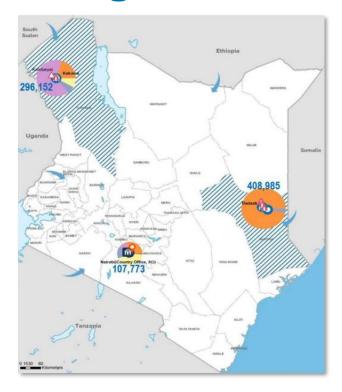


Dr Mike Woodman, UNHCR



Refugee Situation in Kenya



408,985

Dadaab Refugee Camp

296,152

Kakuma and Kalobeyei Camps

107,773

Urban Areas

> 800,000



Urban Refugees

Refugees access healthcare through national public health facilities on par with nationals (since 2008)

National Health Insurance inclusion since 2015, UNHCR supports premiums for most vulnerable

8,429 households 26,763 individuals

Enrolled in NHIF

Kes 500 (\$3.82) / household / month

Premiums paid by UNHCR



Sustainability

- UNHCR assistance targeted towards the most vulnerable refugees
- 3 Categories:

Most Vulnerable

Fully supported

Transitioning

Co-payment model

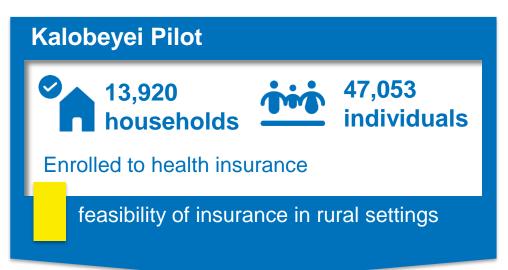
Self-Reliant
Full payment of
health insurance

*Rollout planned for Q1 2025

Currently funded by UNHCR c/o insufficient domestic financing



Health Insurance Pilots in Camps



Future Expansion in 2025





Key messages

- Refugees face barriers to healthcare, but Kenya's inclusive policies and SHIF offer hope. Expansion needed!
- 2 Political commitment is essential- role of joint advocacy
- Collaboration between health and social protection is key

- Self- sufficiency is key and requires favorable policy, access to education and skills training and access to labor market
- Financing is a key challenge; domestic resources may be insufficient and additional support required whilst seeking sustainability. Partnerships can support additional resource mobilization
 - Including refugees in SHP is essential to achieve UHC and ensure that no one is left behind

