

REPUBLIC OF KENYA



MINISTRY OF HEALTH



# KENYA EMERGENCY MEDICAL CARE POLICY 2020 - 2030

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MINISTRY OF HEALTH

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**KENYA EMERGENCY MEDICAL CARE STRATEGY 2020–2025**

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REPUBLIC OF KENYA



MINISTRY OF HEALTH

# KENYA EMERGENCY MEDICAL CARE POLICY

2020 - 2030

KENYA  
VISION 2030



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## ➤ Foreword

The Kenya Emergency Medical Care (EMC) Policy 2020-2030 is the first-ever policy in Kenya that seeks to establish a working Emergency Medical Care (EMC) System as a key component of the healthcare system and as an enabler to achieving Universal Health Coverage (UHC), one of the government's Big 4 agenda over the 5-year period 2017-2022.

The policy also speaks to the World Health Assembly resolution WHA 72.16 of 21 May 2019 which urged member states to create policies for sustainable funding, effective governance and universal access to safe, high-quality, needs-based emergency care for all as part of universal health coverage. In developing this policy, the Ministry of Health (MOH) aims to ensure access to the highest standards of emergency medical care in Kenya as envisioned in The Constitution of Kenya (2010) and the Health Act (2017) which guarantees every Kenyan the right to emergency medical treatment.

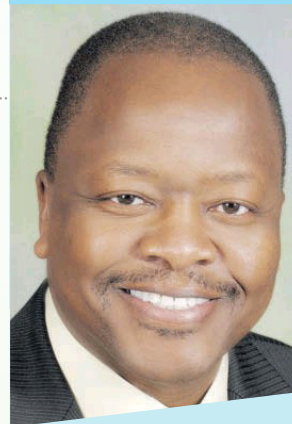
The MOH will set up the requisite structures and address the gaps in regulation, standards and norms as stipulated in this policy, both at national and county governments, to ensure the highest standard of emergency medical care in the country.

The KEMC Policy 2020-2030 has mapped the resources required and provided approaches for sustainable financing that will ensure universal emergency care coverage in Kenya. A strong monitoring and evaluation framework has also been incorporated in this policy to promote an effective, efficient, quality-driven and accessible EMC System in Kenya.

The MOH is grateful to all those who contributed to the development of this Policy and is committed to its full realization.



**Hon. Mutahi Kagwe, EGH**  
Cabinet Secretary



## Preamble

The KEMC Policy 2020-2030 aims to guide the development of the first EMC System in Kenya. It provides clear definitions of the EMC System and its components as guided by the World Health Organization (WHO) Emergency Care Systems Framework. It further addresses the gaps in leadership and governance, human resources, resource mobilization, financing, emergency medical care service delivery, emergency health products and technologies, health information system, research, infrastructure, advocacy and partnerships.

The policy further provides guidance on the MOH as an oversight authority to regulate emergency medical care in Kenya and the utilization of the Emergency Medical Treatment Fund.

All the above will ensure a robust framework for the mainstreaming of emergency medical care as an integral component of UHC and the health care system and ensure effective and efficient service delivery, proper coordination and regulation.

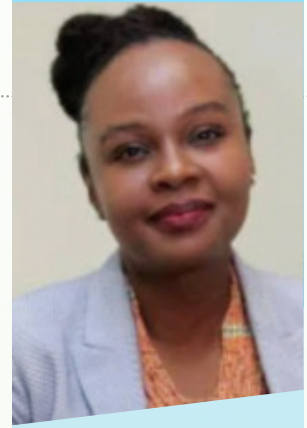
The Ministry will endeavour to support the implementation of this policy.



**Dr Mercy Mwangangi**  
Chief Administrative Secretary



**Dr Rashid A. Aman** B.Pharm., PhD  
Chief Administrative Secretary



## > Preface

Emergencies occur every day in Kenya contributing significantly to increased morbidity and mortality across the healthcare system. In addition, Kenya has been experiencing an increasing number of mass casualty incidents such as building collapses, flooding, road traffic accidents, epidemics and terrorism, but very little has been done so far to specifically develop an EMC System to address this growing burden of disease.

The absence of standardized ambulances, emergency departments, emergency medical care guidelines for both prehospital and in-hospital care, poor coordination and lack of specific training for healthcare workers to respond to medical emergencies have all been shown to contribute to increased morbidity and mortality following medical emergencies.

Informed by these gaps, the MOH established a technical working group (TWG) in 2013 to develop this policy. Drawing from their own experience and referring to the best practices across the globe the TWG developed this policy to guide the standardization, regulation, coordination and development of an EMC System in Kenya and regulate the utilization of the Emergency Medical Treatment Fund.

Implementation of the EMC Policy 2020-2030 will be under MOH to ensure that every Kenyan has access to the highest standard of emergency medical care, a key component to achieving UHC. The policy will also contribute to a significant reduction in morbidity and mortality across the healthcare system in Kenya.



A handwritten signature in black ink, appearing to read 'Susan Mochache'.

**Susan Mochache, CBS**  
Principal Secretary

## > Acknowledgement

The MOH would like to express its utmost gratitude to the various stakeholders involved in the development of the KEMC Policy 2020-2030. Special thanks are extended to Johns Hopkins International Injury Research Unit, Bloomberg Philanthropies for financial and technical support and the Kenya Red Cross Society (KRCS) for convening and hosting stakeholders' meetings. We highly appreciate the contribution of all the participants during these crucial meetings and follow-up input into the various drafts that have led to the finalized policy.

We are grateful to the following organizations and agencies that made their contribution: Ministry of Health, County Health Departments, Government agencies (NDMU, NDOC, NDMA), UN agencies (UNFPA, UNISDR, WHO, UNICEF), development partners (CDC), humanitarian organizations (ICRC, KRCS), professional bodies (KCEMT), academic institutions (USIU-A, AKUH-N, MMUST, University of Nairobi, Moi University, KMTC, John Hopkins University) and not-for-profit organizations (EMKF).

The following persons are specifically appreciated for planning, consulting and drafting the policy: Dr. Francis Kuria (MOH), Dr. Simon Kibias (MOH), Mr. Aaron Mutie (MOH), Dr. Cosmas Mugambi (MOH), Dr. Rabera Kenyanya (MOH), Dr. Isaac Kimani (MOH), Dr. Izaq Odongo (MOH), Dr. Benjamin Wachira (AKU-N, EMKF), Mr. Eric Juma (KCEMT), Mr. Daniel Wako (CDC), Dr. James Teprey (WHO), and Dr. Isaac Botchey (JHU).

Lastly, the Ministry is greatly indebted to the development partners, especially JHU, CDC, Malteser International and the KRCS, for facilitating the development of this Policy. We thank the officers representing these institutions for providing the much-needed technical inputs and logistical support to the team that was tasked with the development of the Policy.



**Dr Patrick Amoth**

Ag. Director General For Health



## Executive Summary

The Kenya Emergency Medical Care (EMC) Policy 2020-2030 is the first-ever policy in Kenya that seeks to establish a working Emergency Medical Care (EMC) System as a key component of the healthcare system and as an enabler to achieving Universal Health Coverage (UHC), one of the government's Big 4 agenda over the 5-year period 2017-2022.

The Policy also speaks to the World Health Assembly resolution WHA 72.16 of 21 May 2019 which urged member states to create policies for sustainable funding, effective governance and universal access to safe, high-quality, needs-based emergency care for all as part of universal health coverage. In developing this policy, the Ministry of Health (MOH) aims to ensure access to the highest standards of emergency medical care in Kenya as envisioned in The Constitution of Kenya (2010) and the Health Act (2017) which guarantees every Kenyan the right to emergency medical treatment.

