

Mental Health Budget Allocation in Kenya

Background

Despite significant consideration of mental health in the Global Health Indicators and commitments, the global resource envelope for mental health is negligible and there lacks enough commitment from governments and donor agencies to support mental health. Unlike communicable diseases and conditions, investments in mental health programmes and services has been completely neglected thereby negating accessibility of quality mental health services.

The other indicator of low priority for mental health is lack of budgets and funding for mental healthcare services at national and county governments levels. The government funding for mental health has substantially been very low. Some analysis has recorded as

been very low. Some analysis has recorded as low as 0.5% of the national government health sector budget which can hardly meet the overwhelming needs of the sector. Though allocation could be made, it is worrying that the amount of the budgeted funds that ends been disbursed and spent for the intended purposes is on downward trends.

Purpose

The unacceptable apathy of governments and funders of global health must be overcome to mitigate the human, social, and economic costs of mental illness. It is for this reason that HERAF with financial and technical resources from Open Society Foundations (OSF) conducted a baseline study to assess the extent of government funding to mental health programmes and services in Kenya.

Government Budgetary Allocations for Mental Health

National and County Governments Budget Allocation for Mental Health

Mental health is marginalized within Kenya's health care system as only about 0.5%¹ of the total national and county health budget is set aside for mental health care as shown in Table 1 below. The figures on total mental health

budget is based on the national government budgetary allocation from the budget estimates as there are no mental health budget lines in County government budget an indication of the low priority that county government accord to mental healthcare.

Table 1: % of Total Mental Health Budget Compared to National and County Health Budgets

Financial year	Total health budget including national and county government (Kshs in Billions)	Total mental health budget (kshs in Billions)	Total mental health budget as a % of the total health budget national and county (kshs in Billions)
2013/14	93.08	0.55	0.59%
2014/15	110.14	0.29	0.27%
2015/16	128.89	0.74	0.57%
2016/17	137.05	0.55	0.40%

Source: National and County Health Budget Analysis FY 2016/2017 and Budget Estimates for recurrent and development expenditures

¹ Kenya National budget estimates 2016/2017: Trend analysis

Even at county referral hospital, it was difficult to itemize and quantify the amount incurred by psychiatric units as they neither make their own budget nor was there direct funding for mental health. Instead they rely on purchases that are done for the hospital as a whole. None of the 47 counties had a budget line for mental health in their health department.

allocation of the national government to the mental health department over the years under review. The allocation decreased from 1.52% in 2013/2014 to 0.90% in 2016/2017. The allocated amount is far much below the burden of mental disorders and the needs of the community and goes against government's own policy commitments and international human rights instruments.

Table 2 shows a summary of the budget

Table 2: Percentage of National Government Allocation to Mental Health programs

Financial Year	Total allocation for mental health (Kshs in Millions)	Total allocation for MOH (Kshs in Millions)	% allocation of MOH to Mental Health
2013/14	552,170,409	36,281,090,000	1.52
2014/15	294,266,522	47,363,000,000	1.12
2015/16	735,109,730	59,923,530,000	1.23
2016/17	545,315,274	60,269,930,000	0.90

Source: Budget Estimates for recurrent and development expenditures

Poor budgetary allocation to mental health was attributed to lack of full implementation for the existing mental health law, lack of political will and inadequate prioritization of mental health as compared to other illnesses. Table 3 below compares development budgetary allocation by national government to mental health with other programmes.

Table 3: National Government Budget for Development to Mental Health Compared with other Health Programmes IN Ministry of Health

Office of Auditor General, 2017. Performance Audit Report on Provision of Mental Health Services in Kenya. Nairobi. Office of Auditor General.

Kenya National budget estimates 2016/2017: Trend analysis

Ndeti D, Khasakhala L, Kuria MW, et al. The prevalence of mental disorders in adults in different level general medical facilities in Kenya: A cross-sectional study. Ann Gen Psychiatry. 2009;8:1.

<http://dx.doi.org/10.1186/1744-859X-8-1>¹ Office of Auditor General, 2017. Performance Audit Report on Provision of Mental Health Services in Kenya. Nairobi. Office of Auditor General.

