



Ministry of Health

GUIDELINES ON CROSS-SHARING OF SPECIALISTS IN THE HEALTH SECTOR



September 2017

Care Beyond Geographical Boundaries

Disclaimer

This publication is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this publication are the sole responsibility of the Ministry of Health and do not necessarily reflect the views of USAID or the United States Government.



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FOREWORD

It indeed gives me great pleasure to present the guidelines on Cross-Sharing of Specialists in the Health Sector. The guidelines were developed through active participation of key stakeholders drawn from national and county governments, faith-based organizations (FBOs), regulators, professional associations, the private sector and development partners. The development of the guidelines on Cross-Sharing of Specialists, whose theme is Care Beyond Geographical Boundaries, provided a unique opportunity for a bottom-up approach to the process of policy development where need was identified by the consumers of the policy; the County Governments. The counties developed, also, a concept note and lobbied for the support of the national government. This was from the understanding that policy development and its actualization is the mandate of the national government.

Provision of high quality health services for all Kenyans is a constitutional right enshrined in article 43 of the Constitution of Kenya 2010. Achievement of this right, however, remains a challenge largely because of the imbalance in the distribution of the human resources for health. Kenya's health sector got devolved in 2013 with the management of health workers (HWs) falling under the counties. This transition occurred amidst policy gaps in management of health workers, consequently hindering progress towards accessible, equitable and affordable health care for all. The most affected by the transition was the provision of specialized health services. This was because a majority of health specialists are located in urban areas and former

provincial hospitals. In addition, the variation is evident with teaching hospitals and large hospitals with a population that can afford to pay for health services registering a higher density of the health specialists compared to rural and hard to reach areas.

Through the guidelines on Cross-Sharing of Specialists, counties devised short to medium term strategies for addressing constraints in the availability of specialized health services towards improved service delivery. Implementation of these guidelines will open opportunities where counties will access health specialists and engage them on service requirement basis. The concept has also opened up national dialogue on the best mode of availing specialized health services, with the national government working towards a long term mechanism for the provision of health specialists to deserving counties. In this regard, the Ministry of Health and the County Health Departments will continue to provide stewardship in the implementation of the guidelines. The guidelines are highly welcome as they constitute a significant addition to our Human Resource for Health interventions, especially as the devolved health services and its workforce take shape in the country.



Peter Tum
Principal Secretary, Ministry of Health
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INTRODUCTION

The World Health Assembly terms the serious human resource shortage in the health sector as “a crisis in health”. A major factor contributing to this crisis is lack of resources, especially qualified staff and lack of respective appropriate management for efficiency and effectiveness in service delivery. The intensity of transaction of many health services makes professional health staff one of the scarce resources in many health systems. Despite being multifaceted and complex, the shortage of human resources can, however, be addressed. The production and availability of health workforce is both a country and counties’ responsibility. In designing solutions, policymakers must take into account the diversity in the context of health service delivery.

The distribution and density of health workers in Kenya is characterized by a geographical variation. Areas with teaching hospitals or large hospitals and a population that can afford to pay for health services invariably attract and retain more health workers than regions without such facilities or financial support. As a result, health worker density is generally highest in urban centers where teaching hospitals and high incomes are most common. The proportion of health professionals living in urban areas exceeds the proportion of the general population found there, thus more health specialists are found in urban centers as compared to rural and hard to reach areas.

Provision of high quality health care services to all Kenyans is a constitutional right enshrined

in Article 43 of the Constitution of Kenya 2010. The achievement of this right, however, remains a challenge largely because of socio-economic shortcomings and other factors that have resulted in an imbalance between the demand for and supply of health services, hence the limited human resources for health (HRH). Kenya continues to grapple with a high disease burden yet a significant majority of the citizens continue to have limited access to health services. Inadequate number of skilled human resource and, especially, those offering specialized services has had significant negative impact on efforts to improve access to quality of health services. Rural counties have borne the brunt of this imbalance as health workers prefer urban areas, where there are more opportunities for career growth and improvement. This scenario emphasizes the need for the sharing of specialist guidelines to ensure that Kenyans have access to specialist healthcare across the country.

Secondary and tertiary health care service is provided by medical specialists and other health professionals who generally do not have first contact with patients, e.g. cardiologists, neurologists, urologists and dermatologists among others. Specialized consultative health care is usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and amenities for advanced medical investigation and treatment, such as a referral hospital.

According to the Health Sector HR Strategy (2014 – 2018), the distribution of health workers remains skewed overall, with some areas of the country facing significant gaps.

One of the strategic objectives identified to address this problem is equitable deployment and redeployment of the health workforce. To facilitate this, one of the activities identified was the development of sharing of specialists guidelines for the county governments. This activity is a stop gap medium term measure to address the current shortages. The long term measure, which will ensure sustainability, will rest on national and county government efforts to train and retain the specialists within the local job market.