The overall goal of the Policy is to ensure that emergency medical care is provided to all who need it as part of the Universal Health Coverage (UHC) thereby minimizing the morbidity and mortality caused by medical emergencies.

The objectives of the policy are:

1. To establish an integrated National and County infrastructure to support universal access to emergency medical care
2. To enhance quality of service delivery across the EMC System
3. To provide mechanisms for the financing of emergency medical care
4. To develop a framework for human resource development and management in emergency medical care.
5. To strengthen systems for monitoring, evaluation, surveillance and research on emergency medical care
6. To provide emergency medical care leadership and governance.

A range of interventions are outlined per the key objectives which include establishing a countrywide single short code toll-free emergency medical care access number, map out ambulances that meet the minimum national standards, map out emergency departments that meet the minimum national standards, strengthen capacity for integrated EMC management, strengthen emergency medical care treatment and response to mass casualty incidents.

Additional objectives include provision of emergency health products and technologies, strengthening resource mobilization initiatives for emergency medical care services, establishing a framework for the administration and utilization of the emergency medical treatment fund, creation of a scheme of service and licensing pre-hospital EMC practitioners,

developing, harmonizing, integration and implementation of emergency medical care training for all healthcare workers, provision of standards for adequate emergency care workforce appropriate at all levels of the healthcare system, EMC surveillance, increase use of emergency medical care data for decision making, conducting and facilitating EMC system surveys, facilitating operational research for policy making , aligning emergency medical care governance and legislation to constitutional mandates and core functions.

Since the distribution of medical emergencies vary by County and even within Counties, it is anticipated that the Counties will, in consultation with the MOH, select actions that are relevant to their contexts. Further, it is envisaged that most of the activities will build on on-going interventions with anticipated increased urgency to achieve the targets within the set timelines.

This Policy is a six-part document. **Part 1** deals with the introduction and background, determinants and consequences of medical emergencies, policy context, scope, rationale and policy development process. **Part 2** discusses the situational analysis, global burden and prevalence of emergency conditions, burden and prevalence of emergency conditions in Kenya, and challenges and gaps in emergency medical care in the country. **Part 3** highlights the policy vision, mission and guiding principles, **Part 4** addresses emergency medical care policy measures and strategies. **Part 5** looks at implementation arrangements, institutional framework and human resource for EMC, National financial planning cycle and alignment, partnerships and coordination, procurement and supply chain, roles and responsibilities. **Part 6** includes monitoring and evaluation of the EMC Policy 2020-2030, tracking progress, measuring outcome and impact and performance framework. **Part 7** includes the annexes, list of contributors, and bibliography.

This policy recognizes the need for periodic policy reviews to ensure it remains relevant to changing needs.



## > Acronyms and Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>KMPDB</b>	Kenya Medical Practitioners and Dentists Board
<b>AKU-N</b>	The Aga Khan University, Nairobi	<b>KRCS</b>	Kenya Red Cross Society
<b>CD</b>	Communicable Diseases	<b>LMIC</b>	Low- and middle-income countries
<b>CDC</b>	Center for Disease Control and Prevention	<b>LIC</b>	Low-income Countries
<b>CEmONC</b>	Comprehensive emergency Obstetric and New-born Care	<b>MCI</b>	Mass Casualty Incident
<b>DALYs</b>	Disability Adjusted Life Years	<b>MOH</b>	Ministry of Health
<b>DRM</b>	Disaster Risk Management	<b>NCDs</b>	Non-Communicable Diseases
<b>EAIDSNet</b>	East African Integrated Disease Surveillance Network	<b>NDMU</b>	National Disaster Management Unit
<b>ED</b>	Emergency Department	<b>NDOC</b>	National Disaster Operations Centre
<b>EMC</b>	Emergency Medical Care	<b>NPS</b>	National Police Services
<b>EMCHIS</b>	Emergency Medical Care Health Information System	<b>NTSA</b>	National Transport and Safety Authority
<b>EMKF</b>	Emergency Medicine Kenya Foundation	<b>PPP</b>	Public-Private Partnerships
<b>EMS</b>	Emergency Medical Services	<b>QMS</b>	Quality Management System
<b>EMT</b>	Emergency Medical Technician	<b>TB</b>	Tuberculosis
<b>EMTF</b>	Emergency Medical Treatment Fund	<b>TWG</b>	Technical Working Group
<b>HIC</b>	High Income Countries	<b>UHC</b>	Universal Health Coverage
<b>HIS</b>	Health Information Systems	<b>UN</b>	United Nations
<b>HIV</b>	Human Immunodeficiency Virus	<b>UNFPA</b>	United Nation Fund for Population Activities
<b>ICS</b>	Incident Command System	<b>UNICEF</b>	United Nation Children Fund
<b>ICT</b>	Information and Communication Technology	<b>UNISDR</b>	United Nation International Strategy for Disaster Reduction
<b>ICRC</b>	International Red Cross and Red Crescent Movement	<b>USIU-A</b>	United States International University - Africa
<b>JHU</b>	John Hopkins University	<b>WHO</b>	World Health Organization
<b>KCEMT</b>	Kenya Council of Emergency Medical Technicians	<b>YLD</b>	Years Lived with Disability
<b>KHSSIP</b>	Kenya Health Sector Strategic and Investment Plan	<b>YLL</b>	Years of Life Lost

## Definition of Terms

**Ambulance:** An appropriately equipped and authorized vehicle either land-based, waterborne or airborne designed or adapted to treat and convey a patient in an emergency care situation, marked in such a way as to indicate the category of medical care and transportation of the said vehicle and staffed with licensed ambulance service personnel.

**Bystander:** Any person who is near a medical emergency or disaster, who is not a trained EMC practitioner.

**Dispatch:** Notification of EMS personnel with type, severity and location of the incident, and subsequent mobilization of response units to the scene of the incident

**Emergency Department (ED):** A dedicated area in a healthcare facility marked as such and that is specifically designed, staffed and equipped for the intake of acutely ill and injured patients 24 hours a day.

**Emergency Medical Care (EMC) System:** A system that coordinates essential emergency care functions at the scene of injury or illness, during transport, and through to emergency department and early inpatient care.

**Emergency Medical Treatment:** The necessary immediate health care that must be administered to prevent death or worsening of a medical situation as defined in the Health Act (2017).

**Emergency Medical Treatment Fund:** A fund established under the Health Act (2017) for emergencies to provide for unforeseen situations calling for supplementary finance

**Mass Casualty Incident (MCI):** An incident that overwhelms the capacity of local resources that would normally be able to respond, either due to the number of live casualties or complexity of the incident

**Medical Emergency:** Means an acute situation of injury or illness that poses an immediate risk to life or health of a person or has the potential for deterioration in the health of a person or if not managed timely would lead to adverse consequences in the well-being

**Pre-hospital Care:** Medical care provided to patients in settings other than a hospital and who are planned or intended to be transported to the nearest most appropriate healthcare facility for further care or evaluation

**Tier of Care:** The tiers of care in the Kenyan health care system are defined as community, primary care, county referral services and national referral service.



