mobile phones, fiber optic infrastructure
- Enormous goodwill from development partners and private sector (possible PPP)
- High penetration of GSM mobile phone handsets
- Low cost and ease of access to GSM mobile communications services (m-Health)



## Factors that against the process (weakness)

- Inadequate ICT infrastructure (high speed data, computers)
- Insufficient human resource on e-Health
- Limited expertise on medical informatics
- Training in e-Health skills is not integrated into medical schools
- High staff turnover in health facilities

# Factors that against the process (weakness)

- Under funding of the Health sector by the government.
- Data security and communication threats e.g. through cybercrimes
- Insufficient/unreliable supply of electricity
- Lack of e-Health framework legislation
- Lack of a national data protection policy
- Uncompetitive remuneration for medical personnel leads to brain drain

# Progress in the implementation of the strategy

- The document has been printed and will be disseminated soon
- Health information System has deployed DHIS on a central server using cloud based technology
- Some aspects of telemedicine through safaricom
- M-health being worked on by world vision
- General infrastructure assessment has been done

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