The implementation of the guidelines on cross sharing of specialists in the health sector is anchored on several legislations and policies. These include: The Constitution of Kenya 2010 (COK, 2010) Article 43a on right to highest attainable standards of health, Article 20 on the Bill of rights, 4th Schedule part 2 on functions of County governments, Article 185 on functions of the County Assembly, County Government Act Part 12; section 117 on standards and norms for public service delivery and section 118 on shared services; the Kenya Health Sector Human Resources for Health Strategy (2014 – 2018) strategic objective 1.2 on equitable deployment and redeployment of the health workforce and; the Sustainable Development Goal (SDG) 3 to ensure healthy lives and promote well-being for all at all ages.

This guideline has been developed in partnership with national government, county governments, regulatory bodies, professional associations, specialists, faith-based organizations, the private sector and development partners.

Justification

The Constitution of Kenya 2010 provides every Kenyan the right to the highest attainable standards of health. The Constitution also places a fundamental duty on the State to take legislative, policy, and other measures to achieve progressive realization of this right. Schedule 4 of the Constitution assigns to the county governments the functions of delivering essential health services and managing HRH. Also, it assigns to the national government the functions of stewardship for health policy, capacity building, technical assistance to counties, and oversight of national referral health facilities. The advent to devolution of health services faced a number of challenges, for example mal-distribution of health specialists who were mainly found in urban settings and within counties that inherited former provincial hospitals. This denied a number of counties the essential specialized services. Considering the training of specialists takes considerable length of time, short term measure on cross sharing of specialists from well-endowed counties or institutions like teaching and referral hospitals, a practice that had been initiated among the Lake basin counties, was conceptualized. The guidelines provide a framework for implementation of this measure.

Scope

This guideline will guide sharing of specialized skills in the health sector across the country. It will streamline the approaches for cross sharing of specialist services. The guideline will provide a formal framework for implementation of cross sharing of specialists in the health sector as a short term measure in addressing shortage and mal-distribution of health specialists.

The specialists to be shared are outlined in Annex 1 and shall include but not limited to the following:

- Surgeons and surgical sub-specialists
- Physicians and physicians sub specialists
- Pediatricians
- Gynecologists/obstetricians
- Mental health specialists – medical doctors, nurses and clinical officers
- Clinical nutritionists
- Clinical psychologists
- Optometrists
- Ophthalmologists
- Specialized nursing services: renal nurses, theater, ICU nurses, (critical care nurses)
- Radiologists
- Anesthetists – medical doctors, nurses and clinical officers
- Clinical pharmacists
- Public health specialists
- ICT support for telemedicine and health information experts
- Expert on Infection control, biosecurity and environmental health
- Diagnostic and laboratories specialists
- Biomedical Engineers.

Criteria for Enrolment

- Professionalism
- Qualifications
- Ability and willingness to mentor other staff in specialized areas with tangible results.
- Meets the prescribed constitutional requirements (Chapter 6 of the Constitution of Kenya 2010)
- Good Performance record
- Recommendation from institution/ employer
- Willingness to work in any part of country
- Duly licensed by the relevant regulatory bodies.

Objective of the Guideline

The Guidelines on Cross Sharing of Specialists in the Health Sector will aim to address the existing gaps on shortage of specialized skills in the counties. It envisages provision of high quality health care services for all Kenyans through the sharing of the existing resources within the country. The sharing is facilitated through innovative approaches such as memoranda of agreement between governments or institutions and putting in place contractual agreements between governments and individual specialists. This should not disadvantage the employing institution or county.

It sets out the process to be followed to access the services, which include but not limited to the following:

- The specialist to provide services in their area of specialty training

- The specialist to ensure provision of quality service for the period of engagement
- The host county government to choose the health facility or sub-county where the service is needed and it will be provided by the specialist
- The host county to identify adequate workload to be undertaken by the specialist in advance including booking of patients to be attended to.
- The host county must ensure the specialist is provided with accommodation, transportation and security
- The specialist to build the capacity of the staff in host County through on-the-job training, coaching and mentorship.

Key stakeholders

The successful implementation of this guideline will require the concerted efforts of several stakeholders. These include:

- Professional Associations
- Regulatory bodies
- Ministry of Health and County Health departments
- National Treasury
- Training institutions
- Research Institutions
- Teaching and Referral Hospitals (national and county)
- Media
- Faith-Based Organizations– hospitals and medical training institutions
- Charity organizations and philanthropists
- Medical supplies agencies
- Health specialists

- Private sector- hospitals and medical training institutions including Kenya Healthcare Federation
- Non-medical specialists, e.g., ICT
- Health NGOS through HENNET
- Medical insurance companies- NHIF and private insurances, professional indemnity
- Security agencies
- Legislative bodies
- Patients.

Key Players and Their Responsibilities

Ministry of Health

- Policy development
- Health regulation
- Capacity building and HRH development
- Provide Technical Assistance to the counties
- Resource mobilization
- Research and development (disease burden, human resource distribution)
- Guide the counties in infrastructure development.

Public Service Commission (PSC)

- Develop and coordinate human resources policies, regulations and guidelines for the Public sector
- HR management of senior human resource (recruitment and promotions).

Directorate of Public Service

Management (DPSM)

- Provide guidance on human resource management.

