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HEALTH POLICY AND PLANNING STRATEGY INITIATIVES ON UNIVERSAL HEALTH COVERAGE: A PERSPECTIVE FROM KENYA

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ABSTRACT

Universal health coverage is an important and noble objective for quality healthcare service delivery for all citizens in any country. However, it needs to be anchored on a robust policy framework. Therefore, a strong policy framework is needed to underline the government's commitment towards this initiative. However, it has not been previously established whether health policies as a strategy significantly affects Universal Health Coverage in Kenya. Therefore, the aim of this paper was to establish the influence of health policy and planning strategy initiatives on achievement of UHC in Kenya. The study adopted a descriptive research design targeting UHC stakeholder organizations including the Ministry of Health, public and private social health insurers, donor fund agencies, as well as public and private healthcare providers in the country. From these, a sample size of 234 organizations were selected using mixed sampling techniques to participate in the study. Data was collected through questionnaires and interview schedules. Data was analyzed using descriptive statistics and inferential statistics, that is, bivariate linear regression analysis. The study found that health policies strategy had a significant relationship with the achievement of the Universal Health Coverage in Kenya. This meant that strengthening health policies will lead to better achievement of UHC. The study recommended that policies aimed at the regulation of the health sector to achieve UHC need to be strengthened so as to improve collaboration among healthcare organizations and the achievement of UHC in the country.

Keywords: *Universal Health Coverage, Health Policy, Insufficient Funding, Sustainable Health Financing Strategies*

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INTRODUCTION

Achieving universal health care for its citizens is a noble goal for any government from a socio-economic perspective. As a result, governments together with their development partners and private sector players have been committing a substantial amount of funds from their budgets and other resources to meet this goal. Universal health coverage is an important and noble objective for quality healthcare service delivery (Meessen & Malanda, 2014). Universal Health Coverage (UHC) is based on the principle that all individuals and communities should have access to quality, essential health services without suffering financial hardship (WHO, 2013). According to Lamson and Meadors (2007), UHC means a state at which all citizens of certain country can access health care without being denied the service.

Enshrined in the Sustainable Development Goals (SDGs), universal health coverage aims to provide health security and universal access to essential care services without financial hardship to individuals, families and communities, thus enabling a transition to more productive and equitable societies and economies (Acharya, 2015). Visibility of the UHC is a common word in the mind of people in the resent years. UHC system has been implemented by countries as their resolution in 2005 by World Health Organization Assembly. UHC has also been encouraged by key performance on health matters such as World Bank and UNICEF. One of the key importance of UHC in low and middle income countries is to ensure that health accessibility is looked at critically at low cost (Bump, 2010).

Almost all European countries have healthcare available for all citizens. Most European countries have systems of competing private health insurance companies, along with government regulation and subsidies for citizens who cannot afford health insurance premiums (Sanger-Katz, 2019). In the case of developing countries such as Thailand, UHC has been gradually implemented to full UHC in 2002 (Tangcharoensathien et al., 2017). Irregular migrants that register though a nationality verification process have been eligible since 2001 to purchase health insurance managed by the Ministry of Health (Tangcharoensathien et al., 2018). The scheme is comprehensive, and, with the exception of some high-cost treatments (such as renal replacement therapy, treatment for psychosis and drug dependence), covers a wide range of curative and preventive care without co-payment. Uninsured migrants have formal access to healthcare services, but they are required to cover all expenses when they do not have insurance (Suphanchaimat et al., 2017).

The national government in post conflict Sierra Leone together with international donors embarked on an ambitious Free Health Care Initiative (FHCI) to remove user fees from the provision of healthcare to pregnant/lactating women and under-5s. A recent review by Kruk, Myers and Varpilah (2015) concluded that there are currently not enough domestic resources to pay for the requirements of the FHCI, or universal health coverage (UHC), and that increased donor support will be needed for the next decade. In Mozambique, the government and development partners had been content to develop a sustainable health financing strategy up until 2015, inspired by the aim of UHC. However, the discovery of the hidden debts has resulted in international donors suspending aid and loans to the country (Pavignani et al., 2013). Although the aid-dependent health sector has been granted an additional 10% in public funds to compensate for the withdrawal of foreign assistance, the plans to strengthen the country's health financing system have been all but put on hold.

From the conflict theory, however, achieving milestones such UHC in a country with wide socio-economic disparities is a huge task demanding massive commitments in terms of political goodwill, a robust policy framework and both financial and physical resources. Therefore, a strong policy framework is needed to underline the

government's commitment towards this initiative. A stable health care system is strongly supported by policies which are formulated by regulatory bodies in place. Health care policies are tool for distributing resources among people in the country which help in attainment of UHC.

