Kenya

Enabling environment – policies and strategies to support the information society
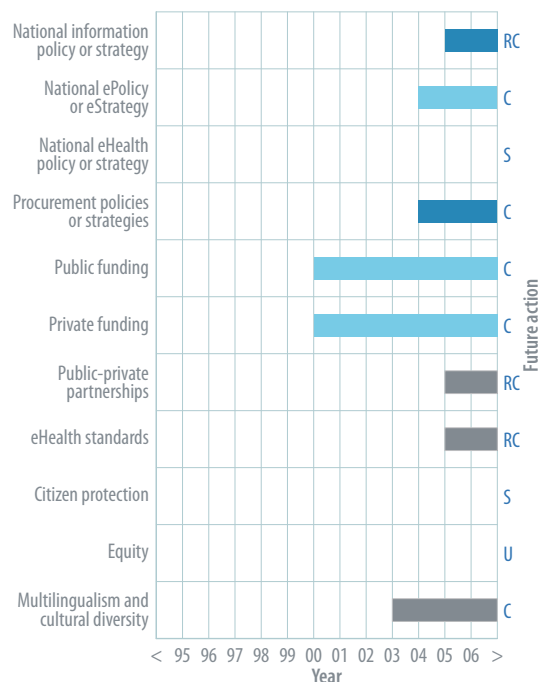

Figure 1. Enabling environment for ICT in the health sector: actions taken or planned within 2 years and their effectiveness rating

Kenya reports that the majority of the listed actions to promote an enabling environment for information and communication technologies (ICT) in the health sector have been taken between 2000 and 2005. These actions are rated from moderately to very effective and are predicted to continue over the next two years. The implementation of a national eHealth policy, and creation of regulations to protect the privacy and security of individual patient data where eHealth is used are likely to be introduced by 2008. All of the actions already taken in this area are planned to continue. To date, no decision has been made whether policies to promote inclusiveness and equitable access to eHealth will be introduced in the next two years. Kenya notes that the liberalization of the mobile telephone market has promoted communication. The most effective development in building an enabling environment for the use of ICT in the health sector has been the establishment of an eGovernment in the Office of the President; Government Technical Services (GITS) under the Ministry of Finance; and an eHealth Intersectoral Group under the Ministry of Health. The absence of a framework in which to implement the eHealth policy is being identified as the most significant challenge and one of the priorities to be addressed by the eHealth Intersectoral Group.

Infrastructure – access to information and communication technologies

A national plan for the development of ICT in health was implemented in 2005 and has not yet been rated. A national policy to reduce the costs of ICT infrastructure for the health sector (begun in 2003) has been very effective and is planned to continue over the next two years. Intersectoral and nongovernmental cooperation to promote infrastructure development has been in operation since 2000, is rated as moderately effective, and is likely to continue. The most effective action, thus far, in building ICT infrastructure for the health sector is reported to be the reduction of import duty on eEquipment, which has lead to a decrease in hardware costs. However, prices still remain high

Figure 2. ICT infrastructure development for the health sector: actions taken or planned within 2 years and their effectiveness rating

for the general public and this is reported as a significant challenge in the extension of access to the broader community. Another challenge reported is the lack of electric power in rural areas and the frequent power interruptions in towns.
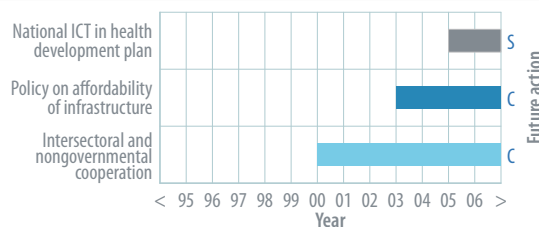
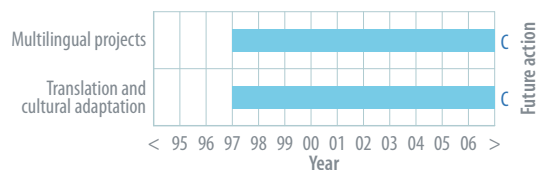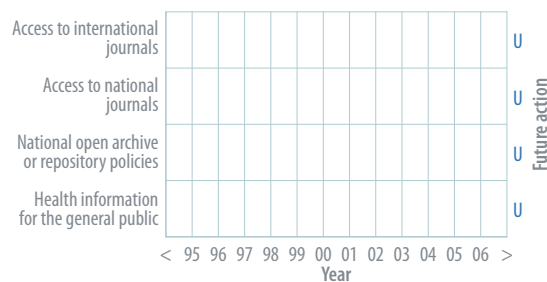## Cultural and linguistic diversity, and cultural identity