Salaries and Remuneration Commission (SRC)

- National and County Governments shall work in consultation with SRC on the remuneration and benefits of the shared specialists to enable attraction and retention of requisite skills in the public sector.

Intergovernmental Relations Technical Committee (IGRTC)

- Provide a forum for both levels of government to consult and co-operate in their activities
- Dispute resolution between national and county government functions
- Dispute resolution between counties.

Public Procurement Regulatory Authority (PPRA)

- Provide guidance on procurement of specialist services.

Regulatory bodies

- Registration and licensing of specialists.

Specialist Association

- Awarding Continuous Professional Development (CPD) points to specialists.

Council of Governors

- Provide a forum for consultation among

county governments

- Consider matters of common interest to county governments.

County Governments

- Mobilization of patients to receive the service
- Avail necessary infrastructure
- Ensure the specialists serving or cross shared in their Counties are registered and licensed.

County Executive Committee Members of Health

- Policy formulation and approval in the county cabinet
- Advise the county committee of health
- Budgetary allocation
- Mobilization/lobbying/advocacy/networking
- Preparation and submission of cabinet policy paper on cross sharing of specialists.

County Secretaries

- Overall head of the County Public Service
- Advise the County Public Service Board on the specialist cross sharing issues/matters
- Facilitate training of specialists at the County level
- Liaison with other County Secretaries
- Implementation of decisions of the County Cabinet approvals on cross sharing of specialists.

County Assembly

- Budget approval
- Legislations
- Oversight.

County Public Service Boards (CPSBs)

- Responsible for all HR matters in the County
- Sign contractual agreements with the specialists.

Chief Officers of Health (COH)

- Authorized and accounting officers for all the specialists within the department
- Liaise with County Public Service Board(CPSB) and County Attorney on contractual obligations
- Advise the County Public Service Boards, County Secretary, and CEC Health on specialists cross sharing issues
- Resource mobilization.

County Directors of Health

- Develop inventory of specialists and identify specialized skills gaps within the health staff establishment to inform training needs and engagement of specialists on contractual arrangements
- Conduct workload analysis for the specialist to determine number of hours/ days/weeks
- Liaise with the Chief Officer of Health on financial and other support services (remuneration, transport, etc.)
- Undertakes monitoring and evaluation and service quality assessment on the work undertaken by the specialists
- Liaise with other county directors on the needs/schedules and how to coordinate flow and release of specialists and other staff.

Other stakeholders like Development partners, charitable organizations

- Support health financing mechanisms in the National and County governments.
- Provide funding for medical products and technologies
- Partner with National and County governments in provision of health care services.
- Media fraternity will support dissemination of this document's implementation outcomes.

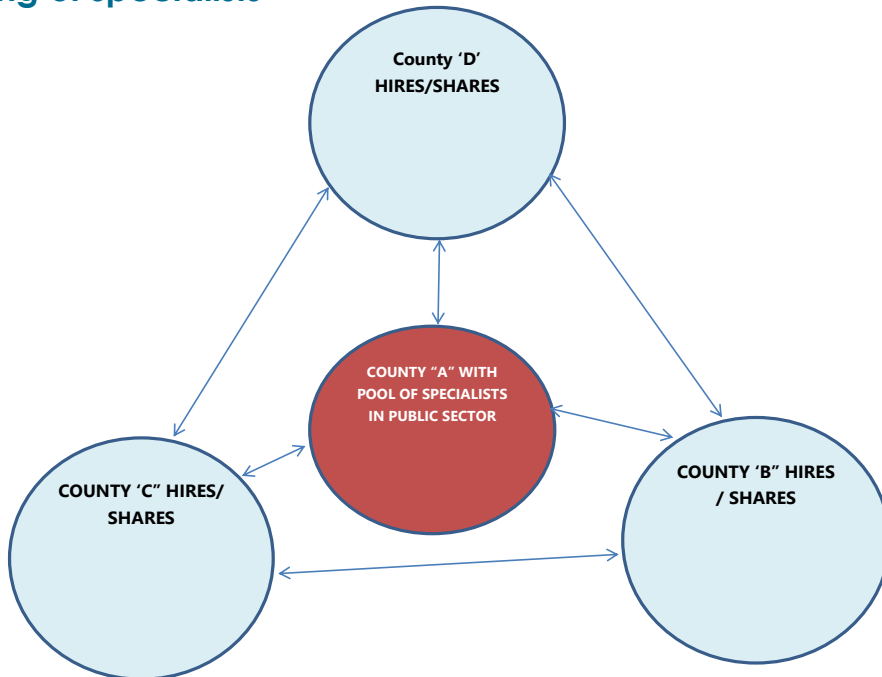
Patients

- Avail themselves for treatment.

