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KENYA NCD HEALTH EQUITY ASSESSMENT REPORT 2024



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We are confident that this report provides an accurate and comprehensive account of the current state of NCD equity in Kenya.

DISCLAIMER: The Report was prepared by the NCD Equity National Expert Advisory Group. The findings presented in this report are based on the data collected and analysed. The report's authors assume no liability for any actions taken based on the information contained herein.





Executive Summary

The Non-Communicable Disease Alliance Kenya (NCDAK) is a non-profit organisation established to combat the growing prevalence of non-communicable diseases (NCDs) in Kenya by uniting diverse stakeholders collaboratively. With an emphasis on sustainable health improvements, the NCD Alliance Kenya's mission is to promote NCD prevention and equitable access to healthcare nationwide. To support this goal, NCD Alliance Kenya has established the National Experts Advisory Group (NEAG) with memberships drawn from healthcare professionals, civil society organisations, policymakers, academia, county chapters, people living with NCDs and their caregivers, to guide efforts toward health equity in NCD care.

The report provides an overview of the findings and recommendations derived from the assessment conducted by the National Expert Advisory Group (NEAG) on NCDs equity in Kenya.

The assessment covered the current landscape of NCD care and equity in Kenya, identifying gaps in service delivery, resource allocation, and community engagement. Through qualitative research methods including desk review, Key Informant Interviews (KIIs), In-depth Interviews (IDIs), and Focus Group Discussions (FGDs), the assessment collected different perspectives, including from marginalised groups who often face compounded barriers to NCD care.

Drawing from document reviews and primary data collection, the study identified key challenges and opportunities in achieving equitable access to NCD services across six high-burden counties where NCDA alliance has previously worked.

While national policies support NCD equity, gaps in implementation exist. The study revealed that while some NCD services exist at higher-level facilities, basic healthcare levels (1, 2, and 3) are inadequately resourced, creating barriers to access for individuals who require preventive care and treatment. Additionally, there was a systemic oversight in resource allocation, accompanied by underfunding, which exacerbated inequities by limiting the availability of essential medications and services across the healthcare system. Physical distance, financial barriers further limited accessibility for rural communities. Vulnerable groups such as Asylum seekers, commercial sex workers and LGBTQ+ individuals encountered additional obstacles, including stigma, discrimination, and insufficient culturally sensitive resources.

In addition, socioeconomic and demographic factors, such as income and education levels significantly affected individuals' ability to access necessary healthcare services. Further, cultural beliefs also played a significant role in health-seeking behaviour and access to NCD services. Despite notable progress in community involvement, including advocacy and public forums, community participation had a weak focus on NCDs. Many CSOs primarily advocated for broader human rights issues, with few focused on equitable healthcare access for people living with NCDs.





Best practices emerging from the assessment include integrating NCD care into broader health services, empowering Community Health Promoters (CHPs) for local education and early screenings, and utilising multi-sectoral approaches to engage administrative leaders and community figures in NCD advocacy. Future priorities call for increased public awareness, budgetary commitments for NCD services, and policies that support accessible, community-centred care, recognising NCDs as a national health priority requiring sustained advocacy and investment.



Based on the findings of the assessment, the following recommendations have been identified:

- a. Ensure that NCD drugs are adequately stocked and made available in all healthcare facilities. This action will help address the existing gap in access to medications
- b. Establish dedicated budgets to ensure that resources are available to support NCD prevention, early detection, and treatment, thus reducing over-reliance on external partners. A county-level policy commitment to increase funding is crucial, especially for high-burden areas.
- c. Expansion of health education programs at the community level with a focus on lifestyle changes and early detection of NCD symptoms will empower individuals to seek timely treatment. Outreach programs should be tailored to cater for vulnerable populations such as ethnic minorities, elderly persons and marginalized group who face additional barriers to accessing healthcare.
- d. Counties should prioritize hiring and training healthcare workers specialized in NCD care such as nurses, doctors, clinicians and community health workers.
- e. Counties should prioritise establishing and resourcing healthcare facilities in underserved regions and ensure that facilities in rural areas have the necessary diagnostic and treatment equipment for NCDs and a consistent supply of essential medications
- f. Counties should invest in robust surveillance and data collection systems to better understand the NCD burden and monitor the effectiveness of interventions. Enhanced data quality will enable more targeted and impactful allocation of resources, ensuring that high-burden areas and populations receive prioritized support.
- g. Expanding health insurance coverage for NCDs and subsidizing the cost of care and medications for low-income individuals would increase affordability and reduce out-of-pocket expenses. Counties could work with national health schemes, such as SHIF, to ensure that coverage includes comprehensive NCD services, especially for low-income and underserved populations.
- h. There is a need to provide culturally sensitive NCD services to vulnerable groups such as asylum seekers, commercial sex workers and LGBTQ+ in health facilities to ensure no one is left behind.
- i. In the long run, there could be a need to develop a Gender Equality and Social Inclusion (GESI) guideline on NCDs.



Introduction



According to the World Health Organisation (2022,)NCDs are responsible for approximately 74% of deaths worldwide, with an estimated 41 million deaths annually from these conditions. Kenya is experiencing an epidemiological transition in its disease burden from predominantly communicable diseases to a rapidly rising burden of non-communicable diseases (NCDs), which is increasingly straining the health system.

Kenya faces a double burden of disease, with NCDs increasing alongside communicable diseases, creating strain on the healthcare system (Kenya Ministry of Health, 2021). Approximately 54% of deaths are due to communicable, maternal, and neonatal causes, while injuries accounted for 7 % of deaths. Approximately 39% of deaths in the country were as a result of NCDs, up from 27% in 2014 [Vos et al., 2020]. Non-communicable diseases (NCDs) have become a significant public health concern in Kenya, contributing to a rising burden of morbidity and mortality. These diseases, which include cardiovascular diseases, cancers, diabetes, and chronic respiratory conditions, are primarily caused by lifestyle factors, urbanisation, and socio-economic changes.

The growing prevalence of NCDs poses challenges to Kenya's health system, which has traditionally been geared toward combating infectious diseases. It is projected that deaths from NCDs will increase by 55% while those from injuries will increase by 25% by 2030 (Kenya Ministry of Health, 2014). Cardiovascular diseases lead this toll, contributing to about 13% of deaths, followed by cancers at 7% and diabetes at 2%. Among cancers, the most common are breast, cervical, and prostate cancers. Alarmingly, the Kenya National Cancer Registry estimates 42,000 new cancer cases and 27,000 cancer-related deaths each year. These statistics underscore the increasing impact of NCDs on individuals and families in the country.

