

Focusing on Global Health Solutions

A Report on the Learning Tours Fact-Finding Mission to Kenya:

*A firsthand account of investments in global health,
highlighting areas of maternal and child health*

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Allen Clinton/CARE

CSIS

CENTER FOR STRATEGIC &
INTERNATIONAL STUDIES

Global Health
Policy Center



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Trip Summary:

Our delegation traveled to Kenya 18 months after post-election violence left deep scars on its population of nearly 40 million people. We heard from women about their most pressing issues related to the health and well-being of their families. We spoke to health workers in rural communities and in urban areas about successes they've had at reversing maternal mortality and the spread of diseases like HIV and malaria, and the challenges they continue to face in these fights. Partners, local experts and Kenyan government officials provided their personal insights about U.S. health investments and how it contributes to their self-sustaining work.

The Learning Tours program primarily serves to introduce policymaking champions and other influential individuals to maternal, newborn and child health issues in the developing world. CARE co-hosted this trip with The Center for Strategic and International Studies (CSIS) Global Health Policy Center's Commission on Smart Global Health Policy (www.csis.org/globalhealth). The Commission, which is co-chaired by CARE's CEO Dr. Helene Gayle and Admiral William Fallon, former head of Central and Pacific Command, plans to develop actionable recommendations for a long-term, strategic U.S. approach to global health, culminating in a Commission report to be released in early 2010. As an operational development organization that has prioritized maternal health as a signature program, collaboration with such a well regarded institution is exciting and well timed. The purpose of this CARE/CSIS Learning Tour was to examine major issues surrounding the advancement of health services in a developing country context, using Kenya as a case study to review U.S. investments in global health. This trip to Kenya will help inform the recommendations to the Administration. Maternal health will be a key part of that recommendation to improve the overall health system.

Kenya

There's a great deal at stake in Kenya. As the principal gateway to East Africa and the southern Horn of Africa, it is an economic engine for the region. Kenya has been a strong U.S. security partner in an extremely volatile region, and has been a consistent contributor to international peacekeeping operations: in Somalia in the early 1990s, in Rwanda post-1994, in conflict in eastern DRC and in Sudan. Additionally, it is home to a large and growing Somali refugee population, particularly in the northern town of Dadaab. Despite recent social and economic setbacks and enduring challenges in Kenya's democratic path, there are many people who continue to push energetically for reform and accountability.

Health

By the late 1980s Kenya had more than quadrupled the number of health facilities serving its growing population; extended life expectancy from 40 years to 62 years; and improved maternal and child survival rates. An economic downturn and the intensification of the HIV/AIDS pandemic in the 1990s exacerbated a number of health challenges in Kenya, where at least half the population lives in poverty. Challenges include extending health services to impoverished populations; providing adequate financing to maintain and extend health infrastructures at all levels; and ensuring the availability of health care providers where

they are most needed. In 2006 14.8 percent of Kenya's health funding came from donor sources, still lower than some other regional countries where external funds account for 30-40 percent of all expenditures on health. Despite the infusion of donor funds, Kenya, like many other countries in sub-Saharan Africa, is not presently on track to meet the health-related Millennium Development Goals by the 2015 target. The government reports that there are more than 5,000 health facilities in Kenya. The government oversees 41 percent of health centers, NGOs run 15 percent and the private sector operates 43 percent. The government operates most hospitals, health centers and dispensaries, while the private sector operates nursing homes and maternity facilities catering to higher income clients.

Kenya faces a significant shortage of physicians, with only 4,500 in the entire country, according to the World Health Organization. Whereas the United States counts on 26 physicians per 10,000 people, Kenya has just one doctor per 10,000 residents, a ratio that is below average for the Africa region. More than 50 percent of Kenyan physicians practice in Nairobi, which, with an estimated 3 million people, represents a small fraction of the country's population. To improve its information gathering and to better track its progress in meeting the health-related Millennium Development Goals, Kenya has developed a Health Management Information System and is currently working with international partners to improve its capacity to provide timely and relevant data regarding the country's health situation to policymakers and other stakeholders.