ILLUSTRATED MODELS FOR CROSS-SHARING OF SPECIALISTS

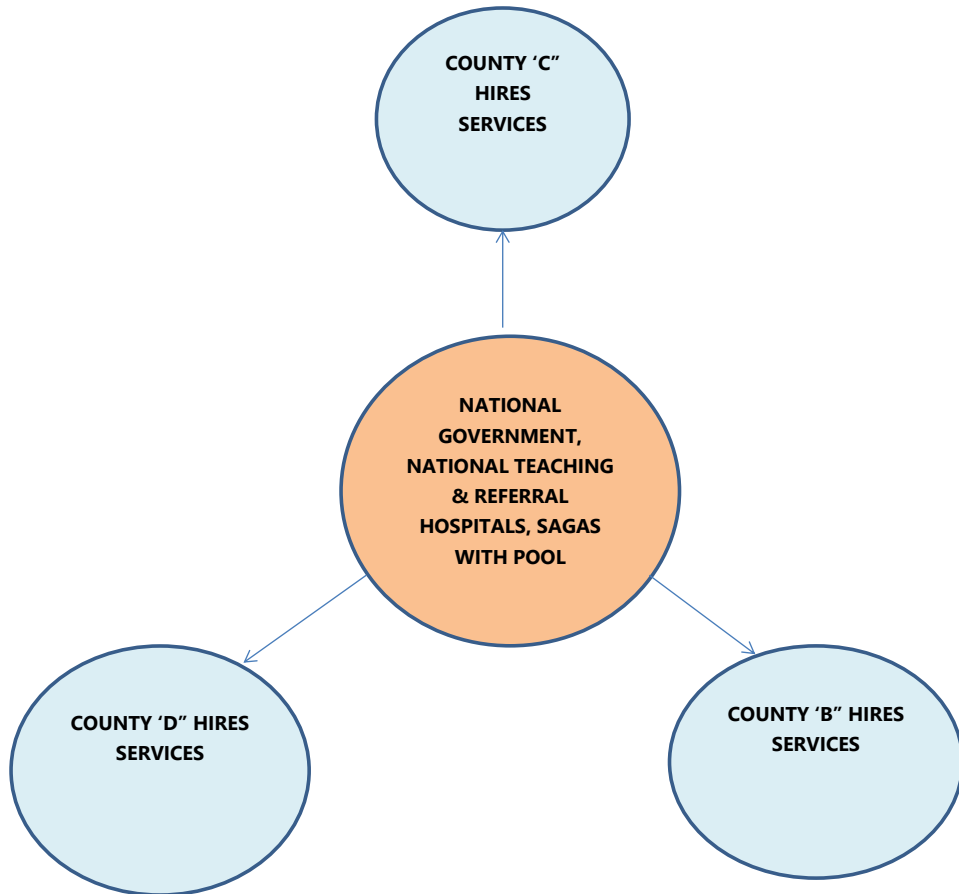
1. County government to County government cross-sharing of specialists
2. National government (Semi-Autonomous Government Agencies (SAGAS), Programs) to County government cross-sharing of specialists.
3. Specialists in training institutions and hospitals from private or faith-based sectors engage with county or national governments for cross-sharing of specialists.

Model 1: County government to County government cross-sharing of specialists



The Specialists are in the County "A" payroll and through an agreement between Counties "B", "C" and "D", County "A" provides specialized services to Counties "B", "C" and "D". These counties subsequently pay County "A" for the services rendered. County "A" emunerates specialist as per proposed incentives. It is important to note that county "A" in this model is not static and any county providing services based on this model becomes "A" – the relationship is not mutually exclusive. Each County can therefore share specialists directly with another County and vice versa.

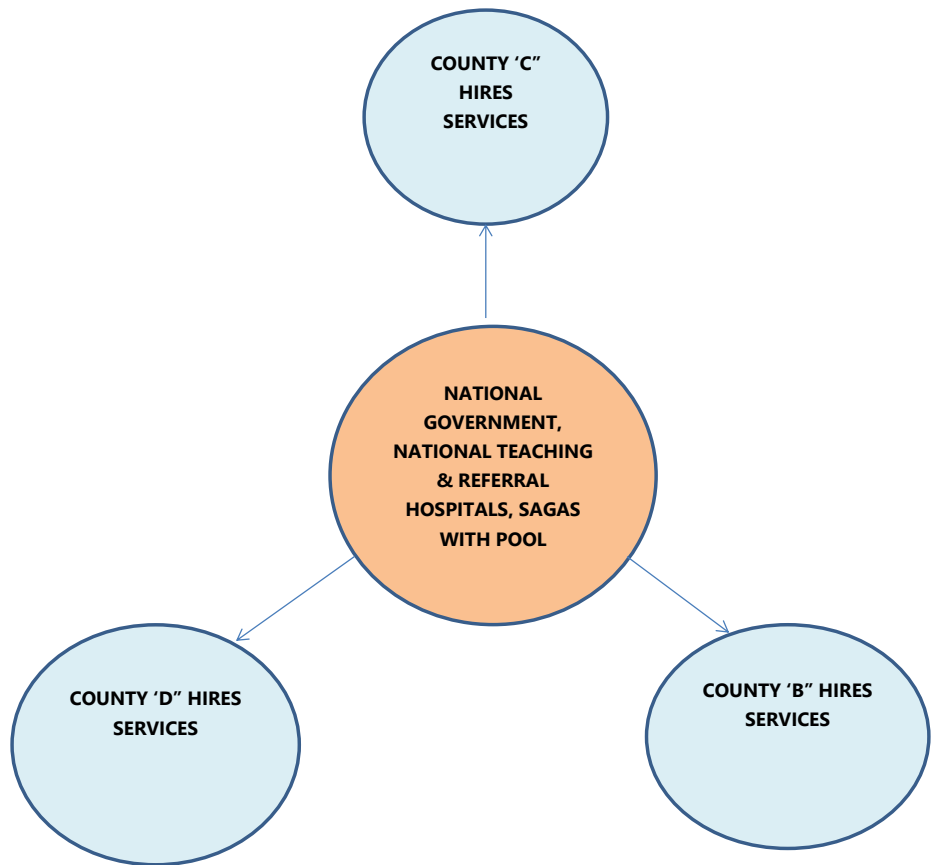
Model 2: National to County Cross-Sharing of Specialists



