



**MINISTRY OF  
HEALTH**

**KENYA**  
**HEALTHCARE PROFESSIONALS’  
POLICY**  
**2026**

*Building a Resilient and Equitable Health Workforce for Universal Health  
Coverage*

## FOREWORD



A robust, well-distributed, competent, and motivated health workforce is fundamental to the realization of Universal Health Coverage and the attainment of the right to the highest attainable standard of health as provided in the Constitution of Kenya. Healthcare professionals remain the backbone of service delivery and play a central role in ensuring that all Kenyans have access to safe, quality, and people-centred health services.

Over the past decade, Kenya's health sector has undergone significant transformation. The full implementation of devolution, expansion of health training institutions, increasing labour mobility of health professionals, technological advancements in healthcare delivery, and evolving legal and policy reforms have created new opportunities as well as complex workforce challenges. Evidence from the Health Labour Market Analysis conducted by the Ministry of Health highlights persistent gaps in workforce availability, inequitable distribution across counties, skills mismatches, and increasing migration of skilled professionals.

The Kenya Healthcare Professionals Policy provides a comprehensive framework to guide the planning, development, management, and regulation of healthcare professionals in the country. The policy outlines strategic actions to strengthen governance and coordination of the health workforce, improve sustainable financing and planning, enhance the quality and relevance of education and training, ensure equitable deployment of healthcare professionals, strengthen legislative and regulatory systems, manage health workforce migration, and improve data and information systems for evidence-based decision making.

Through these measures, the Government seeks to ensure an adequate supply of skilled and motivated healthcare professionals with the right mix of competencies and equitable distribution across all levels of care and geographical regions. Successful implementation of this policy will require strong collaboration between the national and county governments, regulatory bodies, training institutions, professional associations, development partners, the private sector, and communities. I call upon all stakeholders to support the implementation of this policy so that together we can strengthen the health workforce and secure a healthier future for all Kenyans.

**HON. ADEN BARE DUALE, E.G.H.**  
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## PREFACE AND ACKNOWLEDGEMENT



The development of the Kenya Healthcare Professionals Policy marks an important milestone in strengthening the country's health workforce and advancing the delivery of quality health services. The policy was developed through a consultative and participatory process involving key institutions and stakeholders



across the health sector. It is designed to address workforce challenges, strengthen health service delivery, and support the attainment of Universal Health Coverage. The policy reflects the government's commitment to ensuring a competent, motivated, and equitably distributed health workforce that meets the evolving needs of the population.

The Ministry of Health acknowledges the valuable contributions of the Technical Working Group comprising representatives from national and county governments, regulatory bodies, professional associations, trade unions, development partners, and training institutions. Their technical expertise and dedication ensured that the policy reflects the realities and priorities of Kenya's health workforce landscape.

Special appreciation goes to the Directorates responsible for Health Standards, Quality Assurance and Regulation, as well as Planning and Human Resources Management and Development within the Ministry of Health, for providing leadership and coordination throughout the policy development process. We acknowledge the commitment and technical guidance of our internal and external stakeholders whose inputs during validation exercise highly enriched and were instrumental in ensuring that the policy aligns with national health priorities and international best practices.

The Ministry also appreciates the contributions of partner institutions including the Council of Governors, the Ministry of Education, the Ministry of Labour and Social Protection, the Public Service Commission, the Kenya National Bureau of Statistics, the Attorney General office, the Kenya Health Professions Oversight Authority, and the Kenya Health Human Resource Advisory Council. Their insights and collaboration greatly strengthened the policy framework.

Finally, sincere gratitude is extended to the World Health Organization and other development partners who provided financial and technical support during the development of this policy.

The Ministry of Health remains committed to working with all stakeholders to ensure effective implementation of this policy in order to build a resilient and responsive health workforce for the nation.

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## EXECUTIVE SUMMARY



The Kenya Healthcare Professionals policy provides a comprehensive national framework to guide the planning, development, management, and regulation of Healthcare professionals in Kenya. The policy responds to the need for a coordinated approach to address the evolving health workforce challenges affecting the performance of the Health System and the delivery of quality health services.

Healthcare professionals are central to the functioning of the Health System and are essential for achieving Universal Health Coverage and improving the population health outcomes. Their competences, availability, and equitable distribution determine the effectiveness, quality and accessibility of health services across the country.

Kenya has made significant progress in expanding the health workforce over the last decade. However, the country continues to face persistent challenges that affect the optimal performance of the Health System. Evidence from the Health Labour market analysis shows that although the Health Workforce has grown substantially, the country still faces shortages of healthcare professionals, uneven distribution across counties, skills mismatches between training outputs and population health needs and increasing migration of skilled professionals.

Currently, the national health workforce meets only about three quarters of the estimated need. The gap between supply and demand for healthcare professionals is projected to widen if strategic interventions are not implemented. At the same time, the health sector faces the paradox of trained professionals remaining unemployed or under-employed while many health facilities continue to experience staffing shortages.

The situation is further complicated by fragmented governance structures, inconsistent coordination between national and county government, variations in training standards across institutions training similar health professionals, presence of unregulated health providers, and fragmented health workforce data systems that limit effective planning and management.

The overall policy goal is to ensure an adequate supply, optimal skill mix, equitable distribution, and effective performance of the Healthcare Professionals in order to support the realization of Universal Health Coverage and improved health outcomes. To achieve this goal, the policy outline seven strategic objectives that include strengthening the existing HRH governance, coordination and partnership mechanisms ; strengthening planning and sustainable financing for Healthcare Professionals' education, management and development; Enhancing the Quality and relevance of education and training programs for Healthcare Professionals (HCPs) to adequately respond to population health needs; ensuring adequate and equitable distribution of well-managed healthcare professionals across all levels and geographical regions; strengthening a harmonized legislative and regulatory framework that provides for regulating all healthcare professionals, including training and practice; strengthening management

of Health workforce migration through promotion of structured governance, bilateral cooperation agreements, and improved workforce retention strategies and establishing a robust health workforce data systems to support evidence-based decision making.

Implementation of the policy will be led by the Ministry of Health in collaboration with county Government, regulatory bodies, training institutions, professional associations and other stakeholders. The Ministry of Health through a legislative collaboration mechanism with ministry of Education will enhance the education and training programs to respond to population needs through production of fit-for-purpose workforce. Through the Digital Health platform, an integrated health workforce data and information system will support evidence-based decisions for management and development of Health care professionals.

The policy provides a structured implementation framework that outlines institutional roles, coordination mechanisms, financing arrangements, and monitoring systems. Monitoring and evaluation will be conducted through established health sector performance frameworks and periodic workforce analysis to track progress and guide future improvements.

The Kenya Health care professional policy provides a critical foundation for strengthening the country's health workforce and ensuring that all Kenyans have access to competent healthcare professionals and quality health services. Through Coordinated implementation enabled by sustainable financing and commitments from all stakeholders, Kenya will strengthen its health system and advance progress towards universal health coverage and national development Goals.

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## **LIST OF ABBREVIATIONS**

BETA:	Bottom-Up Economic Transformation Agenda:
HCPs:	Healthcare Professionals’
HLMA:	Health Labour Market Analysis
HRH:	Human Resources for Health

KHHRAC:	Kenya Health Human Resource Advisory Council
KHPOA:	Kenya Health Professions Oversight Authority
MOE :	Ministry of Education
MOH :	Ministry of Health
MTEF:	Medium Term Expenditure Framework
NHWA:	National Health Workforce Accounts
TWG:	Technical Working Group
UHC:	Universal Health Coverage
USAID:	United States Agency for International Development
CUE:	Commission for University Education
PPB:	Pharmacy and Poisons Board
KHRHSP:	Kenya Human Resources for Health Strategic Plan.
EGH:	Elder of the Order of the Golden Heart
CBS:	Chief of the Order of the Burning Spear
EBS:	Elder of the Burning Spear
OGW:	Order of the Grand Warrior
WHO:	World Health Organization

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background Information**

Human Resources for Health constitute a critical pillar of the national health system and are indispensable to the attainment of Universal Health Coverage (UHC) and the progressive realization of the right to the highest attainable standard of health.

Kenya's Human Resources for Health (HRH) have evolved alongside the broader development of the country's health system. Following independence in 1963, the government prioritized the expansion of health services and the training of local health professionals to replace expatriates and extend healthcare services to the wider population, expanding medical and nursing training institutions to increase the

number of locally trained health professionals. During this period, the Ministry of Health and the Public Service Commission played a central role in coordinating workforce planning and deployment across the country as part of efforts to build a unified national health system. Following the promulgation of the Constitution of Kenya, 2010, this responsibility was shared between the two levels of Government.

The constitution 2010 assigns service delivery function in county health facilities and at community level to the County Government. The national Government formulates Health Policy and regulation, manages National Referral Health facilities, provides public health and emergency response as well as building capacity and offering technical assistance. To improve governance and coordination of healthcare professionals, the Government has also operationalized multi-stakeholder and intergovernmental approaches through the Intergovernmental Health Sector Consultative Forum established in line with the provisions of the Intergovernmental Relations Act of 2012. The forty-seven County Governments each established the County Public Service Boards that have strengthened local control, responsiveness, and accountability in the management of Human Resources for Health (HRH) at the county level.

To give effect to constitutional requirements as provided in article 43, the Kenya Health Policy 2014/2030 provides for the adequacy, productivity and equitably distribution and accessibility of health workforce. Further legislative reforms to strengthen HRH governance, coordination, planning, and regulation have been provided in the Health Act No. 21 of 2017 (Kenya) that established Kenya Health Professions Oversight Authority (KHPOA) to provide oversight over the regulation, training, licensing, and professional standards of health practitioners and to coordinate joint inspections and compliance mechanisms across regulatory bodies. The Act also established the Kenya Health Human Resource Advisory Council (KHHRAC) as a national advisory body responsible for providing policy guidance and establishing norms and standards related to the management, deployment, and mobility of healthcare professionals across national and county governments.

The East African Community Vision 2050 provides a complementary policy rationale for coordinated regional approaches on human capital development, including health and workforce-related investments. This regional direction reinforces the relevance of harmonized standards, skills development and coordinated approaches to labour market pressures that affect workforce mobility, retention and distribution.

The WHO Global Strategy on Human Resources for Health: Workforce 2030 established a comprehensive framework addressing workforce planning, financing, education, regulation, and management to ensure adequate, competent, and responsive health workforce. The strategy emphasizes that by 2030, countries must progress toward halving dependency on foreign-trained health professionals while creating at least 10 million additional full-time jobs in health and social care sectors to address the needs of underserved populations.

To strengthen evidence-informed decision-making to guide health workforce investments and policy reforms, the Ministry of Health conducted the Health Labour Market Analysis, an economic framework used to assess mismatches between workforce supply, population needs, demand, and feasible policy options. The implementation of the National Health Workforce Accounts has supported improvements in the quality and availability of health workforce data to conduct such analyses.

These interventions collectively aim to build a resilient, well-coordinated, and adequately staffed health workforce capable of supporting Kenya's progress toward universal health coverage and improved health outcomes.

## 1.2 Policy Issue(s) Identification

Kenya is currently facing a critical shortage of healthcare professionals, compounded by inequitable distribution across regions, with concerns regarding the quality and standardization of training and practice, increasing migration of skilled health practitioners within and outside the country, fragmented and inadequately disaggregated data systems for effective health workforce planning and management, inadequate regulation of healthcare professionals training and practice as well as weak governance.