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	Development Expenditure Budget				Development Expenditure %			
Development Budgets	2014/15	2015/2016	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
	Kshs.	Kshs.	Kshs.	Kshs.	%	%	%	%
Curative & Rehabilitative Health Services	3,300,000,000	5,370,000,000	0	0	25.40	35.64	0.00	0.00
Spinal Injury Hospital	29,000,000	29,000,000	4,000,000	4,000,000	0.22	0.19	0.07	0.11
Nutrition	681,300,000	442,000,000	860,000,000	67,556,992	5.24	2.93	15.68	1.80
FP, Maternal and Child Health	4,360,000,000	4,348,000,000			33.56	28.86	0.00	0.00
Environmental Health	68,375,000	128,875,000	95,000,000	50,000,000	0.53	0.86	1.73	1.33
K.E.Programme Immunization	2,860,000,000	0	0	0	22.01	0.00	0.00	0.00
Malaria Control	1,002,644,732	1,641,799,406	1,078,647,661	1,200,000,000	7.72	10.90	19.66	31.99
TB	395,453,869	590,988,214	1,008,396,474	602,515,900	3.04	3.92	18.38	16.06
Mental Health	51,000,000	31,500,000	30,000,000	75,000,000	0.39	0.21	0.55	2.00
HIV	245,000,000	2,485,263,587	2,409,404,789	1,752,251,523	1.89	16.49	43.92	46.71
Grand Total	12,992,773,601	15,067,426,207	5,485,448,924	3,751,324,415	100	100	100	100

Source: Analysis of the Budget Estimates for development expenditures

Mental Health Budgetary Votes at National Level

The national budget for mental health according to estimates of the recurrent and development expenditures is allocated to three main votes within the Ministry of Health. These are Mathari National Teaching and

Referral Hospital, the Division for Mental Health and Kenya Board of Mental Health as indicated in Table 4 Below. It is only Mathari National Teaching and Referral hospital that has a development vote, though in 2013/2014 no allocations were provided for in the estimates.

Table 4: Budget Allocations for Mental Health programs

FY	Vote Head	Amount Allocated		Total Allocation
		Development	Recurrent	
2016/17	Mathari Teaching Referral hospital	30,000,000	476,718,877	506,718,877
	Division of Mental health		33,662,815	33,662,815
	Kenya board of Mental health		4,933,582	4,933,582
	Total			545,315,274
2015/16	Mathari Teaching Referral hospital	101,000,000	578,803,454	679,803,454
	Division of Mental health		48,746,276	48,746,276
	Kenya board of Mental health		6,560,000	6,560,000
	Total			735,109,730
2014/15	Mathari Teaching Referral hospital	51,000,000	187,960,246	238,960,246
	Division of Mental health		48,746,276	48,746,276
	Kenya board of Mental health		6,560,000	6,560,000
	Total			294,266,522
2013/14	Mental health services		510,927,227	510,927,227
	Division of Mental health		41,243,182	41,243,182
	Total			552,170,409

Source: Budget Estimates for recurrent and development expenditures

However, there are other budget lines under the health sector budget that touch on mental health. For example, drugs, non-pharmaceuticals, equipment, human resources and transport but they have no dedicated budget line that can show the amount budgeted for mental health.

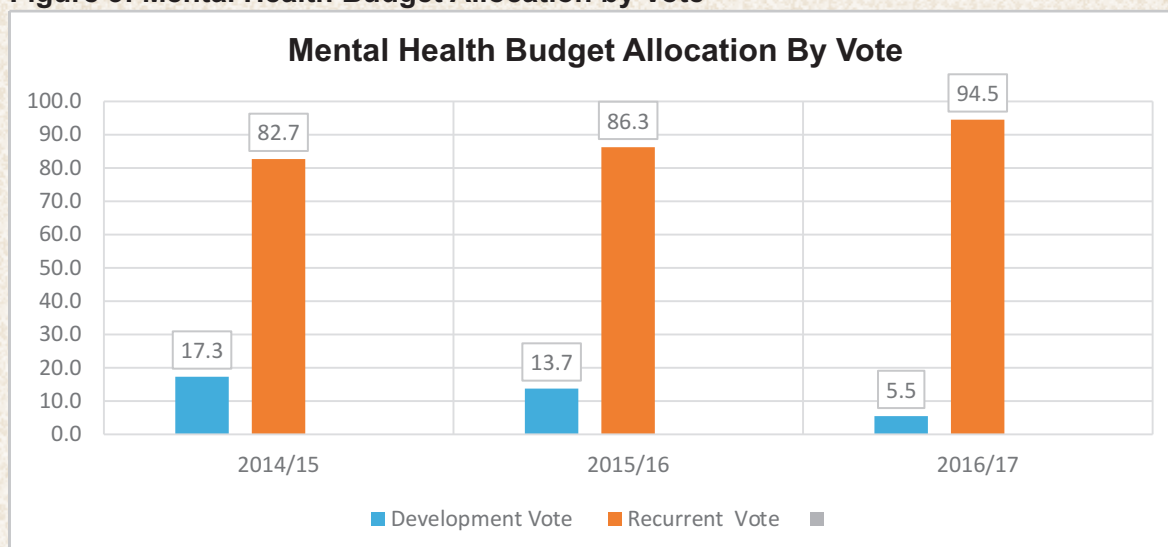
Stigma and discrimination, poor perceptions and misunderstanding of mental health among politicians and decision makers were largely responsible for low budget allocation