Statement of the Problem

In Kenya, health care policies are formulated by the ministry of health which is devolved. The government of Kenya has recently acknowledged and settled on the National Health Insurance Fund as the endorsed vehicle for successful UHC achievement (NHIF, 2015). Consequently, the government has formulated several policies aimed at increasing UHC including free maternity program, free registration with the National Health and Insurance Fund (NHIF) for pregnant women and plans to register secondary students under the NHIF program for free. Gitobu, Gichangi and Mwanda (2018) sought to determine how the free maternity policy in Kenya has affected the usage of facilities and health outcomes. The study documented that free maternity programs have reduced mortality rates and thus improving the quality of life at birth among women in Kenya. However, it has not been previously established whether health policy and planning strategy initiatives significantly affect Universal Health Coverage in Kenya.

Study Objectives

The objective of this paper, therefore, was to determine the effect of health policy and planning strategy initiatives on Universal Health Coverage in Kenya.

LITERATURE REVIEW

Implementation Theory

The pioneers of implementation theory, Pressman and Wildavsky (1973) define it in terms of a relationship to policy as laid down in official documents. According to them, policy implementation may be viewed as a process of interaction between the setting of goals and actions geared to achieve them (Pressman & Wildavsky,1984). O'Toole (2003) defines policy implementation as what develops between the establishment of an apparent intention on the part of government to do something or stop doing something and the ultimate impact of world of actions. More concisely, policy implementation refers to the connection between the expression of governmental intention and actual result (Meier & O'Toole, 2001) which is a fitting description when viewed from the implementation of the public budget. Policy implementation encompasses those actions by public and private individuals or groups that are directed at the achievement of objectives set forth in policy decisions. These includes both one-time efforts to transform decisions into operational terms and continuing efforts to achieve the large and small changes mandated by policy decisions (Van Meter & VanHorn, 1975).

Public expenditure policy aims to accelerate economic growth, promote employment opportunities, and reduce poverty and income inequality (Iratni, Djasuli &Hayati, 2012). Therefore, it is expedient that serious attention be paid to the political economy of public budgets, particularly in this contemporary era of near financial accuracy (Ogujiuba & Ehigiamusoe, 2014). Visser and Erasmus (2005) explain that financial systems should comply with best practices of equity, ability to pay, economic efficiency, convenience and certainty.

Failures of implementation are, by definition, lapses of planning, specification and control (Elmore, 1978). Successful implementation, according to Matland, requires compliance with statutes' directives and goals; achievement of specific success indicators; and improvement in the political climate around a program (Hill & Hupe, 2002). In the same vein, Giacchino and Kakabadse (2003) assess the successful implementation of public policies on decisive factors. According to them, these are the decisions taken to locate political responsibility for initiative; presence of

strong project management or team dynamics and level of commitment shown to policy initiatives. Besides this, the success of a policy depends critically on two broad factors: local capacity and will.

In the context of the present study, improving healthcare service delivery through UHC is the main policy objective. Hence, resources are budgeted for to this end both by the national and county governments. However, that said, competing choices between the social actors may lead to certain constraints in implementation. This coupled by scarcity of resources may lead to an implementation problem requiring the designing a mechanism (game form) such that the equilibrium outcomes satisfy a criterion of social optimality embodied in a social choice rule (Maskin & Sjostrom, 2002).

In the devolved government system in the country, it can be appreciated that the new public service dispensation has to be supported by new laws and policies in order for them to be effective. In other words, the regime change has necessitated a change in laws and policies in order to bring the much needed change and, hence, the various. However, with the devolution of health services, each county government in the country has its own policy priorities on healthcare and this needs to be harmonized with the national vision of UHC. The ministries, directorates and agencies as well as other private sector players need to also adapt to the new UHC policy regime in order for the new policy to be effectively implemented. Therefore, the Therefore, the theory was instrumental in examining the health policies strategy on Universal Health Coverage in Kenya from a policy implementation perspective.

Health Policy and Planning Strategy and Achievement of UHC

A stable health care system is strongly supported by policies which are formulated by regulatory bodies in place. Health care policies are tool for distributing resources among people in the country which help in attainment of UHC. This is according to Sow, De-Spiegelaere and Raynault (2018) in a study seeking to find out how income support policies influence inequalities in the health care during birth. The study revealed that having in place sound policies especially those aimed at improving maternal health at birth as early as possible significantly influences UHC. The study further argued that the difference in inequalities between well devolved countries largely explain the discrepancies in health care outcomes in terms of mortality rates and adverse maternal outcomes at birth.