# ➤ INTRODUCTION AND BACKGROUND

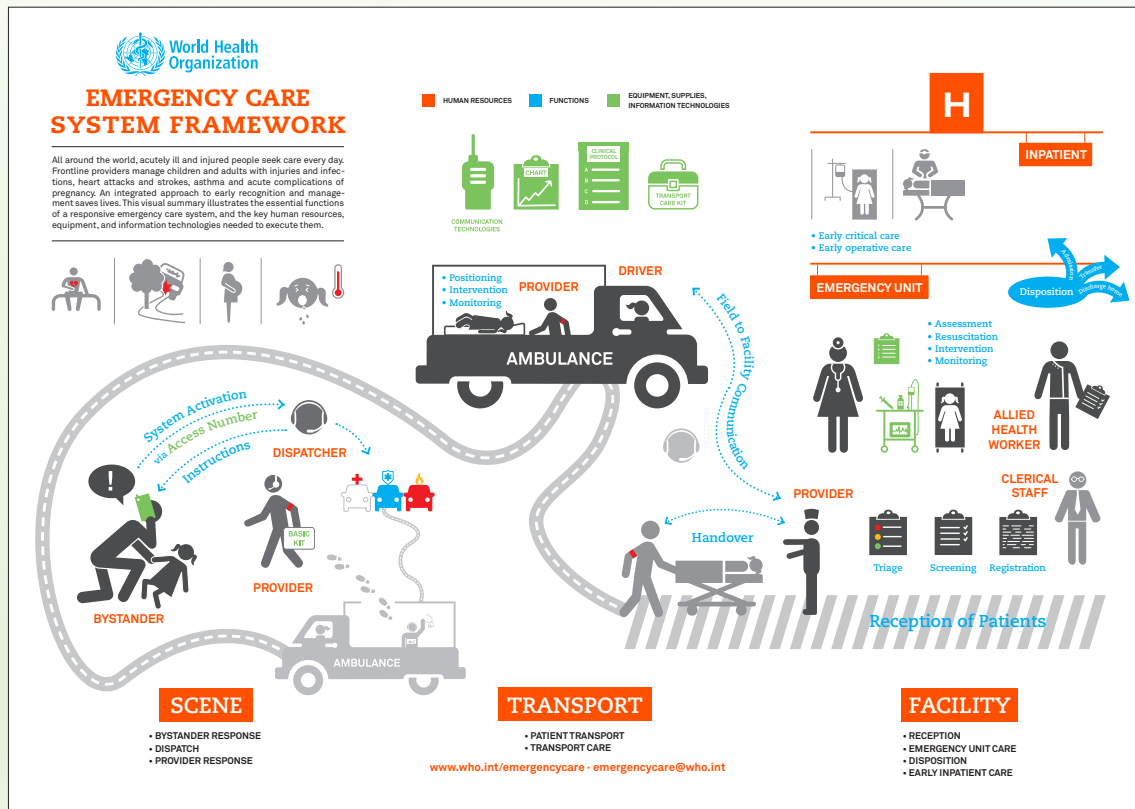
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## 1.1 Introduction

The The Kenya Emergency Medical Care (EMC) Policy 2020-2030 is the first-ever policy in Kenya that seeks to establish a working Emergency Medical care (EMC) System as a key component of the healthcare system and as an enabler to achieving Universal Health Coverage (UHC), one of the government's Big 4 agenda over the 5-year period 2017-2022.

In order to ensure the highest standard of emergency medical care in Kenya, the Ministry of Health (MOH) plans to establish EMC System based on the WHO Emergency Care System Framework (Figure 1).

Figure 1: WHO emergency care system framework



The WHO Emergency Care System Framework defines a set of key functions of emergency care systems to facilitate system planning and development activities. The Framework is designed to guide ministries, policy-makers, and health system administrators responsible for improving the quality of emergency care for people of all ages with a range of communicable, non-communicable, traumatic, and pregnancy-related conditions. This framework is linked with the WHO Emergency Care System Assessment Tool.

This policy addresses essential emergency care functions at the scene of injury or illness, during transport, and through to an emergency unit.

The MOH will operationalize this policy and set up the requisite structures to address the gaps in regulation, standards and norms of emergency medical care in Kenya, both at the level of National and County governments. It will also regulate the utilization of the Emergency Medical Treatment Fund.

It is envisaged that Kenya will have an effective and efficient EMC System, with implementation, monitoring and surveillance of activities supported by the National and County Governments.

## 1.2 Background

Despite the guarantee of the right to emergency medical treatment as defined in the Constitution of Kenya (2010), the Health Act (2017) and several strategic plans referencing the need for EMC Systems in Kenya there has been very little progress in actually implementing these interventions

Emergency medical care as defined in the Health Act (2017) is the necessary immediate health care that must be administered to prevent death or worsening of a medical situation. It focuses on the immediate decision-making and action necessary to prevent death or disability. Being a horizontal intervention, EMC is needed by everyone regardless of age, gender, or history. It is generally practised in prehospital settings via emergency medical services, health facility emergency departments, and intensive care units, but may also be practised in primary care settings such as urgent care clinics. In their role as first-line healthcare providers, EMC Practitioners are responsible for initiating interventions to diagnose and/or treat patients in the acute phase (including initial resuscitation and stabilization), coordinating care with other healthcare providers, and making decisions regarding a patient's need for transportation, hospital admission, observation, or discharge.

Successful implementation of EMC forms the base of a functioning healthcare system and eases pressure on every other branch of that system. Horizontal integration of emergency medical care strengthens health system capacity by encouraging comprehensive and inclusive care. Conversely, emergency medical care is also improved by a highly functional healthcare system.

While emergencies will cost the system in both human and financial terms, creating a dedicated EMC System can increase the effectiveness and efficiency with which medical emergencies are handled as early resuscitation and stabilization of acutely ill or injured patients greatly reduces morbidity and mortality. Timely coordinated care, including an effective referral network, has been shown to improve survival from acute illness and injury. Thus, improving EMC systems is high-impact and cost-effective, and critical for overall health systems strengthening.

## 1.3 Medical Emergencies: Determinants and Consequences

As populations continue to grow and age, there is an increasing demand for acute curative services responsive to life-threatening emergencies, acute exacerbation of chronic illnesses and many routine health problems that nevertheless require prompt action.

The social, economic and physical environments in developing countries afford their population's much lower levels of protection from the risks and consequences of non-communicable diseases (NCDs) than in high-income countries (HIC). The main risk factors for NCDs are exposure to tobacco use, physical inactivity, unhealthy diets and harmful use of alcohol due to effects of globalization on marketing and trade, rapid urbanization and population ageing. of the Disability Adjusted Life Years (DALYs) attributable to emergency conditions globally, 59% are caused by NCDs.

Urbanization, local violence, and regional conflicts have led to increases in mortality, morbidity, and disability from injuries, especially in younger age groups.(6) About 5.8 million people die each year because of injuries. This accounts for 10% of the world's deaths, 32% more than the number of fatalities that result from malaria, tuberculosis and HIV/AIDS combined.

## 1.4 Policy Context

### 1.4.1 National Policy Context

As detailed in the situational analysis Emergency Medical Services are linked to the right to health care services, rights to access emergency medical treatment and the obligation by state organs to ensure that they formulate and implements public policy decisions that promote human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalised; The following section will detail how these rights are addressed within the existing regulatory environment of Kenya.

#### 1.4.1.1 Constitution of Kenya 2010

In 2010, the Constitution of Kenya included economic, social, and cultural rights for the first time in its Bill of Rights. The right to the "highest attainable standard of health, which includes the right to health care services including reproductive health care" is guaranteed for all Kenyans and the right to emergency medical treatment.

The Fourth Schedule of the Constitution Distributes functions between the National Government and the County Governments and particularly shows the pertinent role played in the County providing Health services whereas the National Government develops various Health Sector Policies.

#### 1.4.1.2 Health Act 2017

The Health Act establishes a unified health system, to coordinate the inter-relationship between the National government and County government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies. It establishes a national health system which encompasses public and private institutions and providers of health services at the national and county levels.