The specialists are in the National government or national training and referral hospitals payroll and through an agreement with Counties "B", "C" and "D", National government or national training and referral hospital provides specialized services and capacity building to Counties "B", "C" and "D". These counties subsequently pay the specialist as per the proposed remuneration option*. ****One option is paying the specialist and the employer a percentage of the consultancy fees based on an agreed cost share model. Another option would be paying the specialist a fee based on a percentage of their basic salary or paying a daily rate. Specialists providing technology oriented services could be remunerated based on the number of reports or cases addressed.***

NB: Provide for the control by host institution by a cost share model between the releasing institution and specialist/host institution, e.g., ratio of 30 - 40 (Institutions)/60 - 70 (specialist) or a daily rate of Kshs. 20,000 or % based on basic salary.

Model 3: Specialists in Private or FBO Sector Engage with National/County Governments for Cross-Sharing of Specialists.



Individual specialists (local and international), consortia of various medical cadre specialists, FBOs and private hospitals or training institutions render health services to one or more counties or national government through a contractual agreement. They are then paid for services rendered by the hiring county government or national government. The interrelationship within the model is not mutually exclusive and may occur simultaneously.

The individual specialists, who originate from outside the country, including volunteers, must be licensed by the respective regulator prior to being engaged. The medical procedures must be done in the Country to ensure the building of skills of local staff.

Mode of Incentives for the Specialists

The following incentives are proposed to attract and retain the specialists. These will be met by the national/county government or institutions receiving the specialists.

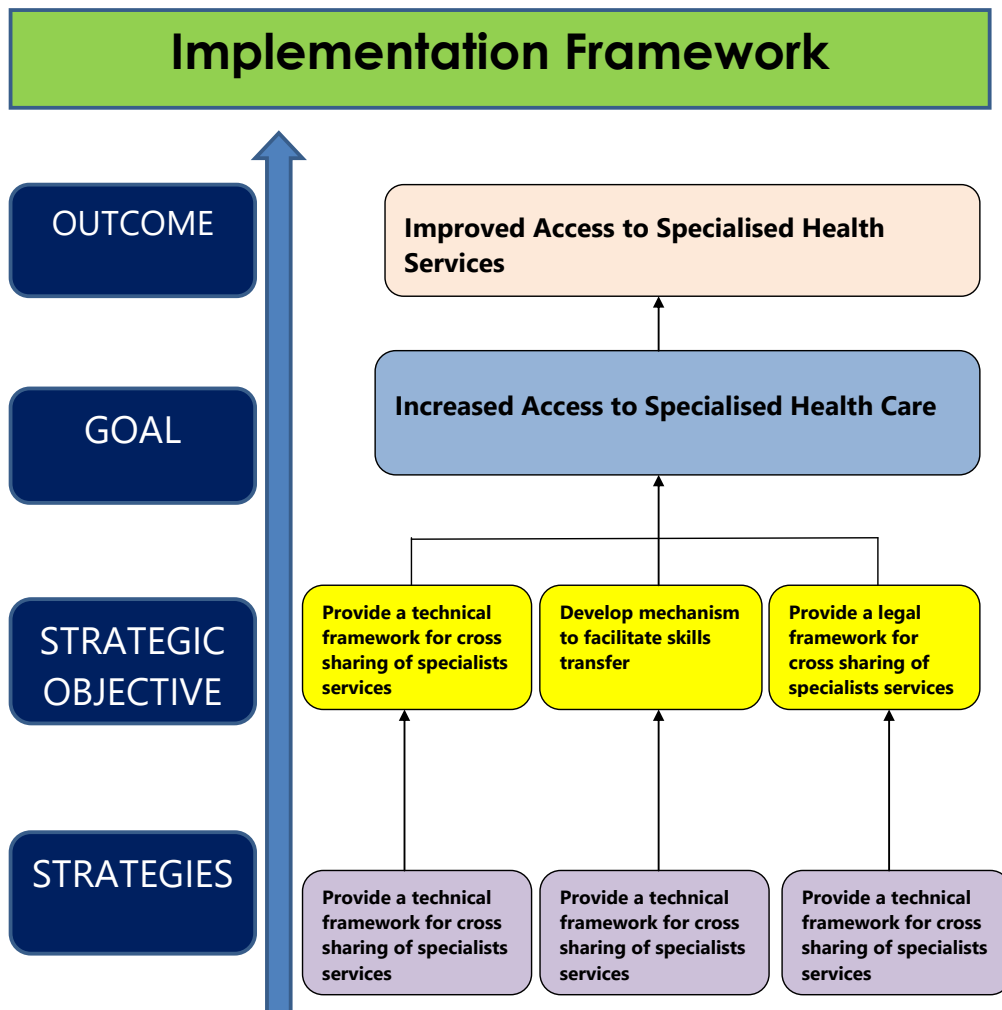
- Indemnity cover - The host institution receiving the service will purchase a group and individual indemnity cover for the specialist
- Group Personal Life and Accident Cover
- Transport facilitation
- Accommodation and meals
- Professional fees and special allowances
- Suitable working environment – Appropriate infrastructure, supportive personnel, commodities, security
- Facilitation in professional development including training, symposia, and conferences
- Issuance of continuous professional development points
- Special recognition and state Awards/Honors for exemplary service.