While focusing on Indian states, Behera and Dash (2018) sought to find out how macro-economic policies impacted on expenditure on health by the public sector. The study reported that the key avenues of financing health care systems in India were the revenue collected from taxes. The findings showed that policies like increased base of tax would increase the collected revenue which can be used to fund health care services. Thus, strengthening the policy framework, accessibility to health is made possible. Hence, policies influence UHC.

In an examination of how health care policies influence inequalities in health care and thus UHC, Thomson, Hillier-Brown, Todd, McNamara, Huijits and Bambra (2017) revealed that social economic inequalities in health could significantly reduce when adequate regulations and interventions are in place. In an assessment of how policies influenced the demand of health care services, Gaudette (2014) notes that a surge in costs of seeking health care and long time for queuing to receive medical treatment have increased concern in most countries. The study established that existence of health care policies helped in reducing costs of seeking for health care and thus increasing the UHC. The study revealed that government put in place health care policies reduce costs of accessing health care services and facilities. Without policies in

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place, unscrupulous health care health care professionals would exploit people seeking for health care.

Health Policy and Planning Strategy and Achievement of UHC in Kenya

In mid-1990's, the Kenya Health Policy Framework Implementation Action Plan was developed, followed by the establishment of the Health Sector Reform Secretariat (HSRS). This was intended to direct the application of policies in the health funding for harmonized implementation and planning. The ministry of health initialized a rationalization program targeted at responding to the funding of public health to improve quality health care access among the vulnerable communities and the poor (Oketch & Lelegwe, 2016). The government of Kenya launched in 2007 the country's development blueprint 'Vision 2030' where the health sector was rendered the county's driving force towards an average income nation and a competitive environment (RoK, 2010). This was to be executed through the establishment of strong health structure in terms of enhancement of risk pooling health funding systems, strengthening the delivery of health services and provision of the appropriate equipment in the health facilities.

The government abolished the user fees in primary health care facilities and free maternal health care services were introduced in public care facilities in 2013. This program may be pondered a populist strategy intended to improve quality health care access, particularly the vulnerable groups and the poor, its execution was technically unachievable. This was because at that time, the program lacked the necessary operational, legal and technical policies. It is necessary to have a technical contribution to advise the policy initiative otherwise the expected goals may possibly remain unachievable. For example, following the strategy announcement, instances of delays in funds disbursement to counties have been frequent with a few counties choosing for bank overdrafts to meet operating costs (Mtei, Makawia, Ally, Kuwawenaruwa, Meheus & Borghi 2012).

As observed previously, a financing system for health services is essential in universal health coverage and if not addressed carefully, will hinder the achievement of universal health coverage. Many health care facilities nationwide have continued to experience incidences of lack of medical facilities and transport, poor equipment maintenance, stock out of medical supplies and drugs (Mtei et al., 2012). In a study by Mukabana (2016) who assessed the influence of the policy of free maternity in Kenya, it was revealed that this health policy has increased the use of facilities in health centres while at the same time improving the quality of life at birth among pregnant women in Kenya. Thus, it can be inferred that health care policies influence UHC.

METHODOLOGY

The study adopted a descriptive cross-sectional survey research design targeting multiple UHC stakeholder organizations in the healthcare industry comprising of policy makers and implementers (at the National and County Health Ministries), financiers (both NHIF and Private Insurance firms), donor fund agencies, as well as public and private healthcare providers in the country. This was owing to the fact that UHC in Kenya is meant to be delivered strategically through a multi-sectoral approach comprising both government and private sector actors. In total, the number of organizations targeted throughout the country was 565. The unit of observation consisted of the management in the organizations as they are the key decision makers entrusted with the policy interpretation and implementation function. Respondents from the national and private medical insurance providers were selected using systematic random sampling while purposive sampling were used to select respondents from the international donor funds and national ministry of health. A sample size of 234 UHC stakeholder organizations was obtained using the formula proposed by Israel (2009). The

sample size was then proportionally allocated across the implementing organizations size using he Neyman allocation formula.