The widening gap between the supply of Healthcare Professionals (HCPs) and the rising health needs of the population continues to hinder optimal health outcomes in Kenya. Kenya was estimated to have about 189,932 active health workers across 13 major health occupations. Currently, the national health workforce stock meets only 76.4% of the estimated need, a deficit projected to worsen to 60% by 2035 if reforms are not prioritized. Of this stock only 75.4 % were in employment highlighting the health service access gaps related to healthcare professional shortages and unemployment. While the number of health workers doubled between 2010 and 2020, Kenya's density of 30.14 core health workers per 10,000 population remains significantly below the Sustainable Development Goal (SDG) threshold of 44.5. This shortage is compounded by a severe geographic imbalance. Rural areas and counties in Arid and Semi-Arid Lands (ASAL) face acute shortages of specialists and primary care providers compared to urban areas like Nairobi. Furthermore, the misalignment between healthcare professionals' needs and available resources, as well as the maldistribution of these resources, exacerbates the problem.

The growth in population and demand for healthcare services has not been matched by proportional investment in health workforce training, recruitment, and retention. Despite the government's increased nominal budget allocation to the health sector, reaching KES 247 billion (11.1% of the annual budget) in the fiscal year 2020/21, the real expenditure has been stagnant after accounting for inflation and population growth. The issues have developed gradually over time due to a combination of structural, institutional, and systemic factors. Devolution of health service delivery to county governments has also introduced coordination challenges between national and county levels in workforce planning and deployment.

Rapid expansion of health training institutions has not always been matched by adequate regulatory oversight, resulting in variability of training quality, infrastructure, faculty capacity, and availability of clinical training sites. Additionally, the regulatory framework for health professions remains fragmented, with numerous cadres lacking clear statutory regulation or harmonized scopes of practice, contributing to inconsistencies in professional competencies and service delivery. The challenge is further compounded by fragmented and inadequately disaggregated information systems, which limit the ability of the government to effectively plan, forecast, and manage the health workforce.

The issues affect patients, healthcare professionals, training institutions, private institutions, and national and county governments, with underserved and rural populations disproportionately impacted due to limited access to adequately trained health workers. Inadequate workforce numbers and uneven

distribution place pressure on existing staff, affecting the quality, safety, and continuity of healthcare services. The cross-cutting effects have an impact on service delivery, workforce planning and management, education and training, retention and migration, governance, regulation and policy coordination.

Ethical implications arise in relation to quality of care, patient safety, and fairness in access to health services. Variations in training standards and competencies among healthcare professionals may increase the risk of medical errors or substandard care. Furthermore, the inequitable distribution of health workers across regions raises concerns regarding equity and justice, as populations in rural or marginalized areas experience limited access to qualified healthcare providers compared to those in urban centres.

### 1.3 Legal and policy context

Article 43 of the Kenyan Constitution<sup>1</sup> provides that every Kenyan has the right to the highest attainable standard of health. Additionally, Article 41 of the Constitution states that a worker has the right to fair labour practices, including fair remuneration, reasonable working conditions, and the right to form, join, or participate in trade union activities. However, these rights must be balanced with the need to ensure that the enjoyment of rights and fundamental freedoms by any individual does not prejudice the rights and fundamental freedoms of others (*Article 24(1d)*).

The Health Act (*CAP 241*)<sup>2</sup> guides the regulation of healthcare services<sup>3</sup> and professionals<sup>4</sup>. Section 107 of the Act gives provisions for the training, registration, and regulation of healthcare professionals', which is crucial for ensuring workforce competency. The Kenya Health Policy<sup>5</sup> has the objective of attaining Universal Health Coverage (UHC) of essential health services that support the realization of the highest possible standard of health for all Kenyans. This is bolstered by the Kenya Universal Health Coverage Policy 2020- 2030 which emphasized the need for strengthening Human Resources for Health to ensure health workers are motivated and responsive through better job descriptions, schemes of service, professional development activities, work environments, and supervision and administration.

In addition, the enactment of The Social Health Insurance Act operationalizes the constitutional right to the highest attainable standard of health by providing a structured social health insurance mechanism aimed at improving financial risk protection, access to quality healthcare services, and efficiency in health service delivery.

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<sup>1</sup> Constitution of Kenya <https://kenyalaw.org/ki/fileadmin/pdfdownloads/TheConstitutionOfKenya.pdf> . Accessed 25 July 2024

<sup>2</sup> Kenya Health Act <https://kenyalaw.org/ki/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf> . Accessed 25 July 2024

<sup>3</sup> "Means the prevention, promotion, management or alleviation of disease, illness, injury, and other physical and mental impairments in individuals, delivered by healthcare professionals through the healthcare system's routine health services, or its emergency health services"

<sup>4</sup> "Includes any person who has obtained health professional qualifications and is licensed by the relevant regulatory body"

<sup>5</sup> [Kenyan Health Policy 2014-2030](#) . Accessed 25 July 2024

This policy expands on the provisions and tenets of the instruments above on healthcare professionals' and provides guiding principles at national and county levels of government.

#### **1.4. Rationale for the Policy**

Since the adoption of the Kenya Health Policy 2014-2030, the Kenya's health sector has undergone significant transformations including the full operationalization of devolution, expansion of health training institutions, increasing labour mobility of health professionals, rapid technological changes in healthcare delivery, and legal and regulatory reforms including the introduction of new health financing reforms such as the Social Health Insurance framework. Further, the country has faced the paradox of unemployed trained health professionals alongside persistent staffing shortages, highlighting structural inefficiencies in workforce planning, financing, and deployment. Kenya's workforce challenges and increasing international recruitment has further intensified migration pressures. This has resulted in persistent shortages, low retention rates, and difficulties in achieving equitable HCPs distribution, especially in rural areas. Additionally, varying governance structures across counties, high turnover of Healthcare professionals, and unclear roles and responsibilities have hindered the effective management of Healthcare professionals. This disharmony has negatively impacted service delivery and institutional memory, compromising the overall effectiveness of the devolved healthcare system.

Addressing the issue is critical to safeguarding the quality, safety, and accessibility of healthcare services, advancing national health priorities, and fulfilling commitments to Universal Health Coverage and national development goals. Failure to act promptly risks further deterioration of service quality, widening health inequities across regions, and continued loss of skilled professionals from the national health system

These gaps were documented in the Health Labour Market Analysis (HLMA) report 2023. This policy is crucial for addressing the multifaceted challenges facing the HCP in the country. The key considerations driving the policy development include the lack of an existing policy to guide HCP issues, the non-uniform implementation of HCP matters following devolution, the need for alignment between HCP planning and population health needs, and the absence of a centralized database for evidence-based decision-making. Additionally, the policy aims to address the weak regulatory framework, high staff turnover, and insufficient financing for HCPs.

#### **1.5. Policy Goal and Objectives**

##### **Policy goal**

To ensure an adequate supply, optimal skill mix, equitable distribution, and effective performance of the Healthcare Professionals to advance the realization of Universal Health Coverage in Kenya and improved health outcomes.

##### **Policy Objectives**

- i. To strengthen and operationalize HRH governance, coordination and partnership for effective stewardship of the health workforce.
- ii. To strengthen strategic planning and sustainable financing for the education, employment and retention of healthcare professionals.

- iii. To improve the quality and relevance of education and training programs of Healthcare Professionals (HCPs) to adequately respond to population health needs.
- iv. To ensure adequate and equitable distribution of healthcare professionals across all levels and geographical regions
- v. To strengthen and harmonize the legislative and regulatory framework that provides for regulating all Healthcare professionals, including training and practice.
- vi. To improve management of health workforce migration through promotion of structured governance and coordination, bilateral cooperation agreements and improved workforce retention strategies.
- vii. To establish robust health workforce data systems to support evidence-based decision-making.

## **1.6. Scope of the Policy**

This Policy applies to all Healthcare Professionals (HCPs) operating within the health system in Kenya, across public, private, and faith-based institutions. A Healthcare professional includes a person who has obtained health professional qualifications and is licensed by the relevant regulatory body to practice. It provides a national framework for the governance, regulation, planning, development, management, and retention of Healthcare Professionals at both national and county levels.

The Policy will be implemented by all institutions and stakeholders involved in health workforce production, management and development that include:

- National Government Ministries, Departments, and Agencies
- County Governments
- Professional Regulatory Bodies

Public and Private Health Education, Training and Research Institutions

Public, Private, and Faith-Based Health Facilities

Development Partners, Professional Associations, and Civil Society Organizations

FOR PUBLIC PARTICIPATION

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## CHAPTER TWO: SITUATION ANALYSIS

This section outlines the current status of the issue the policy seeks to address and examines key trends related to it.

### i) Governance, coordination and partnership.

The performance of Kenya's health sector is largely influenced by governance, coordination and partnerships between the national and county governments. Governance and leadership of HRH in Kenya are shaped by the Kenya's Constitution of 2010, which guarantees the right to health for all citizens and decentralizes healthcare service delivery through a governance structure involving national and county governments.

The Intergovernmental Relations Act 2012 provides the legal framework for consultation, cooperation, and the transfer of functions between the national and county governments. To enhance collaboration, the Health Sector Partnership and Coordination Framework (2018–2030) aligns stakeholders to improve health outcomes through a Sector Wide Approach (SWAp). It enhances collaboration between national/county governments and partners through structures such as Intergovernmental Consultative Committees (ICCs) and Technical Working Groups (TWGs) to harmonize investments, enhance accountability, and strengthen service delivery including Human Resources for Health.

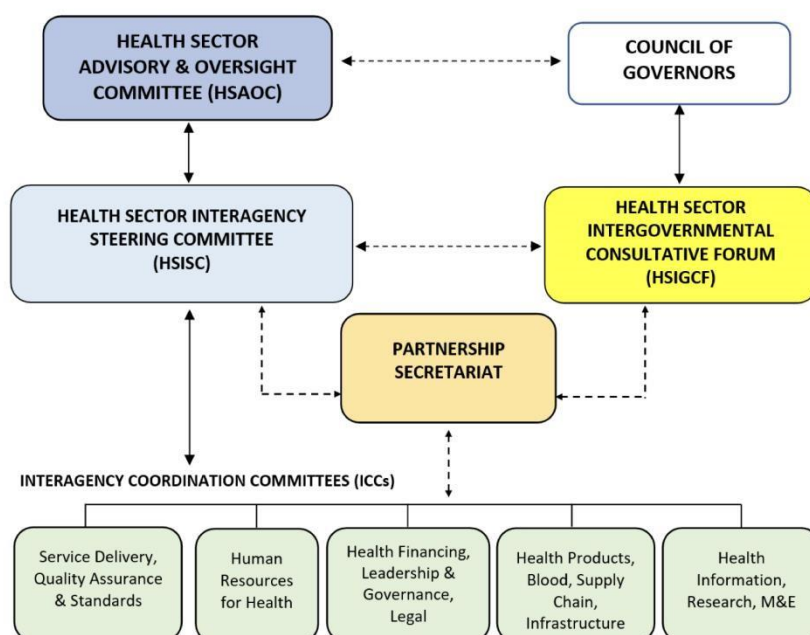


Figure 1: Health Sector Partnership and Coordination Framework

Despite the presence of the partnership and coordination framework, the health sector struggles with weak intergovernmental coordination, poor harmonization of devolved functions, and ineffective policy implementation at the county level. The lack of uniform governance structures and inconsistent health strategies across counties hinder cross-county collaboration. Additionally, there are frequent changes in county leadership resulting in loss of institutional memory that has a ripple effect on service delivery and county Healthcare Professionals' management. This is manifested through delays in decisionmaking, such as facilitation of intra- and inter-county staff transfers and inconsistencies in promotions. These have had far-reaching consequences on service delivery and the well-being of HCPs, contributing to reduced client satisfaction. In addition, the sector has experienced recurring industrial unrest related to staff welfare.