IMPLEMENTATION FRAMEWORK

The implementation framework outlines the expected strategies, strategic objectives, and impact, outcomes and goals that will guide utilization of these guidelines.

Below is a diagrammatic illustration of the implementation framework.

Figure 1: Implementation Framework



Prior to implementation of these guidelines, the following steps will need to be undertaken:

- Assessment on needs- define the services to be provided (routine service)- Emergency, elective/schedule
- Requirement for service to succeed- commodity, infrastructure, personnel support, patient mobilization
- Financial organization/mobilization
- Schedule of the services and specialist available.

Strategic objective 1: Provide a Technical Framework for Cross Sharing of Specialists Services

Strategy 1: Leverage on technology

Health specialists are inadequate across the country and some counties may find it difficult to attract the specialists to provide the services in such areas. It is therefore critical to provide an avenue through which clients can access the specialist care. With advancement of ICT technology, platforms such as telemedicine, mobile consultations, video conferencing among others can be used to bridge such gaps and provide an array of specialized services.

For this to be effective, suitable ICT service providers and software developers need to be engaged to provide an ICT backbone to facilitate all aspects of telemedicine as well as prepare the health care providers with requisite skills to support the process. Confidentiality and data security must also be observed.

Strategy 2: On-site and off-site support.

The implementation of the above strategy will take the forms of intergovernmental (public/public) and inter-sectorial agreements such as public private (including faith-based) partnerships. This will enable specialists in non-state agencies/providers to offer services in public facilities on contractual agreements. The contractual agreements must take cognizance of existing norms and standards and professional code of ethics for the various professional cadres to ensure that quality and standards are maintained. It will also ensure that the primary employer of the specialist does not suffer from neglect and abuse of duty.

Strategy 3: Relevant frastructure

The specialists will require to be facilitated with the right equipment and other amenities

in order to effectively execute their duties. The requisite amenities include surgical theaters and diagnostic equipment, among others as will be stipulated in the contractual agreements. Each specialist cadre will determine the minimum equipment, commodities and staffing required for provision of specialty services.

Other critical requirements will be ICT equipment to include medical carts (a box of ICT diagnostic equipment with a software that captures, stores and transmits images including teleconferencing equipment), servers, computers, networks to support telemedicine and automation for data management.

Strategy 4: Strengthen intra-county referral and outreach services.

To effectively utilize the cross sharing of specialists' services guidelines, there will be need to strengthen the intra-county health facility referral and linkages that will ensure clients are booked on time to maximize on the specialized services.

To enhance access to specialized health services, the available health specialist will be facilitated to provide services beyond their primary health facilities within the county through organized outreach services.

Strategic Objective 2: Develop Mechanism to Facilitate Skills Transfer

To effectively implement the cross sharing of specialists' services guidelines, it will be

necessary to put in place mechanisms for skills transfer. By building the capacity of the frontline health workers, this will ensure consistency in quality of health service delivery.

The following strategies will be used to achieve this objective:

Strategy 1: Establish skills inventory

An inventory of existing health worker skills will be undertaken to determine the health specialty cadres available and their geographical distribution. This would aid planning for services demanded at national and county level and in public, private and faith-based sectors. The system to profile the skills, the location and availability of the specialists need to be put in place.

Current skills inventory will be undertaken by regulatory bodies, HRM&D department at MOH, and HRH unit in the county department of health by updating the integrated human resource information system.

Strategy 2: Develop guidelines, curricula and protocols for skills transfer.

The national and county governments, in collaboration with relevant associations, teaching institutions and regulatory bodies, will develop guidelines, protocols, standard operating procedures and manuals to guide the process of skills transfer. This will include:

- Development of curricula for specialized clinical training for frontline health workers.
- Development of treatment protocols/ clinical guidelines for frontline health

workers to use in management of patients.

- Development of general policy guidelines for other specialties that support specialized clinical treatment. This will guide how these other specialties transfer their skills to the frontline health workers.

Strategy 3: Develop a mechanism for capacity building.

