



LEVERAGING ON YOUTH INNOVATION TO ENHANCE UNIVERSAL HEALTH COVERAGE



Leveraging on Youth Innovation to Enhance Universal Health Coverage

Key Highlights

Kenya in the past years has made efforts to enhance health for all people through key policies and legislations. Despite recent progress made, the quality of health services in Kenya remains low. Poor accessibility and inadequate infrastructure is one factor, among others, that affect the provision of healthcare services (WORLD BANK, 2023). The current digital act aims to establish the digital health agency, establish and maintain a comprehensive integrated health information system and promote innovation and the safe, efficient and effective use of technology for healthcare, including for continuity of care, emergency and disaster preparedness and disease surveillance. This policy brief therefore raises the need to integrate technology, telemedicine and digital health to enhance Universal Health Care. The following are the highlights:

1. Youth make up the majority of the population, translating to a high burden of diseases especially around reproductive health, mental health and nutrition. For instance, teenage pregnancies at stands 15%, mental health illness among adolescents 44.3% and a 2014 survey showed 13% of 15-19-year-old women were overweight or obese, while 17 % were classified as thin, highlighting a double burden of emerging obesity and persistent under nutrition. Investing in Universal Health Coverage (UHC) targeting youth will yield significant value for money and substantially reduce the burden of disease.

2. Kenya has made efforts to increase infrastructure of Adolescent Youth Friendly services, but utilization still remains low. Digitizing the health systems and enhancing telemedicine can significantly enhance adolescent and youth-friendly services by increasing anonymity, confidentiality and access while ensuring quality healthcare services. These technologies will enable anonymous testing, counseling and health education like nutritional guidance.

3. Despite efforts in Kenya to curb harmful social practices that have had a high impact on public health, Kenya Demographic & Health Survey (KDHS) data for 2022, shows the prevalence of FGM is 15 percent in the country, meaning that 15 percent of girls and women aged 15 to 49 have been mutilated. In the era of enhanced social media use among youth, there lies an opportunity to increase health information and demystification of such harmful cultural practices.

4. As of 2021, 72% of the country's population did not live in urban areas, making their journeys to receive medical care extremely costly and time-consuming (Kenya Rural Population, 1960-2024). In addition, most healthcare specialists and subspecialists live and work in urban centers making access a growing challenge for people within these populations. Integration of digital health and telemedicine to UHC will substantially enhance reach to the last mile therefore achieving universal health care.

5. Health related MTP4 priorities highly depend on digitization and technology. With a bulging youth population that are educated and tech-savvy, tapping on this potential will accelerate most of MTP4 interventions and priorities.

Key Highlights

Kenyan Constitution 2010 article 43(1) provides for the right of every person to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. This is also espoused in Kenya's Vision 2030 which aims to provide a high quality of life to all its citizens by 2030 through the achievement of Universal Health Care (UHC) (Vision 2030). In 2012, the United Nations passed a landmark resolution endorsing (UHC) and by 2015, WHO member states, including Kenya, committed to implementing UHC.

Despite these commitments, the uptake and prioritization of UHC have been slow due to the significant investments required to operationalize the system. This slow uptake is reflected in health outcomes as the maternal mortality ratio still stands at 355 deaths per 100,000 live births (UNFPA, 2016), where every year, 64,500 children still die before reaching the age of five, mostly of preventable causes (UNICEF, 2020).- Though major improvements have been seen in child mortality, the rate still remains high as seen below;



