

Time running out for Kenya on foreign assistance for contraceptives

By Evelyn Samba

In July, news media in Kenya reported that the Kenya Medical Supplies Agency (KEMSA) had distributed contaminated contraceptives to various parts of the country.

According to media reports, the contraceptives possibly became contaminated because of delays at the port of Mombasa awaiting clearance.

The United Nations Population Fund (UNFPA) shipped the contraceptives in question into the country in October 2020 and failure by the Government of Kenya to allocate a budget for tax clearance, caused an eight-month long delay in clearance from the port.

Eventually, the consignment was released, after The National Treasury requested the Kenya Revenue Authority to waive the taxes owed.

Although the contaminated contraceptives were quickly recalled, the saga of the mouldy contraceptives is a symptom of a deeper problem, and if no decisive action is taken in the next twelve months, it could be a sign of things to come.

Furthermore, the entire saga was also paradoxical.

While the contraceptives were sitting at the port awaiting clearance, there were reported shortages of contraceptives and other family planning commodities in parts of the country.

In November and December 2020, Performance Monitoring for Action (PMA) Kenya conducted a study in 11 counties (Nairobi, Kilifi, Nandi, Nyamira, Kiambu, Bungoma, Siaya, Kericho, Kitui, Kakamega and West Pokot), revealing that stock-outs were commonplace in public and private health facilities. Intrauterine devices, implants and injectable contraceptives were among the contraceptives affected by stock-outs to some extent.

Over the last two decades, Kenya has made tremendous progress in improving access to modern contraceptives. The contraceptive prevalence rate among married women of reproductive age stood at 61 percent in 2020, up from 39 percent in 1998. Contraceptive Prevalence Rate is the percentage of women of reproductive age who use - or whose partners use - a contraceptive method at a given point in time.

During these twenty years of progress in the percentage of women of reproductive age who use - or whose partners use - a contraceptive method at a given point in time, Kenya has largely depended on external sources to finance contraceptives, a key component of the country's family planning programme, which is an important cog in Kenya's quest for achieving her development aspirations.

The Government of the United Kingdom, the Federal government of the United States (through The United States Agency for International Development – USAID), The United Nations Population Fund (UNFPA), and the Bill and Melinda Gates Foundation have been supplying Kenya with contraceptives at no cost.

However, Kenya's status as a lower middle-income country means that we are no longer eligible for such support and that we are slowly being weaned off development funding for basic services such as health.

Indeed, the Health Sector Working Group Report 2021/22 to 2023/24 published in October 2020 notes that development Partners for Health Kenya (DFID, UNFPA, USAID, and the Bill and Melinda Gates Foundation), have pledged to match Government of Kenya funding for Reproductive Maternal Neonatal Child and Adolescent Health (which includes family planning) funding in a sliding scale till Kenya takes over domestic financing by 2023.

The family planning programme has a KES. 863 million allocation in the budget for the procurement of family planning and reproductive health commodities for the 2021/22 fiscal year, against the Ministry of Health's, projection of the funding requirement of KES. 1.7 billion, according to the draft national family planning costed implementation plan 2021 – 2024.

Kenya has variously committed to domestic funding for a robust family planning programme. Most recently, at the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development, popularly referred to as ICPD+25, President Uhuru Kenyatta led the country in committing to “...gradually increase financing of family planning commodities from domestic resources.”

We have in the recent past witnessed total breakdown of crucial health services after planned transition of funding. In 2019, the Kenya National Blood Transfusion Service was crippled after a planned transition from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funding to Government of Kenya's own funding leading to shortage of blood for medical use.

It is therefore crucial that the transition to Government of Kenya funding for contraceptives is managed well to prevent a similar disruption of family planning services due to lack of commodities.

As we join the rest of the world in marking World Contraception Day 2021, the Ministry of Health must lead advocacy efforts for allocation of the required funding for procurement of commodities in line with the agreement with funding partners, to ensure sufficient funding for contraceptives and for the larger family planning programme by 2023.

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