for mental health by government during budget making process. Members of Parliament have done little to influence and allocate more funds towards mental health as they prepare and approve the national budget.

Budget allocations by recurrent and development vote

Figure 3 shows the distribution of the mental health budget allocations for the period 2014-2017 by recurrent and development vote.

Figure 3: Mental Health Budget Allocation by Vote



Source: Budget Estimates for recurrent and development

According to the estimates the development vote is far much below the government own commitment of ensuring at least 30% of the budget is allocated and spent in development initiatives.

Mathari National Teaching and Referral Hospital

According to the hierarchy of Kenya's healthcare system the hospital is at level 6, a facility that is supposed to provide specialized mental healthcare services including integrated preventive and curative services, drug rehabilitation services, forensic services for legal purposes, trainings and research in mental health.

Despite the hospital been classified a national referral hospital, the budget allocation does not reflect its full status as a national teaching and referral hospital. Compared to the other National, Teaching and Referral Hospitals, Mathari Teaching and Referral Hospital received meagre budget allocation as compared to Kenyatta National Hospital and Moi Teaching and Referral Hospital as shown in Table 5 and 6 below.

Table 5: Development Allocations to National Hospitals

Vote Heads	Development Expenditure							
	2014/2015	%	2015/2016	%	2016/2017	%	2017/2018	%
Moi T&R Hospital	544,021,896	54.02	166,250,000	23.27	364,021,896	42.93	364,021,896	48.83
Mathari N.T.R.Hospital	51,000,000	5.06	31,500,000	4.41	30,000,000	3.54	75,000,000	10.06
Spinal Injury Hospital	29,000,000	2.88	29,000,000	4.06	4,000,000	0.47	6,000,000	0.80
Kenyatta N. Hospital	383,000,000	38.03	487,750,000	68.26	450,000,000	53.06	300,500,000	40.31
Grand Total	1,007,021,896	100	714,500,000	100	848,021,896	100	745,521,896	100

Table 6: Development Allocations to National Hospitals

Vote Heads	Reccurent Expenditure							
	2014/2015	%	2015/2016	%	2016/2017	%	2017/2018	%
Moi T&R Hospital	5,256,991,523	36.45	5,244,676,867	35.50	5,033,676,867	39.83	5,638,350,405	36.09
Mathari N.T.R.Hospital	187,960,246	1.30	453,665,436	3.07	476,718,877	3.77	725,436,436	4.64
Spinal Injury Hospital	152,200,243	1.06	367,344,732	2.49	466,276,972	3.69	450,642,090	2.88
Kenyatta N. Hospital	8,824,032,654	61.19	8,707,461,541	58.94	6,661,461,541	52.71	8,807,890,722	56.38
Grand Total	14,421,184,666	100	14,773,148,576	100	12,638,134,257	100	15,622,319,653	100

According to the data collected, it was evidenced that the hospital has a lot of potential but it has not lived to its full mandate of a level 6 facility due to inadequate policy, infrastructural development, healthcare workers and funding. For the hospital to be allocated budget directly, it should have an enhanced legal framework similar to the other two major referral hospitals enabling it to be a semi-autonomous government entity with an independent board of directors and chief executive.