The prevalence of risk factors for NCDs is equally concerning. Hypertension, for instance, affects approximately 25% of adults aged 18–69 years, while diabetes affects 3.3% of adults, with many cases remaining undiagnosed. The prevalence of risk factors such as tobacco use (8.3%), harmful use of alcohol (12.8%), insufficient physical activity (19%), and obesity (11.4%) is on the rise[1]. Other key risk factors include tobacco use, which is prevalent in 8% of the adult population, as well as physical inactivity, with 26% of Kenyans failing to meet recommended activity levels (Kenya Ministry of Health, 2021)

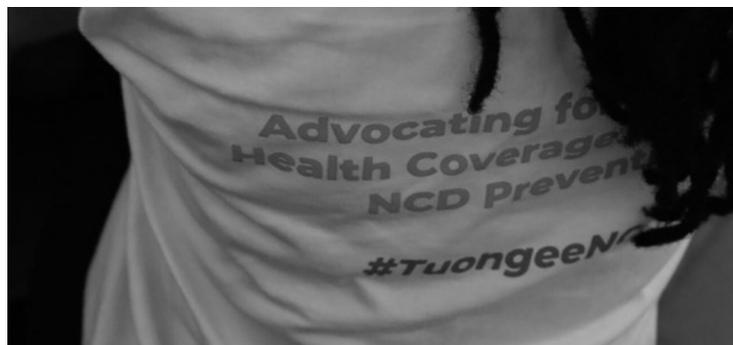
Addressing NCD health equity is particularly critical, as the burden of these diseases does not fall evenly across the country. Vulnerable groups, including low-income households, women, rural communities, and persons living with disabilities, face limited access to early diagnosis, treatment, and long-term care. Inequities in health financing, geographical distribution of services, and social determinants of health, such as education, employment, and nutrition, further widen the gap. Prioritising NCD health equity ensures that all people, regardless of their socio-economic status or place of residence, have fair opportunities to prevent and manage NCDs. This is essential both for improving health outcomes and reducing poverty, promoting productivity, and advancing Kenya's overall development agenda.



Non Communicable Diseases

Outlook

Non-communicable diseases (NCDs) are a major public health concern in Kenya, contributing significantly to morbidity and mortality. Achieving health equity in NCD care and management is crucial to ensure that all Kenyans have access to quality healthcare services, regardless of their socioeconomic, cultural, or geographical backgrounds.



The NCD Alliance Kenya has established the NCD Equity National Experts Advisory Group (NEAG) to guide and support efforts aimed at achieving equity in NCD care

NEAG is comprised of a) Representatives from NCDAlliance Kenya, b) County chapter team members, c) Civil society organizations (CSOs), d) Persons with lived experience of NCDs, e) Persons living with disability, f) Policy Expert, g) Health professionals and experts in NCD care, h) Universities, i) Policymakers and representatives from relevant government agencies. Achieving equity in the prevention and management of NCDs is critical to addressing the disproportionate burden faced by vulnerable populations. NCDs disproportionately affect individuals in low-resource settings, people with disabilities, and those with limited access to quality healthcare. Equity ensures that interventions target these marginalized groups, addressing barriers such as affordability, geographic access, and cultural relevance of care. Furthermore, incorporating the voices of persons with lived experiences of NCDs in policymaking fosters inclusive solutions tailored to real-world challenges.

Key Activities for the NEAG

a. Assess the current global and national landscape of health equity for NCDs, including existing policies, programs, and resources dedicated to NCDs in Kenya.

b. Participate in the sensitisation of concepts on health equity for NCDs organised by the project secretariat.

c. Conduct a detailed assessment of the state of health equity for NCDs in the target counties and among people living with NCDs and key stakeholders. This was achieved through three strategies.

- Literature review of the relevant material, including health/ NCD policies.
- Review of data collection tools.
- Participation in the KII and FGDs interviews in the selected county

d. Participated in the drafting and dissemination of the Kenya Health Equity for NCDs report. The report details recommendations for reducing barriers and promoting equitable access to NCD services.

Methodology

2.1. Sampling Approach

The assessment adopted a non-probability sampling approach that was strategically designed to capture diverse perspectives on challenges in accessing NCD service from stakeholders and affected populations across multiple levels of the society. A purposive sampling method was employed to select participants. Additionally, snowballing where initial participants who then refer others within their networks was used.

In order to answer the research questions, it is doubtful that a researcher should be able to collect data from all cases. Thus, there is a need to select a sample. An effective sampling approach captures the full spectrum of experiences, transforming data into a mirror that reflects the true diversity of the population studied



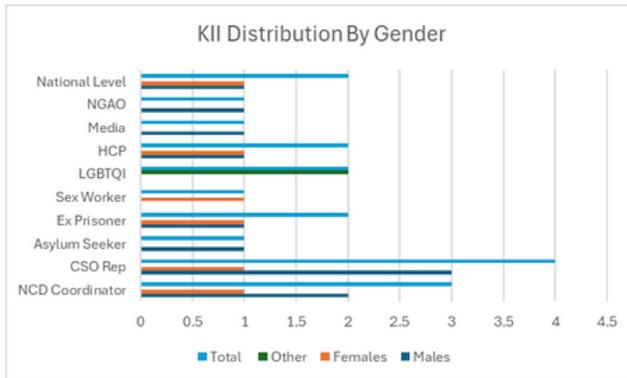
Key informants were carefully chosen to represent various roles within the health sector, including NCD coordinators, healthcare providers, civil society organization (CSO) representatives, and local media. Inclusion of vulnerable populations such as LGBTQ+, ex-prisoners, asylum seekers, and commercial sex workers was essential, as these groups often face compounded barriers to accessing healthcare services due to social stigma, legal restrictions, and economic hardships.

Their inclusion provided critical insights into the unique challenges encountered by vulnerable populations and marginalized, helping to ensure that the assessment captured a full spectrum of access issues in NCD care. For community-level perspectives, focus group discussions (FGDs) were conducted with people living with NCDs, caregivers, county chapter members, and Community Health Promoters (CHPs). These groups were selected to capture a wide range of experiences, including people directly affected by NCDs, community advocates, and frontline health workers.