Donor Involvement

The United States is Kenya's largest bilateral donor, channeling funds through the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative, CDC and USAID. For example, expenditure this year on HIV & AIDS programs is \$534 million. Of the 300,000 people on life-sustaining therapy today in Kenya, the United States supports 190,000 of them. Kenya joins with South Africa and Nigeria as among the three top countries for U.S. health investments in the past five years. The United Kingdom also commits significant bilateral funds to the health sector, followed by Denmark, Germany, Japan and the Netherlands.

Post-election violence and health effects

The two months of violence that followed the December 2007 elections affected Kenya's health sector in several ways. Not only were an estimated 1,500 people killed and thousands more displaced, but sexual violence significantly increased. In parts of Kenya where fighting was severe, HIV/AIDS patients were unable to reach clinics to receive anti-retroviral drugs out of fear of being attacked. Expectant mothers were not able to access health services because many facilities were simply shut down. The conflict also resulted with implications for health policy as well. The conflict ultimately came to a resolution through the creation of a coalition government of the two parties. In 2008 the Ministry of Health's functions were split and two ministers for health were named. With two ministers but still just one budget, the importance of coordination has never been higher.

Objective: Focus on big picture health issues and U.S. health investments in Kenya

Before field visits began, we started the day with a candid conversation with Buck Buckingham, PEPFAR country director; Dr. Rob Breiman, acting CDC country director; Dr. Shon Remich, director of the U.S. Army Medical Research Center in Kenya; and Karen Klimowski from USAID’s reproductive health unit. The discussion focused on issues of will, partnerships and resources.

Due to the group’s size, the delegation split in two directions but covered much of the same ground.

Tabitha Health Clinic – a successful public/private partnership with community buy-in

Kibera used to be a forest. Now it’s the largest informal settlement or “slum” in Nairobi. An estimated 1 million people are compressed in a fusion of rusting corrugated metal, tattered cardboard, rivulets of raw sewage and piles of garbage, all within an area measuring three-fourths the size of Manhattan’s Central Park. Traversing through narrow corridors atop decades of muddied layered rubbish, we reach Tabitha Health Clinic. Completed in March 2009, it was built brick by brick, each hauled in by hand by community volunteers over the course of two years. Because the community was involved up front in creating this center, they also protected it during post-election violence. Here we gain a deeper understanding of integrated health services targeting a low-income urban population.

According to Salim Mohamed, Tabitha’s executive director and Dr. Rob Breiman, acting CDC country director, the clinic is located in the middle of a key surveillance area of some of the worst health conditions in the world. Tabitha is funded through a joint venture with two North Carolina universities – UNC and Duke – with field and laboratory support from the CDC. The mission here is not only to provide health care for mothers and children now (seeing about 150-200 clients daily) but also to amass a large database of evidence to better understand and analyze the full spectrum of health issues. This is the first step to better prevention and treatment policies and practices not only for Kibera and Kenya, but hopefully also for the broader Africa region to learn from too.



Evelyn Hockstein/CARE

Karen Remley, Shana Chandler and Congressman Ellison walk through Kibera.



Allen Chikonyi/CARE

Salim Mohamed, Helene Gayle and Rob Breiman walk towards Tabitha Clinic.

Tabitha health clinic is spearheading a survey program to thousands of households throughout the 12 villages in Kibera. Some 40 CDC-trained caseworkers visit homes on a bi-weekly basis to conduct a computerized PDA-based survey. Delegation members accompanied case workers on their visits and observed the responses to questions, each leading to another set of questions to help identify new or contagious diseases. For example, the first Africa-based typhoid data is being compiled right here. Additionally, people are being identified for HIV at an earlier stage, making treatment more effective. And, expectant mothers with potential complications are now being referred to the clinic.

This use of PDAs is not only expected to save over \$100,000 in paper costs every year, but it's an important complement to the laboratory survey of infectious diseases. How mothers treat their children's fevers will be known. Strategies for community and health facility-based prevention and treatment will be improved.