Section 7 of the Act defines emergency medical treatment including pre-hospital care; stabilizing the health status of the individual; or arranging for referral in cases where the health provider of first call does not have facilities or capability to stabilize the health status of the victim. It also penalises any medical institution that fails to provide emergency medical treatment while having ability to do so.

The Act recognizes the role of health regulatory bodies established under any written law and to distinguish their regulatory role from the policy making function of the National Government and Section 15 vests the National Government Ministry for Health with the mandate of developing health policies, laws and administrative procedures and programmes in consultation with County Governments and health sector stakeholders and the public for the progressive realization of the highest attainable standards of health.

### **1.4.1.3 Kenya Vision 2030**

Kenya Vision 2030 is the long-term development blueprint for the Country, aiming to transform Kenya into a “globally competitive and prosperous and newly industrialized middle-income Country providing a high quality of life to all its citizens in a clean and secure environment by 2030” Health is one of the components of delivering the Vision’s Social Pillar, given the key role it plays in maintaining the healthy and skilled workforce necessary to drive the economy.

### **1.4.1.4 National Health Policy 2014-2030**

The goal of the Kenya Health Policy 2014–2030 is attainment of the highest standard of health in a manner responsive to the needs of the Kenya population (Ministry of Health, 2014). Kenya’s health policy framework future direction 2012 -2030 introduces new ways of managing the health sector as it seeks to provide health services to all. It also creates opportunities to upscale support to the health sector’s requirements for the provision of adequate services and facilities for the attainment of the highest standard of health in a manner responsive to the needs of the Kenya population. The rights and freedoms granted to each citizen of Kenya shall be upheld in this context.

### **1.4.1.5 National Policy for Disaster Risk Management, 2018**

The Policy aims at the establishment and strengthening of disaster management institutions, partnerships, and networking and mainstreaming disaster risk reduction. The Policy also highlights the need for emergency care systems through a continuous up-grade of the disaster management system.

### **1.4.1.6 National Hospital Insurance Fund Act Cap 255**

This is an Act of Parliament to establish a National Hospital Insurance Fund and a National Hospital (Voluntary) Insurance Fund and to provide for contributions to and the payment of benefits out of those Funds. Section 10 of the NHIF Act allows contributors to the fund to receive various benefits as when receiving treatment and highly subsidizes the cost of health care. This creates greater access to medical services including emergency medical treatment to all Kenyan citizens.

### **1.4.1.7 Other Legislation and Policy Documents**

There are other pieces of enabling legislation that promotes various rights to health including. These include: the following Acts in the Laws of Kenya, the Public Health Act Cap 242 (revised 2012), the Environmental Management Coordination Act Cap 387 (revised 2012), Radiation Protection Act Cap 243, Pharmacy and Poison Act Cap 244, and the Standards Act Cap 496 and the following policy documents, National Action Plan for Health Security, Health Sector Disaster Risk Management Strategic Plan, Public Health Emergency Operation Centre Framework, Kenya Public Health Emergency Supply Chain Framework, the National Disaster Response Plan (2014), and All Hazard Plan.

## **1.4.2 International Policy Context**

Kenya is a signatory to the United Nations (UN) Sustainable Development Goals (SDGs), the International Health Regulations and several instruments which seeks to promote good health and wellbeing as a human rights issue.

#### **1.4.2.1 WHO Resolution 72.16 Emergency Care Systems for Universal Health Coverage: Ensuring Timely Care for the Acutely Ill and Injured**

The resolution suggests that all Member States, regardless of available resources, can take steps towards strengthening their emergency care systems. Recommended activities for Member States include creating policies to ensure universal access to emergency care for all; conducting a WHO emergency care system assessment to identify gaps and priorities for action; developing clinical protocols identified in the WHO Emergency Care Systems Framework; and providing emergency care training for all relevant health providers. The WHO Secretariat is invited to expand its technical support to Member States.

#### **1.4.2.2 Sustainable Development Goals (SDGs)**

Emergency care has the potential to be a major driver towards successful completion of 10 health-related Sustainable Development Goals (SDGs) targets. These are, reduce the global maternal mortality ratio to less than 70 per 100,000 live births, end preventable deaths of newborns and children under 5 years of age, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs) and combat hepatitis, water-borne diseases and other communicable diseases, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, halve the number of global deaths and injuries from road traffic accidents, achieve universal health coverage, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, and significantly reduce all forms of violence and related death rates everywhere.

#### **1.4.2.3 Sendai Framework of Action on Disaster Risk Reduction (2015-2030)**

This is a global agreement to reduce and prevent disaster risks across the globe. It aims to strengthen social and economic resilience to ease the negative effects of climate change and man-made hazards. The Sendai Framework was created to complement other international agreements and processes under the Sustainable Development Goals. It recognizes that the State has the primary role to reduce disaster risk, but that responsibility should be shared with other stakeholders including local government, the private sector and other stakeholders to achieve outcomes such as substantially reducing disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030; and substantially increasing the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to the people by 2030.

#### **1.4.2.4 International Covenant on Economic, Social and Cultural Rights**

The International Covenant on Economic, Social and Cultural Rights, widely considered as the central instrument of protection for the right to health, recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

#### **1.4.2.5 African Charter on Human and Peoples' Rights**

Article 16 (2) provides that state parties to African Union Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.



## 1.5 Scope

The EMC Policy proposes the implementation of an effective and efficient Emergency Medical Care System countrywide incorporating prehospital and in hospital emergency medical care services and response to public health emergencies. The EMC Policy emphasizes enhancement of institutional linkages to include both state and nonstate actors in the provision of emergency medical care services across the country.

## 1.6 Policy Development Process

WHO recommends the use of pre-existing resources in the development of an EMC System,<sup>(14)</sup> and engagement of existing stakeholders and resources in the ongoing development of EMC. Keeping in mind these recommendations, the EMC Policy 2020–2030 was developed through an evidence-based consultative process that was undertaken over a period of over 5 years.

The policy underwent several reviews by multiple stakeholders and shared internally and externally at all levels of government under the stewardship of the Ministry of Health (MOH). The stakeholders included County Governments, Ministries, Departments and Agencies (MDAs), Development partners, academic institutions, non-governmental organizations, the private sector and civil society.

The policy interventions are broad and cut across other sectors and therefore it is imperative that a multi-disciplinary and intersectoral approach is employed in the implementation of this policy.



# ➤ THE BASIS FOR THIS POLICY

2

## 2.1 Situational analysis

### 2.1.1 Burden and prevalence of emergency conditions: the global context

Emergency conditions make up a large part of the global burden of disease, and high-quality emergency medical care has the potential to address and prevent a substantial portion of mortality and morbidity around the world. Out of the approximately 45 million deaths in low- and middle-income countries (LMICs) each year, 54%, or 24.3 million, are due to conditions that are potentially addressable by prehospital and emergency medical care. This loss translates into a staggering 1,023 million Disability Adjusted Life Years (DALYs), or 932 million years of life lost (YLL) to premature mortality. From a morbidity perspective, this disease burden translates into 91.4 million years lived with disability (YLD).

Ischemic heart disease, cerebrovascular diseases, and lower respiratory infections are the top global causes that commonly lead to serious disability or death if not treated within hours to days of onset. Chronic obstructive pulmonary disease, low back and neck pain, and HIV/AIDS are examples of conditions commonly associated with acute decompensations that lead to serious disability or death. All 15 leading global causes of death and DALYs are conditions with potential emergent manifestations. 90% of deaths and 84% of DALYs around the world are due to emergency conditions, driven in nearly equal part by conditions that must be addressed within hours to days of onset and conditions with common acute decompensations. Of the DALYs attributable to emergency conditions globally, 59% are caused by NCDs, with communicable diseases (CDs) and trauma representing 28% and 13% respectively.