The study used both primary and secondary data. Primary data collection was done using a questionnaire and an interview schedule which was administered to management of the organizations. The items in the instruments were derived from constructs generated through literature survey on sustainable financing and UHC. Secondary data was collected in form of official records on UHC. To improve on the internal validity of the study, a pilot test of the instruments was done to detect design weakness in the instrumentation for primary data. This exercise was meant to assess and refine the instruments before administering in the actual study population. The purpose of pilot testing is to establish the accuracy and appropriateness of the research design and instrumentation (Saunders, Lewis & Thornhill, 2007). Regarding the constructs used in the instrument, that no construct fell below the communality value of 0.49 which is the accepted threshold value recommended by Lawshe (1975). The test of reliability of the questionnaire also showed high internal consistency with values exceeding the Cronbach threshold value of 0.7.

The qualitative data was analyzed using descriptive methods involving content analysis and coding with the aid of the Nvivo software. This makes it possible to analyze the latent and manifest textual material through classification, tabulation, and evaluation of its key symbols and themes in order to derive their meanings and probable effect on the subject under investigation (Krippendorff, 2004). Quantitative data was analyzed by use of the Statistical Package for Social Scientists (SPSS). Descriptive statistics involved frequencies as percentages as well as the chi square to provide the general trends of the data. Inferential statistical analysis, on the other hand, involved bivariate correlations and multiple regression analysis.

FINDINGS

Health policies strategy on achievement of Universal Health Coverage in Kenya

The objective of the study was to determine the effect of health policies strategy on Universal Health Coverage in Kenya. This objective was measured on the basis of; Devolution of services, Increased partnership and Strategic initiatives. The results are summarized in Table 1.

Table 1: Health Policies Strategy and Universal Health Coverage in Kenya

Statement .	SD f(%)	D f(%)	N f(%)	A f(%)	SA f(%)	. x2	. p-value
The policies aimed at the regulation of the health sector to achieve Universal Health Coverage are adequate	15(8)	51(27)	66(35)	29(16)	26(14)	72.257	0.076
Devolution of health services has increased the number of actors in UHC	17(9)	41(22)	15(8)	83(44)	31(17)	45.981	0.047
Devolution of health services will improve the implementation of UHC policies	23(12)	33(18)	50(27)	81(43)	20(11)	55.408	0.061
We have enhanced ability to collaborate with other healthcare organizations as a result of the policies	18(10)	86(46)	30(16)	35(19)	18(10)	102.555	0.012
Policies on UHC have enabled us to strengthen partnerships with other financing organizations	6(3)	45(24)	43(23)	78(42)	15(8)	87.34	0.018
There are transparent and inclusive processes in the national health policies, strategy and plan that set a clear direction for the health sector	31(17)	44(23)	14(7)	65(35)	33 (18)	111.389	0.083
Strategic initiatives are in place to ensure that health authorities take responsibility for steering the entire health sector towards the achievement of UHC	26(14)	48(26)	31(17)	50(27)	32(17)	99.834	0.175
There is deployment of support systems enabling work environments for health workers in order to achieve UHC	4(2)	68(36)	25(13)	76(41)	14(8)	83.897	0.111
There is a strategic framework to enhance multi-sectoral involvement in UHC	14(7)	20(11)	18(10)	92(49)	43(23)	73.641	0.046

Table 1 shows that there was uncertainty on whether the policies aimed at the regulation of the health sector to achieve Universal Health Coverage are adequate as indicated by most respondents (35%) who were neutral regarding the statement and 37% who disagreed or strongly disagreed (8%). However, with 44% of the respondents agreeing and 17% strongly agreeing, it was evident that majority of the respondents were of the opinion that devolution of health services has increased the number of actors in UHC. Most (43%) agreed while 11% strongly agreed that devolution of health services will improve the implementation of UHC policies.

Most respondents, however, disagreed (46%) while 10% strongly disagreed that their organizations have enhanced ability to collaborate with other healthcare organizations as a result of the policies. The respondents were evenly split on whether policies on UHC have enabled them to strengthen partnerships with other financing organizations as indicated by 50% who either agreed or strongly agreed on one hand and 50% who were either neutral or disagreed with the statement. Most of the respondents, however, agreed (35%) while 18% strongly agreed that there were transparent and inclusive processes in the national health policies, strategy and plan that set a clear direction for the health sector.

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There were indications that strategic initiatives had been put in place to ensure that health authorities take responsibility for steering the entire health sector towards the achievement of UHC as indicated by most of the respondents who agreed (27%) and strongly agreed (17%). Further, with 41% agreeing and 8% strongly agreeing, it was evident that most of the respondents indicated that their organizations had deployed support systems for enabling work environments for health workers in order to achieve UHC. In addition, the findings show that there existed a strategic framework to enhance multi-sectoral involvement in UHC as indicated by majority of the respondents 49% of who agreed and 23% strongly agreeing with the statement.