The World Health Organization (WHO) Global Strategy on Human Resources for Health (HRH): Workforce 2030 (Objective 3) emphasizes on establishment of HRH units, improving data for decisionmaking, and enhancing intersectoral, ethical, and sustainable management to achieve Universal Health Coverage. Currently, there is no formal mechanism on establishment of HRH units in the counties; however, some counties have established the units but their ability to fully execute workforce planning, data management, regulatory liaison, and performance oversight functions.

The country also lacks intra-county and inter-county transfer framework leading to reduced HCPs motivation and morale as the HCPs who would wish to relocate due to family, career development, or personal reasons may feel frustrated when transfers are difficult or impossible impacting on productivity, and in some cases, HCPs opting to leave the service.

## **ii) Planning for Health Care Professionals**

Effective planning for Human Resources for Health (HRH) aims to ensure the availability of the right number, mix, and distribution of competent health workers to meet population health needs. To guide HRH planning, the country developed the Kenya Human Resource for Health Strategic Plan (2018-2023) aligned to the Health Sector priorities. The country also has norms and standards for Human Resources for Health although the implementation varies significantly across counties.

Health workforce forecasting is a critical component of HRH planning, enabling the health system to anticipate future workforce needs based on population trends, disease burden, service delivery models, and fiscal capacity. Kenya conducted its first forecasting through the Health Labour Market Analysis in 2021; however, this has not been institutionalized or regularly updated. As a result, workforce planning remains largely reactive, limiting alignment between training, recruitment, deployment, and evolving health system needs.

The HLMA, 2021 projections indicate that current workforce supply will not keep pace with population health needs without substantial investment and reforms. In 2021, the health system required approximately 254,220 health workers, while the available supply was about 194,254, resulting in a shortfall of nearly 60,000 health workers (24%). This gap is projected to widen if current trends

continue, with the required workforce expected to reach 385,101 by 2031, compared to an estimated supply of 270,749, representing a deficit of over 114,000 health workers.

Kenya’s health workforce has grown substantially in recent years. The total stock of active health workers increased from 148,322 in 2018 (KHHRSP) 2018-2023 to approximately 189,932 in 2021 (HLMA 2023). Out of the 189,932, about 75% are currently employed in either the public or private sector. However, the HLMA identified that approximately 14% of trained health professionals remain

### iii) Health Financing for Human Resources for Health (HRH)

Kenya’s health financing landscape is characterized by a mix of public financing, household out-of-pocket (OOP) payments, donor funding, and private sector contributions. The Total health expenditure (THE) has fluctuated around 4-5% of GDP in recent years. Since devolution, national and county governments have continued to increase their allocations to health, both in absolute and as a proportion of the total government budget. In absolute terms, the combined budget (national and county) allocations to health continued to expand gradually, from KES 78 billion in FY 2013/14 to KES 280 billion in FY 2023/24 (258% expansion).

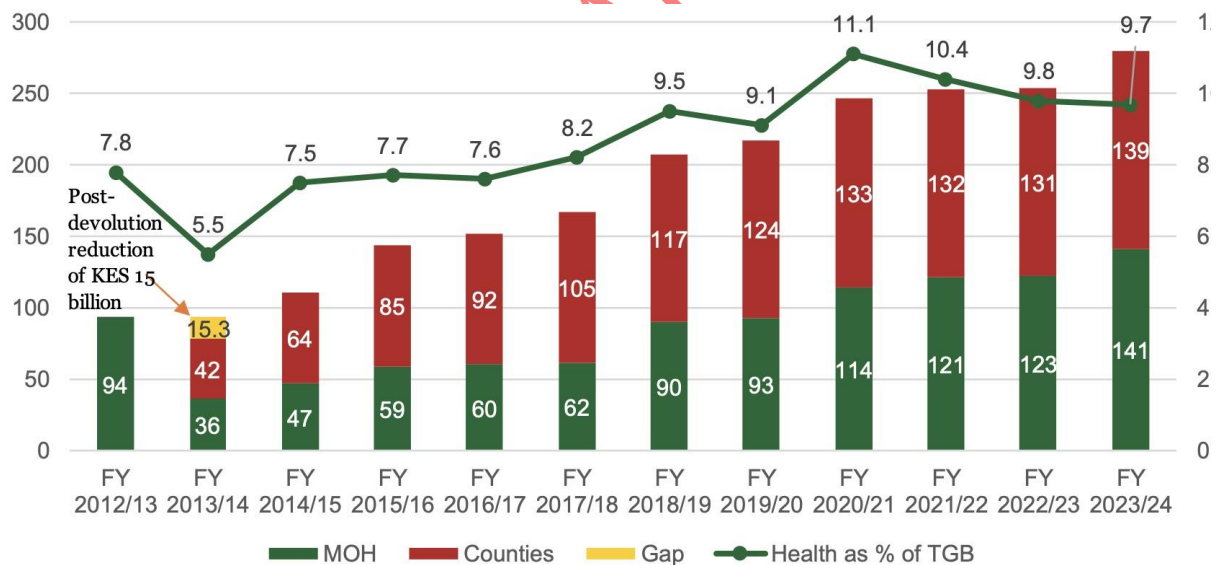


Figure 2: Pre- and post-devolution budget allocations to health (controller of budget) unemployed or underemployed, indicating a mismatch between training output and the capacity of the health system to absorb new graduates.

The combined proportion of the total government budget allocated to health by national and county governments also has increased but has not yet reached the government’s target of 15%, in accordance with the Abuja Declaration. Combined budget allocations to health by national and county governments as a proportion of the total government budget increased from 5.5% in FY 2013/14 to 11.1% in FY 2020/21 before decreasing to 9.7% by FY 2023/24.



Figure 3: County health recurrent budget allocations by economic category, FY 2020/21-FY 2023/24

The allocation of the recurrent budget at the county level shows that over 75% of the recurrent health budget is consistently spent on Personnel Emoluments (PE). This high proportion is primarily driven by the fact that Human Resources for Health (HRH) constitute the majority of county health expenditures, reflecting the critical role of health care workers in service delivery. However, the dominance of personnel emoluments significantly constrains the fiscal space available for other essential recurrent items, including medical supplies, training, employment, maintenance, utilities, and outreach activities, thereby creating implementation gaps within the approved budget.

The inadequate allocation of resources compromises the quality of healthcare services provided to citizens, hindering the realization of the government's priority of achieving UHC. Addressing the workforce gap will require significant investments in both training and employment. The HLMA estimates that training the additional health professionals required by 2031 would cost approximately Kshs. 109.2 Billion, while the projected wage bill required to meet population health needs could increase to Kshs. 860.6 Billion, compared to the current estimated Kshs. 521.3 Billion under existing workforce levels. Despite these costs, evidence suggests that investments in the health workforce yield substantial economic and social returns, with global estimates indicating a return on investment of

approximately 1:9, alongside improvements in population health outcomes such as increased life expectancy and reduced maternal mortality.

#### iv) Employment of Healthcare professionals.

Kenya's health system requires an estimated 254,220 healthcare professionals (HCPs) to adequately meet the country's population health needs. Evidence from the Kenya Health Labour Market Analysis (HLMA) 2023 shows that as of 2021 the country had about 189,932 active health workers across 13 major health occupations, reflecting significant growth in the workforce over the past decade.

Of this workforce, approximately 143,227 (75.41%) were employed in either the public or private sector, while about 27,243 (14.34%) remained unemployed or under-employed despite having the relevant training. A further 18,994 health professionals (about 10%) were classified as out of the labour force, resulting in a health labour participation rate of roughly 90 percent. Collectively, these figures translate into an unmet workforce need of approximately 64,288 healthcare professionals, highlighting a significant gap between available human resources and the health service demands of the population.

Employment patterns within the sector reveal that the public sector employs about two-thirds of health professionals, while the private sector accounts for roughly one-third of employment. However, the private sector has emerged as a key driver of employment growth, expanding at an average annual rate of about 7 percent compared with 4.1 percent in the public sector.

Table 1: Health workforce distribution by sector of employment

SN	ISCO Kenya share	Occupation qualified of	Title Sector	Stock of Sector	% Public Group	% Private as % (Registered)	Occupation Classification Share	in Share overall stock
1	221	- doctors	Medical Doctors		12,792	45%	55%	6.70%
2	2211	- Generalist medical practitioners	Medical officer		7,884	48%	52%	4.20%
3	2212	- Specialist medical practitioners	Dermatologist	28	36%	64%	0.00%	

SN	ISCO Classification	Occupation Title in Kenya	Stock of qualified (Registered) health workers, (P)	% Public Sector Share	% Private Sector Share	Occupation Group as % share of overall stock
4	2212 - Specialist medical practitioners	Obstetrician &Gynaecologist	402	49%	51%	0.20%
5	2212 - Specialist medical practitioners	Ophthalmologist	104	36%	64%	0.10%
6	2212 - Specialist medical practitioners	Paediatrician	343	36%	64%	0.20%
7	2212 - Specialist medical practitioners	Physician (internal Medicine)	347	26%	74%	0.20%
8	2212 - Specialist medical practitioners	Psychiatrist	70	50%	50%	0.00%
9	2212 - Specialist medical practitioners	Radiologist	140	41%	59%	0.10%
10	2212 - Specialist medical practitioners	Surgeon	332	37%	63%	0.20%

SN	ISCO Classification	Occupation Title in Kenya	Stock of qualified (Registered) health workers, (P)	% Public Sector Share	% Private Sector Share	Occupation Group as % share of overall stock
11	2212 - Specialist medical practitioners	Pathologist	65	38%	62%	0.00%
12	2212 - Specialist medical practitioners	Anaesthesiologist	158	26%	74%	0.10%
13	2212 - Specialist medical practitioners	ENT Surgeon	75	48%	52%	0.00%
14	222 - Nursing & Midwifery Personnel	Kenya Registered Community Health Nurse	109,659	81%	19%	57.70%
15	2221 & 2222- Nursing and Midwifery professionals	Kenya Registered Community Health Nurse	71,539	66%	34%	37.70%
16	3221 - Nursing associate professionals	Kenya Enrolled community Health Nurse	38,120	100%	0%	20.10%
17	2269 - Health professionals not elsewhere classified	Registered Clinical Officer	25,400	38%	62%	13.40%

SN	ISCO Classification	Occupation Title in Kenya	Stock of qualified (Registered) health workers, (P)	% Public Sector Share	% Private Sector Share	Occupation Group as % share of overall stock
18	2269 - Health professionals not elsewhere classified	ENT Clinical officer	160	59%	41%	0.10%
19	2269 - Health professionals not elsewhere classified	Anaesthetist Clinical Officer	932	47%	53%	0.50%
20	2269 - Health professionals not elsewhere classified	Lung & Skin Clinical officer	272	60%	40%	0.10%
21	2269 - Health professionals not elsewhere classified	Ophthalmology Clinical Officer	202	66%	34%	0.10%
22	2269 - Health professionals not elsewhere classified	Paediatric Clinical Officer	512	27%	73%	0.30%
23	2269 - Health professionals not elsewhere classified	Reproductive Health Clinical Officer	132	50%	50%	0.10%
24	2261 – Dentists	Dentist	1,344			0.70%