### 2.1.2 Burden and prevalence of emergency conditions: The Kenyan context

An increasing number of patients with acute disease currently present to Emergency departments across Kenya. This is due to the rising incidence of NCDs (such as cancer, diabetes and hypertension), mental illness and trauma, largely secondary to road traffic injuries, in the background of an already existing large burden of communicable diseases. NCDs accounts for more than 50% of total hospital admissions and over 55% of hospital deaths in Kenya. The probability of dying too young from an NCD in Kenya is 18%.

Injuries are becoming an increasingly important cause of hospital admissions and mortality in Kenya. The leading causes of injury in Kenya include assault (42%), road traffic crashes (RTC) (28%) especially with the rising number of motorcycles, unspecified soft tissue injury (STI) (11%), cut-wounds and dog-bites, falls, burns and poisoning (each <10%). Road traffic crashes are the ninth leading cause of mortality in Kenya. In 2017 data from the National Transport and Safety Authority indicates that road traffic crashes were responsible for over 3,000 deaths.

### 2.1.3 Challenges and gaps in emergency medical care in Kenya

**Lack of specific policies guiding Emergency Medical Care in Kenya:** There is no policy, legislation and institutional framework at both National and County governments on emergency medical care or guidelines on emergency medical care treatment. There is a need for the National and County governments to immediately implement this policy and adopt specific Emergency Medical Care Treatment Guidelines, norms and standard at National and County levels.

**Inadequate mapping of emergency medical care services across the country:** There is currently no data on the specific number and location of public ambulances and emergency departments across the country or their capacity in terms of human and physical resources to handle medical emergencies. There is a need to map these emergency medical care services to ensure that there is 100% geographical coverage.

**Inadequate financing or Lack of an Emergency Medical Treatment Fund:** The Emergency Medical Treatment Fund is still to be established and most of the County Governments do not have budgets set aside for emergency medical care. There is a need to establish the Emergency Medical Treatment Fund and additional funding allocation by National and County Governments to facilitate capacity building and training of EMC Practitioners.

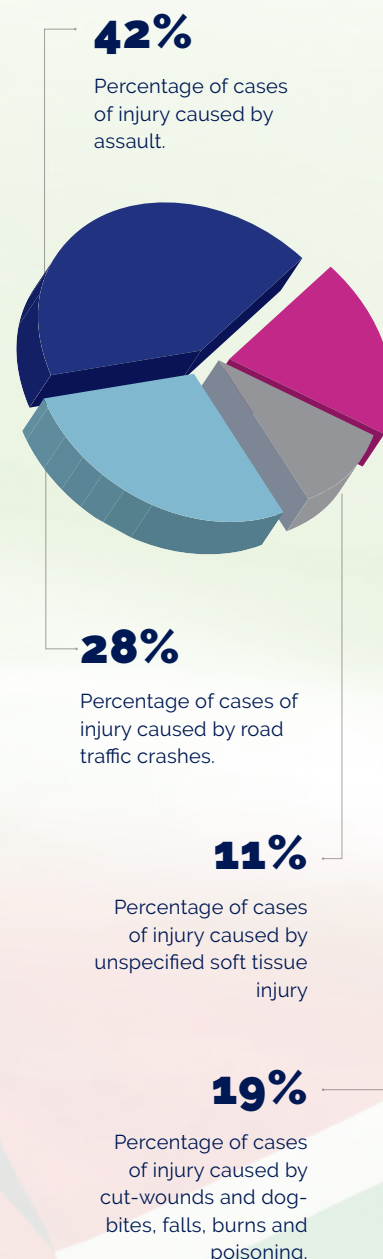
**Fragmented approach:** There is a need to integrate EMC interventions within MOH and with other ministries including those in charge of Disasters, Transport, Education, and Internal Security among others. This integration should be done in a coordinated manner to ensure synergy among the partners including Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), and County and National Governments.

**Inadequate number of EMC Practitioners at all levels:** Part of the activities on human resource strengthening will entail undertaking a needs assessment and ensuring there are enough EMC Practitioners within all components of the EMC System. Elevating the competencies and capacity of existing staff will be undertaken alongside the deployment of new staff

#### 2.1.4 Opportunities for integration with other health programs

Emergency care is an integrated platform to deliver time-sensitive health care services for acute illness and injury across the life course. The emergency medical care system extends from care at the scene through transport and emergency unit care, and to early operative and critical care when needed. The effectiveness of many proven health interventions declines with delays to care, and timeliness is a critical dimension of quality and maintaining an unbroken chain of care from the community to the hospital and various programs reduces the toll of injuries, infections and non-communicable diseases.

This policy creates an opportunity for MOH to establish integrated emergency medical care system for efficient coordination which is an essential element of Universal Health Coverage.



## 2.2 Policy rationale

Given Kenya's current limited access to emergency medical care, a functional EMC System could potentially decrease deaths associated with trauma, perinatal and acute medical conditions by providing a basic and advanced level of emergency medical care by trained personnel, and transportation to designated emergency medical care facilities by standardized means. Such interventions could reduce the productive years lost to morbidity or mortality from the aforementioned conditions.

The Constitution of Kenya 2010 requires that no person should be denied emergency medical care. The Health Act (2017) further emphasizes that the components of emergency medical care include; pre-hospital care, stabilization of the health status of the individual and arranging for referral in cases where the healthcare provider of first call does not have facilities or capability to stabilize the health status of the victim.

In this regard, the KEMC Policy 2020–2030 aims to ensure universal access and delivery of the highest quality of emergency medical care as part of universal healthcare coverage (UHC), at the National and County levels. The policy also seeks to support the Kenya Health Sector Referral strategy and guidelines.



# ③ EMERGENCY MEDICAL CARE POLICY FRAMEWORK

3

## VISION AND MISSION



### Vision

Universal access to the highest standards of emergency medical care across Kenya

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### Mission

To promote the standardization, regulation, coordination and development of an EMC System in Kenya.

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### Goal

To ensure that emergency medical care is provided to all who need it as part of the Universal Health Coverage (UHC) thereby minimizing the morbidity and mortality caused by medical emergencies

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### Guiding Principles

For this Policy to be effectively implemented, the following principles will be embraced by all partners:

## 3.1 Universal Health Coverage (UHC)

Accessible, affordable, and quality emergency medical care is an essential component of Universal Health Coverage (UHC) which all UN member states have agreed to try to achieve by 2030 as part of the United Nations Sustainable Development Goals and the Sendai framework. Kenya's commitment to UHC is captured in Vision 2030 among other policy documents.

## 3.2 Devolution

The system of government is based on principles of devolution as anchored in the Constitution of Kenya 2010. Emergency and disaster management is a co-shared function between the national and county governments. This policy will be informed and facilitated by the principles of devolution.

## 3.3 Prevention

This policy acknowledges that prevention provides an opportunity to realize significant reductions in human morbidity and mortality at a manageable investment. All sectors should invest in the prevention of injury and illness programs.

### **3.4 Integration and service delivery**

Emergency medical care services will be integrated with other services and systems intended to maintain and enhance the community's health and safety. In particular, this policy seeks to mainstream emergency medical care with the national health system focusing on linkage with primary health care. This will aim at providing timely, holistic and appropriate responses in emergency medical situations. Likewise, certified, competent, and dedicated personnel will ensure service provision at the right time to the right persons at the right place.

### **3.5 Research and Development**

This policy recognizes the central role of research and learning in the improvement of systems. As far as possible, the national EMC System will facilitate opportunities for the development of new knowledge through operational research and development. Linkages between service providers and institutions of higher learning will become an integral aspect of implementing this policy. More specifically, data collected under the national EMC System will be utilized to improve emergency medical care and address other national development goals.