County Governments Mental Health Budget Allocation

The study established that only twenty-five of the 47 county referral hospitals have psychiatric units. These are Nakuru, Nyeri, Murang'a, Kirinyaga, Machakos, Embu, Kisumu, Siaya, Kiambu, Meru, Isiolo, Uasin Gishu, Kericho, Garissa, Kitui, Nairobi, Narok, Trans-Nzoia, Makueni, Kilifi, Tharaka Nithi, Bungoma, Kakamega, Mombasa and Kisii. However, the actual budget allocation for the county referral hospitals psychiatric units were not available as none of the 47 counties

has a separate budget line for mental health within the county budget.

Disbursement of the Mental Health Budget

One of the objectives of the study was to assess how much of the budgeted mental health budget is actually disbursed and spent as budgeted for. However, this analysis was hindered by lack of primary data from Ministry of Health and Mathari National Teaching and Referral Hospital due to bureaucratic authorisation procedures. Nonetheless, a similar analysis by the Auditor General in 2017 Performance Audit Report on Provision of Mental Health Services in Kenya shows that not all the budgeted amount are actually disbursed.

Despite there been a budget allocation for development, zero funds were actually disbursed for 2013/2014, 2014/2015 and 2015/2016 financial years while for the recurrent expenditure actual allocation was as low as 28% in 2015/2016 financial year as shown in Table 7 below. According to the report no explanations were provided as to why this was the case.

² Office of Auditor General, 2017. Performance Audit Report on Provision of Mental Health Services in Kenya. Nairobi. Office of Auditor General.

Table 7: Mathari National Teaching and Referral Hospital Approved Budget Estimates compared to Actual Allocations

Financial year	Recurrent Expenditure				Development Expenditure		
	Approved Estimates (Ksh)	Actual Allocation (Ksh)	Variance	% Variance	Approved Estimates (Ksh)	Actual Allocation	Variance
2015/16	453,665,436	127,436,960	326,228,476	72	31,500,000	0	31,500,000
2014/15	187,960,246	134,971,200	52,989,046	28	45,000,000	0	45,000,000
2013/14	510,927,227	185,126,072	325,801,155	64	20,000,000	0	20,000,000
Total	1,152,552,909	447,534,232	705,018,677		96,500,000		96,500,000

Source: Analysis by Office of Auditor General on GOK Funds for Mathari N.T R. Hospital

The low expenditure for mental health, suggests that priority for the government is low as evidenced by insufficient funding and failure to spend the budgeted for the intended services. This could be attributed to limited appreciation by the government, especially decision makers on prevalence of mental illness in Kenya and its negative on development and economy of the country.

Conclusion

The national budget allocation on mental health is regrettably negligible and is consistently meant for recurrent costs. The budget votes do not adequately support operationalization of all pillars of mental health as envisioned in the Kenya Mental Health Policy 2015-2030. As a result, mental health is marginalized within Kenya's health care system as only about 0.5% of the total national and county health budget is set aside for mental health care as compared to the burden of mental illnesses whose prevalence rate is estimated at 4%.

Though health services are largely devolved, it was extremely difficult to estimate budget dedicated and spent in mental health as there were no known budget lines on mental health including in county referral hospitals. Only at the national government level, is there a

budget line earmarked for mental health programmes.

Despite the low amounts allocated for mental the actual expenditure was more scarcely. No funds for development were actually disbursed for 2013/2014, 2014/2015 and 2015/2016 financial years while for the recurrent expenditure actual allocation was as low as 28% in 2015/2016 financial year.

Poor government budget allocation and expenditure for mental health was attributed to high levels of stigma among decision makers and political leaders, lack of political will to implement fully the existing legal frameworks, and inadequate prioritization of mental health issues as compared to other diseases.

Recommendations

Kenya does not have a systematic budget planning and allocation to mental health. The funding is either voted in block budget items at national level while at the county level mental health budget plans and allocations is not explicit. There is need to advocate for establishment of a national government and county government budgeting framework for mental health at both national and county government levels.

³ Kenya National budget estimates 2016/2017: Trend analysis

⁴ Ndeti D, Khasakhala L, Kuria MW, et al. The prevalence of mental disorders in adults in different level general medical facilities in Kenya: A cross -sectional study. Ann Gen Psychiatry. 2009;8:1. <http://dx.doi.org/10.1186/1744-859X-8-1>