This can be done through activities like centralized training, orientation, on-the-job training, benchmarking, coaching and mentorship. This shall be the mandate of both the National and the County governments.

Strategy 4: Collaboration with medical training institutions and hospitals.

In order to ensure effective implementation of the specialized health services, there will be need to collaborate with medical training institutions, training and referral hospitals and other hospitals in public, private and faith-based sector. The public-private partnership arrangements will cover significant areas including medical equipment and supplies as well as the health specialists. The training institution will be engaged through agreements to provide specialist who will provide specialized care as well as onsite training on a periodic basis.

Strategic Objective 3: Provide a Legal Framework for Cross Sharing of Specialists Services

The following strategies will be used to achieve this objective:

Strategy 1: Use of legal instruments.

These include memoranda of understanding, contracts and contractual agreements. All terms and conditions of engagement, including issues of professional ethics, medical-legal issues, registration and licensing, discipline and conflict resolution, must be clearly addressed/stipulated in the contract. All the legal instruments will comply with the Employment Act 2007. (To address issues of welfare, no coercion, weekly off duty, leave of absence, etc.).

Strategy 2: Compliance to Salaries and Remuneration Commission (SRC) guidelines.

The National and County governments shall consult with SRC to ensure the cross sharing of specialist services are secured. The National and County governments shall comply with the laid out SRC guidelines on the fees and allowances for the specialists. Where necessary, they will seek approvals from SRC to enhance the payments.

Strategy 3: Enactment of relevant legislations/policies by County Assemblies.

The County Assembly shall pass legislations

and budget approvals to support implementation of sharing of specialists.

Strategy 4: Dispute resolution mechanism.

The implementation agreements for specific agencies must provide for a legal mechanism for dispute resolution.

MONITORING & EVALUATION FRAMEWORK

Strategic Objective 1: Provide a technical framework for cross sharing of specialists services.			
Strategies	Indicator (Output/Outcome)	Target	
Leverage on technology.	# of counties with functional e - health systems.	50% of counties have functional e-health systems.	1 year
Onsite and offsite support	# of counties that have contracted specialists services.	50% of counties utilizing cross sharing of specialists services.	1 year
Availability of relevant infrastructure.	# of counties with at least one health facility that has the relevant infrastructure for cross sharing of specialists.	100% of counties have at least one health facility that has the relevant infrastructure for cross sharing of specialists.	1 year
Strengthen intra-county referral and outreach services.	# of counties that have fully adopted the referral guidelines.	100% of counties have fully adopted the referral guidelines.	6 months
Strategic Objective 2: Develop mechanism to facilitate skills transfer.			
Strategies	Indicator (Output/Outcome)	Target	
Establish skills inventory.	# of specialists and their distribution.	100% of all actively practicing specialists in Kenya.	6 months
Develop guidelines, curricula and protocols for skills transfer.	Availability of guidelines, curricula and protocols for skills transfer.	100% of counties have access to the guidelines, curricula and protocols for skills transfer.	1 year
Develop a mechanism for capacity building.	Availability of structures for capacity building.	Availability of action plans for capacity building in all counties.	1 year

Collaboration with other counties, medical training institutions, FBOs, private sector, individual specialists and non-state actors.	Signed agreements/MOUs.	80% of counties with signed agreements/MOUs.	6 months
Strategic Objective 3: Provide a legal framework for cross sharing of specialists services			
Strategies	Indicator (Output/Outcome)	Target	
Development of legal instruments such as MOU and contractual agreements.	Availability of legal instruments such as MOU and contractual agreements (including medical-legal and dispute resolution mechanisms).	100% of counties have legal instruments such as MOU and contractual agreements.	6 months
National and County governments to consult with SRC in line with PPRA to ensure the cross sharing of health services are secure.	Written advisory by SRC.	To have a written advisory by SRC.	6 months

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Annex 1: Field of Specialties

Medical Specialists

- Surgeons and surgical sub- specialists.
- Physicians and physicians sub-specialists.
- Pediatricians and pediatric sub-specialists.
- Gynecologists/obstetricians.
- Clinical psychologists.
- Optometrists.
- Ophthalmologists.
- Radiologists.
- Anesthesiologist.
- Clinical pharmacists.
- Cardiologists.
- Oncologists.
- Psychiatrists and psychiatric sub-specialties.
- Dermatologists.
- Rheumatologists.
- Endocrinologists.
- Urologists.
- Gastroentologists.
- Oromaxillofacial.
- Palliative care specialist.
- Neonatologists.
- Nephrologists.
- Orthodontists.
-

Nurses

- Cardiology nurse.
- Critical care nurse.
- Dental nurse.
- Forensic nurse.
- Nephrology nurse.

- Renal nurse.
- Oncology nurse.
- Pediatric nurse.
- Palliative care nurse.
- Psychiatrist nurses.
- Theater nurse.
- Anesthetist nurse.
- Sign language nurse.