SN	ISCO Classification	Occupation Title in Kenya	Stock of qualified (Registered) health workers, (P)	% Public Sector Share	% Private Sector Share	Occupation Group as % share of overall stock
25	2261 – Dentists	Endodontist	1	0%	100%	0.00%
26	2261 – Dentists	Oral and Maxillofacial surgeon	29	25%	75%	0.00%
27	2261 – Dentists	Orthodontist	9	0%	100%	0.00%
28	2261 – Dentists	Paedodontist	21	0%	100%	0.00%
29	2261 – Dentists	Prosthodontist	2	100%	0%	0.00%
30	2261 – Dentists	Periodontist	9	43%	57%	0.00%
31	3251 - Dental assistants and therapists	Dental Technologist	987	26%	74%	0.50%
32	2262 – Pharmacists	Pharmacist	1,337	76%	24%	0.70%
33	3213 - Pharmaceutical technicians and assistants	Pharmaceutical Technologist	6,240	38%	62%	3.30%
34	2264 – Physiotherapists	Physiotherapist	1,757	37%	63%	0.90%

SN	ISCO Classification	Occupation Title in Kenya	Stock of qualified (Registered) health workers, (P)	% Public Sector Share	% Private Sector Share	Occupation Group as % share of overall stock
35	2263 - Environmental and occupational health and hygiene professionals	Occupational Therapist	553	86%	14%	0.30%
36	3214 - Medical and dental prosthetic technicians	Orthopaedic Technologist	287	84%	16%	0.20%
37	2265 - Dieticians and nutritionists	Nutritionists & Clinical Dietician	10,071	25%	75%	5.30%
38	3212 - Medical and pathology laboratory technicians	Medical Laboratory Technologist	10,000	56%	44%	5.30%
39	2263 - Environmental and occupational health and hygiene professionals	Public Health Officer	9,505	62%	38%	5.00%
	Total		189,932	66%	34%	

Despite this growth, workforce expansion has not kept pace with rising demand for services driven by population growth, epidemiological transitions, and the scale-up of health services under Universal Health Coverage initiatives. As a result, Kenya continues to experience a paradoxical situation in which

trained health professionals remain unemployed or under-employed while health facilities simultaneously face staff shortages.

The health sector experiences an average attrition rate of approximately 5.54 percent annually, reflecting challenges in retaining skilled personnel. Retention is particularly problematic in rural and underserved areas where health workers often encounter limited welfare support, inequitable remuneration, and difficult working conditions. These disparities have contributed to the uneven distribution of healthcare professionals across the country, leaving some counties significantly better staffed than others. In practice, this imbalance translates into unequal access to healthcare services, increased workloads for available staff, and strain on service delivery systems.

The employment environment has also been marked by recurrent industrial disputes and labour unrest within the health sector. Such tensions often stem from delayed remuneration, disparities in employment terms across counties, and broader concerns regarding career progression, welfare, and working conditions. These factors not only affect workforce morale but also disrupt service delivery and undermine the overall stability of the health system.

At the same time, the health sector remains an important contributor to Kenya's economy. According to the Kenya Health Labour Market Analysis (HLMA) 2023, the sector contributes approximately 2.04 percent of the national Gross Domestic Product (GDP) and continues to serve as a significant source of employment. The steady expansion of private health providers, faith-based organizations, and nongovernmental actors has further diversified employment opportunities within the sector.

#### **v) Education and training of HCPs.**

Kenya trains a diverse range of healthcare professionals who play a vital role in the functioning of the country's health system. These professionals receive their training in both public and private institutions, including universities and mid-level training colleges.

Over the past decade, the country has made significant progress in expanding health workforce education and training. According to the HLMA 2023 study, the size of the health workforce has doubled during this period. Kenya currently has 76 accredited universities and university colleges, about half of which offer health sciences programmes. In addition, the Kenya Medical Training College (KMTTC) operates 74 campuses across 44 counties. This wide geographic distribution of training institutions has improved access to pre-service training, strengthened regional equity in admissions, and created opportunities to increase the production of health professionals in line with devolved health service delivery. The continued expansion of both middle-level and degree-level training programmes has led to a steady rise in student enrolment, reflecting a strong national commitment to developing a skilled and responsive health workforce.

Despite the increase in training institutions, the alignment of healthcare professional training programmes with population health needs remains limited. Several factors contribute to this challenge, including the absence of harmonized guidelines to guide the training of healthcare professionals, inadequate projections of the skills required in the short and long term, and limited collaboration between the Ministry of Health (MOH), the Ministry of Education (MOE), health regulatory bodies,

the Commission for University Education (CUE), and other key stakeholders. Additional constraints include an unfavourable legal framework, the lack of a harmonized curriculum across training institutions, and limited adoption of competency-based curricula in health training institutions.

Current estimates show that the health workforce meets only 76.4 percent of the national requirement, leaving a deficit of 23.6 percent across 31 professional cadres. Without stronger measures to improve workforce production, equitable deployment, and retention, the staff availability ratio is projected to decline from 75.3 percent in 2026 to 60.2 percent by 2035. This would fall below the 70 percent service availability benchmark considered necessary for meaningful progress toward Universal Health Coverage (UHC). The widening gap is largely driven by a mismatch between the annual growth in population health needs, estimated at 4.7 percent, and the comparatively lower annual increase in the health workforce stock, which stands at 3.4 percent.

Table 2: Health Workforce Gap Analysis and Projections, 2021 –2031

No.	Health professionals	2021				2026				2031			
		Need (a)	Supply (b)	Gap (b-a)	SAR (b/a)	Need (a)	Supply (b)	Gap (b-a)	SAR (b/a)	Need (a)	Supply (b)	Gap (b-a)	SAR (b/a)
1	Medical officer	25,100	11,129	(13,971)	44.3%	35,864	11,568	(24,296)	32.3%	51,087	11,971	(39,117)	23.4%
2	Obstetrician & Gynecologist	535	402	(133)	75.2%	596	652	56	109.3%	665	881	216	132.6%
3	Ophthalmologist	467	104	(363)	22.2%	589	378	(211)	64.2%	791	630	(161)	79.7%
4	Pediatrician	569	343	(226)	60.3%	472	598	125	126.5%	426	831	405	195.2%
5	Physician (Internal Medicine)	426	347	(79)	81.5%	516	601	85	116.4%	661	835	173	126.2%
6	Psychiatrist	159	70	(89)	44.1%	152	347	195	228.2%	157	601	444	382.1%
7	Surgeon	2,475	332	(2,143)	13.4%	3,012	644	(2,368)	21.4%	3,861	930	(2,931)	24.1%
8	Pathologist	232	65	(167)	28.0%	260	342	83	131.8%	291	597	306	205.4%
9	Operating Theatre nurse	3,560	-	(3,560)	0.0%	3,969	870	(3,099)	21.9%	4,426	1,668	(2,757)	37.7%
10	Kenya Registered Community Health Nurse	136,321	109,659	(26,662)	80.4%	163,722	119,788	(43,935)	73.2%	191,005	129,084	(61,921)	67.6%
11	Mental Health/Psychiatry Nurse	729	-	(729)	0.0%	680	348	(332)	51.1%	695	667	(28)	96.0%
12	Critical care Nurse	720	-	(720)	0.0%	803	587	(216)	73.1%	896	1,126	231	125.7%
13	Paediatric Nurse	981	-	(981)	0.0%	975	290	(685)	29.7%	1,010	556	(454)	55.1%
14	Kenya Registered Midwife	424	-	(424)	0.0%	472	1,044	572	221.0%	527	2,002	1,475	380.1%
15	Registered Clinical Officer	35,101	21,797	(13,304)	62.1%	41,604	33,490	(8,114)	80.5%	52,236	44,222	(8,014)	84.7%
16	Anaesthetist Clinical Officer	2,992	932	(2,060)	31.1%	3,337	2,117	(1,221)	63.4%	3,724	3,204	(519)	86.1%
17	Lung & Skin Clinical officer	43	272	229	626.1%	49	685	636	1405.3%	55	1,063	1,009	1947.1%
18	Paediatric Clinical Officer	457	512	55	112.1%	454	905	451	199.5%	465	1,266	801	272.4%
19	Reproductive Health Clinical Officer	72	132	60	183.3%	80	447	367	557.0%	90	737	647	822.5%
20	Dental surgeon	4,145	1,344	(2,801)	32.4%	4,687	1,355	(3,332)	28.9%	5,310	1,366	(3,944)	25.7%
21	Community Oral Health Officer	1,445	-	(1,445)	0.0%	1,600	196	(1,404)	12.2%	1,799	375	(1,424)	20.9%
22	Pharmacist	5,094	4,069	(1,025)	79.9%	6,211	4,779	(1,432)	76.9%	8,063	5,430	(2,634)	67.3%
23	Clinical pharmacist	893	-	(893)	0.0%	1,103	-	(1,103)	0.0%	1,441	-	(1,441)	0.0%
24	Pharmaceutical Technologist	4,685	11,429	6,744	243.9%	6,702	11,966	5,264	178.6%	10,397	12,460	2,063	119.8%
25	Physiotherapist	3,742	1,757	(1,985)	47.0%	4,400	3,483	(918)	79.1%	5,513	5,066	(446)	91.9%
26	Occupational Therapist	3,543	553	(2,990)	15.6%	3,763	1,290	(2,473)	34.3%	4,012	1,967	(2,044)	49.0%
27	Orthopaedic Technologist	81	287	206	356.2%	90	411	322	458.0%	100	526	425	524.8%
28	Clinical Dietician	1,244	-	(1,244)	0.0%	1,214	3,141	1,927	258.7%	1,199	6,024	4,825	502.5%
29	Nutritionist	5,471	10,521	5,050	192.3%	6,455	11,723	5,267	181.6%	8,374	12,826	4,451	153.2%
30	Speech Therapist	242	-	(242)	0.0%	270	40	(230)	14.9%	301	77	(224)	25.6%
31	Medical Laboratory Technologist	11,909	18,198	6,289	152.8%	16,553	20,056	3,503	121.2%	25,077	21,761	(3,317)	86.8%
32	Orthopedic Trauma Technologist	361	-	(361)	0.0%	403	-	(403)	0.0%	449	-	(449)	0.0%
<b>Kenya</b>		<b>254,220</b>	<b>194,254</b>	<b>(59,966)</b>	<b>76.4%</b>	<b>311,060</b>	<b>234,140</b>	<b>(76,920)</b>	<b>75.3%</b>	<b>385,101</b>	<b>270,749</b>	<b>(114,352)</b>	<b>70.3%</b>

SAR = Staff Availability Ratio – a ratio of supply to need, which measure the degree to which supply of HWF covers the need.

Kenya is therefore facing significant challenges in ensuring that its health workforce receives quality education and training that responds to evolving population health needs. Limited coordination between the Ministry of Health and the Ministry of Education has contributed to a misalignment between curricula, training outputs, and national health priorities. As a result, there has been a proliferation of health-related courses that are not always aligned with population health needs. Variations in training standards, partly due to the absence of a harmonized core curriculum across institutions and professional cadres, have led to inconsistencies in competencies, skills gaps, and tensions within cadres. Furthermore, fragmentation and duplication in training programmes place financial and operational pressure on counties, particularly when health workers are released for training. Together, these issues pose risks to quality of care, patient safety, and the overall effectiveness of the health system.