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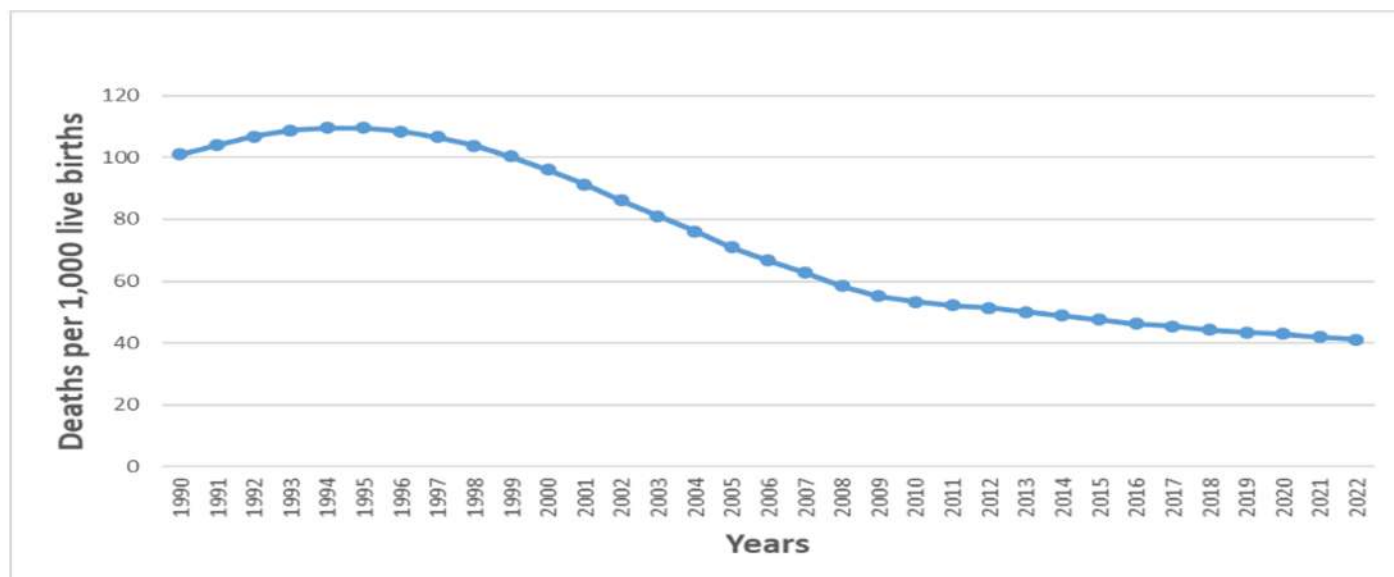


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Figure: Trends in under five mortality rate in Kenya.



The Fourth Medium Term Plan 2023-2027 aims to improve UHC by adopting strategies to promote access to affordable and quality essential health products and technologies, to digitize health services and records and expand health infrastructure and personnel (The National Treasury and Economic Planning, 2024). To achieve these, concerted efforts from all stakeholders especially the youths is paramount.

The 2019 Kenya Population and Housing Census revealed that the youth encompass 36% of the total population (KNBS, 2019) thus, leveraging on the youth population will accelerate implementation of UHC because of their skills and talents in the digital space. Similarly, many MTP IV priorities and interventions, such as the development and implementation of a high-level dashboard to track key achievements of Afya Bora Mashinani, the operationalization of electronic health records, the implementation of the Kenya Integrated Health Resource Information System to track and manage the health workforce, and the operation and digitization, an area where the youths in Kenya have the capability to deliver.

This slow progress in enhancing Universal Health Coverage in Kenya, has also been due to inadequate sensitization and enlightenment on different innovations in the health sector leading to reduced acceptability of government initiatives such as Social Health Insurance Fund (SHIF). To achieve this, innovative ways and investments need to be embraced, through tapping on the biggest demographic in the country as we celebrate the International Youth Day 2024.

Youth Characteristics that foster innovation

Education readiness

Tapping into youth education can significantly enhance Universal Health Coverage (UHC) in Kenya, particularly through the integration of digital health solutions. The literacy rate in Kenya showed a gradual increase from 79% in 2014 to 82% in 2018 (World Bank, 2022,). Additionally, data from the Kenya National Bureau of Statistics (KNBS) indicate that 54% of youth participate in formal and non-formal education and training programs, most of them being ICT related. The UN Women report further highlights educational achievements among Kenyan youth. Among individuals aged 15 to 19, 58% of women had obtained a diploma or completed a training program, compared to 42% of men. When it comes to degree attainment, both genders stand at 50%. In the 20 to 24 age group, 61% of women had obtained a diploma or vocational training, in contrast to 39% of men. For degree attainment in this age group, 48% of women had obtained a degree compared to 52% of men (UN Women, 2022).