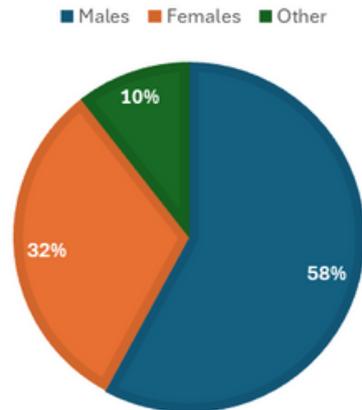
This sampling approach ensured that the data collected reflected the diverse realities of accessing NCD care in Kenya, allowing for a well-rounded analysis of health equity challenges across different population groups.

2.2. Data Collection Methods

The assessment on NCD equity incorporated desk review and primary qualitative research through 17 key informant interviews (KIIs) with stakeholders at the counties, 2 In-depth interviews (IDIs) with National Level Experts and 6 focus group discussions (FGDs). The desk review examined national and county policies, programs, and existing research on NCD management and equity, helping to identify gaps and gather insights into the current frameworks and strategic goals in place.

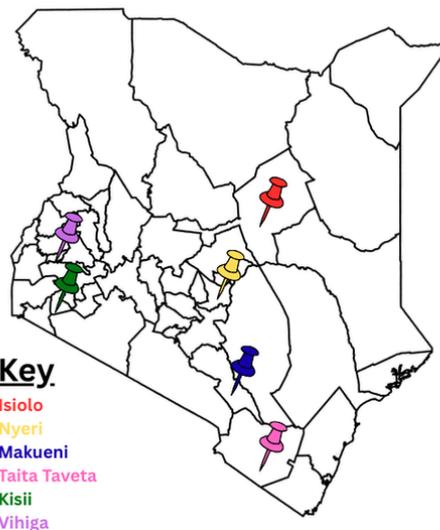


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2.3. Deographical Scope

Data was collected across six priority counties in Kenya: Makueni, Kisii, Taita-Taveta, Vihiga, Nyeri, and Isiolo. The six priority counties represent geographical diversity with the high burden and prevalence of NCDs in Kenya.



The selection aligns with ongoing efforts by the NCD Alliance, which has been actively working in these counties to strengthen NCD care, advocacy, and community engagement. In addition to county-level data, national-level key informant interviews (KIIs) with stakeholders and experts within the NCD space were conducted. These national data provided a broader perspective on policy implementation, and systemic challenges impacting NCD care and equity across the country.

2.4. Research Ethics

The entire research process was based on ethical principles and human rights standards. As an ethical research practice, informed consent was sought from all respondents before their involvement in the study. This ensured that the study participants fully understood the nature of the study, including potential benefits, and voluntarily agreed to participate. Prior to their involvement, the researchers explained to the participants the potential benefits associated with their participation in the study. This communication and consent from participants helped mitigate the risk of misunderstanding or coercion. Further, participants' consent was done before recording and taking photographs of the sessions.

"ethics is not a hurdle to be overcome in research, but a fundamental pillar that ensures the dignity, rights, and welfare of research participants are safeguarded."
~Dr. Albert R. Jonsen, an Emeritus Professor of Ethics in Medicine at the University of Washington

The assessment exposed participants to minimal risks. However, there may have been some inconvenience due to the time required for participation, and some participants, especially the vulnerable groups targeted through In-Depth Interview (IDI), may have experienced discomfort when discussing intimate aspects of their lives with researchers. The researcher explained to the participants that the information provided would be used solely for research purposes

Participants were assured that their responses would be handled with the utmost confidentiality, ensuring their privacy and anonymity throughout the study. Nonetheless, the researchers openly and transparently communicated to the study participants that they may have no direct benefit from the study, however, they will be contributing directly to the development of interventions that might be crucial in towards equitable provision of NCD care.





2.5. Data Proc essin g and Analy sis

Qualitative data gathered was analysed using thematic and content analysis. The content and thematic analysis in this case entailed analysis at both basic and higher levels thereby ensuring that both descriptions and meanings are drawn from the data.

Thus, the process involved data collection, organising the results into themes, reflecting on them, classifying, describing, interpreting, and presenting a clear picture of the situation on the ground. Following data collection, responses were reviewed and categorised into key themes-perspectives on equity, healthcare system and policies, resource allocation and distribution, community engagement and participation, barriers and challenges, impact of socioeconomic and demographic factors, innovations and best practices, and future directions for advancing NCD equity. This method allowed for understanding and triangulation across different stakeholder views, ensuring that the final analysis accurately reflects diverse insights and informed recommendations.

2.6. Chall enge s

The assessment faced some restraints, and the findings in this report should therefore be viewed in the light of these restraints. A few challenges were encountered during the data collection for the baseline survey. These comprised: Interviewing some of the sampled key informants proved challenging due to their busy schedules, work commitments and not being present at their designated workstations during field visits. To address this, virtual platforms such as phone interviews and video conferencing were employed. While not ideal in all cases due to connectivity issues, these options allowed the team to capture insights from hard-to-reach stakeholders



Key Findings

3.1: Literature Review of the NCD Health Equity Report



NCD Health Equity and Disability

The Global Report on Health Equity for Persons with Disabilities outlines the multiple challenges people with disabilities face in accessing health services, including NCD prevention and care. These challenges are exacerbated in LMICs, where health systems are often under-resourced. The Health Equity Framework for People with Disabilities highlights five key domains of inequity: policy, health system capabilities, social determinants, health services access, and individual capacity to access healthcare. These domains intersect to create barriers to equitable NCD care for people with disabilities.



Socioeconomic and Geographic Disparities

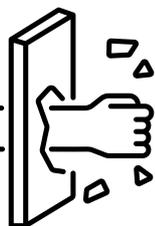
Both the global and African reports highlight socioeconomic and geographic disparities in NCD care. In Africa, poverty and the high cost of healthcare limit access to NCD services for vulnerable groups, particularly people with disabilities. The Health Equity Framework emphasizes that poverty compounds health inequities, as persons with disabilities are often more financially vulnerable and may lack the resources to seek care for NCDs.



Key Findings



Health System Barriers



The National Council on Disability (2022) asserts that Health systems in LMICs face significant challenges in providing inclusive and equitable NCD services. The Health Equity Framework for People with Disabilities points out that health systems are often not equipped to address the needs of people with disabilities, resulting in inadequate NCD screening, diagnosis, and treatment. In Africa, the Advancing NCD Health Equity report notes that most health systems lack adequate infrastructure and trained personnel to support equitable healthcare access for marginalised groups, especially in rural areas.