Most specialist training for healthcare professionals in Kenya continues to follow a traditional model that requires health workers to leave their duty stations and attend training in centralized institutions. This arrangement disrupts service delivery because health workers remain away from their workplaces for extended periods, further straining already limited human resources in the health sector. It also places a significant financial burden on county governments, which must continue paying the salaries of staff undergoing training while simultaneously recruiting or hiring temporary replacements to sustain essential services.

The current policy guiding the health sector, the Kenya Health Policy 2014–2030, emphasizes the need for an adequate and equitable distribution of productive healthcare professionals to meet population health needs. However, the policy does not sufficiently address the design of training programmes for healthcare professionals based on a harmonized curriculum aligned with population health needs through a competency-based education approach. It also provides limited guidance on collaboration, consultation, and cooperation among the Ministry of Health, the Ministry of Education, their respective agencies, health regulatory bodies, and other key stakeholders.

#### **vi) Migration of HCPs.**

Kenya is experiencing migration of healthcare professionals which affects the availability and distribution of skilled health workers in the country. Migration is recognized as an important contributor to socio-economic development under Sessional Paper No. 5 of 2023 on the National Policy on Labour Migration, which highlights benefits such as remittances, skills transfer, and employment opportunities for Kenyan professionals abroad.

The HCP migration is driven by a combination of push and pull factors that influence healthcare professionals to seek employment outside the country or in better-resourced settings. Push factors include low remuneration, heavy workloads, inadequate working conditions, and insufficient health system resources that make it difficult for professionals to provide quality care. At the same time, pull factors such as higher salaries, better working environments, access to advanced training and technology, and improved living conditions in developed countries attract HCPs to migrate. The interaction of these factors contributes to the loss of skilled health personnel, further straining the already limited workforce and affecting the quality and availability of healthcare services.

Migration of healthcare professionals has increased, with many HCPs seeking better remuneration, working conditions, and career opportunities in developed countries. While this provides individual and economic benefits, it can also contribute to shortages of skilled health workers within Kenya. In addition, the HLMA report indicates that 64.64% of the HCPs in (level iv health facilities) reported intention to migrate from Kenya to other Countries as per the figure 4. This unmanaged migration of healthcare professionals' compromises service delivery locally that contributes to brain drain.

Figure 4: Intention to migrate to another country by cadre

#### **vii) Regulation of Health Care Professionals.**

Regulation of HCPs is essential to ensure patient safety, maintain high-quality care standards, and manage professional licensing and ultimately building trust in the health system. Kenya has established 13 professional regulatory bodies, that regulate 14 HCPs.

These bodies are responsible for registering and licensing professionals, setting standards of training and practice as well as enforcing professional conduct and discipline. Coordination across the regulatory bodies is supported by the Kenya Health Professions Oversight Authority, which promotes harmonization and oversight of regulatory functions.

The regulatory bodies play crucial roles in ensuring the quality of care provided by healthcare professionals, holding them accountable for their services, and protecting professional recognition. Despite these advances, several challenges remain within the regulatory landscape. The existence of multiple professional councils with independent mandates has resulted in fragmentation and inconsistencies in regulatory processes, standards, and enforcement mechanisms. Some regulatory bodies also face capacity constraints related to financing, human resources, and data systems needed to effectively oversee compliance with professional standards and monitor practice across the country. Additionally, significant number of Health care providers in the country operate without regulation. This poses a potential compromise to patient safety, service delivery, and the overall quality of care, thereby hindering the attainment of the highest standard of health.

The regulatory gaps have resulted in inconsistent professional standards, misalignment between training and practice, duplication and variations in professional titles for the same professions and overlapping scopes of practice. These challenges have, in turn, contributed to interprofessional conflicts and inefficiencies within the health workforce. Further, the current legal framework, including the Health Act Cap. 412, and existing health policies do not adequately provide for the regulation of all health professionals. This has led to unregulated training pathways, the absence of standardized competencies, and limited recognition of healthcare providers, adversely affecting their career progression, motivation, and integration into the formal health system.

#### **viii) Data and information on HCPs.**

The availability and use of reliable HCP data is increasingly recognized as critical for informing policy decisions, guiding training and deployment, monitoring workforce distribution, and ensuring that the health system can respond effectively to population health needs.

Currently HCP data is generated and managed across multiple platforms and institutions, including the Human Resource Information System (HRIS), the National Health Workforce Accounts, the iHRIS platform, and various databases maintained by professional regulatory bodies. While these systems provide valuable information, they operate largely in isolation and utilize different formats and reporting structures. This fragmentation has resulted in limited interoperability, lack of real-time updates, and the absence of a centralized repository for comprehensive health workforce data. In addition, gaps in data management capacity and system integration contribute to inconsistencies, duplication, and occasionally outdated information, which constrains effective workforce planning and decision-making.

Kenya has put efforts to strengthen the governance and integration of health sector data systems. The establishment of the Digital Health Authority (Kenya) is expected to support the integration of digital health platforms and enable better coordination and management of health data, including information related to healthcare professionals. Improved digital integration is anticipated to enhance data accessibility, accuracy, and timeliness for policy and planning purposes.

Strengthening the broader regulatory environment for healthcare professionals remains essential for improving the completeness and reliability of workforce data.

## CHAPTER THREE: POLICY STATEMENTS

This section outlines the policy objectives and the corresponding policy statements that the government commits to address the various public issues.

### **Policy Objective 1: To strengthen and operationalize HRH governance, coordination and partnership for effective stewardship of the health workforce.**

Strong leadership and governance are essential for Kenya's healthcare professionals' management. In this regard, Kenya has faced challenges in governance at all levels, which have led to poor, suboptimal planning and inefficiencies in Kenya's healthcare professionals' management.

#### **Policy Statements**

To address these issues, the national and county governments will:

- i. Strengthen HRH coordination and partnership mechanisms.
- ii. Establish and operationalize HRH units
- iii. Establish mechanisms for intra and inter-county transfers
- iv. Integrate administrative and technical functions for HCP's governance, coordination, and partnership to ensure accountability and stewardship.

### **Policy Objective 2: To strengthen strategic planning and sustainable financing for the education, employment and retention of healthcare professionals.**

Kenya has progressively increased investment in the health workforce. However, inadequate resources for HCPs education, employment, development and retention coupled with donor dependence, has resulted in suboptimal quality of care, demoralized healthcare professionals, an unstable workforce dependent on short-term contracts and donor-funded programs, and poor essential service delivery.

#### **Policy Statements**

To address these systemic shortcomings in planning and financing, the national and county governments will:

- i. The National and County governments will ensure adequate budgetary allocation for the training, recruitment, deployment, and retention of competent healthcare professionals based on projected requirements and periodic needs analysis, while considering gender and disability mainstreaming.
- ii. The National Government will develop and implement strategic and investment plans to improve HCP education, development, and management in line with the National Health Priorities.
- iii. The County governments will mainstream HCP priorities in their County Integrated Development Plans.
- iv. The National and County governments will establish and institutionalize predictable, innovative, long-term financing mechanisms

- v. The National and County governments will align health workforce investments to evolving population health needs and service delivery models, including primary healthcare, specialized care, and emerging priorities such as non-communicable diseases and digital health.
- vi. The National and County governments will strengthen health workforce planning systems and analytics, including regular needs assessments, labor market analysis, and workload-based staffing norms, to inform budgeting, recruitment, and deployment decisions

**Policy Objective 3: To improve the quality and relevance of education and training of Healthcare Professionals (HCPs) to adequately respond to population health needs.**

Training programs of healthcare professionals are not harmonized and aligned to population health needs, therefore exposing the Kenyan population to service delivery gaps and compromised quality of care, leading to delayed progress towards achieving UHC.

**Policy Statements**

To address the gaps identified the following will be done:

- i. The MOH will develop and operationalise master healthcare professionals' development framework aligned with labour market projections to ensure the future production of HCPs meets the country's health needs.
- ii. The National Government will enhance mainstreaming of education and training of HCPs based on population and health service provision needs.
- iii. The National Government will establish and institutionalize a competency-based education and training core curriculum for the training of HCPs.
- iv. The National and County Government will ensure healthcare training institutions maintain required standards for quality education and training.
- v. The National Government will establish minimum national occupational skills and competency standards for HCPs.
- vi. The National and County Governments will ensure in-service training for emerging health needs to enhance their capacity for managerial positions and to deliver integrated, peoplecentred health services.
- vii. The National government through the regulatory bodies will institutionalize mandatory continuous professional development.

**Policy objective 4: To ensure adequate and equitable distribution of healthcare professionals across all levels and geographical regions**

Despite the increasing number of trained healthcare professionals, there is a discrepancy between those trained and those employed, coupled with an imbalanced workforce distribution across the counties and levels. Additionally, Kenya lacks comprehensive HCP forecasting and planning due to outdated the absence of current staffing norms and standards, exacerbated by inadequate financing.

## Policy Statements

- i. The National Government will institutionalize periodic healthcare professional forecasting and planning.
- ii. The National and County Government will ensure periodic review and implementation of staffing norms and standards for all levels of care. iii. The national and county governments will ensure merit-based selection, employment, retention, promotion, and transfer opportunities for HCPs.
- iv. The MOH will establish and implement a coordinated framework for the effective management of health specialists.
- v. The National Government will develop and implement an affirmative action framework for underserved regions to ensure retention of HCPs

## Policy Objective 5: To strengthen and harmonize the legislative and regulatory framework that provides for regulating all Healthcare professionals, including training and practice.

An inadequate and fragmented legal and regulatory framework governing healthcare professional in Kenya has far-reaching consequences. Weak regulations have contributed to patient safety risks, variable quality of care, inconsistent standards in training and practice, limited accountability for malpractice and unethical conduct, and a lack of recognition for unregulated healthcare providers, which negatively affects their career progression and motivation.

Addressing these regulatory shortcomings is critical to enhancing patient safety, standardizing professional practice, strengthening accountability, and ensuring competent, well-regulated health professionals capable of supporting Kenya's health system objectives and universal health coverage agenda.

## Policy Statements

- i. The National Government through Parliament will develop and implement a legislative framework that provides for the regulation of unregulated healthcare providers.
- ii. The National Government will operationalize the regulatory framework regulating healthcare professionals to strengthen the capacity of regulatory bodies.
- iii. The National Government will review and harmonize existing legislations affecting health professionals to eliminate overlaps, inconsistencies and regulatory gaps.
- iv. The Cabinet Secretary for matters related to Health will provide and regularly review regulations related to the regulation of Health Care ProfessionalsThe Cabinet Minister for matters related to Health Education and training will provide and regularly review regulations in consultation with Cabinet Secretary of matters related to Health
- v. The National Government through parliament will legislate a coordination and collaborative mechanism that will facilitate enhanced quality and relevance of education and training programs for HCP to adequately respond to population health needs.

**Policy objective 6: To improve management of health workforce migration through promotion of structured governance and coordination, bilateral cooperation agreements and improved workforce retention strategies.**

Kenya has long recognized the importance of managing labour migration. However, when it comes to the unique dynamics of healthcare professionals' migration, a more targeted and urgent approach is necessary. There is need to protect Kenya's healthcare system from the consequences of unmanaged healthcare professionals' migration.