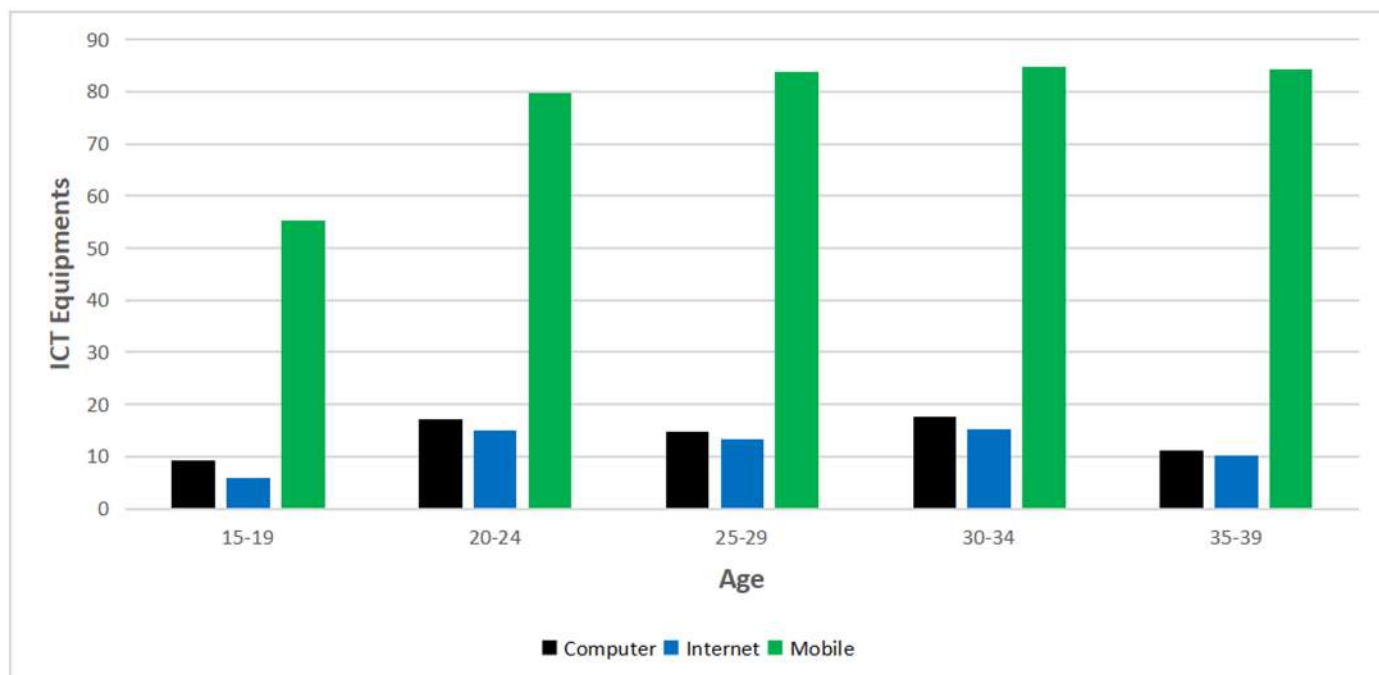
While these statistics demonstrate a significant proportion of educated youth, Kenya still faces challenges related to employment. The UN Women report shows that a third (33%) of women and 25% of men aged 15 to 19 are unemployed. These figures rise in the 20 to 24 age group, with 35% of women and 28% of men unemployed. Despite these challenges, harnessing the education and knowledge of youth, particularly in digital health, can enhance the implementation of UHC in Kenya.