Local Links and IDEWES – women's health and orphan care

A short trek back through Kibera, part of the delegation stopped at the Salvation Army Church for a roundtable discussion led by Stephen Okello, CARE's Local Links program manager. He spoke about Kibera's 20 percent HIV prevalence rate and partnerships with local organizations to reduce stigma and discrimination against people living with HIV. One such local organization is IDEWES, started by a retired nurse named Judy Muga, who joined us along with four women who told us about survival in this slum and the many challenges they face every day. Mwinza Mwema, a mother of nine (including three AIDS orphans) said her vegetable stand was burned to the ground during post-election violence. As her husband can't find work, she takes on jobs washing clothes and dishes, earning a little over a dollar a day to support her entire family. Mwinza said she simply has never had the time to think about her own health. She described

what it was like to give birth at home, straddling a sheet of paper spread on the dirt floor. Tying a string around the umbilical cord, she cut it herself each time. There are some 50 women's groups in this area that receive support through organizations like Judy's with CARE's help. These women all have or want to start businesses and participate in an urban savings and loan program. Their goals might seem simple but they're not – keep their children in school and be able to access health care services when they need to.



The money Mwinza Mwema earns washing clothes is her family's only income.

Nairobi Women's Hospital – private, free care for survivors of violence

Some of the delegation, including Congressman Keith Ellison (D-MN) visited the Gender Violence Recovery Centre at the privately-managed Nairobi Women's Hospital. The hospital provides free services for survivors of sexual violence. Just days before, Congresswoman Nita Lowey (D-NY) also visited this centre as part of the group accompanying U.S. Secretary of State Hillary Clinton on her tour of seven countries in Africa. The hospital was founded in 2001 and began receiving technical assistance and support from USAID in 2008. It is also supported by PEPFAR, among other donors. According to head nurse Rahab Ngugi, gender-based violence cases increased four-fold after election violence, noting that 10 women (out of 200) walk into this center every day who have been raped. She noted that in 2006 the government passed a sexual violence act but "now the real work starts," she said. The centre provides trauma counseling and conducts workshops on gender-based violence to communities and opinion leaders. The Nairobi Women's Hospital is the only private institution whose letters are accepted by the government to validate rape cases. Other hospitals are required to seek out validation from a police doctor. APHIA II also supports prevention of mother-to-child transmission of HIV, comprehensive HIV care and treatment, voluntary counseling and testing and TB testing at the hospital. CARE has trained 40 paralegals in Kibera who refer women to this hospital.

Lunchtime Meeting

During our meeting with **Peter Anyang Nyongo, minister for medical services**, we discussed overall issues of the Kenyan health system, current gaps and remaining challenges. The minister emphasized the need for rebuilding infrastructure (roads, railroads and bridges) and the importance of human resources development in public health.



Allen Clinton/CARE

Peter Anyang Nyongo, Helene Gayle and Steve Morrison, Director of the Global Health Policy Center at CSIS at the lunchtime meeting on Monday.

Pumwani Maternity Hospital – challenges of cost and infrastructure to improve safe motherhood



Allen Clinton/CARE

Services provided at Pumwani Maternity Hospital's antenatal clinic.

We then visited the Pumwani Maternity Hospital, which is under local government jurisdiction. Built in 1926, it has 354 beds, 144 baby beds, 10 incubators and two operating rooms. It's located at the gateway to the slums. According to Dr. Charles Wanyonyi, the hospital's medical superintendent, this is the busiest maternal health hospital on the continent. So far in 2009, they've delivered 11,000 babies and had seven maternal deaths. "When it's this busy you can expect complicated cases...10 percent require a lot of attention," he told us. "There have been advancements in maternal health and

greater awareness for family planning – if practiced, family planning improves maternal health.” They screen about 60-70 women a day on family planning. A normal delivery costs 3,400 Kenyan Shillings (\$45) and 6,400 (\$85) for cesarean – costs that are simply unaffordable for most families, especially teenage mothers. National Hospital Insurance Fund reimburses the institution for some of these fees when clients aren’t able to pay. One of the major challenges is that so many health workers leave Kenya because they don’t receive sufficient pay. According to hospital staff a doctor makes about \$1,000 a month and a nurse makes about half that.



Allen Clinton/CARE

Kevin Brennan visits two babies in the neonatal unit at Pumwani. These boys were both motherless.