Figure 3. Electronic multicultural health content: actions taken or planned within 2 years and their effectiveness rating

Both of the listed actions to promote the development of electronic multicultural health content were introduced in the late 1990s. They are considered moderately effective and are expected to continue over the next two years. The most significant challenge to provide electronic multicultural health content is described as being the absence of a well-staffed, -equipped and -supplied government health education centre where these products would be produced.

Country indicators					
Population (000s)	32 734	OECD country	No	Main telephone lines*	0.92
GDP per capita (Int $)	1 502	World Bank category	4	Internet users*	4.63
Total health expenditure (% of GDP)	4.3	ICT Diffusion Index	0.2193	Mobile phone subscribers*	7.85

Content – access to information and knowledge

Figure 4. Online access to health content: actions taken or planned within 2 years and their effectiveness rating

To date, none of the specified programmes to develop or provide electronic health content for the medical or research communities have been implemented and a decision remains to be made as to which actions will be taken over the next two years.

Capacity – human resources knowledge and skills

ICT skills courses were adopted as part of university curricula for health sciences students in the early 1990s. This initiative is reported as very effective and likely to continue over the next two years. No decision has been made, to date, as to which of the remaining educational programmes will be introduced by 2008. A pilot telemedicine project was initiated in 2004 by the African Medical and Research Foundation (AMREF). The project is rated as very effective and will be reviewed and continued over the next two years. The most effective action to build ICT capacity in the health sector has been the supply of computers with e-mail facilities to all districts, as well as the training of users. This is cited as having led to a "tremendous" increase in the rate of reporting of tuberculosis cases and those registered in the Expanded Programme on Immunization (EPI).
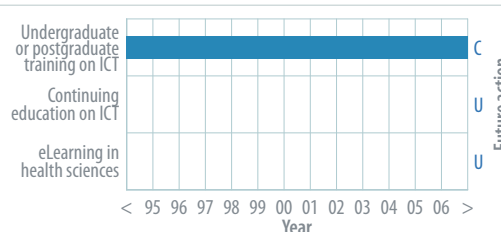

Figure 5. ICT capacity in the health sector: actions taken or planned within 2 years and their effectiveness rating
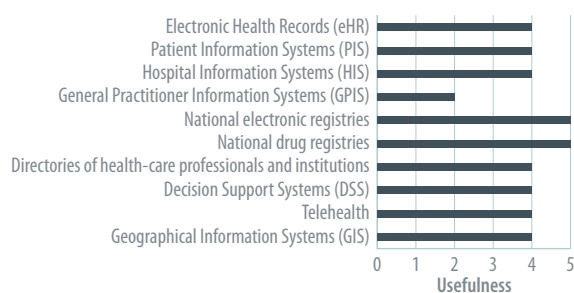
eHealth tools and eHealth services

Figure 6. Preferred generic eHealth tools to be provided by WHO

Figure 7. Preferred eHealth services to be provided by WHO

The majority of the listed eHealth tools are rated from very to extremely useful if the World Health Organization could offer these as generic prototypes for adaptation to Kenya. A Patient Information System is being pretested in the Mbagathi hospital in Nairobi and this pilot programme is reported as very useful. The specified eHealth services are all rated from very to extremely useful.

Legend					
Effectiveness		**Future action**		**Usefulness**	
Extremely effective		C	To be continued	5	Extremely useful
Very effective		RC	To be reviewed & continued	4	Very useful
Moderately effective		S	To be started	3	Moderately useful
Slightly effective		P	To be stopped	2	Slightly useful
Not effective		U	Undecided	1	Not useful
Unknown effectiveness		0	No data / No action	0	No data
Start date unknown					
No data				*per 100 inhabitants	