

Network for Africa: Walter Ooko Interview  
February 2012

Barbara O'Hanlon (BOH): Good afternoon. My name is Barbara O'Hanlon, and I am the Senior Policy Advisor for a USAID funded project called SHOPS. SHOPS means Strengthening Health Outcomes *through* the Private Sector. We're speaking today from the SHOPS office here in Nairobi, and I have the pleasure of talking to one of our strongest private sector champions and counterparts, Walter Ooko. Hello.

Walter Ooko (WO): Hello, Barbara. Finally good to see you in Nairobi so that we can have this interview.

BOH: Thank you. Can you please start by introducing yourself and the association that you represent?

WO: I'm Walter Ooko, the Chairman of Kenya Healthcare Federation, which is also the health sector board within Kenya private sector lands.

BOH: So, Walter, the reason I wanted to talk to you today is that I've had several other interviews with sister organizations in Ghana and Tanzania, and the Kenya Health Federation is one of the oldest and longstanding private medical associations in the region, and we wanted to learn from your experiences. So, can you tell me how you, across the years, have been able to address one of the challenges that others have mentioned was how do you get over the competitiveness between the different private sector groups?

WO: That's an interesting one, Barbara. Indeed it is a challenge, but it also, it's – it's an opportunity. The reason we came into being was because all of us was faced with a single issue. It was a common issue which was around healthcare financing. That was way back in 2004, when the government then deemed it fit that they wanted to introduce universal healthcare coverage through payroll taxes and employer contribution. It was a plan that hadn't been well thought through, but it had such a high political capital with the electorate, and therefore the stakeholders in the healthcare area saw the need to come together and address that issue as a lobby group.

BOH: So they were able to put aside their competitive interests and say we need to work on this together?

WO: And it was the first time that they – they realized that it truly is a strength -- in the numbers, they had strength to be able to be heard by the other side. Or otherwise they were just going to be run over and a plan was going to be unveiled, and they would have to comply with the consequences.

Now, thereafter, because this was a very loose group indeed, thereafter we got together and sat down and said well, really there's need for us to have a formal group that would be looking at crosscutting issues that affect the health sector. The healthcare financing issue wasn't going to go away.

BOH: Correct.

WO: It wasn't. And although we did win the battle, we knew that the war was still there to be fought. And there were other issues like standards and –

BOH: Equality.

WO: Equality. Legislation. The legal and health-related acts that had to be addressed, and training, inspections ... So then we all came to our senses and we said well, let's start talking together, find common ground, create a platform on which we then engage on a regular basis with the policymakers.

BOH: Another one of the issues that I heard from the other interviews with the Ghanaian and Tanzanian private provider associations was the issue of financial sustainability. These are both growing or if you would say emerging associations. What strategies have you put into place to insure the longevity of this organization?

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WO: Kenya Healthcare Federation has based its – its financial sustainability model on the basis of membership commitment to subscribe, which is basically subscription so it's membership based.

BOH: Okay. It's membership dues.

WO: It is – it's not easy. We've got to look at budgets very, very carefully. We've got to embark on activities that are within budgetary limits. We've been able to do that now for the last five years, but there's greater realization we need to supplement this through either partnerships or through other projects that we embark on. Either as KHF or through association – the BMOs that form –

BOH: Right.

WO: Which is the business member organizations that form KHF. For example, we've just recently entered into partnership with IPSOS.

BOH: I see. Um hmm.

WO: Where we are now conducting an omnibus survey twice a year which is in five areas: Medical insurance, we get into that; noncommunicable diseases; we're looking at service provision; we're looking at supply chain; we're looking at impact on health; and we're hoping that through this partnership we'll be able to generate some additional revenue that will go towards probably over – overhead recovery.

WO: Yes.

BOH: The last question I would have for you is your group represents the many different aspects of the private health sector in Kenya; so you've been able to bring together private providers, manufacturers, the whole gamut. And it – it appears that you've also been able, through the KHF, come together with one voice. Now the question is -- how are you using your voice with the government?

WO: Remember we're fortunate in Kenya in the sense that, as I said, we had a single issue that cut across not just the health sector, but it did affect employers and industry, not just in the pharmaceutical or healthcare related product manufacturing industry. But this cut across. It touched on agro-based, agricultural industry; it touched on other financial -- financial services and employers. So, KEPSA then was in formation, which is the Kenya Private Sector Alliance. Now this is an umbrella body that brings together all the private sector players in Kenya. But I think in retrospect it was the health sector, it was Kenya Healthcare Federation in its very formative stage that also gave KEPSA the reason to bring everybody together and say, wait a minute, we need to engage with –

BOH: The government.

WO: Government.

BOH: Ah.

WO: On a very regular basis. On an informed basis, not on an antagonistic – not to take an antagonistic stance, which had been the case before, because up until then it was always single issue-based discussion.

BOH: Right.

WO: Which was you versus me.

BOH: Very confrontational.

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WO: Extremely so. So KEPSA had started to develop mechanisms with which to engage with the other side, that's the government. And the entry point was that since KEPSA was organized on the basis of sectors –

BOH: Right.

WO: So, Kenya Healthcare Federation became this health sector board champions of health-related issues that the private sector needed to discuss, engage with the other side, which is the government. So it didn't matter whether you – you had an issue as agro-processing based industry, whether there were some health-related acts. Now you didn't take it upon yourself to discuss that with the relevant ministries on the other side, but you came through –

BOH: KEPSA.

WO: KEPSA, and therefore, KHF-

BOH: Right.

WO: And these, like with all sectors, they engaged with the government on the basis of what we call ministerial stakeholders forum.

BOH: Yes, I understand KEPSA and also KHF have had some very important meetings with the Prime Minister.

WO: Right. But before you go there, the ministerial stakeholder forum meant that the minister co-chaired the meeting with the chair of the sector board.

BOH: Um hmm.

WO: This, in our instance, with myself. In his absence, the Permanent Secretary. So that it had, first of all, an endorsement at that political level that there was a will to engage and discuss --

BOH: Between the two within the health sector.

WO: Within the health sector. Or another sector. And then the next question that you just asked: Now, if these issues or those operational issues were not satisfactorily resolved at the inter-ministerial meetings, then we took them to the Prime Minister's Roundtable.

BOH: Nice.

WO: Right. And the Prime Minister's Roundtable – this has been in existence since 2008. First of all we started on a very large scale where we looked at the economic and the social ministries which tended to be rather unwieldy; and thereafter we moved on to thematic areas. So we've – we've had traction there, and the – we have a tracking mechanism.

BOH: Right. Okay.

WO: Yeah. And before we – we – we embark on the next Roundtable, the information is shared on the progress that has been achieved so far on those issues that have been raised.

BOH: So, Walter, I want to thank you for taking the time to come into our office...

WO: Thank you, Barbara.

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BOH: ...And to share the experience of the Kenya Health Federation. And I look forward to the next time I come to Nairobi to stop by and see what you all are doing.

WO: Thank you, Barbara, and we look forward to receiving you again in Kenya.

BOH: Thank you.

WO: Thank you.