After touring the antenatal, post labor and neonatal units some things were clear: modernizing hospitals like this one along with improved data collection and training to properly log that data could improve efficiency; they could use more incubators and cribs as there were 90 babies in the neonatal unit (6 shared one crib). The hospital receives support from CDC (laboratory) as well as PEPFAR and USAID funding to support training in care for mothers and TB and HIV screening, as well as prevention of mother to child transmission of HIV during pregnancy and breastfeeding. According to the hospital’s five year strategy, they aim to complete a high dependency unit; install a new water system; and have more training workshops in place.

US Ambassador Reception

Ambassador Michael E. Ranneberger was sworn in as the United States Ambassador to Kenya on July 31, 2006, nominated by President Bush. He was previously the Senior Representative on Sudan in the Bureau of African Affairs. From 2004 to 2005, he was the Africa Bureau’s Principal Deputy Assistant Secretary. He served as Special Advisor on

Sudan from 2002 to 2004. From 1999 to 2002 he was Ambassador to the Republic of Mali. He is a member of the Senior Foreign Service with the rank of Minister-Counselor.

The delegation was invited for a private briefing on both policy and politics in the Ambassador’s residence before sharing dinner with representatives from various operational organizations and bi-lateral donor organizations, including WHO, UNAIDS, and USAID.



Evelyn Hockstein/CARE

Congressman Ellison, Helene Gayle, Karen Remley and Peter Lamptey listen to Ambassador Ranneberger at his briefing before dinner.

Tuesday, August 11

Kisumu, Kenya

Objective: Explore the challenges of health service delivery in rural settings and immerse the delegation into the lives of average Kenyans

Departing early from Nairobi, we divided into three groups. CSIS co-chair Admiral Fallon went to Mombasa, Professor Merson went to Eldoret, and Dr. Gayle led a group through rural communities in Siaya District (Nyanza Province), located in the northwestern part of the country close to Lake Victoria and the Ugandan border.

Siaya district is one of the poorest districts in Kenya, where 63 percent of its 530,000 people (conservative estimate) live below the poverty line. There's a 24 percent HIV prevalence rate in Siaya, three times higher than the national level. The maternal mortality rate in this district is double the national level with only 38 percent of mothers receiving care from skilled birth attendants. Infant mortality is 77 per 1,000 and there is a low availability of family planning – 24 percent use contraception and 49 percent have unmet need for family planning. The delegation drove to Ting'wangi village about 90 minutes northwest of Kisumu in Siaya District. Ting'wangi means an open, raised place.



Allen Clinton/CARE

Women putting their goods out for sale.

Strengthening the House of Nanny – supporting those who care for AIDS orphans



Allen Clinton/CARE

Representatives of Tego od Dayo danced and sang with the delegation as they made their way from the meeting post to the local health clinic.

One of CARE's projects in Ting'wangi village, *Tego Od Dayo* or Strengthening the House of Nanny, is supported directly by President Obama and the First Lady, empowering 1,027 nannies (mostly widowed grandmothers) in their efforts to care for 3,191 orphans – primarily AIDS orphans and those who lost their mothers in childbirth. According to Auscar Wambiya, CARE's project manager, they work with elderly nannies to help them support the orphans in their care through small businesses that include growing, buying and selling cereal, groundnuts, vegetables and fish. When you say "TOD" to a nanny she responds by raising her arm in solidarity and saying "Tego Od Dayo" (strengthening the house of nanny). These nannies form groups and each put in 20 shillings a month into a social fund that they can also draw from. The delegation met with representatives from several TOD groups in Ting'wangi in the shade of a large tree down the hill from the health center.

The nannies told us that they are motivated to take in orphans because they want to help these children grow and lead productive lives. The group was then invited to walk through the village to the homes of two nannies.

