Kenya: Obesity Health System

Economic classification

Lower middle Income[1]

Health system summary

Kenya has a devolved healthcare system that can be split into three subsystems; the public sector, the commercial private sector and the faith-based sector. Most Kenyans receive healthcare from the underfunded public sector that has suffered in recent years from successive nurse and doctor strikes, a shortage of health workers and corruption. There is a mandatory national hospital insurance fund for formal sector workers that is optional for informal workers.

Currently, healthcare is financed through a combination of insurance, government funding, donor funding and out of pocket (OOP) payments. Both public and private facilities charges user fees with some exceptions such as certain facilities and age groups. It is estimated that OOP payments by individuals and donor funding make up 26.1% and 23.4% of total health expenditure respectively, indicating a precarious financial situation that offers inadequate financial protection[2]. Kenya has committed to reforming its health financing by 2022 in order to achieve universal health coverage.

Where is Kenya's government in the journey towards defining 'Obesity as a disease'? 🔴

Where is Kenya's healthcare provider in the journey towards defining 'Obesity as a disease'? 🔴

In practice, how is obesity treatment largely funded? 🔴

(🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity? 🔴

Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity? 🔴

Are there any obesity-specific treatment recommendations or guidelines published for adults? ⚪

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas? 🔴

Are there any obesity-specific treatment recommendations or guidelines published for children? ⚪

Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas? 🔴

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Obesity prevalence

13.7%	4.3%
Women	Men

Overweight prevalence

24.9%	13.2%
Women	Men

Key prevention policies

⇒ Guidelines on healthy eating

Summary of stakeholder feedback*

Obesity is not yet considered to be a disease in Kenya. Rather, it is considered a lifestyle condition and by some, a symbol of wealth and success to be celebrated. Stakeholders reported that obesity is not yet a priority as a result of these perceptions and the continued challenges of communicable diseases. It is noted that there are some positive developments however, such as the development of healthy food guidelines for children and the training and deployment of nutritionists.

It appears that obesity is only treated when comorbidities and complications have developed. Any treatment received is then paid for out of pocket by the individuals, typically in the private sector. Overall, treatment options are limited in urban areas, and are even worse in rural areas. In the few instances where one enters the health system living with obesity, they tend to leave the system with their obesity unaddressed because of the lack of obesity-specific care pathways and policies.

Stakeholders stressed that there are inadequate numbers of obesity specialists in both urban and rural areas. There is no specialist obesity training available, but it appears that there is also a lack of general training available. This lack of training contributes to the high numbers of individuals leaving the system with their obesity untreated.

There were conflicting responses on the presence of obesity management guidelines. One stakeholder reported that a set had been developed but were poorly disseminated. Others were not aware of the existence of any guidelines.

**Based on interviews/survey returns from 5 stakeholders*

Perceived barriers to treatment

- Lack of political will, interest and action
- Obesity not recognised as a disease
- Lack of financial investment and funding for coverage
- Cultural norms and traditions
- Poor health literacy & behavior
- Lack of evidence, monitoring and research
- Lack of training for healthcare professionals
- Social determinants of health
- Obesogenic environment
- Healthcare professionals disinterested in obesity

References

1. https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020 (last accessed 29.08.2019)
2. https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1006-2 (last accessed 03.01.2020)

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