Gender, Age and Disability Intersection



Gender inequities, particularly for women with disabilities, are a major focus of both the Global Report on Health Equity for Persons with Disabilities and the Advancing NCD Health Equity: Upholding the Right to Health in Africa report. Women and older individuals with disabilities face unique barriers in accessing NCD care due to societal discrimination and age-related health challenges. These reports call for gender- and age-sensitive health policies that are inclusive of people with disabilities (World Health Organisation, 2022).





Best Practices

Implementation of the Health Equity Framework for People with Disabilities

The Health Equity Framework for People with Disabilities offers a valuable model for addressing the systemic barriers faced by disabled populations in healthcare settings. This framework emphasizes the importance of policy reforms, capacity-building in healthcare systems, and creating accessible health infrastructure. Successful implementations of this framework, particularly in middle-income countries, demonstrate that investing in disability-inclusive health services can lead to improved health outcomes for people with disabilities.

Disability-Inclusive NCD Programs in Africa

In Africa, countries such as Kenya and Rwanda have made progress in integrating disability-inclusive NCD care into their health systems. These programs have focused on providing accessible healthcare services, training healthcare providers, and incorporating disability needs into NCD prevention and treatment strategies.

Rights-Based Approach to NCD Care

The Advancing NCD Health Equity: Upholding the Right to Health in Africa report promotes a rights-based approach, which frames access to NCD care as a fundamental human right. By integrating the right to health into NCD policies and action plans, countries can ensure that persons with disabilities and marginalized groups are not excluded from care.

Gaps and Challenges



Governance and Policy Gaps

Both the Health Equity Framework for People with Disabilities and the Global Report on Health Equity for Persons with Disabilities emphasize the need for strong governance and comprehensive policy implementation. Many countries still lack disability-inclusive health policies, and there is a disconnect between global commitments to health equity and local implementation of NCD services.



Data and Research Gaps

A major gap identified in both reports is the lack of disaggregated data on health outcomes for persons with disabilities. The Health Equity Framework for People with Disabilities calls for improved data collection, especially on NCDs, to better inform policies and interventions targeting persons with disabilities. In Africa, there is a critical need for more research on the intersection of NCDs, disability, and other social determinants of health



3.2: Profile of Respondents

The respondents included county policymakers, healthcare providers, civil society organizations, community health promoters, and vulnerable groups, county chapter members, media, caregivers and persons with lived experiences of NCDs across six priority counties and at the national level. The inclusion of vulnerable populations grounded the study's findings in real-world challenges and varied experiences with NCD care in Kenya.



3.3: Understanding of Equity within the NCD care

Equity in NCD care refers to ensuring that all individuals, regardless of their socio-economic status, geographic location, gender, or other demographic characteristics, have fair access to quality prevention, diagnosis, treatment, and management of NCDs. Achieving equity is critical in addressing the disproportionate burden of NCDs, especially in low- and middle-income countries (LMICs) where vulnerable populations often face systemic barriers to care.

In the FGDs, some participants articulated a distinction between equity and equality, noting that while equality denotes a uniform distribution of resources regardless of individual needs, equity requires a tailored approach that considers specific circumstances and needs of different populations. For instance, when discussing resource allocation, a participant illustrated that distributing equal amounts of aid to households of varying sizes fails to address the specific needs of larger families. However, it was noted that some participants struggled to fully grasp the concept of equity.

“equity in NCD services ensures that access is fair and considerate of individual needs, whereas equality simply applies the same standards to everyone without addressing specific challenges faced by vulnerable groups, such as those living with disabilities
“~Community Health Promoter

In contrast, key informant interviews with experts provided a more nuanced understanding, clearly articulating that in the context of NCDs, equity is about ensuring that the specific needs and circumstances of all individuals, especially marginalised groups, are addressed to ensure equitable access to healthcare services. Equity requires prioritising vulnerable groups, including older adults, individuals with disabilities, and those affected by poverty or geographic isolation. These populations are often at a higher risk of developing NCDs and face greater barriers to accessing care.



3.4. Policy Landscape

The current health policies indicate the importance of addressing NCDs through frameworks aimed at promoting equity in health access. However, the implementation of these policies at both the national and county level often reveals significant disparities. The assessment revealed that policies implemented by the counties are derived from national guidelines and international commitments including from World Health Organisation (WHO). National policies and frameworks emphasize universal health access in light of the constitution, which mandates health care to be available that is, accessible, and acceptable for everyone. The assessment revealed that while policies exist to promote health equity in general, NCD equity not explicitly stated and even the implementation these policies remain in inadequate.

Kenya's policy landscape on NCDs reflects a growing recognition of the need to ensure equitable access to quality healthcare across all populations. NCDs are integrated into Kenya's development agenda through the Vision 2030 strategy, which aims to reduce the burden of preventable diseases, including NCDs. The Ministry of Health also includes NCDs in its Universal Health Coverage (UHC), Kenya National Strategy for the Prevention and Control of NCDs (2021/22-2025/26).

The Constitution of Kenya 2010 has provided for comprehensive economic and social rights, specifically Article 43 confers the people of Kenya including people living with NCDs the right to healthcare services that are always accessible and affordable. The article mandates that all Kenyans have a right to the highest attainable standard of health.

Kenya Vision 2030 social pillar, the Health Sector aims "to improve the overall livelihoods of Kenyans, the country aims to provide an efficient, integrated and high-quality, affordable health care system". Under Vision 2030, the government commits to implementing UHC to close gaps in health disparities and improve healthcare access for NCDs at all levels, from urban to remote rural communities. Achieving NCD equity aligns with Vision 2030's overarching objectives by promoting comprehensive policies that ensure that no Kenyan is left behind due to socioeconomic, geographic, or demographic barriers. This will alter the health system and emphasis from curative care to promotive care to address the disease burden with a key focus on access, affordability, equity, quality, capacity building, the involvement of local communities in essential health care and institutional framework, including healthcare policies.

The Health Act, 2017 is the principal legislation that provides a comprehensive framework for how health service is to be organized and packaged at all levels of the health system addressing aspects of promotion, prevention, curative, palliative, and rehabilitation, as well as physical and financial access to health care services. These are interventions geared to reduce the burden of NCDs.





3.4. Policy Landscape

The Kenya National Strategy for the Prevention and Control of NCDs (2021/22-2025/26), provides a commitment to reducing the burden of NCDs and improving health equity. This strategy outlines goals aimed at addressing NCD risk factors, improving health system capacity, and strengthening partnerships across sectors to enable holistic NCD prevention and management.