First, the delegation visited the home of 71-year-old Beldina Oldo Otieno, who is a widow with five orphans. The orphans are her grandchildren – two from her daughter and three from her son. Beldina had six children of her own but they all are now dead. She says “when the kids are hungry or need to go to school they can only look to me.” Belina feels a lot of appreciation to be a part of the TOD project as it provides her with support. Before she didn’t know how she’d even feed the children. She got startup money through her TOD savings group. Group members like her can take out 1,000 shillings (\$13) and pay back 100 shillings

(\$1.30) in interest. Belina used the money to start a small business growing drought resistant crops like cassava that she sells at the local market on Wednesdays and Saturdays. On a good day at the market she makes 100 shillings (a dollar and a half) and people also visit her home to buy food she grows in a nearby field. Belinda, who never went to school, wants her grandchildren to get an education and get good jobs. She wakes up at 6 a.m. and sweeps the house and prepares breakfast. When the children go to school, she works in the field. When the kids get home, she starts supper and has them focus on their homework. She doesn’t ask the kids to help with housework until their homework is finished so they “get done what they need to do.” Life is especially hard on women like Beldina who seem to

have the weight of the world on their shoulders. Still, she musters the confidence to tell other nannies in her group “to keep a strong heart.” She feels the weight has been somewhat lifted from her when she helps others – it’s a reminder that she’s not alone.

Walking up to the home of Anastasia Akinyi Otieno we passed by the grave of her son who was killed during the post-election violence. Her son was the last of her children to live. Just before his death, her daughter was killed during a street robbery. Akinyi had seven children, most died before reaching their fifth birthday. She now cares for her four orphaned grandchildren, including twin girls whose father died when they were just 1 month old. Anastasia buys and sells cereals.



Allen Clinton/CARE

Shana Chandler met several children in Ting’wangi who benefit from the Nanny project.



Allen Clinton/CARE

Beldina Oldo Otieno is a widow with five orphans - all of which are her biological grandchildren.



Allen Clinton/CARE

Anastasia Akinyi Otieno lives up the road from Beldina and is also part of the Tego Od Dayo project.

The TOD project has helped her buy food and school uniforms for the two older children. Her husband had his leg amputated after being attacked by a python. Reaching down to pet her two puppies named Obama and Michelle; she says she also makes enough money to pay for her husband's medical bills. Appreciative of the support, she says she considers President Obama her "father and mother" and if she were to meet him, she would sing and dance.

Ting'wangi Health Center – challenges of access

Opened 24 hours a day, this compact health center provides a range of services including maternal and infant care, and testing and treatment for typhoid, malaria and HIV – all prevalent illnesses in this area. Women visiting the clinic told us how they had walked up to 10 miles on foot to get there. Such was the case with a mother named Josephine Akinyi Nyunja who with her three kids had walked two hours that morning to reach the clinic. Her children were sick with fever and she didn't know why. Health center staff noted that most emergencies have to be referred to the district hospital, a 30-minute drive on their motorcycle ambulance. One such case happened two days before, when a 16-year-old pregnant girl arrived with internal bleeding complications. We later found out that because she was able to get to the hospital, health workers saved her life but sadly, her baby did not survive.



Allen Clinton/CARE

Josephine Akinyi Nyunja walked two hours with her three children to the health clinic to find out what was causing their fevers.



Allen Clinton/CARE

Congressman Ellison asks the nurse in charge questions about the health center.

According to local health workers there are cultural norms and other factors that hinder women from accessing health services. For example, if a mother delivered her children at home she feels her daughter should do the same. There's also a belief that expectant mothers should not be operated on because it's not natural. Another barrier is distance, as only three facilities in the larger province area provide emergency obstetric care. The furthest distance between a community clinic and the closest hospital in Nyanza province is 50 miles.

CARE provides PMTCT (Prevention of Mother to Child Transmission of HIV) services at Ting'wangi and throughout this district, which helps to improve antenatal care because

investments have been made at critical intervention points for any pregnant woman, including referrals. CARE receives funding for the PMTCT project through the CDC. Over the past seven years, CARE has brought comprehensive PMTCT services from eight facilities to now 58 facilities. The goal is universal access to PMTCT services in this district – aimed at having 77 facilities in total. The project improves infrastructure;

maternal and antenatal services; specimen collection; counseling and HIV testing for moms and newborns; infant feeding; HIV couples counseling; family planning; and support supervision to help ensure quality services. According to Jude Otego, CARE's program manager in Siaya district, the greatest success has been that there are currently 20,685 pregnant mothers here and 80 percent have access to PMTCT services. CARE provides exclusive PMTCT services while the CDC focuses on anti-retroviral therapy (ART).