Achievement of Universal Health Coverage in Kenya

The study also sought to determine the status of the achievement of universal health coverage in Kenya. This was the dependent variable and was measured on the basis of; access to healthcare, affordable health care financing and sufficient health staff capacity. The results were summarized in Table 2.

Table 2: Status of Achievement of Universal Health Coverage in Kenya

Statement .	SD f(%)	D f(%)	N f(%)	A f(%)	SA f(%)	. x2	. p-value
Health financing as a key policy instrument for the government of Kenya has helped to reduce health inequalities	20(11)	34(18)	30(16)	61(33)	42(22)	87.34	0.046
There is improved equity in access to primary healthcare services	2(1)	31(17)	50(27)	85(45)	19(10)	111.39	0.083
There is improved equity in access to healthcare services for chronic conditions	16(9)	48(26)	31(17)	62(33)	30(16)	99.83	0.020
There is adequate coverage of diagnostic services	20(11)	67(36)	35(19)	43(23)	22(12)	112.02	0.050
There is improved effectiveness and efficiency of healthcare services delivery	5(3)	56(30)	33(18)	84(45)	9(5)	118.26	0.037
We operate on the principles of equity and sustainability.	35(19)	36(19)	16(9)	77(41)	23(12)	124.51	0.032
The healthcare service providers get adequate allocation per patient per day to cover for the management of most conditions	26(14)	82(44)	18(10)	43(23)	18(10)	130.76	0.026
The healthcare service providers get their capitations in a timely manner	17(9)	79(42)	32(17)	48(26)	11(6)	137.00	0.021
We have challenges with reconciliations of the capitations across the healthcare service providers	8(4)	58(31)	27(14)	81(43)	13(7)	143.25	0.016

The results in Table 2 show that health financing as a key policy instrument for the government of Kenya has helped to reduce health inequalities as indicated by 33% who agreed and 22% who strongly agreed. Majority of the respondents, 45% of who agree and 10% who strongly agreed suggested that that there is improved equity in access to primary healthcare services. There were also indications that there was improved equity in access to healthcare services for chronic conditions as indicated by 33% who agreed and 16% who strongly agreed compared to 26%

who disagreed and 9% who strongly disagreed respectively. However, coverage of diagnostic services was not adequate as indicated by most of the respondents (36%) who disagreed and 11% who strongly disagreed. Nevertheless, most of the respondents agreed (45%) while 5% strongly agreed that there was improved effectiveness and efficiency of healthcare services delivery.

The healthcare services were also being operated on the principles of equity and sustainability as indicated by most of the respondents (41%) who agreed and 12% who strongly agreed. However, most of the respondents felt that the healthcare service providers get adequate allocation per patient per day to cover for the management of most conditions as indicated by 44% who disagreed and 14% who strongly disagreed. Further, most of the respondents (42%) disagreed while 9% strongly disagreed that the healthcare service providers get their capitations in a timely manner implying that there was dissatisfaction with the way capitations were being done to the healthcare service providers. In addition, challenges were being experienced with reconciliations of the capitations across the healthcare service providers as indicated by most of the respondents who agreed (43%) and 7% who strongly agreed.

Regression analysis of Health Policies Strategy on Achievement of UHC in Kenya

Bivariate regression analysis was carried out to evaluate the relationships between the dependent and independent variable. The findings are summarized in Table 3.

Table 3: Health Policies Strategy on Achievement of UHC in Kenya

Model Summary	R	R Square	Adjusted R Square	Std. Error of the Estimate		
	0.328	0.107584	0.097374	2.580198		
ANOVAa		Sum of Squares	df	Mean Square	F	Sig.
	Regression	59.003	1	59.003	8.8627385	0.05
	Residual	1211.651	182	6.6574231		
	Total	1270.654	183			
Model Coefficients		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.202	1.964		4.176	0.000
	Health Policies	0.316	0.078	0.328	4.052	0.000

a Dependent Variable: Universal Health Coverage

The results in Table 3 indicates that the relationship was significant and moderate (β = 0.328; p = 0.000 ≤ 0.05). The results further suggest that the model could significantly explain up to 9.7% (R^2 = 0.097374) of the variations in the achievement of universal health coverage in Kenya resulting from the Health Policy strategies taken by the key stakeholders. This implies that the health policies were enabling the strategies towards the achievement of UHC. This meant that strengthening health policies will lead to better achievement of UHC.