Educated youth can drive innovation and efficiency in healthcare delivery through digital health solutions. For instance, they can develop and manage health information systems, telemedicine platforms, and mobile health applications that improve access to healthcare services, especially in remote and underserved areas. By leveraging their skills and knowledge, these young professionals can contribute to more effective and efficient healthcare systems, ultimately advancing the goals of UHC in Kenya.

Youth in technology

Leveraging youth presence on social media and their technological skills presents a timely opportunity for advancing UHC in Kenya. National ICT survey revealed that the majority of the youths have access to ICT related infrastructure such as the internet, phones and computer (Figure 2) than their older generation. And this has enabled them to be more innovative in creating ICT solutions and applications that when adopted in the health system, can go a long way in accelerating UHC attainment.

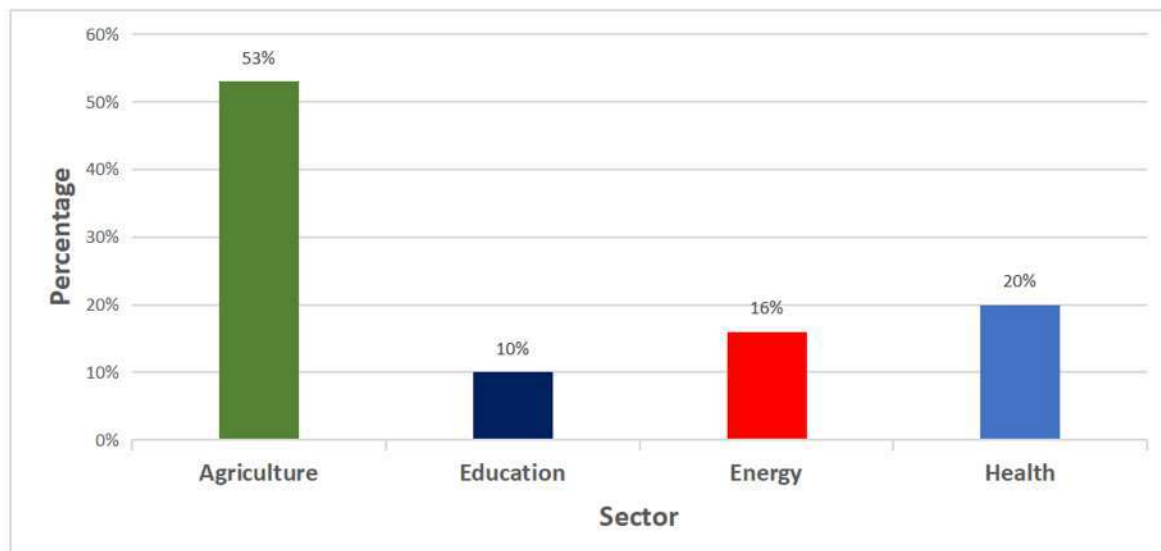
Figure 2: Proportion of Youth with Access to Some Selected ICT Equipments



Source: Communications Commission of Kenya & Kenya National Bureau of Statistics (2010).

Despite this high engagement with digital media, health sector innovation remains low at 20%, compared to 53% in agriculture, this indicates a gap and a potential area for significant growth. With many of the Medium-Term Plan Four (MTP4) interventions focusing on digital health, the extensive use of social media among youth can be harnessed to support healthcare initiatives.

Figure 3: Innovations across different sectors in Kenya



Source: UNDP & Konza Technopolis (2022).

The youths are avid users of social media and technology, for instance during COVID 19, social media proved to be a great source of information sharing, making these platforms valuable tools for enhancing healthcare delivery and outreach.

Youth demographic

Innovations to enhance UHC can target health initiatives for the youth to enhance their access and reach of services to the last mile. The youths' health seeking behavior remains low despite a myriad of health challenges, including mental health issues, drug and substance abuse, sexual and reproductive health (SRH) concerns, and nutrition problems. For instance, 44.3% of adolescents in Kenya experienced a mental health problem in the past 12 months, and 12.2% met the criteria for a mental disorder according to DSM-5 (APHRC, 2022). However, the use of services for emotional and behavioral problems is strikingly low, with only 11.1% of adolescents with a mental health problem accessing any support or counseling services in the past year (APHRC, 2022).