The Kenya Health Policy: 2014–2030 is a framework that commits the sector to ensure the improvement of overall health status from a right-based approach in line with Article 43 of the Constitution of Kenya where everyone has a right to the highest standards of health and contribution of a healthy people to the economic development according to the Vision 2030. The focus of the policy is equity, efficiency, multi-sectoral approach, people-centered and participatory approach, and social accountability in the healthcare service delivery.

The Kenya Cancer Policy: 2019 - 2030 provides for a framework that will be used to comprehensively document and addresses cancer control which came after the launch of UHC in Kenya in 2018. It provides for a logical implementation that is backed by evidence-based interventions for prevention, screening, timely diagnosis, treatment, survivorship, and palliative care, financing, monitoring, and research.

Despite development of these policies, challenges remain in achieving NCD equity, including the need for better funding allocations, improved access to diagnostic tools, and more consistent implementation at county levels. Gaps persist in resource allocation and distribution, often limiting the availability of essential medications and screening services in remote and marginalized areas. Moreover, disparities in healthcare infrastructure and health workforce distribution further underscore the need for policy reforms that specifically address these barriers.





3.5. Access to NCD Services

The gaps in the healthcare system regarding equitable access to NCD services are evident across the continuum of care i.e. prevention, early detection, diagnosis, treatment, rehabilitation, and palliative care. Participants noted shortcomings in prevention programs, early detection efforts, and follow-up treatment options, leading to delays in diagnosis and inadequate rehabilitation services.

“...Those living with NCD in urban areas are empowered, and they can access these services easily. Those living in rural areas face a lot of stigmatisation accompanied with cultural beliefs and myths revolving around NCDs.” **FGD participant, Nyeri County.**

Palliative care also remains underdeveloped, further exacerbating health inequities. The assessment established that accessing NCD services in the country was challenging, particularly due to the limited availability of medications and trained healthcare providers, especially among the marginalised communities and rural areas. Patients often encountered situations where essential drugs were out of stock in public facilities, forcing them to seek alternatives in private chemists at a higher cost. Most NCD services were primarily available at level 4, 5, and 6 facilities, while a limited range of services was offered at lower-level facilities, such as level 2 and 3 health facilities. This distribution of services posed accessibility challenges for individuals who rely on these lower-level facilities, where specialised care and resources for managing NCDs may not be adequately provided.

The primary barriers faced by the communities in accessing NCD-related services included financial constraints and physical access. Many individuals lacked health insurance, making it difficult to afford treatments. Additionally, transport costs to healthcare facilities were evidently prohibitive, especially for those living in remote areas.

“...I am a person living with hypertension, and my experience is that I have a challenge in getting my drugs, sometimes, when I go to public hospitals and find that there are no drugs, so I then move to the private chemist to buy drugs.” **FGD participant, Taita-Taveta County.**

The barriers to accessing NCD services differed significantly between urban and rural areas. In urban settings, while facilities may be more numerous, many people faced financial barriers that prevent them from accessing necessary treatments. In contrast, rural populations often deal with severe physical access issues due to fewer healthcare facilities and an inadequate number of transportation options. Public facilities in rural areas are particularly under-resourced, and patients often resort to private clinics that are more accessible but charge higher fees.

The marginalised groups, including children, asylum seekers, the elderly, prisoners, the LGBTQ+ community, persons with disabilities (PWD), and ethnic minorities, face compounded barriers. Limited access to information and services exacerbates the challenges they encounter.



“...On the side of sex workers, we fear going to the hospitals because of doctors and nurses' attitudes...” Commercial Sex Worker, Vihiga County.

Stigma and discrimination also play significant roles; for instance, individuals from the LGBTQ+ community may hesitate to seek care due to fear of negative judgments, which can lead to poorer health outcomes. Additionally, those in marginalized groups often face limited access to healthcare resources tailored to their specific needs, further hindering their access to essential NCD services. Educational outreach efforts must consider these factors to ensure that all community members are informed and equipped to seek necessary care.

3.6: Resource Allocation and Distribution to NCD programs

The assessment revealed that there was an increasing need to prioritise resource allocation towards NCDs due to the increasing burden. The Abuja declaration commits all countries under the African Union to allocate at least 15% of the government budget to the health sector and should be used to address health priorities such as NCD care. However, despite efforts by the Kenyan government to increase allocation towards the health sector, it has failed to attain the 15% threshold set by the Abuja declaration, thus creating a gap in budget allocation towards NCD care. For the 2023/2024 fiscal year, the national government allocated KShs 138 billion (USD 1.06 billion) out of the KShs 3.9 trillion (USD 30 billion) to the health sector. Despite being an increase from the previous years, it still falls short of the 15% target.

At the county level, there exists no enforced minimum threshold for the county health budget. However, the general recommendation is that counties should allocate at least 35% of their total budget to the health sector according to the pre-devolution allocation to the sub-national level. However, it was established that only seven counties were able to hit the 35% target as of 2021, while most counties allocating 28-29% of their budget to health.

“As a unit, we have always been allocated between 2- 3 million shillings in a financial year. Unfortunately, there have been some competing tasks, and we have been able to utilize that primarily from the county, other than human resources. Drugs and strips are bought and can take up to 5million shillings in a financial year, and we also have partners support within the NCD.” ~Kisii County NCD Coordinator

The allocation of resources to NCD prevention, treatment, and care was characterised by significant challenges, particularly at the county level. Despite the health department across the six counties having the biggest allocation of the county budgets, a very minimal share is specifically allocated to exclusive NCD programs.

Counties like Vihiga demonstrate a reliance on external partners for funding, with insufficient budgetary support from county governments directly targeting NCD services because there has been no direct budget allocation for NCD services for the past three financial years. Consequently, basic health services are offered but often lack the specific financial support needed to manage the rising burden of NCDs effectively.



Stigma and discrimination also play significant roles; for instance, individuals from the LGBTQ+ community may hesitate to seek care due to fear of negative judgments, which can lead to poorer health outcomes. Additionally, those in marginalized groups often face limited access to healthcare resources tailored to their specific needs, further hindering their access to essential NCD services. Educational outreach efforts must consider these factors to ensure that all community members are informed and equipped to seek necessary care.