Qualitative Analysis

Using data captured in both the open ended parts of the questionnaire and the interview schedule, the study derived themes emerging from the responses concerning health policies strategy in different healthcare service provider organizations in particular whether they agreed or disagreed with the questions posed and their reasons for their positions on the issues raised. The findings are presented and discussed as follows. Table 4 shows a tabulation of the respondents' verbatim reactions to the questions posed.

Table 4: Results on Health Policies Strategy on Achievement of UHC in Kenya

▪ **Does devolution of services affect the universal healthcare program in your organization?**
Devolution of healthcare has enabled us to map out our healthcare needs in the country so that we are able to assess the practicality of providing universal healthcare *Yes, even as a national government agency, devolution of healthcare services has enabled us to quickly map and appraise the universal healthcare set up and capabilities across the counties* *I think devolution while it has its own challenges in healthcare delivery is still an important framework through which we can appraise the universal healthcare programs* *Yes, through the devolution context we are able to strategize for universal healthcare in our county*
▪ **Does increased partnership with your organization affect the delivery of the universal healthcare program?**
Partnership with the government through NHIF has been instrumental in enabling us to provide universal healthcare *The partnerships enable us increase our healthcare access to many people who were previously unable to afford low cost primary healthcare. However, we have issues with capitation and this needs to be resolved.* *I think as the partnerships grow stronger and more mature, universal healthcare will soon become a reality of our times* *The partnerships at the moment are still not strong enough and this exposes us to some challenges when dealing with our partners* *We are currently working on our partnerships to improve the coordination and handling of issues, but yes, I can say the partnerships are leading towards the realization of universal healthcare program*
▪ **In your view, have strategic initiatives improved the universal healthcare program in your organization?**
Yes, the strategic initiatives are bearing fruits in terms of universal healthcare *Yes, but a lot more still needs to be done* *We have come along with healthcare reforms in this country and the strategic initiatives currently being advanced by the government are turning out to be instrumental in the realization of universal healthcare* *Everything revolves around strategy, however, I don't think the government is doing enough strategy wise to make universal healthcare a reality* *I'm not so sure as I still feel we as stakeholders are not fully involved in the UHC program implementation strategies* *The strategies are good, but they need to be backed up with adequate funding and coordination*

These were then tabulated and subjected to the coding analysis so as to generate the relevance index which helped evaluate how much the respondents were disposed on the issues raised and also show the criticality of the issues raised relative to other issues in the achievement of UHC in their organization as a result of health policies strategy. The results are tabulated in Table 5.

Table 5: Relevance Index of Health Policies Strategy Constructs on the UHC in Kenya

Word	Count	Relevance
capabilities	10	0.994
partnership	6	0.373
devolution of healthcare	2	0.373
important framework	2	0.373
strategic initiative	2	0.248
UHC program implementation	1	0.186
realization of universal healthcare	2	0.186
handling of issues	1	0.186
healthcare reform	4	0.186
national government agency	1	0.186
program implementation strategy	1	0.186
coordination	1	0.186

Table 5 shows that the capabilities of the devolved units to deliver on the UHC was the most relevant issue from the respondents' perspectives. The level of partnerships as well as the ability of the devolved units to implement the universal healthcare program were also main concerns for the respondents. The strategic initiatives as well as program implementation strategy also scored highly in relation to the realization of universal healthcare in the devolution context. All these constructs had high scoring in terms of criticality of Health Policies Strategy in the achievement of UHC in the country.

Discussions

The results on this objective revealed that there was uncertainty on whether the policies aimed at the regulation of the health sector to achieve Universal Health Coverage are adequate. However, it was evident that majority of the respondents were of the opinion that devolution of health services has increased the number of actors in UHC. Most, also agreed that devolution of health services will improve the implementation of UHC policies. However, most organizations have not enhanced ability to collaborate with other healthcare organizations as a result of the policies. The respondents were evenly split on whether policies on UHC have enabled them to strengthen partnerships with other financing organizations as indicated by 50% who either agreed or strongly agreed on one hand and 50% who were either neutral or disagreed with the statement.

The results imply that there was still uncertainty on the policies meant to regulate UHC disagree with Sow et al., (2018) whose study on how income support policies influence inequalities in healthcare revealed that having in place sound policies especially those aimed at improving maternal health at birth as early as possible significantly influences UHC. The finding on the uncertainty on policies on collaborations could traced to policy documents like the National Health Strategic Plans which have emphasized the need for collaboration. However, the collaboration called for are mostly vertical between the National Government and County governments, intercounty, intersectorial, multidisciplinary and cross-functional. Horizontal collaboration and partnerships have not been clearly outlined in the policy documents (Ng'ang'a et al., 2021). Thomson et al., (2017) revealed that social economic inequalities in health could significantly reduce when adequate regulations and interventions are in place.