**Policy Statements**

- i. The National and County governments will promote structured migration management by instituting mechanisms for obtaining robust data on migration patterns and use the evidence for planning.
- ii. The National Government will develop and implement a legislative and regulatory framework to govern migration of HCPs.
- iii. The national government will develop, implement and monitor bilateral agreements with destination countries and ensure health sector collaboration for proportional benefits accruing to the Kenyan health sector.
- iv. The National Government will develop and implement a workforce retention framework to govern migration including mechanisms for return, reintegration, and skills transfer of HCPs.

**Policy objective 7: To establish robust health workforce data systems to support evidencebased decision making.**

The Ministry of Health sector faces significant challenges in managing its healthcare workforce due to the lack of contemporary healthcare professionals' data and information. There is need to establish a coordinated national mechanism for the integration and management of HCP data within a centralized system to enhance data harmonization, strengthen workforce governance, and support evidence-based planning and management of the health sector.

**Policy Statements**

- i. The national and county governments will set a national minimum data set and indicators for reporting on HCPs.
- ii. The national and county governments will establish and sustain an interoperable mechanism for reporting and use of HCPs' data and information and ensure its sustainability.
- iii. The national and county governments will establish a mechanism to ensure all relevant entities submit data and information on HCPs based on set guidelines.
- iv. The national and county governments will periodically track the health labour market dynamics and use the evidence to inform strategic and investment planning for the healthcare professionals.
- v. The national and county governments will establish and enforce data quality assurance mechanisms to ensure accuracy, completeness, and timeliness of health workforce data.

- vi. The national and county governments will develop and maintain a unique health workforce registry to enable tracking of healthcare professionals across training, deployment, and

migration.

FOR PUBLIC PARTICIPATION

## CHAPTER FOUR: IMPLEMENTATION FRAMEWORK

The successful implementation, monitoring, review and financing of this policy requires a robust and well-structured institutional framework. This framework will ensure that the various functions and approaches are clearly defined, strong, appropriately housed, and properly connected through effective communication and information systems. The needed actions by various stakeholders to implement this policy and the sources of funds are presented subsequently.

### i) Coordination Framework and Administrative Mechanisms

The Government is committed to full implementation of Kenya Healthcare Professionals' Policy which will be spearheaded by the Ministry of Health. The Ministry will serve as the lead institution responsible for overall policy oversight, strategic direction, and coordination of implementation. The policy will adopt a multi-sectoral coordination framework involving national and county governments, regulatory bodies, training institutions, and other relevant stakeholders.

To facilitate effective coordination, inter-agency collaboration mechanisms will be established to clearly define the roles and responsibilities of participating institutions. These mechanisms will promote information sharing, joint planning, and harmonized implementation of policy interventions. The Ministry of Health will act as the central coordinating body to ensure coherence and avoid duplication of efforts among institutions.

The framework will also provide mechanisms for engagement of key stakeholders, including professional associations, development partners, private sector actors, civil society organizations, and training institutions. Their participation will support policy implementation through technical expertise, resource mobilization, and knowledge sharing.

### ii) Legal and regulatory framework

This policy has been Aligned to the Health Act 2017, Various Acts establishing the regulatory bodies, Health Policy 2014-2030, UHC Policy, Intergovernmental Relation Act,2012, Education Act, Sessional Paper No. 5 of 2023 on Labour Migration, University Act. This policy has domesticated the WHO Global Strategy on Human Resources for Health and African Health Strategy and East African Community Vision 2050.

To fully operationalize this Policy the following are the proposed legal and regulatory frameworks:

- Development of legal frameworks for unregulated healthcare providers
- Provisions to regulate healthcare professional migration, including bilateral agreements, retention policies, and ethical recruitment standards
- Amendments to selected Acts to align with the Policy's objectives, particularly in areas of workforce planning, equitable distribution, licensing, and intergovernmental coordination
- Creation of subsidiary regulations and guidelines to operationalize coordination, data reporting, accreditation, and incentive mechanisms

### iii) Funding Arrangements

Financing for the implementation of this policy will primarily be supported through Government of Kenya (GoK) budgetary allocations, guided by the estimated resource requirements for achieving the policy objectives. Advocacy and lobbying efforts will be undertaken to secure progressive and adequate funding, while innovative financing mechanisms such as Public–Private Partnerships (PPPs) will be explored to complement government resources and support effective implementation. interventions through financial and technical support. Resources from development partners will be leveraged to strengthen the implementation of policy

FOR PUBLIC PARTICIPATION

## CHAPTER 5: MONITORING AND EVALUATION

Policy implementation will be monitored continuously and evaluated periodically to track, analyse and document progress to inform corrective action.

### Monitoring

Monitoring will focus on tracking the implementation of policy strategies, activities, and outputs to ensure that planned interventions are implemented within the specified timelines and allocated budgets. The monitoring process will involve routine data collection, validation, analysis, and reporting at both national and county levels. This will enable tracking progress, early identification of resource gaps and implementation challenges to inform corrective measures. Data collection, analysis and reporting will be conducted quarterly and the recommendations for action. Data collection mechanisms will include administrative reporting systems, health workforce databases, surveys, facility staffing audits, and performance reviews.

### Evaluation

Periodic evaluations will be conducted to assess the effectiveness, impact and sustainability of the policy interventions in strengthening Kenya's health workforce. This will use a combination of quantitative and qualitative methods, drawing on data from human resources for health information systems, training institutions, professional registries, regulatory bodies, workforce surveys, labour market data, facility assessments, and stakeholder consultations. Indicators will assess workforce stock, density relative to population, skill mix, training outputs, and workforce mobility, as well as productivity and efficiency measures within health service delivery.

Mid-term and end-term evaluations will be conducted to review overall policy performance and inform potential revisions or future policy development. The findings will be used to identify intended and unintended outcomes, inform policy adjustments, strengthen workforce planning and management, and guide future investments in the education, recruitment, deployment, and retention of healthcare professionals. Evidence generated through evaluation will also support national and county-level decision-making and improve alignment between workforce supply and population health needs.

### Reporting and Learning

Effective reporting and learning mechanisms will support transparency, accountability, and continuous improvement in the implementation of the Healthcare Professionals Policy. The Ministry of Health (MoH), in collaboration with county governments and other relevant stakeholders, will coordinate the preparation, dissemination, and use of reports on the availability, distribution, productivity, and mobility of healthcare professionals (HCPs). Periodic national and county healthcare workforce profiles will be developed to inform workforce planning and contribute to national and global health workforce reporting platforms.

Health workforce information will be collected, analysed, and disseminated through established government data systems and digital platforms, which will facilitate access to relevant and timely workforce data. Findings will also be shared through stakeholder engagement forums and knowledge

translation platforms to promote evidence sharing among government institutions, professional regulatory bodies, training institutions, development partners, and professional associations.

The reporting framework will include the following key reports to monitor workforce performance and policy implementation:

- i. HRH Implementation Progress Reports documenting the status of policy implementation and key workforce indicators.
- ii. County HRH Workforce Reports detailing recruitment, deployment, staffing levels, and retention trends at the county level.
- iii. Health Labour Market Analysis (HLMA) Reports assessing labour market dynamics affecting healthcare professionals.
- iv. Mid-term Evaluation Reports conducted with stakeholder participation and independent review to assess progress and recommend adjustments.
- v. End-term Evaluation Reports coordinated by the Ministry of Health to assess overall policy outcomes and impact.
- vi. Thematic Reports covering areas such as quality of care, human resources for health performance, HRH training reports, workforce migration, and inter- and intra-county workforce transfers.

Lessons generated from policy implementation through monitoring and evaluation will be systematically documented and used to refine strategies, strengthen health workforce planning, and improve policy implementation. Best practices identified during implementation will be shared and replicated across counties to enhance effectiveness and innovation in workforce management, while challenges and less effective approaches will be assessed to inform corrective actions.

## Policy review

This policy will be reviewed on a need basis. The review will focus on the extent to which the activities undertaken achieved the set objectives; sustainability of the achievements made; challenges faced; lessons learned and mitigation measures.

## ANNEX 1: DEFINITION OF TERMS

**Circular Migration:** The repeated movement of health workers between countries, where professionals return to their country of origin while maintaining international mobility, often involving skills exchange.

**Healthcare Professionals** Includes person who has obtained health professional qualifications and licensed by the relevant regulatory body to practice

**Health care provider:** A person who provides health care services and includes a health care professional

**Devolution:** Statutory decentralization of power, resources, and representation from the national government to county governments.

**Demand (for health services):** The health care expectations expressed by individuals or communities; or, the willingness and ability to seek, use, and, in some settings, pay for services.

**Demand (for health workers):** Corresponds to the number of health workers that a health system can support in terms of positions or economic demand for services thus it reflects the capacity and willingness to pay of the purchasers of health care.

**Health Labour Market:** The structure that allows services of health workers to be sought (demanded) and offered (supplied).

**Competency-Based Education:** Training approach focused on measurable skills, knowledge, and professional competencies required for practice.

**National Health Workforce Accounts (NHWA):** A mechanism to collate and use a set of standardized indicators to generate reliable human resources for health information and evidence, with the objective of enabling planning, implementation and monitoring of workforce policies towards universal health coverage and improving comparability of health workforce data nationally and globally.

**Staffing Norms and Standards:** Required numbers and skill mix of health workers for specific service levels.

**Regulatory Framework:** Legal and institutional mechanisms governing licensing, practice standards, and professional accountability.

**Continuing Professional Development (CPD):** Ongoing education undertaken by professionals to maintain and improve competence.

**Health Workforce Migration:** Movement of healthcare professionals across regions or countries for employment.

**Interoperable Information System:** Digital systems capable of exchanging and using shared data across platforms.

**Governance:** Processes and structures used to direct, manage, and hold institutions accountable.

**Universal Health Coverage (UHC):** Ensuring all people receive quality health services without financial hardship.

**Health Workforce Planning:** The process of estimating potential requirements for human resources for health and of designing ways of fulfilling those requirements, including strategies that address the adequacy of the supply and distribution of the health workforce according to policy objectives and the consequential demand for health labour.

**Health workforce, human resources for health, health workers:** All persons engaged in actions whose primary intent is to enhance health.

**Education (of health workers):** The process of developing knowledge, skills, attitudes and competencies related to the delivery of health services. Specialization is the process of developing advanced knowledge, skills, attitudes and competencies related to the delivery of specific health services.

**Supply (of health workers):** The number of health workers active in the health labour market, either in employment or not employed but willing to work.

## ANNEX II: STAKEHOLDERS ROLES AND RESPONSIBILITIES IN

### THE IMPLEMENTATION OF THE POLICY

#### 1. MOH

- Develop and review the regulations, strategic plans, frameworks, guidelines, and standard operating procedures to operationalize the Policy, in collaboration with relevant stakeholders.
- Mobilize and allocate resources for Internship and Postgraduate inservice training of Healthcare professionals.
- Mobilize and allocate resources for Pre-service training at KMTC.
- Develop master healthcare professionals' development framework aligned to the population health needs.
- Coordinate monitoring and evaluation systems to track progress and generate evidence for use in decision-making.
- Establish and coordinate sectoral and multisectoral partnerships in line with the Policy.
- Coordinate development of scopes of practice for Health care professionals with all relevant stakeholders
- Provide Technical Assistance and capacity building to support counties in the implementation of the policy objectives .
- Partner with other ministries and entities in tracking the Healthcare Professionals' dynamics through national survey and special studies.
- Implement the regulations, strategic plans, frameworks, guidelines, and 2. **County** standard operating procedures operationalizing the Policy, in collaboration with relevant stakeholders, at the county level.