However, the assessment established a gradual move towards the right direction, where the policy-making unit at the county and the county assembly members recently engaged in NCD prioritisation and financing through various parliamentary legislations. During these debates, members of the county assembly recognised the significant burden of NCDs on the community, noting that many residents are affected and that a considerable number of deaths are related to these diseases. They collectively agreed on the necessity of establishing a budget targeting health control for NCDs. While this dialogue is a positive step forward, it remains at the discussion level, and there is hope that further implementation will lead to an increase in budgetary allocation for NCD services in the future.

In other counties, such as Kisii, the situation is similarly concerning. Although NCD services are present, accessibility is hampered by gaps in resources, inadequate stock, and a shortage of trained healthcare personnel. The annual budget for NCD services is reported to be around 2-3 million shillings, insufficient to meet the extensive needs within the health sector, especially when these funds are often overshadowed by other health priorities.

For Isiolo County, resource allocation for NCD services was critically inadequate. Currently, the county primarily relies on basic drugs for diabetes, hypertension, and pain management, which are inadequate to meet the demand. Without additional resources for these essential NCD supplies, the county is dependent on partners to support NCD care.

The findings across the counties show that due to limited resource allocation, most of the NCD services were primarily available at levels 4 and 5 at the county level and level 6 at the national level. This structure creates inequity in access to care, making it difficult for individuals to obtain necessary services at the lower levels (1, 2, and 3), where basic healthcare is typically provided. The inadequate services at these foundational levels exacerbate inequities in access to NCD prevention, treatment, and care, leaving many underserved.

Apart from financial support, the study also established that across all six counties, there are limited supply of other resources that influence the provision of NCD care. It was established that a shortage of trained healthcare professionals to diagnose, treat and manage NCDs, especially at the level 1, 2, and 3 hospitals. The study also found that limited access to health information systems and digital health tools also affected NCD care services across the six counties.





3.7: Community Engagement and Participation

a. Legal Framework for Public Participation

The constitution demands of the citizens involvement in many areas including identification of community needs, development planning, preparation of budget and its validation, implementation of development projects, monitoring and evaluation (oversight), as reflected in Articles 1(2), 10(2), 33(1)(a), 35, 69(1)(d), 118, 174(c) and (d), 184(1)(c), 196, 201(a) and 232(1)(d) of the Constitution (Republic of Kenya, 2010). This has been complimented by the various post 2010 legislative and policy documents, including the Public Finance Management (PFM) Act 2012 (Republic of Kenya, 2012a), Urban areas and Cities (Amendment) Act 2017 (Republic of Kenya 2017), County Governments Act (CGA) (Republic of Kenya, 2012b), Access to Information Act 2016 (Republic of Kenya, 2016), the National Public Participation Policy (NPPP) 2018 (Republic of Kenya, 2018), County Guidelines on Public Participation 2016 (Republic of Kenya, 2016).

The County Governments Act, 2012, for example, demands people's involvement in county affairs such as reasonable access to the process of formulating and implementing policies, regulations and laws, petitioning and challenging county governments on matters under their responsibility, information access as stipulated in article 35 of the Constitution, civic education, among others.

b. Community Involvement in Planning and Implementation of NCD Programs and Policies

The engagement of communities in the planning and implementation of NCD programs and policies is crucial for achieving health equity. The assessment established that public participation happens through forums, public meetings, and consultative workshops, where community members are invited to provide input on health strategies and priority areas. In counties like Vihiga, community health promoters and local health facilities work closely with community members to invite them to present their priorities to be included in the Annual Development Plans and County Integrated Development Plans (CIDPs). County chapter members have actively engaged duty bearers in prioritising NCD services during forums. As a result of the advocacy efforts by the Vihiga County chapter, the county assembly is taking steps to address the NCD prevention and management gaps by discussing the need for a specific budget allocation for NCD services, recognising the high burden of these diseases within the community. Their active participation and advocacy have led to the NCDs Prioritisation motion being adopted and passed in the county assembly, indicating a commitment to ensuring that NCDs receive the attention and resources they require for effective management and prevention.

Despite the efforts made, people still experience various challenges. For instance, during these sessions, participants mainly focused on general medical care rather than addressing the specific needs associated with NCDs. Therefore, one is likely to find common medications used to treat infectious diseases and other basic ailments and fail to get NCD-specific medications. Moreover, many people fail to attend public participation forums because the process has become merely a formality, leading to feelings of disengagement. Often, community members express that their views are not prioritised in decision-making despite providing input. This sentiment stems from the perception that duty bearers come to these forums with a preformed plan about what they intend to do, leaving little room for genuine community input or adjustments based on the concerns raised by residents. Further, most community members often lack adequate knowledge about these participatory processes, making it difficult for them to engage meaningfully. The complexity and volume of planning documents can intimidate laypersons, leading to lower participation rates.

c. Role of Community-Based Organisations in Promoting NCD Equity

The assessment revealed that while several CSOs in Kenya are active in advancing human rights, the health sector, particularly issues related to NCDs, remains largely overlooked. Most CSOs prioritise areas such as political rights, social justice, and economic equity, with limited focus on health rights, including equitable access to care for people living with NCDs. Within the NCD space, however, CSOs play a vital role as bridges between health authorities and communities by advocating for policy change, raising awareness, and providing direct support to individuals affected by NCDs.



3.8: Barriers to Achieving NCD Health Equity

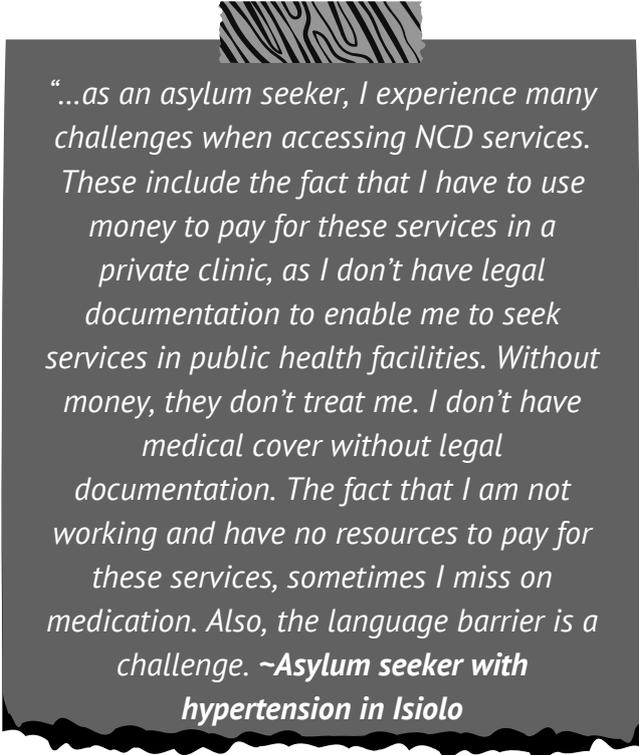
The assessment identified several significant barriers to achieving equitable access to NCD care in Kenya, reflecting both systemic and community-level challenges. Key informants and discussants highlighted issues such as limited funding and resources allocated for NCD prevention, diagnosis, and treatment.