Teenage pregnancy in Kenya stands at 18%, meaning that about one in every five teenage girls between the ages of 15-19 years has either had a live birth or is pregnant with their first child. The prevalence increases rapidly with age, from 3% among girls aged 15 to 40% among girls aged 19 (UNESCO, 2016). The prevalence of female genital mutilation (FGM) is 15%, with 9% of women aged 15-19 having been mutilation compared to 23% of women aged 45-49. The awareness of youth on HIV prevention methods is at 54% of women and 55% of men. Data shows that knowledge about HIV prevention increases with education, from 13% among young women with no education to 69% among those with more than a secondary education, and from 14% among young men with no education to 80% among those with more than a secondary education. Condom use among women decreases with age, from 46% among women aged 15-19 to 29% among women aged 30-49 (KDHS, 2022). These statistics highlight the urgent need for comprehensive SRH education and services. Given the urgent need for comprehensive sexual and reproductive health (SRH) education and the widespread use of social media among youth, leveraging on digital and social media, telemedicine and digital health provides a platform for engaging and interactive social media platforms dedicated to SRH education.

The UHC model has the capability to promote primary health care especially for the majority of the population, which is youth. To accelerate its delivery, digital health and telemedicine are critical components. Digital health will ensure that essential services, health education and information especially on nutrition, mental health, FGM, SRH for youth can be accessed not only at level 1 and 2 facilities but also online and from anywhere. Telemedicine also provides options to create digital platforms for health information exchange among youth.

Models like the Daktari Smart telemedicine program by Getrude Hospital with the goal to provide pediatric patients with quality care comparable to the services they would receive in person via telemedicine technology, goes to show that digital health and telemedicine will maximize efficiency and cost-effectiveness. It offers excellent value for money, reducing the need for physical infrastructure and travel, while revolutionizing adolescent and youth-friendly services by making them more accessible and convenient. Supporting and investing in these youth-driven solutions not only addresses urgent health needs but also accelerates UHC by creating a more inclusive and effective health system.

Recommendations.

1. Expanding youth-led and youth-centric health innovations for Universal Healthcare. The Ministry of Health in collaboration with other relevant stakeholders to allocate funding to support and expand current health-specific innovations developed by youth for the youth. By doing so, the healthcare system can leverage fresh perspectives and creative solutions to improve efficiency, access, and quality of care.

2. Investing in digital youth-specific preventive interventions. The Ministry of Health to invest in digital preventive health interventions targeted at the youth population is crucial. Digitized health information can enhance information on education on healthy lifestyles, vaccination programs, mental health support, and sexual and reproductive health services can significantly reduce the incidence of diseases and health complications among youth.

3. Establish and support incubation programs for youth-led health innovations. The Ministry of Information, Communications and The Digital Economy should establish incubation programs to nurture youth-led health innovations. These programs can provide young innovators with the necessary mentorship, resources, and infrastructure to transform their ideas into feasible solutions hence contributing to the continuous improvement of the healthcare system.

4. The Ministry of Health to utilize existing technology like mobile apps, social media, and online portals to disseminate accurate and timely health information to adolescents and youth. These platforms can offer interactive and engaging content tailored to the needs and preferences of youth and provide comprehensive resources for health information, promoting anonymous testing services and virtual consultations, allowing youth to make informed decisions about their health and reduce the stigma and discomfort associated with physical clinic visits.

5. The Ministry of Health to implement and enforce the Digital Health Act to provide a regulatory framework for the integration of digital technology in healthcare. This act will facilitate the safe and effective use of digital tools and platforms in health service delivery. It will establish standards for data privacy and security ensuring that digital health solutions are reliable and trustworthy.

6. All relevant stakeholders to collaborate between government agencies, private sector partners, and academic institutions. This is key to driving the integration of technology and innovation in health service delivery.



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