**Governments,**

**the Council of** ● Mobilize and allocate resources for planning, development and **Governors and** management of HCP.

**County Public** ● Promote multi-sectoral partnerships to improve the performance of HCPs **Service Boards** at the county level

- Enhance the generation, reporting and use of data and information and research on HCPs.
- Establish and strengthen the capacity of HRH units to perform set functions.
- Develop and implement plans on HCPs succession management.

- Participate in the development, implementation and review the
3. **Health** regulations, strategic plans, frameworks, guidelines, and standard **Regulatory** operating procedures to operationalize the Policy
- bodies.**
- Regularly update the core curriculum and ensure they are competency-based.

Stakeholders	Roles and responsibilities
	<ul style="list-style-type: none"> <li>● In collaboration with the State Departments of matters related to Education, participate in accreditation of health training institutions producing HCPs.</li> <li>● Ensure appropriate registration and annual licensing of HCPs. ● Participate in development and review of professional standards ● Ensure standards compliance and ethical practice by HCPs.</li> <li>● Participate in the development of Scopes of Practise of Health Care Professionals</li> <li>● Ensure Continuing professional development for all HCPs.</li> </ul>
4. <b>KHHRAC</b>	<p>Review policy and establish uniform norms and standards for: -</p> <ul style="list-style-type: none"> <li>● Posting of interns to National Government and County Government facilities.</li> <li>● Inter county transfer of healthcare professionals.</li> <li>● Transfer of healthcare professionals from one level of Government to another.</li> <li>● The welfare and the scheme of service for healthcare professionals'; management and rotation of specialists.</li> <li>● and the maintenance of a master register for all health practitioners in the counties.</li> <li>●</li> </ul>
5. <b>KHPOA</b>	<p>within the national and county health system.</p> <ul style="list-style-type: none"> <li>● Maintain a duplicate register of all Healthcare professionals' working</li> <li>● Promote and regulate inter-professional liaison between statutory regulatory bodies.</li> <li>● Coordinate joint inspections with all regulatory bodies.</li> <li>● Receive and facilitate the resolution of complaints from patients, aggrieved parties and regulatory bodies.</li> <li>● Monitor the execution of respective mandates and functions of regulatory bodies recognized under an Act of Parliament; and ensure the necessary standards for healthcare professionals are not compromised by the regulatory bodies.</li> </ul>
6. <b>Trade Unions</b>	<ul style="list-style-type: none"> <li>● Represent the rights of workers.</li> </ul>
7. <b>Professional Associations</b>	<ul style="list-style-type: none"> <li>● Enforce aspects of the Policy related to their respective body.</li> <li>● Advocate for adherence of professional standards</li> </ul>

Stakeholders	Roles and responsibilities
	<ul style="list-style-type: none"> <li>● Provide guidance to its members on standards for professional conduct and practice.</li> </ul>
8. <b>Kenya Law Reform Commission</b>	<ul style="list-style-type: none"> <li>● Provide technical assistance in the development of the legal documents and provisions.</li> </ul>
9. <b>Public Service Commission</b>	<ul style="list-style-type: none"> <li>● Ensure transparency in the recruitment and placement of HCPs based on projected needs.</li> <li>● Develop and implement performance appraisal systems to assess the effectiveness and efficiency of HCPs.</li> </ul>
10. <b>Kenya Federation</b>	<ul style="list-style-type: none"> <li>● Ensure the participation and inclusion of private sector actors in the development and operationalization of legislative and regulatory <b>Healthcare</b> frameworks.</li> </ul>
11. <b>Implementing partners</b>	<ul style="list-style-type: none"> <li>● <del>Provide needed support in the strengthening of HCPs' planning, development, management and regulation.</del></li> <li>● Align support and resources to implement the Policy and priorities outlined in the Strategic and Investment plan.</li> <li>● Align external support to HCPs to national systems, mechanisms and pay structures.</li> </ul>
12. <b>Health training institutions</b>	<ul style="list-style-type: none"> <li>● <del>Ensure the training of health providers in line with established standards and projected needs.</del></li> <li>● Adapt the core/ prototype curricula for training of cadres.</li> <li>● Review curricula in consultation with regulators, professional associations and other stakeholders to ensure they are responsive to existing needs.</li> </ul>
13. <b>State Law Office</b>	<ul style="list-style-type: none"> <li>● Provide legal aid and advice, and policy and oversight with regard legal matters.</li> </ul>
14. <b>The National Treasury</b>	<ul style="list-style-type: none"> <li>● Provide economic and financial policies, financial resources and uniform accounting standards</li> <li>● Provide resources based on health and Healthcare Professionals' budgets.</li> <li>● Track resource use and spending on HCPs at national and county levels</li> </ul>
15. <b>Ministry of</b>	<ul style="list-style-type: none"> <li>● Collaborate with MOH and relevant actors in the development and implementation of education policy and guidelines for HCPs.</li> </ul>

Stakeholders	
<b>Education and its implementation.</b>	<ul style="list-style-type: none"> <li>● Participate and provide expert advice in curriculum development and <b>entities</b></li> <li>● Collaborate with MOH to ensure that cadres produced for health sector are based on population health needs.</li> <li>● Promote and coordinate provision of quality education, training and research in health-related areas in universities and other health training institutions.</li> <li>● Partner with MOH and regulatory bodies in accreditation and approval of programmes offered by health training institutions.</li> </ul>
16. <b>Private and Faith Based Actors</b> in consultation with regulatory bodies	<ul style="list-style-type: none"> <li>● Adherence to the set norms and standards</li> <li>● Share up to date data based on set guidelines</li> <li>● Provide trainings and education of HCPs based on established curriculum</li> </ul>
17. <b>Civil Society organizations</b>	<ul style="list-style-type: none"> <li>● Ensure the needs and voices of the public are included in regulations, strategic plans, frameworks, guidelines, and standard operating procedures to operationalize the Policy.</li> </ul>
18. <b>Ministry of Labour and protection</b> MOH.	<ul style="list-style-type: none"> <li>● Provide relevant labour market information for planning, development and utilization of HCP</li> <li>● Provide policy, guidance and oversight on HCPs in partnership with <b>Social</b></li> <li>● Implement the labour migration policy in partnership with relevant ministries and entities.</li> <li>● Promote industrial peace and decent work</li> </ul>
19. <b>Other stakeholders</b> operating procedures that operationalize the Policy.	<ul style="list-style-type: none"> <li>● Based on request, support the development, implementation and review the regulations, strategic plans, frameworks, guidelines, and standard</li> </ul>

### ANNEX III: POLICY IMPLEMENTATION MATRIX.

Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Responsibility	
						Lead	Support
Policy objective 1: To strengthen and operationalize the existing HCPs governance, coordination and partnership mechanisms							
Statement 1: The national and county governments will strengthen HRH coordination and partnership mechanisms.							
Strengthen HRH coordination mechanisms	Functional multisectoral TWG for HRH established	Functional multisectoral TWG for HRH	1 year	1M	GOK, DP	MOH	COG, County Governments, Development and Implementing Partners
Harmonize the frameworks for HRH governance, coordination, and partnership	HRH frameworks reviewed.	No. of framework	2 years	50M	GOK, DP	MOH	COG, County Governments, Development and Implementing Partners
Statement 2: The national and county governments will establish and operationalize HRH units							

						Responsibility
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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Establish and operationalize HRH units	Operational HRH units	47 operational HRH units	5 years	100M	GoK	County governments	MoH, COG
Statement 3: The national and county governments will establish mechanisms for intra and inter-county transfers							
Establish mechanisms for intra and inter-county transfers	Framework for intra and inter-county transfers developed	Framework for intra and inter-county transfers	2 years	50M	GOK	CPSB	County Governments, MOH, COG
Statement 4: The national and the county governments will integrate administrative and technical functions for HCPs' governance, coordination, and partnership to ensure accountability and stewardship.							

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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Integrate administrative and technical functions for HCP's governance, coordination, and partnership	HRH Norms and Standards for leadership and governance reviewed	Number HRH Norms and Standards	5 years	50M	GOK	MOH	County Governments, COG
Policy objective 2: To strengthen sustainable financing and planning for Healthcare Professionals' education, employment and retention							
	Statement 1: The national and county governments will ensure adequate budgetary allocation for the training, recruitment, deployment, and retention of competent healthcare professionals based on projected requirements and periodic needs analysis, while considering gender and disability mainstreaming.						
Mobilize resources for HCP training,	Amount of resources mobilized	Ksh millions	2 years		GOK	MOH	County Governments, COG, Development partners

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
and recruitment at all levels.							
Statement 2: The National Government will develop and implement strategic and investment plans to improve HCP education, development, and management in line with the National Health Priorities.							
Develop and implement strategic and investment plans	Strategic and investment plans developed	Strategic and investment plans	5 years	50 M	GOK	MOH	County Governments, COG, Development partners
Statement 3: The county governments will mainstream HCP priorities in their County Integrated Development Plans.							
Mainstream HCP priorities in their County Integrated	HCPs priorities mainstreamed	% of CIDP with mainstreamed priorities	5 years	200M	GOK	CGs	DP, COG

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Development Plans.							
Statement 4: The national and county governments will establish and institutionalize predictable, innovative, long-term financing mechanisms for the education, training and management of healthcare professionals.							
Establish and institutionalize predictable, innovative, long-term financing mechanisms	Innovative financing framework developed	48 Innovative financing Frameworks	3 years	960M	GOK	MOH, COG	County Governments, MOH, COG
Policy Objective 3: To enhance the quality and relevance of education and training programs of Healthcare Professionals (HCPs) to adequately respond to population health needs.							

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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Statement 1: The MOH will develop and operationalise master healthcare professionals' development framework aligned with labour market projections to ensure the future production of HCPs meets the country's health needs.							
Establish and operationalise master healthcare professionals' development framework	master healthcare professionals' development framework developed	Framework developed	3 Years	50M	GOK	MOH	MOE, MOL, Development Partners
Statement 2: The National Government will streamline training of HCPs based on population and health service provision needs							
Standardize and implement a skills and competency framework across	Skills and competency framework development	Skills and competency framework	7 years	200M	GOK	MOE	MOH, MOL

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
all training programs							
Statement 3: The National Government will establish and institutionalize a competency-based education and training core curriculum for the training of HCPs.							
Harmonise and implement a competency-based core curriculum for the various health occupations.	Core competency-based curriculum developed	Curriculum developed	1 year	100M	GOK	MOH	MOE, Training Institutions
Statement 4: The National and County Government will ensure healthcare training institutions maintain required standards for quality education and training.							
Promote standards for quality	standardized accreditation and	Healthcare training	5 years	500M	GOK	MOE	MOH, County Governments, Private and

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
education and training in healthcare training institutions	certification system for HCP training programs developed	institution accreditation and certification system					faith-based health institutions
Statement 5: The National Government will establish minimum national occupational skills and competency standards for HCPs							
Establish minimum national occupational standards for HCPs	National occupational standards to HCPs developed	Standards developed	2 years	100M	GOK	MOL	MOH, MOE, PSC, COG, County Governments
Statement 6: The National and County Governments will ensure that HCPs are regularly provided with in-service training and continuing professional development to enhance their capacity for managerial positions and to deliver integrated, people-centered health services							
Enhance in-service training and continuing	HCPs trained and equipped with updated	No. of HCPs trained	10 years	100B	GOK	MOH	County Governments,COG

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
professional development	knowledge and skills						
Policy objective 4: To ensure adequate and equitable distribution of healthcare professionals across all levels and geographical regions							
	Statement 1: The National Government will institutionalize periodic healthcare professional forecasting and planning.						
Institutionalize periodic healthcare professional forecasting and planning	Health market labour report developed	Health labour market report	10 years	75M	GOK	MOH	County Governments, COG
	Statement 2: The National and County Governments will ensure periodic review and implementation of staffing norms and standards for all levels of care.						