These funding constraints have led to insufficient healthcare facilities, equipment, and trained personnel in the counties, especially rural and underserved areas.

Key informants and discussants highlighted issues such as limited funding and resources allocated for NCD prevention, diagnosis, and treatment. These funding constraints have led to insufficient healthcare facilities, equipment, and trained personnel in the counties, especially rural and underserved areas.

Additionally, inadequate public awareness and misconceptions about NCDs have resulted in low prioritization of preventive care and delayed treatment-seeking behaviour. Socioeconomic factors, including poverty and high out-of-pocket costs, further hinder equitable access, with many individuals unable to afford essential NCD services. Geographic disparities were also noted, as residents in remote areas face significant challenges in accessing specialized care, which is often concentrated in urban centres.

Inadequate implementation of existing policies as well as gaps in integrating NCD care services within primary healthcare, especially levels 1, 2 and 3 health facilities, were identified as barriers that hinder progress toward equitable care. Stigma associated with certain conditions, especially mental health and lifestyle-related NCDs, also emerged as a challenge, impacting individuals' willingness to seek care and adhere to treatment. Vulnerable groups, including asylum seekers, female sex workers, faced additional challenges due to stigma, discrimination, and social exclusion, legal barriers which often limits their access to timely and quality healthcare services.



“...as an asylum seeker, I experience many challenges when accessing NCD services. These include the fact that I have to use money to pay for these services in a private clinic, as I don't have legal documentation to enable me to seek services in public health facilities. Without money, they don't treat me. I don't have medical cover without legal documentation. The fact that I am not working and have no resources to pay for these services, sometimes I miss on medication. Also, the language barrier is a challenge. ~Asylum seeker with hypertension in Isiolo





3.9: Impact of Socioeconomic, Demographic and Culture factors in Accessing NCD Services

Socioeconomic and Demographic Factors

The assessment established that socioeconomic and demographic factors significantly influence access to quality NCD care in various ways in Kenya. Both FGDs and KIIs indicated sentiments that denote how economic disparities often dictate the affordability and accessibility of healthcare services, with low-income individuals and families unable to afford regular screenings, medications, or treatment for chronic diseases. The level of income directly affects a person's ability to afford medications and healthcare services; those with lower incomes often struggle to access necessary treatments due to high costs. Education level also plays a role, as individuals with higher educational attainment generally possess better health literacy, enabling them to navigate the healthcare system more effectively and understand their conditions. Age is another important demographic factor; older adults may face challenges in accessing care due to mobility issues or a lack of social support, thus limiting their ability to seek treatment. Additionally, young people are limited in accessing NCD services due to widespread misconceptions that some NCDs are predominantly associated with older adults. This age-based stereotype can lead to underdiagnosis, delayed care, and inadequate support for youth affected by conditions like diabetes, hypertension, and certain cancers. The geographic distribution of healthcare facilities also creates disparities, with rural populations facing greater barriers in accessing healthcare due to distance from service providers and limited availability of resources

"...also misconception comes in when it comes to age, they assume a young person was either incorrectly tested for having been found with NCD" ~Focus Group Discussant in Kisii County

"Those who have health insurance can access any facility they want and get the best services. Many youth are under their parents' cover, which hinders them from accessing the best services they deserve," KII with CSO representative in Nyeri.

Cultural Factors

The assessment established that cultural beliefs and social norms have a profound impact on the health-seeking behaviour, -perception and access to treatment of NCDs in the communities. Many individuals may associate NCDs with curses or the result of supernatural forces, which can deter them from seeking medical care. This belief leads most individuals to rely on traditional healers or herbal remedies rather than pursuing conventional medical treatment, thereby delaying proper care and management of their conditions

"some people also believe that the herbal medicine prepared by Maasai medicine men is the best so he will do away with the normal drugs that he has been using for the NCD management" ~Focus group discussant in Makeni





The assessment also established most people with NCD relied on religious practices rather than seeking medical assistance, with the belief that faith alone is sufficient for healing. This is compounded by the view that certain NCDs are predominantly diseases of the wealthy, creating a psychological barrier for individuals, especially those from lower-income backgrounds, who may feel that treatment is not meant for them. Furthermore, cultural beliefs can influence how symptoms are interpreted and whether individuals acknowledge their health conditions. For instance, some people may believe that experiencing symptoms associated with NCDs is a result of personal failings or curses, leading to underreporting and under-treatment.

3.10. Innovation and Best Practices

In the context of health equity, the assessment established notable innovative approaches and best practices that have emerged within various counties and that are working towards improving NCD equity and access to treatment. These practices are essential not only for enhancing service delivery but also for ensuring that marginalized communities receive NCD care services

One notable innovation is the empowerment of Community Health Promoters (CHPs) in various counties.

“...as NGAO, we actively participated in mobilising communities to register for the UHC during the previous administration. This was an initiative that was launched nationwide through the directive from the national government, we led the awareness creation through our various platforms and mobilise communities to register” KII with National Government Administrative Officer in Taita-Taveta

Providing capacity-building training to CHPs, they are enabled to offer screening services and health education within their communities. This grassroots approach is progressively leading to increased awareness of NCDs, early detection, and referrals, making a substantial impact on the management of NCDs at the local level. Additionally, there is a strong focus on health promotion through community engagement. Health talks conducted via local radio stations have proven effective for disseminating critical information about NCD prevention and encouraging individuals to participate in screening programs. These broadcasts reach a broad audience and serve to educate the community on diseases like cervical and breast cancer.

The establishment of screening desks within local healthcare facilities allows any patient to access basic NCD screenings, such as for hypertension and diabetes, directly upon visiting the facility. While efforts are ongoing to improve these services, there is a recognized need for more support to train Community Health Volunteers (CHPs).

Encouraging patients to enrol in health insurance programs, such as the Social Health Insurance Fund (SHIF), helps in reducing out-of-pocket expenditure. This initiative ensures that registered patients can access necessary services without the burden of high costs associated with NCD treatment.





