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Seek ways to improve quality of healthcare

We should reach a level where patients can demand quality, safe services at a health facility.



A nurse attends to preterm babies delivered at the Riley Mother and Baby Hospital at the Moi Teaching and Referral Hospital in Eldoret. Many patients, especially in rural areas, die due to lack of resources at the health facilities nearest to them. PHOTO | JARED NYATAYA NATION MEDIA GROUP

In Summary

- Not many health providers understand the importance of quality models of health, or the benefits such models give to patients.
- The National Hospital Insurance Fund is among institutions that have adopted the SafeCare model to introduce the quality standards in all facilities enrolled within its

insurance cover.

Since independence, Kenya has struggled to build a system that can effectively deliver quality healthcare to its population. However, this has barely kept up with the population growth.

Now with a population of more than 40 million, the sixth highest in sub-Saharan Africa, the healthcare need is higher than ever.

Over the years, the gap between the rich and poor has widened. The affluent are able to access quality healthcare services in private institutions. Such services have, however, proved elusive for the poor.

To combat this inequality, achieve universal access to quality healthcare and meet health-related millennium development goals such as improving maternal health care and reducing child mortality, it is important to ensure the level of services offered is high.

Offering quality healthcare services should be a basic minimum requirement that all Kenyans are entitled to. This is enshrined in the Constitution as well as Kenya's long-term economic development blueprint, Vision 2030.

READ: Kenyans urged to demand quality healthcare

(<http://www.nation.co.ke/counties/Demand-quality-healthcare/-/1107872/2402618/-/hui7ikz/-/index.html>)

READ: Firm sues health fund over State staff cover

(<http://www.nation.co.ke/business/Nairobi-Outpatient-Centre-NHIF-Civil-Servants-Cover/-/996/2402014/-/uyb7k8z/-/index.html>)

READ: NDEMO: Our medical malpractice crisis

(<http://www.nation.co.ke/oped/blogs/dot9/ndemo/-/2274486/2391482/-/2w7q2pz/-/index.html>)

In Kenya, private clinics provide nearly half of primary healthcare services.

Unfortunately, those that are affordable to the poor are often run by under-qualified staff with limited medical supplies.

With the current structure of the public healthcare system, where specialised care can only be accessed at the few referral hospitals, many of the rural poor have been left to basic health centres, dispensaries and small private clinics.

Our health system has been mired in declining indicators, dissatisfied patients and health providers and systems failure. The disparity in the quality of service is clearest within public institutions that also offer private services.

TOO MANY CHALLENGES

Fortunately, something exists to bridge this gap. The government and other private entities have a number of models for health, for example, the Kenya Quality Model for Health by the Ministry of Health and the SafeCare Programme, implemented by PharmAccess.

Both are aimed at satisfying patients' needs through improving infrastructure, human resources, hygiene, and privacy. Such initiatives have not been without challenges.

Not many health providers understand the importance of quality models of health, or the benefits such models give to patients.

For instance, the SafeCare standards, designed to gradually improve the level of quality in basic health facilities and district hospitals with limited resources in both rural and urban areas, already has 1,000 clinics in Kenya, Tanzania, Nigeria, Ghana and Namibia.

This has translated into better health services to about one million patients every month.

PATIENTS STAYING HOME

The National Hospital Insurance Fund is among institutions that have adopted the SafeCare model to introduce the quality standards in all facilities enrolled within its insurance cover.

Too frequently, we have heard stories of patients, especially in rural areas, dying due to lack of resources at the health facilities nearest to them.

The struggle is even more evident as some rural patients have to travel thousands of kilometers to access specialised treatment and care, while others remain at home because they cannot even afford travel costs.

The quality models of health are aimed at eliminating such sad stories.

We should reach a level where patients can demand quality and safe services when they visit a health facility.

Ms Spieker is the director of SafeCare Programme.