Results from the correlation analysis also revealed that relationship of health policies strategy with Universal Health Coverage in Kenya was significant and positive. This implied that the health policies were enabling the strategies towards the achievement of UHC and that strengthening health policies will lead to better achievement of UHC. The moderate policy showing evident in the correlations is indicative of the current efforts by low- and middle-income countries (LMICs) of which Kenya is part to increasingly adopt universal health coverage (UHC) as their health policy priority (Asante et al., 2012).

Conclusion, Recommendations, Suggestion for Future Research

Results also revealed that a bivariate relationship of health policies strategy with Universal Health Coverage in Kenya was significant and positive. Also Health Policies emerged and influential strategy in the achievement of UHC. Subsequently, the study concludes that the health policies in their current form and application were enabling the strategies towards the achievement of UHC and that strengthening health policies will lead to better achievement of UHC. Most organizations had transparent and inclusive processes in the national health policies, strategy and plan that set a clear direction for the health sector. There were also indications that strategic initiatives had been put in place to ensure that health authorities take responsibility for steering the entire health sector towards the achievement of UHC. Further, it was evident that most organizations had deployed support systems for enabling work environments for health workers in order to achieve UHC. In addition, the findings show that there existed a

strategic framework to enhance multi-sectoral involvement in UHC.

There is need for strengthening policies aimed at the regulation of the health sector to achieve Universal Health Coverage so as to make them more adequate. The health policies and more so those that touch on UHC should be canvassed across all stakeholders so as to improve their participation in the strategy. The policies should also be aimed at strengthening collaboration among healthcare organizations in order to improve the achievement of UHC.

In addition, there is need to further examine the strategies used in alignment of health service delivery and achievement of Universal Health Coverage in other contexts through a cross country study. This is meant to enable the UHC implementers draw important lessons on the best practices and alignment strategies that can work in the Kenyan context in future. Finally, future studies in this area should also involve the beneficiaries especially in the informal sector so as to fully understand their perception on UHC and develop models around their capabilities for subscription.

REFERENCES

Acharya, M. (2015). Universal Health Coverage as a Distinct Sustainable Development Goals Target: Dispelling Doubts and Underlining Implications. *Frontiers in Public Health*, *3*.

Asante, A., Price, J., Hayen, A., Jan, S., & Wiseman, V. (2016). Equity in health care financing in low-and middle-income countries: a systematic review of evidence from studies using benefit and financing incidence analyses. *PloS one*, *11*(4), e0152866.

Behera, D. K., & Dash, U. (2018). The impact of macroeconomic policies on the growth of public health expenditure: An empirical assessment from the Indian states. *Cogent Economics & Finance*, *6*(1), 1435 - 1443.

Elmore, R. F. (1978). Organizational models of social program implementation. Public policy, 26(2), 185.

Bump, J. B. (2010). The Long Road to Universal Health Coverage: A Century of Lessons for Development Strategy. *The Lancet*.

Gaudette, É. (2014). Health care demand and impact of policies in a congested public system.

Giacchino, S. & Kakabadse, A. (2003). *International review of administrative sciences.* London: SAGE Publications.

Gitobu, C. M., Gichangi, P. B., & Mwanda, W. O. (2018). The effect of Kenya's free maternal health care policy on the utilization of health facility delivery services and maternal and neonatal mortality in public health facilities. *BMC pregnancy and childbirth*, *18*(1), 77.

Hill, M., & Hupe, P. (2002). *Implementing public policy: Governance in theory and in practice.* Sage.

Iratni, E., Djasuli, M., &Hayati,N.(2012). Factors affecting the successful of performance-based budgeting implementation in the Regency of Bangkalan. Working Paper presented at the Public Reform for Good Government Governance – A4-PFM Conference Surabaya, Indonesia, November 13th-14th 2012

Israel, G. D. (2009). *Determining Sample Size.* University of Florida IFAS extension.

Krippendorff, K. (2018). *Content analysis: An introduction to its methodology*. Sage publications

Lawshe, C. H. (1975). A quantitative approach to content validity. *Personnel psychology*, *28*(4), 563-575.

Kruk, M.E., Myers, M., & Varpilah, S.T. (2015). What is a resilient health system? Lessons from Ebola. *The Lancet,* 385:1910–2.

Lamson, A. L., & Meadors, P. (2007). Building your home project. *The therapist's notebook for family health care: Homework, handouts, and activities for individuals, couples, and families coping with illness, loss, and disability*, 225-232.