Integration of services has also emerged as a best practice. For instance, integrating NCD care with existing health services, such as maternal and child health, allows for a more holistic approach to health care. This integration ensures that patients are not treated in silos and that NCD management becomes a routine part of health care delivery.



“...my thinking is, since NCDs are a major burden to the people, then it should also be declared a national pandemic, and this will bring in the attention that is needed towards NCDs. Again, there is limited funding towards NCD control services, so we need more allocation for NCD control.” KII with NCD Coordinator, Vihiga County.

Stakeholders have adopted a multi-sectoral approach that uses the existing administrative structure to mobilise communities around health issues such as registration for SHIF. This collaboration promoted a shared responsibility for access to healthcare services, creating synergies that enhance resource utilisation and advocacy efforts. Engaging NGAO, religious leaders, and community organisations has proven effective in raising awareness and rallying communities towards policies that promote access to health care services

3.11: Future Priorities Towards NCD Equity

Future priorities for ensuring equity in NCD care in Kenya should focus on a multifaceted approach that addresses both community engagement and systemic healthcare improvements. It is crucial to raise awareness about NCDs at the grassroots level, as many individuals have limited information about these conditions and their management.

Involving communities in discussions about health needs can empower them to seek information and services actively. Additionally, policy frameworks need to support budget allocations specifically for NCDs, ensuring that resources are directed towards essential services like screening, medication, and healthcare personnel training.

Leveraging technology can ease the NCD burden by improving access to care through telehealth, remote monitoring, and digital health platforms. These tools spread health information, promote healthy lifestyles, and raise awareness. To avoid worsening inequalities from the digital divide, solutions must be inclusive, affordable, and accessible to all. Equitable use of technology empowers individuals to manage their health and strengthens NCD care across the six counties.

In remote areas, collaborating with religious structures can help spread health information to reach diverse community thus increasing awareness levels.

The previous successes in managing communicable diseases in Kenya can serve as a model; recognizing NCDs as a significant burden warrants similar political and social mobilization. Advocacy efforts must aim to improve public health infrastructure, enhance accessibility of care, and ensure that services are adaptable to the unique needs of underserved populations. Concerted effort should be made to ensure accountability and efficient public resource utilisation and equitable distribution within the health sector.





Recommendations and Conclusion

● Recommendations

- Firstly, it is essential to ensure that NCD drugs are adequately stocked and made available in all healthcare facilities. This availability will help address the gap in access to necessary medications.

- Inadequate staffing in healthcare facilities is a major barrier to quality NCD care. Counties should prioritize hiring and training healthcare workers specializing in NCD care, including nurses, clinicians, doctors, and community health workers.

- The counties have insufficient budgetary support for NCD services. Establishing dedicated budgets will ensure that resources are available to support NCD prevention, early detection, and treatment, reducing the heavy reliance on external partners. A county-level policy commitment to increase NCD funding is necessary, particularly for high-burden areas

- To address the disparity in access between rural and urban areas, counties should prioritize the establishment and equipping of healthcare facilities in underserved regions. This includes ensuring that all facilities, particularly those in rural areas, have the necessary diagnostic and treatment equipment for NCDs and a consistent supply of essential medications

- Public awareness of NCD prevention and management remains limited, particularly in hard-to-reach communities. Expanding health education programs at the community level, with a focus on lifestyle changes and early symptoms of NCDs, will empower individuals to seek timely care. Outreach programs should be tailored to cater to vulnerable populations, such as ethnic minorities, elderly individuals, and marginalized groups, who face additional barriers to accessing healthcare.

- Accurate data is essential for planning and policy-making. Counties should invest in robust surveillance and data collection systems to better understand the NCD burden and monitor the effectiveness of interventions. Enhanced data quality will enable more targeted and impactful allocation of resources, ensuring that high-burden areas and populations receive prioritized support.





Recommendations and Conclusion

● Recommendations

- Financial barriers are one of the biggest obstacles to accessing NCD services. Expanding health insurance coverage for NCDs and subsidizing the cost of care and medications for low-income individuals would increase affordability and reduce out-of-pocket expenses. Counties could work with national health schemes, such as NHIF, to ensure that coverage includes comprehensive NCD services, especially for low-income and underserved populations.
- There is a need to provide culturally sensitive NCD services to vulnerable groups such as asylum seekers, commercial sex workers and LGBTQ+ in health facilities to ensure no one is left behind.
- In the long run, there could be a need to develop a Gender Equality and Social Inclusion guideline on NCDs.

● Conclusion

The NCD Equity Assessment underscores the need for strategic interventions aimed at advancing equity in NCD services throughout Kenya. Despite existing policies and frameworks, significant barriers persist, impeding equitable access to NCD care, particularly for marginalized and vulnerable populations.

The findings reveal that addressing health equity involves more than merely ensuring equal access; it requires a comprehensive understanding of the unique needs and challenges faced by different demographic groups. There is a pressing need for robust stakeholder engagement at all levels to ensure that policies are effectively operationalized and that equity remains central to the health agenda.



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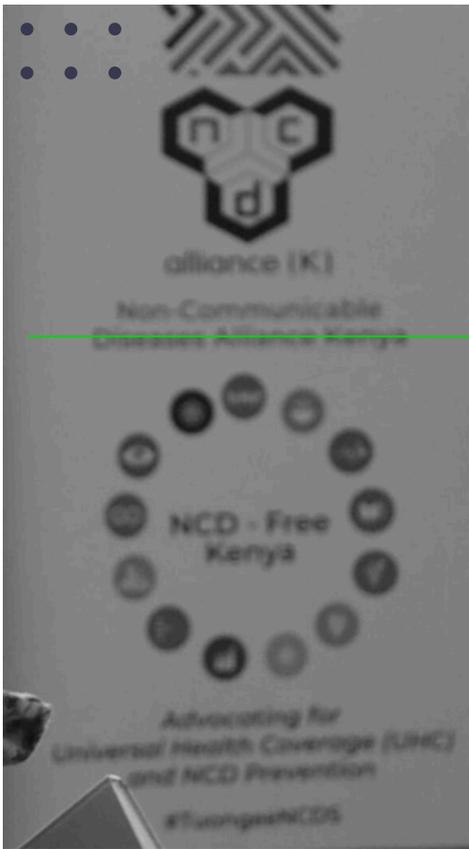
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