Clinical Officers

- Clinical Officer ENT/Audiology.
- Clinical Officer Lung and Skin.
- Clinical Officer Ophthalmology/cataract surgery.
- Clinical Officer Pediatrics.
- Clinical Officer Reproductive Health.
- Clinical Officer Dermatology.
- Clinical Officer Orthopedics.
- Clinical Officer Anesthetist.
- Clinical Officer Psychiatry/mental health.
- Clinical Officer Oncologist/Palliative care.

Medical Laboratory Science

- Microbiology.
- Clinical chemistry.
- Hematology.
- Parasitology.
- Histopathology.
- Blood transfusion science.
- Medical Education.
- Virology.
- Mycology.
- Immunology.
- Medical Entomology.

Others

- Rehabilitative staff (Physiotherapists, Occupational therapists, etc.).
- Health information (ICT) experts.
- Expert on Infection control, bio-security and environmental health.
- Diagnostic and imaging specialists (radiographers, ultrasonographers, mammographers, etc.).
- Medical Engineers.
- Clinical nutritionists.

Annex 2: Sample Obligations through Memorandum of Association

Introduction

This document constitutes an agreement annexed to the guidelines on cross sharing of specialists in the health sector between..... (an institution or County) of P. O. Box , Kenya, and the County Government of.....P. O. Box

WHEREAS the County Government of..... is enshrined as a geographical unit in the Constitution of Kenya 2010 and a Devolved Government that derives its powers from Articles 191 and 192, and in the Fourth Schedule of the Constitution of Kenya and the County Governments Act of 2012 with delineated functions and responsibilities including the devolved management of the Human Resource for Health (HRH) and health service delivery.

WHEREAS the Institution or County has a number of health specialists that are available for sharing at a consideration agreed upon with the specialist(s), the Institution and the County receiving the specialised services with the overall goal of availing specialist services to a County in need towards promoting access to health services.

THEREFORE, the Parties - the County government and the Institution or County endowed with specialists agree on the following obligations:

(i) Obligations of Institution providing the specialist (s).

1. The institution (Name) XXXX shall undertake the responsibilities outlined below for the duration of this AGREEMENT:
2. Engage the County of (Name)..... in the process of supply of specialists to support the delivery of specialised health services and coordinate the temporarily release and deployment of the specialist(s) from their regular institutional duties to serve at County in need for a specified time frame as mutually agreed.
3. Constitute and coordinate a specialist or pool of medical specialists based on the needs of the county including, but not limited to, general surgeons, obstetricians/ gynaecologists, urologists, ophthalmologists, opticians, anaesthetists, oncologists, theatre nurses, ICU nurses, nurse/clinical officers, anaesthetists, ICT specialist etc.
4. Act as the liaison between the specialists or pool of specialists and the County Government in need.
5. Avail portable specialised equipment required by the specialist (s) for use in the County at a fee chargeable as part of the agreement. This shall apply only when such equipment are unavailable at the county receiving specialised services.

6. Endeavour to strengthen the county health system by building the capacity of health workers in the county referral facility (and any other facilities visited by the specialists) through every procedure conducted and through dedicated. Continuing Professional Development (CPD) sessions whose topics are to be agreed in advance with the County Director of Health. The CPD sessions will be co-created and costed accordingly during implementation to enable appropriate delivery.
7. In consultation with County Government in need of specialised services, analyse county requests for specialists' services on monthly basis and draw up a work plan and an estimated cost of the services.
8. Support the county in routine outreach activities in accordance with the Medical Services Outreach programme work plan.
9. Facilitate the payment of applicable allowance to reach individual specialist as agreed upon or enter into agreement with each specialist to draw the allowances directly from the County where the specialised service is provided.

II - Responsibilities of County Government requiring the specialist

The County Government requiring the specialist's service shall undertake the following responsibilities during the duration of the AGREEMENT:

1. Request for specialist services from the Institution or County endowed with specialists at an agreed fee chargeable on successful completion of the requested service. The fee includes the specialist allowance/fee, travel logistics (e.g., return air fare/ground transport/mileage reimbursement), equipment hire where necessary, administration of the process, and meals and accommodation per specialist for the entire period of stay in the county. It excludes medical supplies which will be provided by the county receiving the specialist(s).
2. Provide convenient and secure means of transport within the county from facility to facility and to the specialist (s) place of accommodation as necessary, and ensure security of the specialist (s).
3. Make a formal request in advance of 2 weeks for specialists' services as may be available in the form prescribed.
4. Mobilize and pre-screen patients to be attended to by the health specialist (s).
5. Avail well equipped theatre space, specialist equipment and supplies for use by the specialist(s) at every visit by the specialist(s).
6. Ultimately be responsible for strengthening and scaling-up essential health services at health facility and community level, including supervision of operation personnel and provision of equipment for routine and specialist medical operations.
6. The County management is responsible for ensuring there is enough stock of routine drugs and essential commodities in all health facilities visited by the specialists.

7. The county will provide technical staff to assist the specialists undertake all surgical duties or other specialised services efficiently and effectively.
8. The County management will ensure the full participation of health care workers in the capacity building activities supported by the specialist(s).
9. Ensure that efficient coordination mechanisms are in place at both County and Sub County levels for the success of the cross sharing of specialist services and related activities.

Annex 3: List of Contributors & Organization

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