Allen Clinton/CARE

According to local health workers, the greatest challenges include staff shortages and linking HIV positive mothers to ART. There's also a lack of political will to support a National Community Health Strategy. This is a proposed blueprint for more community health workers – a strong strategy for a rural nation – that has been endorsed at the district level, but total cost has not been calculated, and therefore funds have not been budgeted for implementation.

CARE provides PMTCT (Prevention of Mother to Child Transmission of HIV) services at Ting'wangi and throughout this district, which helps to improve antenatal care because investments have been made at critical intervention points for all pregnant women.

Bar Olengo Village – promoting HIV prevention



Allen Clinton/CARE

Consolata Anyango is part of the HIV support group which works in the community to reduce stigma and educate others about getting tested.

After a 20-minute drive we arrived to Bar Olengo village to hear from an HIV support group that started four years ago. It comprises 35 women and 15 men. They are all HIV positive and have come together to reduce HIV prevalence, strengthen advocacy within the community to reduce stigma and educate others on mother to child transmission.

Group member Consolata Anyango told us that after finding out she was HIV positive in 2004, her goal has been to strengthen advocacy to sensitize the whole community. She advises others that it's not superstition or a death sentence. She acts as a role model for others and serves as secretary for her group. She has two living children (aged 16 and 17). Her third child died young from measles. Consolata gets ARVs

from the nearby dispensary when she needs them. She says it used to be when someone with HIV came to the clinic, people would call them "firewood," viewed "as good as dead." She's working with health workers to change that stigma, proving there is still life after a positive HIV test. According to Consolata, "There's no difference between an HIV positive person and someone who hasn't been tested. You can't distinguish between the two because one has yet to declare HIV status. Someone who has not been tested contributes to the stigma."

Bar Olengo Dispensary – challenges of staff and facility size

Moses Busolo is the nurse who runs the Bar Olengo dispensary. This dispensary has two staff, including him. He says there's a great need for more people to gain knowledge about health issues. By doing so, they can help provide a service to humanity and not just in this village. Moses sees about 80 patients a day, offering a broad range of services, including supporting the needs of people with HIV like Consolata. Every month he delivers around 10 babies, provides antenatal care to some 70 women and family planning services to 60 couples. He says his dispensary is simply too small a facility and too understaffed to meet the demand for so many people in need.

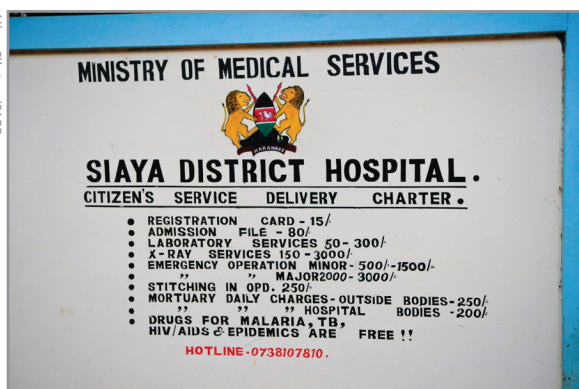
Moses is an example of a young health worker, clearly dedicated and passionate about helping others. But he is also an example of the health care worker shortage that plagues the whole system. He does everything at this dispensary, from checking everyone in to delivering babies.



Allen Clinton/CARE

Moses Busolo runs the health dispensary in Bar Olego. He checks in and treats each patient as well as mentors the HIV support group.

Siaya District Hospital (SDH) and KEMRI – research partnerships and a structure for analysis



Allen Clinton/CARE

The Siaya District Hospital serves the 500,000 people who live in the district.

