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STATEMENT

BY

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ON

THE CONTRIBUTION OF THE ICPD POA TO THE INTERNATIONALLY AGREED GOALS, FOCUSING ON NATIONAL EXPERIENCE IN POPULATION MATTERS: HEALTH, MORBIDITY, MORTALITY AND DEVELOPMENT

DURING THE

43RD SESSION OF THE UN COMMISSION ON POPULATION AND DEVELOPMENT

Tuesday, April 13, 2010
UN Headquarters, New York

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Mr. Chairman,
Members of the Commission,
Distinguished Delegates,
Ladies and Gentlemen,

It gives me great pleasure to address this 43rd Session of the Commission on Population and Development. Let me begin, by commending you, Chairman, the Bureau and the Population Division on your work in preparation of this Session and reaffirm our commitment to support the recommendations made.

It is a great honour to have this opportunity to share the Kenyan experiences in the implementation of the ICPD Plan of Action. I am hopeful that this session will enrich our understanding of what is, undoubtedly, a very complex issue; the Population matters on Health, Morbidity, Mortality and Development.

Kenya associates itself with the statement made by the Representative of Yemen on behalf of the Group of 77 and China.

Mr. Chairman,

The overriding objective of Kenya's economic and social development is to improve quality lives to our people and also to enhance their well-being. Kenya like most countries in Sub-Saharan Africa, have experienced development challenges in her efforts to improve the status of health, morbidity and mortality within the framework of the ICPD Programme of Action and the Millennium Development Goals.

Mr. Chairman,

In order to address the challenges, Kenya has in place Kenya Vision 2030, a national blue print stipulating long-term vision and priority actions. Kenya's four main areas requiring actions that were envisaged under morbidity and mortality in the ICPD Programme of Action document are as follows:-

Primary Health Care and the Health Care Sector

The ICPD Programme of Action called for increasing the accessibility, availability, acceptability and affordability of health services and facilities to all people. It also called for increasing the healthy lifespan and improving the quality of life for all people and reducing the disparities in life expectancy within the country. The target is universal accessibility of primary health care.

Mr. Chairman,

Kenya has made progress in the provision of primary health care. The government has revitalized the health infrastructure through: rehabilitation of existing health facilities; promotion of preventive healthcare and treatment of diseases at the community level; overhaul of the drug procurement and distribution systems; and, establishment and strengthening the health facility-community linkages. Strong community-based

information systems have been established to improve long-term health care of the elderly, persons with disabilities and persons infected with HIV and other diseases.

In addition, the number of health facilities at constituency levels has increased through devolved funds initiatives. It is hoped that the restructuring of the health delivery system and the shift in the emphasis from curative to promotive care will improve access to and equity in availability of essential health care hence lowering the incidence of preventable diseases, control environmental threats to health and lower the nation's disease burden.

Mr. Chairman,

The main constraints to the achievement of universal accessibility of primary health care in Kenya are: inadequate resources for service provision including skilled personnel, equipment and supplies; and, weak community mobilization strategies to improve people's participation in primary health care and related programmes.

To address these challenges, the Government has undertaken to employ at least 20 health workers in addition to the regular health work force in the health centres and hospitals per constituency, to assist in the provision of health services on contractual basis. The government has also adopted the "devolved approach" where funds and responsibility for delivery of health care are allocated to district hospitals and clinics. This empowers Kenyan households and social groups to take charge in improving their own health. We have also created community level care units to serve the local population as well as a cadre of well trained community-owned resource persons and community health extension workers.

Child Survival and Health

Kenya's implementation of various child survival interventions have resulted into an increase in child vaccination coverage; timely supply of vaccines to health facilities; and, decentralization of Integrated Management of Childhood Illness services. Additionally, there have been intensified efforts to combat malaria through the use of insecticide treated bed nets. However, infant mortality rate only declined from 60 per 1,000 live births in 1989 to 52 per 1,000 live births in 2009. Similarly, under-five mortality rate also declined from 89 in 1989 to 74 per 1,000 live births in 2009. Kenya is therefore, in danger of not achieving the 2015 ICPD and MDG number 4 targets of reducing child mortality.