Maskin, E., & Sjöström, T. (2002). Implementation theory. *Handbook of social Choice and Welfare, 1*, 237-288

Meessen, B., & Malanda, B. (2014). No universal health coverage without strong local health systems. *Bulletin of The World Health Organization*, *92*(2), 78-78A.

Meier, K. J., & O'Toole Jr, L. J. (2001). Managerial strategies and behavior in networks: A model with evidence from US public education. *Journal of Public Administration Research and Theory, 11(*3), 271-294.

Mtei G, Makawia S, Ally M, Kuwawenaruwa A, Meheus F and Borghi J (2012). Who pays and who benefits from health care? An assessment of equity in health care financing and benefit distribution in Tanzania, *Health policy and planning, 27*(1),23-34.

Mukabana, B. (2016). *Effects of free maternity program on utilization of maternity services and challenges at Kakamega County Hospital, Kenya* (Doctoral dissertation, Moi University).

Ng'ang'a, P. N., Aduogo, P., & Mutero, C. M. (2021). Strengthening community and stakeholder participation in the implementation of integrated vector management for malaria control in western Kenya: a case study. *Malaria Journal*, *20*(1), 1-14.

NHIF (2015), Contribution and deductions rates. [http://www.nhif.or.ke/healthinsurance/ rates

Ogujiuba, K.K., & Ehigiamusoe, K. (2014) Capital Budget Implementation in Nigeria: Evidence from the 2012 Capital Budget. *Contemporary Economics*, 8 (3), 299-314

Okech, T. C., & Lelegwe, S. L. (2016). Analysis of universal health coverage and equity on health care in Kenya. *Global journal of health science*, *8*(7), 218.

O'Toole, J. (2003). The process of drama: Negotiating art and meaning. Routledge.

Pavignani, E., Michael, M., & Murru, M. (2013). Making sense of apparent chaos: health-care provision in six country case studies. *International Review of the Red Cross,* 95(1),41–60.

Pressman, J. L., & Wildavsky, A. (1984). Implementation: How great expectations in Washington are dashed in Oakland; Or, why it's amazing that federal programs work at all, this being a saga of the Economic Development Administration as told by two sympathetic observers who seek to build morals on a foundation (Vol. 708). University of California Press.

Pressman, J. L., & Wildavsky, A. B. (1973). *How great expectations in Washington are dashed in Oakland.* University of California: Berkeley, LA, USA.

Republic of Kenya (2010). Analysis of Performance, Analytical Review of Health Progress and Systems Performance. Kenya Health Policy Framework 1994 to 2010: Ministries of health.

Sanger-Katz, M. (2019). What's the Difference Between a 'Public Option' and 'Medicare for All'? *The New York Times.*

Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research methods for business students*. Harlow: Pearson Education Ltd.

Sow, M., De Spiegelaere, M., & Raynault, M. F. (2018). Evaluating the effect of income support policies on social health inequalities (SHIs) at birth in Montreal and Brussels using a contextualised comparative approach and model family method: a study protocol. *BMJ open*, *8*(9), e024015.

Suphanchaimat, R., Putthasri, W., Prakongsai, P., & Tangcharoensathien, V. (2017). Evolution and complexity of government policies to protect the health of undocumented/illegal migrants in Thailand–The unsolved challenges. *Risk management and healthcare policy*, *10*(3), 49 - 61.

Tangcharoensathien, V., Thwin, A.A., & Patcharanarumol, W. (2017). Implementing health insurance for migrants, Thailand. *Bulletin of the World Health Organization*, *95*(2), 146 - 159.

Tangcharoensathien, V., Witthayapipopsakul, W., Panichkriangkrai, W., Patcharanarumol, W., & Mills, A. (2018). Health systems development in Thailand: a solid platform for successful implementation of universal health coverage. *The Lancet*, *391*(10126), 1205-1223.

Thomson, K., Hillier-Brown, F., Todd, A., McNamara, C., Huijits, T., & Bambra, C. (2017). The effects of public health policies on health inequalities: a review of reviews. *The Lancet*, *390*, S12.

Van Meter, D. S., & Van Horn, C. E. (1975). The policy implementation process: A conceptual framework. *Administration & Society, 6*(4), 445-488.

Visser, C, B. & Erasmus, P, W. (2005). *The Management of Public Finance: A Practical Guide,* Oxford University Press: Oxford

World Health Organization (WHO) (2013). World Bank convene ministerial meeting to discuss best practices for moving forward on universal health coverage. *International Journal of Health Care Quality Assurance*, *26*(5).