This is the only hospital in this district accepting pregnancy-related referrals from smaller clinics and dispensaries like Ting'wangi and Bar Olemgo. First-time mothers visiting this hospital receive a Baby Booklet that CARE helped produce. Although the hospital was designed to accommodate 360 beds, it is frequently well beyond capacity. The hospital also accommodates about 200 outpatients every day on a first come, first served basis. The pediatric ward admits as many as 30 children per day during peak malaria periods following the rainy season. As part of ongoing activities in Kenya, the Kenya Medical Research Institute (KEMRI) established state-of-the-art research facilities at SDH.

At KEMRI, CDC and Walter Reed staff, along with Kenyan scientists, presented data, covering the entire Nyanza Province. According to the data presented, only 30 percent of the people in Nyanza Province have been tested for HIV. It was emphasized that male circumcision can reduce HIV risk by 60 percent and that in 2006, the Kenyan government incorporated male circumcision into their prevention activities.



Additionally, according to CDC district director Kayla Laserson, rotavirus vaccine trials are coming to an end here. Rotavirus is the biggest disease burden in Kenya, resulting in severe diarrhea. If the rotavirus vaccine trials prove successful, it can be introduced as early as 2011. This is also the site for malaria vaccine trials, which began in July. Preparations are also being made for TB drug trials. These activities afford an opportunity for training and capacity building for local health workers to enable them to respond to the growing challenge imposed by infectious diseases.

Dinner meeting with donors and implementing partners

That evening, Helene Gayle, president of CARE, hosted a robust dinner conversation with 15 Kisumu-based partners to discuss the larger challenges and the areas of focus. All agreed that foreign aid reform was key in addressing some of budget constraints that keep donor funds coming in silos to Kenya. There was also acknowledgement of the innovative integration that has been done, especially with family planning services given these constraints.

Wednesday, August 12

Nairobi, Kenya

Objective: Advocate and build awareness for U.S.-Kenya partnership that promotes good health policy

A two-hour flight delay provided quality time for Dr. Gayle and Congressman Ellison, as well as Shana Chandler from Congressman Smith's office and Kevin Brennan from Congresswoman DeLauro's office to discuss ways of working together back home. Once in the air, we could look down to see herds of cows also heading toward Nairobi as normal feeding areas were affected by drought, resulting in crop failures and electricity rationing.

Arriving to Nairobi we came together with the other groups from the delegation to debrief before an afternoon public forum. The forum was attended by partner organizations, donors and local media. Participating on the panel: Nuh Nassir, vice chair for the Parliamentary Departmental Committee on Health; Peter Lamptey, Family Health International president; Michael Chege, advisor for International Development Policy in Kenya; Congressman Keith Ellison; and Helene Gayle, president and CEO of CARE. It was moderated by Pamela Asigi of Nation TV.



Evelyn Hockstein/CARE

Helene Gayle presents at the public forum, which drew about 75 people.

Final thoughts

Much can be drawn from Kenya to be applied more broadly as we look to enhance awareness and commitment to health issues around the world. Even though we are seeing improvements, which U.S. assistance has played a major role in achieving, we aren't where we should be. Clearly, there's no quick nor easy fix to get there.



In Kenya we must consider that the population is likely to double in 35 years, and on a global scale, the population is likely to reach 7 billion by 2011. Addressing health care, including access to family planning and maternal health services, will be critical among an ever-growing younger population and diseases associated with a young lifestyle – currently 65 percent of Kenyans are under 25. Given population growth and needs associated with it, it will be important for the United States to help lead the way in meeting evolving priority needs.

Currently 65 percent of Kenyans are under 25.

like we've witnessed on this trip, as more evidence-based data is collected and analyzed, it will help drive priorities. Moving forward, as we look to solve health problems and increase access to health services, it's important not to think solely about the technical interventions. Donor integration and coordination is also extremely critical. Increased flexibility of investments will be a major driver of success. Ultimately, our goal is to establish a global health platform that allows governments and communities to take on more of an ownership role and make it sustainable. The bottom line is that we need to get this strategy right, and efforts should not be about political advantage but rather the health and well-being of the people, like the ones our Learning Tours delegation met in Kenya.

The good news is we know the kinds of things that make health systems work, from procurement of medicines to training health workers to good policies that make efforts sustainable. And,



Donor integration and coordination across sectors, like water, education, and hunger, is critical to increasing access to health services.

Notes



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