Mr. Chairman,

The main challenges in child survival include ensuring that no reversal in trends or upsurge in childhood mortality rates happens as witnessed in the 1998-2003 period; reversing declining trends in full immunization coverage rates; tackling lack of improvement in the levels of nutritional status of children; and, preventing mother-to child transmission of HIV.

To address these challenges the 2008-2012 Vision 2030 Medium Term Plan contains

programmes that will strengthen health and nutrition information, education and communication activities to enable people to increase control and improve their health while providing the necessary backup facilities to meet the demand for services.

Women's Health and Safe Motherhood

Mr. Chairman,

Maternal deaths are strongly associated with sub-standard health care delivery services and lack of necessary medical supplies at the time of labour, delivery and immediately after birth. Arresting the high rates of maternity mortality continues to be a challenge to Kenya's health system. These drawbacks notwithstanding the Kenya Government continues to implement a number of measures to reduce maternal morbidity and mortality. These include: development and implementation of policies, guidelines and training curricula on task shifting among health care providers that involve shifting less technical duties to allow mid-level cadres to carry out specifically identified activities in line with the Second National Health Sector Strategic Plan of 2005 – 2010. In addition, community midwives who are mainly retired midwives have been brought on board, re-oriented and provided with delivery sets to offer skilled attendance during delivery at community-level and to provide health messages. Ward nurses and clinical officers have been allowed to offer Post Abortion Care services.

HIV/AIDS, Malaria and Other Communicable Diseases

As relates to HIV/AIDS, Kenya has recorded a significant decline in prevalence rate. The rate declined from about 14 percent in the early 1990s to 6.7 percent in 2003 Kenya Demographic and Health Survey. However, the 2007 Kenya Aids Indicator Survey estimated the prevalence at 7.4 percent. Since this slight increase was found not to be statistically insignificant, it can be concluded that there is a stall in the declining trends in HIV prevalence.

Malaria still poses enormous health and economic burden and remains the leading cause of morbidity and mortality in Kenya accounting for about 5 percent of deaths. About 70 percent of Kenyans live in malaria prone areas and are at risk of infection. The burden of malaria in health service provision is heavy as over 30 percent of all outpatient attendance and 19 percent of inpatient admissions are due to malaria. The 2015 ICPD and the MDG number 6 targets of combating HIV/AIDS and malaria are also unlikely to be attained in Kenya if the recent trends persist.

Mr. Chairman,

The government has put in place a number of measures to tackle HIV/AIDS. These include: formulation of HIV/AIDS Strategic Plans to guide implementation of programmes; setting up multi-sector and multi-level approach coordinated by the National AIDS Control Council (NACC) and the National AIDS/STD Control programme (NASCOP) that extends to provincial, district, and constituency; and, establishing AIDS Control Units in Ministries.

Tremendous achievements have been made with regards to: prevention of mother to child transmission; greater involvement and support for people living with HIV/AIDS; and, distribution of free ARVs now reaching over 230,000 people. The main challenges to attaining the goal of combating HIV/AIDS malaria are: persistent poverty; continued stigma; and, the increase in the number of persons afflicted by HIV/AIDS who require ARVs but are not able to access ARVs.

The 2008-2012 Medium Term Plan of the Vision 2030 contain a number of interventions that will be undertaken to reduce poverty and stigmatization of those infected and affected by the HIV and AIDS. The government will also continue to source for funds to procure more ARVs to enable more people in need to have access.

Mr. Chairman,

In conclusion, I wish to state that the Government of Kenya is fully committed to improving accessibility and affordability of primary health care services for all Kenyans. The Kenya Vision 2030 document outlines the various initiatives that the government will pursue in the long and medium terms to achieve the goal. These include: development of equitable financing mechanism; establishment of the endowment funds to target the poor and vulnerable; and, repositioning Family Planning in the national Agenda.

Finally, may I appeal to the International Community, through this Commission, to continue collaborating with Kenya by supporting our Vision 2030 flagship projects.

Thank you.