Devolution and health care system: challenges and opportunities

Health is among the big 4 Agenda. Fourth schedule (part 2) 2010 constitution designates Health as County function. The Health system becamethe devolved function since 2010 other than policy management. According to Article I74 of the constitution (c), (h) explains the objects of devolution. Further Article 43 (I)(a) (states that every person has the right to highest attainable standards of health including the right to health care services including reproductive health care. Article 43(2) Further states that persons shall not be denied emergency medical treatment including Health education, referral systems, emergency Ambulance services, care and support, HIV/AIDS, policy administration, primary health systems. Referral systems in the counties remain over-crowded; many ailments are not treatable in many referral systems in the level 5 hospitals as currently gazette. Further, there have also been incidents where Industrial courts have been frustrated for the workers engaged in industrial actions. The Major challenge has been the Non-seamlessness of devolved Health Units fitting unto the Counties: Health workers' enumeration packages, management of workers bargaining Agreement and grievances, job group challenges, strikes management systems, drugs procurement, corruption, delayed salaries and wages, brain drain to overseas, shortages of health workers in Northern Frontier and ASAL regions. Health systems in the counties exhibit myriads of opportunities including employment of locals, Improved Health care systems, drugs must be available tenderpreneurs of the local communities, supervision of service delivery is easy,fast,quick and felt within the community, easy identification of community needs, easy to handle emergency services at the community level, public participation to identify local projects, Nurturing of local Doctors/clinical doctors and Nurses to help treat local diseases as identified in the community.

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