### **3.6 Subsidiarity**

Most emergency incidences occur at the local level and are first handled at the community level. Emergency medical care will be provided at the lowest possible level and such services will be near the people that require them. In addition, the EMC System will be supported in such a manner that the National Emergency Medical Care Treatment Guidelines are structured to provide tiered levels of support when additional resources or capabilities are needed.

### **3.7 Equity**

Health equity is the principle of, and commitment to, incorporating fairness in health service delivery. It implies that all Kenyans can reach their full health status and should not be disadvantaged by attaining it because of their race, ethnicity, religion, gender, sexual orientation, age, disability, social class, socioeconomic status or other socially determined circumstances. Emergency medical care services will be accessible to all Kenyans.

### **3.8 Partnership and Interdependence**

All emergency medical care services at county and national governments will be linked into a nationwide system under the principles of interdependence of agencies and institutions. The EMC system will be coordinated by the MOH Directorate responsible for emergencies and disasters. The aim of this policy is thus to create networks and collaborate with the various stakeholders and sectors from the government and private institutions for advocating and implementing emergency medical care objectives and activities.

### **3.9 The Best Interest of the Patient**

Like all health approaches, the policy requires that all decisions taken at policy and operational levels, that the decision of the best interest of the patient is always the core element.

### **3.10 Capacity Building and Facilities Enhancement**

The government will adopt a strategy to develop the capacity for emergency medical care at all levels of the health sector from the community to the tertiary levels as well as enhancing facilities to improve the capacities of the institutions.

### **3.11 Information Management System and Surveillance**

Emergency medical care health information system will be linked to the Ministry of Health Management Information System, DHIS2.

### **3.12 Standards and Regulations**

To ensure excellent service delivery among all service providers, this policy requires standards and regulations to be set by the MOH and reinforced through regular compliance.



# ④ EMERGENCY MEDICAL CARE POLICY MEASURES AND STRATEGIES

4

The EMC Policy shall have six main objectives whose achievement will serve as enablers towards the achievement of the universal access to the highest level of emergency medical care in the country.

These are:

- a) **Objective 1:** To establish an integrated National and County infrastructure to support universal access to emergency medical care
- b) **Objective 2:** To ensure the highest quality of service delivery across the EMC System
- c) **Objective 3:** To provide mechanisms for the financing of emergency medical care
- d) **Objective 4:** To develop a framework for human resource development and management in emergency medical care.
- e) **Objective 5:** To strengthen systems for monitoring, evaluation, surveillance and research on emergency medical care
- f) **Objective 6:** To provide emergency medical care leadership and governance.

A range of interventions are outlined per the key objectives with an understanding that some of the activities will be cross-cutting while others will be specific to the objective. Since the distribution of medical emergencies vary by County and even within Counties, it is anticipated that the counties will, in consultation with the MOH, select actions that are relevant to their contexts. Further, it is envisaged that most of the activities will build on ongoing interventions with anticipated increased urgency to achieve the targets within the set timelines.

#### **4.1 Objective 1: To Establish an Integrated National and County Infrastructure to Support Universal Access to Emergency Medical Care**

This objective will focus on defining and mapping out the key infrastructural components of an EMC System necessary for the provision of essential emergency care functions across the country based on the WHO Emergency Care Systems Framework (Figure 1).

##### **Strategies:**

1. Establish a Countrywide Single Short Code Toll-Free Emergency Medical Care Access Number
2. Map out and enhance ambulance standards at all levels
3. Map Out and strengthen Emergency Departments and adhere to Minimum National Standards
4. Establish and strengthen emergency operation and Ambulance dispatch centers at National and all counties.

## 4.2 Objective 2: To Ensure Quality Service Delivery Across the EMC System

Prompt and effective management of medical emergencies is crucial towards achieving the goal of this policy. This objective will focus on updating and disseminating relevant documents, enhancing the skills of healthcare providers, and ensuring access to diagnosis and treatment commodities.

### Strategies:

1. Strengthen capacity for integrated EMC Management
2. Develop National Standard Operating Procedures (SOPs) for Ambulances and Emergency Departments
3. Develop Emergency Medical Care Treatment Guidelines
4. Provide and enhance standards of Emergency Health Products and Technologies.

## 4.3 Objective 3: To Provide Mechanisms for the Financing of Emergency Medical Care

The Emergency Medical Treatment Fund was established in the Health Act (2017). This objective will focus on the utilization of this fund to ensure the right to emergency medical treatment regardless of the ability to pay.

### Strategies:

1. Strengthen resource mobilization initiatives for Emergency Medical Care Services
2. Establish a framework for the administration and utilization of the Emergency Medical Treatment Fund.

## 4.4 Objective 4: To Develop a Framework for Emergency Medical Care Human Resource Development and Management

This objective focuses on promoting human resource development to address the shortage and inequity of skilled emergency medical care personnel.

### Strategies:

1. Create a scheme of service and license pre-hospital EMC practitioners
2. Develop, harmonize, integrate and implement emergency medical care training curriculum for all healthcare workers
3. Provide standards and norms for adequate emergency care workforce appropriate at all levels of the healthcare system.

#### **4.5 Objective 5: To Strengthen Systems for Monitoring, Evaluation, Surveillance and Research on Emergency Medical Care**

This objective focuses on strengthening routine HIS, monitoring and evaluating the performance of the EMC System, and promoting the generation and use of evidence to inform the strengthening of the EMC System.

##### **Strategies:**

1. Develop and disseminate guidelines EMC Surveillance
2. Increase Use of Emergency Medical Care Data for Decision Making
3. Conduct and Facilitate EMC System Surveys
4. Facilitate Operational Research for Policy Making.

#### **4.6 Objective 6: To provide emergency medical care leadership and governance**

This objective addresses leadership and governance at all levels to provide a conducive policy implementation environment and the resources necessary for the achievement of the EMC Policy 2020-2030 goal and objectives.

##### **Strategies:**

1. Align emergency medical care governance and legislation to constitutional mandates and core functions
2. Strengthen intergovernmental coordination of Emergency Medical Care
3. Develop norms and standards for EMC.



# ➤ IMPLEMENTATION FRAMEWORK

5

The Emergency Medical Care Policy shall be implemented in line with the Constitution of Kenya 2010, Kenya Vision 2030, Kenya Health Policy 2014 - 2030, Kenya School Health Policy, Universal Health Coverage under the Big 4 Agenda, County Integrated Development Plans (CIDPs) and the County Sector Plans (CSPs) through a five-year rolling multi-sectoral approach. National and County implementation plans shall be developed, and these will be accompanied by costed investment plans and resource mobilization strategies.

## 5.1 Leadership, Governance, Sustainability and Financing

The MOH will be the lead agency in the coordination and implementation of this policy. It will formulate guidelines, norms and standards on issues related to EMC, establish the framework and mechanism for support to National and County Governments and facilitate the strengthening of the legal and regulatory framework for EMC.

## 5.2 Role and Responsibilities of Stakeholders

### 5.2.1 Role of the Ministry of Health at National Level

As the lead ministry on the Emergency Medical Care Policy, the Ministry of Health at the National level will take a coordinating, supervising and supporting role in the implementation of this policy.

The Ministry shall:

- i. Operationalize and provide oversight of emergency medical care in Kenya as guided by the roles and responsibilities stipulated in this policy
- ii. Incorporate emergency medical care policy at different levels of government and across the relevant ministries. This will include but is not limited to service delivery, capacity development and policy
- iii. Set standards and regulations to ensure high quality service delivery among all emergency medical care service providers
- iv. Reinforce the standards and regulations through regular compliance checks
- v. Develop a service charter for emergency medical care
- vi. Oversee the delivery of the highest attainable standard of emergency medical care in Kenya
- vii. Promote human resource development to address the shortage and inequity of skilled emergency medical care personnel.
- viii. Ensure access to equitable and quality emergency medical care through standardization and regulation.
- ix. Provide guidelines for emergency health products and technologies
- x. Oversee the development of relevant tools to facilitate data sharing, data linkage in conjunction with all relevant stakeholders.

- xi. Establish a strong monitoring and evaluation framework for this policy in order to promote its implementation and strengthen the emergency medical care system in Kenya.
- xii. Align emergency medical care coordination to the public health emergencies and disaster operations centre.
- xiii. Ensure KEMSA stocks and maintains the highest standard of essential medicines and medical supplies for emergency medical care.

### **5.2.2 Role of the County Government**

The role of the County Government shall include:

- i. Provision of emergency medical care leadership and governance at the County level
- ii. Review progress on the implementation of agreed-on activities, share experiences including best practices, disseminate key outputs from activities implemented at the County level.
- iii. Establishing infrastructure to support universal access to emergency medical care.
- iv. Strengthen capacity for integrated emergency medical care management at the County level.
- v. Inculcate emergency medical care priority activities to Primary Health Care
- vi. Align emergency medical care coordination to public health emergency and disaster operations.

### **5.2.3 Non State Actors**

The Policy recognizes the role played by the various stakeholders in emergency medical care, emergency and disaster preparedness, response and resilience building. The Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs) Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and the Private Sector are key stakeholders in EMC interventions across Kenya. In the execution of the Policy these actors shall take upon the following responsibilities:

- i. Support pre-hospital care services, capacity building, evacuation, referral and resource mobilization.
- ii. Build community and stakeholder support for EMC programs.
- iii. Meaningfully involve National and County Government in policy formulation, program design, implementation, research and M&E.
- iv. Advocate and mobilize resources for EMC policy implementation.
- v. Enhance EMC content in learning institutions' curricula at both pre- and in-service levels.

- vi. Provide emergency medical care to all persons in need of emergency care regardless of their financial ability as stipulated in the Health Act 2017.

#### **5.2.4 Ministry of Public Service, Youth and Gender Affairs**

- i. Promote inclusion of EMC preparedness and response in the various gender policies.
- ii. Promote holistic EMC approach: through enhanced preparedness, mitigation, response and resilience building.
- iii. Support EMC programs.
- iv. Mainstream EMC into their existing programs (NYS) and initiatives to reduce and end Gender Based Violence.
- v. Support the Ministry of Health through engagement of NYS for EMC service provision in Primary Health Care.

#### **5.2.5 Kenya Bureau of Standards (KEBS)**

Managing emergency medical cases requires access to quality, reliable and safe health products and technologies. A range of health products and technologies exist to manage EMC cases. In line with this policy, the Kenyan Bureau of Standards (KEBS) has the mandate to institute product standards to ensure that any product on the market meets the requirements set by KEBS. The responsibilities of KEBS are:

- i. Develop minimal ambulance standards
- ii. Develop minimal standards for emergency medical care products and technologies.
- iii. Support the Ministry of Health through engagement of relevant departments to ensure quality emergency medical care products and technologies.

#### **5.2.6 Role of Healthcare Providers**

EMC Practitioners are responsible for initiating interventions to diagnose and/or treat patients in the acute phase (including initial resuscitation and stabilization), coordinating care with other healthcare providers, and making decisions regarding a patient's need for transportation, hospital admission, observation, or discharge.

EMC healthcare providers shall:

- i. Adequately prepare to receive, manage and appropriately refer clients with medical and surgical emergencies
- ii. Respond promptly to all clients with medical and surgical emergencies
- iii. Attend to the emergency clients, specimens, or parameters, regardless of socio-economic status



- iv. Communicate with the client about the emergency treatment or and/or care received
- v. Work with the client to determine subsequent care and treatment needed
- vi. Report in detail all findings and recommendations in all patient documentation
- vii. Provide feedback with all required information and recommendations to other healthcare providers providing care to the client
- viii. Demonstrate effective leadership skill to foster growth in emergency medical care.

### **5.2.7 Managers and Supervisors in all Health Facilities**

Managers and supervisors of health facilities shall:

- i. Ensure all key staff are adequately trained on the emergency medical care and referral process
- ii. Ensure that all emergencies are attended without undue delay
- iii. Ensure clients are seen by appropriate experts or are provided with expected services
- iv. Ensure that all investigations are ordered appropriately to protect clients from unnecessary cost
- v. Monitor all emergency cases seen in their facility each month to identify gaps and strengths, and put in place corrective measures where necessary

### **5.2.8 Roles of Households and Individuals**

State roles and responsibilities must go hand in hand with the roles and responsibilities of households to address emergency medical care needs. The heads of households would be required to work hand in hand with individual members of the household to:

- i. Promote emergency medical care risk reduction in their households through information sharing.
- ii. Mobilize and invest in household resources for emergency medical care contingencies.
- iii. Participate in the promotion of at community level, while encouraging participation of all household members in household and community level risk reduction activities.

### **5.2.9 Responsibilities of Client or Guardian**

- i. Gives consent for emergency care procedures and treatment
- ii. Agrees to provider documenting preference, if medical advice is declined
- iii. Seeks care at the emergency care facility in a timely manner

- iv. Ensures security of belongings while in transit
- v. Accepts counter-referral
- vi. Covers treatment cost if s/he requests to be transferred to another facility.

### **5.2.10 Role of Ministry of Education**

The Ministry of Education is an important stakeholder in overcoming the barriers in emergency medical care service provision. The Ministry of Education execute the following responsibilities:

- i. Incorporate emergency medical care into the curriculum in learning institutions for all relevant sectors
- ii. Implement EMC in-line with the Education Sector School Health Policy 2018.
- iii. Support utilization of ICT and other innovative approaches in delivery of EMC information.
- iv. Facilitate provision of disaster risk reduction and emergency preparedness and response training within the school set-up.
- v. Strengthen the school health system for emergency referrals
- vi. Strengthen partnership with the Ministry of Health to provide EMC information and services in schools.

### **5.2.11 Ministry of Water and Sanitation**

Access to water in emergencies is an integral part in emergency medical care service provision. The Ministry of Water and Sanitation has been included as a key stakeholder in this policy to ensure this access is guaranteed.

- i. Support and integrate EMC into water sanitation and hygiene programs.
- ii. Coordinate with other relevant ministries to implement the adequate supply of water to health facilities, learning institutions, work places, household level and public spaces and critical infrastructure
- iii. Support the Ministry of Health in the design and implementation of guidelines and standards for WASH

### **5.2.12 Ministry of Planning and Devolution**

- i. Support policy advocacy and generation of data/information.
- ii. Create the necessary resource mobilization mechanisms by allocating codes for Emergency treatment fund to specific budget lines.
- iii. Support EMC and related programs.

### **5.2.13 Office of the Attorney General**

- i. Advise the government and the EMC taskforce on the legal implications during the policy implementation process
- ii. Ensure that all EMC related guidelines and documents are in line with other overarching legal documents
- iii. Advise the Ministry of health on EMC MoUs with stakeholders and the legal implications.

### **5.2.14 Ministry of Labour and Social Protection**

- i. Promote the integration of EMC into various programs
- ii. Develop guidelines on emergency preparedness and response at the work place and ensure adherence to provision of emergency services.

### **5.2.15 Ministry of Transport, Infrastructure, Housing, Urban Development and Public Works**

Provide design and guidelines for climate proof EMC infrastructure development.

### **5.2.16 Ministry of Environment**

Support the Ministry of Health, Education, Water and Sanitation in developing guidelines for environmental emergencies'

### **5.2.17 Ministry of Industry, Trade and Cooperatives**

Build local capacity for production of EMC health products and technologies.

### **5.2.18 Research Institutions**

Conduct continuous research on EMC and generate information for decision making including policy revision and/or development.

### **5.2.19 National Treasury and Ministry of Planning**

- i. Set aside a National budget for EMC Interventions
- ii. Provide guideline for emergency medical care fund utilization

## 5.2.20 Ministry of Interior and Coordination of National Government

The Ministry of Interior and Coordination of National Government is the focal point for coordinating response to emergencies and disasters in Kenya. The functions of the ministry in line with this policy is to:

- i. Inculcate the tenets of the KEMC policy in the National Response Plan
- ii. To act as the command Centre for all communications and other operations,
- iii. To liaise with all responsible line ministries to support the implementation of the policy.
- iv. To coordinate the implementation of the national emergency response in line with the policy
- v. To mobilize resources to support response efforts in Emergency Medical Care
- vi. Provision of security to EMC critical infrastructure
- vii. Prepare to provide, in cooperation with other agencies, the appropriate personnel and the equipment needed in the emergency response operation
- viii. Provide license and accreditation of Ambulance Operators.

## 5.2.21 Kenya Defence Forces (KDF)

The KDF draws its mandate from Chapter 14 of the Constitution of Kenya which provides that the primary object of Defence Forces is to promote and guarantee national security. The mandate of the Kenya Defence Forces in line with this policy is to:

- i. Inculcate the policy to the defence Emergency Medical Care
- ii. Providing search and rescue services and logistical support in EMC
- iii. Provide integrated training for all hazard preparedness and response.

## 5.3 Financing and Sustainability

This EMC Policy 2020-2030 will promote domestic financing both at the National and County levels, mobilize donor funding, and adopt innovative sustainable financing options targeting the private sector while maximizing efficiencies. This strategy aims to focus on the following priority areas.

### 5.3.1 Mobilizing Domestic Resources for Emergency Medical Care

The EMC Policy 2020-2030 aims to achieve the following:

1. Support the development and implementation of the emergency medical care resource mobilization strategy to guide resources mobilization for emergency medical care

2. Support the National and County governments to allocate funds for emergency medical care in their budgets
3. Priorities emergency medical care as a sub-programme in the County PBB budgets
4. Support high-level advocacy for an increase of emergency medical care funding towards strategic commodities.

Generate evidence to support advocacy efforts for increased public and private sector investment in emergency medical care.

### **5.3.2 Optimizing private funds for emergency medical care to raise and leverage domestic resources**

Kenya is transitioning to UHC to ensure that all people have access to affordable quality healthcare services. Attaining the long-term goal of UHC requires additional investment in national health insurance coverage, which calls for new financing options. For emergency medical care, a substantial amount of funding is out-of-pocket expenditure, which is of concern because it has the potential to lead to catastrophic spending and impoverishment. A long-term goal is to push private financing for emergency medical care by households through a pooling mechanism, specifically through the National Hospital Insurance Fund (NHIF). Counties have embarked on a rigorous exercise to mobilize households to enroll with NHIF. Advocacy for coverage of emergency medical care through the NHIF is needed.

### **5.3.3 Optimizing funding from all the key sources to EMC Priorities**

To optimize emergency medical care investment, funding from both Government and development partners (project support and on-budget support) should be aligned to KEMC Policy 2020–2030 priorities. This is part of adherence to the Three Ones principle.



# ➤ MONITORING AND EVALUATION OF EMC POLICY 2020-2030

6

The EMC policy implementation will be monitored and followed-up using a set of financial and non-financial targets and indicators. The targets will be in line with the constitutional requirements, national goals and targets, and health sector priorities elaborated in Vision 2030 and County-specific targets and goals that will be elaborated in the National and County Annual Plans. These plans will be implemented and monitored through annual work plans and medium-term plans. The targets will be benchmarked against best practices from across the globe

## 5.1 Tracking progress

The M&E plan envisions the following:

- i. **Monitoring:** Quarterly performance monitoring meetings will be held to review the progress of implementation against targets in the annual work plans. Semi-annual stakeholder performance monitoring and review meetings at the National and County levels will also review performance against targets, address any constraints in implementation, and re-focus activities if needed.
- ii. **Control and Audit:** HIS remains the custodian of routine health information and provides access through the DHIS2 platform. Annual data quality audits will be conducted. Other emergency medical care generated data sets, including data from surveys, will be available from the MOH.
- iii. **Review and Planning Meetings:** As part of the commitment to performance monitoring, all stakeholders will meet biannually to review achievements against targets and milestones in the strategic plan and annual work plans. These meetings will also define and finalise priorities for the new financial year.

## 5.2 Measuring outcome and impact

This policy shall be reviewed after a period of five year from the effective date. The review process shall involve medium and end-term review of the strategy by stakeholders at National and County level. The National EMC Taskforce shall provide the guidelines and specify the procedures for reviewing the policy.

- Calvello EJB, Broccoli M, Risko N, Theodosis C, Totten VY, Radeos MS, et al. emergency Care and Health Systems: Consensus-based Recommendations and Future Research Priorities. Hauswald M, editor. Acad Emerg Med. 2013 Dec; 20(12):1278–88.
- National Council for Law Reporting. The Constitution of Kenya, 2010 [Internet]. National Council for Law Reporting; 2010. Available from: <http://www.kenyalaw.org/lex/actview.xql?actid=Const2010>
- About Us, International Federation for emergency Medicine [Internet]. International Federation for emergency Medicine. 2016 [cited 2018 Feb 3]. Available from: <https://www.ifem.cc/about-us/>
- Hirshon JM, Risko N, Calvello EJ, Ramirez SS de, Narayan M, Theodosis C, et al. Health systems and services: the role of acute care. Bull World Health Organ. 2013;91(5):386–388.
- Chang CY, Abujaber S, Reynolds TA, Camargo CA, Obermeyer Z. Burden of emergency conditions and emergency care usage: new estimates from 40 countries. Emerg Med J. 2016; emermed-2016-205709.
- Organization WH. Injuries and violence: the facts. 2010;
- Kenya Gazette Supplement, No. 101 (Acts No. 21) [Internet]. The Government Printer, Nairobi; 2017 [cited 2018 Feb 3]. Available from: <http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf>
- Huho JM, Mashara JN, Musyimi PK. Profiling Disasters in Kenya And Their Causes. 2016;
- Wachira BW, Wallis LA, Geduld H. An analysis of the clinical practice of emergency medicine in public emergency departments in Kenya. Emerg Med J. 2012 Jun 1;29(6):473–6.
- Debas HT, Donkor P, Gawande A, Jamison DT, Kruk ME, Mock CN. Disease Control Priorities, (Volume 1): Essential Surgery. World Bank Publications; 2015.
- Myers JG, Hunold KM, Ekernas K, Wangara A, Maingi A, Mutiso V, et al. Patient characteristics of the Accident and emergency Department of Kenyatta National Hospital, Nairobi, Kenya: a cross-sectional, prospective analysis. BMJ Open. 2017;7(10):e014974.
- Steel N. Global, regional and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet. 2017;390(10100):1151–1210.
- KENYA Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report. Ministry of Health; 2015.
- WHO | WHO emergency Care System Framework Infographic [Internet]. WHO. [cited 2017 Nov 26]. Available from: [http://www.who.int/emergencycare/emergencycare\\_infographic/en/](http://www.who.int/emergencycare/emergencycare_infographic/en/)

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