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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Enhance periodic review and implementation of staffing norms and standards	Norms and standards report developed	48 Reports	1 year	30M	GOK	MOH, CGs	DPs, Private and Faith based Health Institutions
Statement 3: The national and county governments will ensure merit-based selection, employment, retention, promotion, and transfer opportunities for HCPs.							
Promote merit-based selection, employment, retention, promotion, and transfer opportunities for HCPs	Framework for HCPs selection, promotion and retention developed	Framework	1 year	40M	GOK	MOH	MOPSCD, PSC, County Governments, SRC, IGTRC

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Statement 4: The MOH will establish and implement a coordinated framework for the effective management of health specialists.							
Establish and implement a coordinated framework for the effective management of health specialists	Coordination framework for management of health specialist developed	Coordination Framework	2 years	50M	GOK	MOH	CGs, PSC, DPs
Statement 5: The National Government will develop and implement an affirmative action framework for underserved regions to ensure retention of HCPs							
Establish and implement an affirmative action framework for	Affirmative action framework developed	1 framework	1 year	30M	GOK	MOH	COG, CGs, PSC, SRC, NT

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
underserved regions							
Policy Objective 5: To strengthen the legislative and regulatory framework that provides for regulating all Healthcare professionals, including training and practice.							
Statement 1: The National Government through Parliament will develop and implement a legislative framework that provides for the regulation of unregulated healthcare providers.							
Establish a legislative framework regulation for the unregulated healthcare providers.	Legislative framework regulation for the unregulated healthcare providers developed	Legislative framework	5 years	50M	GOK	MOH	CGs, National Assembly, Attorney General

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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Statement 2: The National Government will operationalize the regulatory framework regulating healthcare professionals to strengthen the capacity of regulatory bodies.							
Strengthen regulatory framework regulating healthcare professionals	regulatory framework operationalised	Regulatory framework	5 years	150M	GOK	MOH	Regulatory Bodies
Statement 3: The National Government will review and harmonize existing legislations affecting health professionals							
Review and harmonise existing legislation affecting HCPs	Existing legislation reviewed	Legislation reviewed	5 years	300M	GOK	MOH	CGs

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Policy Objective 6: To strengthen governance, coordination and management of healthcare professionals' migration,							
Statement 1: The national and county governments will promote structured migration management by instituting mechanisms for obtaining robust data on migration patterns and use the evidence for planning.							
Improve governance, coordination, and tracking of health professionals' migration	Tracking and reporting framework developed	Framework developed	5 years	100M	GOK	MOL	MOH, CoG, CGs, DPs, Regulatory Bodies, Unions & Associations
Statement 2: The National Government will develop a framework to govern migration of HCPs.							

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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Develop and implement a framework to govern migration of HCPs.	Framework to govern migration of HCPs developed	Framework	3 years	50M	GOK	MOH	CGs, DPs, COG
Statement 3: The national government will develop, implement and monitor bilateral agreements with destination countries and ensure health sector collaboration for proportional benefits accruing to the Kenyan health sector.							
Develop, implement and monitor bilateral agreements with destination countries	Bilateral Labour Agreements developed	Bilateral Labour Agreements	10 years	50M	GOK	MOL	MOH

FOK

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Policy objective 7: To establish a coordination mechanism to enhance availability, accessibility and use of complete, accurate, reliable, timely, and up-to-date Healthcare Professionals' data for decision-making.							
Statement 1: The national and county governments will set a national minimum data set and indicators for reporting on HCPs							
Establish national minimum data set and indicators for reporting on HCPs	National minimum data set and indicators for reporting on HCPs framework developed	Framework	2 years	30 M	GOK	MOH	CGs, COG, PSC, MPS, MOL, MOE, Unions, Associations, Private & Faith Organisation
Statement 2: The national and county governments will establish and sustain an interoperable mechanism for reporting and use of HCPs' data and information and ensure its sustainability							

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						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Establish and sustain an interoperable mechanism for reporting	An interoperable system developed	system	5years	100M	GOK	MOH	CGs, COG, DHA, Regulatory bodies, MOE, Health training institutions, MOL, NEA
Statement 3: The national and county governments will establish a mechanism to ensure all relevant entities submit data and information on HCPs based on set guidelines.							
Promote HCPs data submission	Entities submitting relevant data	No of entities submitting relevant HCP data	10 years	100M	GOK	MOH	CGs, COG
Statement 4: The national and county governments will periodically track the health labour market dynamics and use the evidence to inform strategic and investment planning for the healthcare professionals.							

						Responsibility	
Strategies	Expected output	Key performance indicators	Timeframe	Estimated cost	Funding sources	Lead	Support
Strengthen data analytics, visualization and reporting for evidence-based HCP planning	Reports developed	Reports	10 years	200M	GOK	MOH	CGs, COG, MOE, MOL, PSC, KNBS, NEA
Promote research HRH	Healthcare professionals research framework developed and disseminated	Framework	3 years	50M	GOK	MOH	CGs, COG, NACOSTI, KEMRI, DPs, KNBS

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### ANNEX 3: POLICY M&E MATRIX.

Outcome	Indicators	Baseline	Targets		Source of data	Frequency
			Mid Term	End Term		
Policy goal: To ensure an adequate supply, optimal skill mix, equitable distribution, and effective performance of the Healthcare Professionals to achieve Universal Health Coverage in Kenya						
Outcome 1: Strengthened governance, leadership and coordination mechanisms	% of counties that have established and operational HRH units	TBD	50%	100%	County Governments	Annual
Outcome 2: Sustainable financing for Healthcare Professionals' education, employment, development and retention	Percentage of required resources mobilised	TBD	100%	100%	Budget reports, Health Labour Market Analysis Report	Annual
Outcome 3: Improved competence of healthcare professionals	Proportion of trained HCPs who achieve competency in management of health conditions	50%	100%	100%	Quality of care and human resource for health report	Every 5 years
Outcome 4: Equitable distribution of healthcare	HCP density per 10,000 population	30.14 health workers	37	44.5	HLMA	Every 2 years

professionals across all levels and geographical regions		per 10,000 population				
	Proportion of counties that achieve the SDG index (44.5) threshold for healthcare workers.	TBD	70%	100%	HLMA	Every 2 years
Outcome 5: Comprehensive regulation of all healthcare professionals.	Proportion of HCP occupations regulated	TBD	100%	100%	TBC, Regulatory bodies	Annual
Outcome 6: Sustainable HCP density	HCP density per 10,000 population	30.14 health workers per 10,000 population	37	44.5	HLMA	Every 2 years
Outcome 7: Enhanced evidence-based decision making for HCP planning, financing and management	Number of policy briefs on HRH	TBD	2	2	MOH Reports	Bi-annual

## Appendix 1: List of documents consulted in the development process

1. **The Constitution of Kenya, 2010:** Established the legal framework for the right to health and the devolution of health services.
2. **Kenya Health Act, 2017:** Guided the regulation of healthcare services and professionals, establishing key bodies like the KHHRAC and KHPOA.
3. **Kenya Health Policy 2014-2030:** Outlined the country's vision for health and strategic objectives to achieve universal health coverage (UHC).

4. **Kenya Universal Health Coverage Policy 2020- 2030:** Emphasis the need for strengthening Human Resources for Health to ensure health workers are motivated and responsive through better job descriptions/schemes of service, professional development activities, work environments, and supervision and administration.
5. **Kenya Vision 2030:** The national development blueprint aimed at transforming Kenya into a newly industrializing, middle-income country providing high-quality life to its citizens.
6. **Health Labour Market Analysis (HLMA) Report, 2023:** Provided critical insights into Kenya's Health Workforce dynamics, highlighting areas such as workforce distribution, skills mismatches, and migration impacts.
7. **National Health Workforce Accounts (NHWA):** Framework for standardized Health workforce data collection and analysis.
8. **Digital Health Act, 2023:** Provided the legal framework for the establishment and use of integrated health information systems.
9. **Data Protection Act, 2019:** Ensured the protection of personal data and regulated its processing.
10. **Medium Term Expenditure Framework (MTEF):** Budgetary framework that guided the allocation of resources for HRH planning and development.
11. **Kenya Human Resources for Health Strategic Plan (KHRHSP) 2019-2023:** Guided interventions, investments, and decision-making in planning, developing, and managing the Healthcare Professionals at national and county levels.
12. **Kenya Health Sector Strategic Plan 2018-2023:** Detailed strategic goals and milestones for the health sector's long and medium-term planning.
13. **HRH Capacity Bridge Project Report, 2014:** Provided insights on strengthening human resources for health systems in Kenya.
14. **Kenya Health Demographic Survey, 2023:** Provided comprehensive data on health and demographic indicators in Kenya.
15. **Service Delivery Indicator Report:** Assessed the performance of the health sector in delivering services to the population.
16. **Kenya Health Facility Assessment Report 2024:** Evaluated the availability and quality of health services and Health workforce across the country.

## Appendix 2: List of TWG members and technical facilitators

S/N.	NAME	ORGANIZATION	DESIGNATION
1.	Dr. Patrick Amoth	Ministry of Health	Director General for Health
2.	Dr. Lucy Musyoka	Ministry of Health	Director, Health Standards, Regulations & Quality Assurance
3.	Dickson Shikuku	Ministry of Health	Director, Planning
4.	Dr Ruth K. Bosire PHD, DBA	Ministry of Health	Director, Human Resource Management & Development
5.	Dr Angela Nyakundi	Ministry of Health	Deputy Director, Medical Services
6.	Dr. Gondi Joel	Ministry of Health	Director, Primary Health Care
7.	Dr. Stephen Muleshe	Ministry of Health	Director, Public Health & Sanitation
8.	Dr Nancy Njeru	Ministry of Health	Director, Health Financing, Digital Health, Policy & Research
9.	Dr. Hezron Omollo	Ministry of Health	Deputy Director Medical Services
10.	Dr. Daniel Mwai	Ministry of Health	Advisor, Executive Office of President
11.	Dr. Thurania Kaugira	Ministry of Health	Advisor, Executive Office of President
12.	Stephen Macharia	Ministry of Health	Director, Planning
13.	Dr. David Soti	Ministry of Health	Senior Deputy Director Medical Services

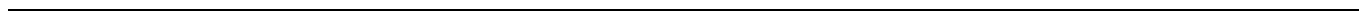
14.	Jacinta Omariba	Ministry of Health	Principal Public Health Officer
15.	Treazar Ogumbo	Ministry of Health	Physiotherapist
16.	Dr. Judith Awinja	Ministry of Health	Head, Nursing and Midwifery Services
17.	Purity Kimathi	Ministry of Health	Senior Medical Laboratory Officer
18.	Francis Motiri	Ministry of Health	Biostatistician
19.	Lilian Wanjiku	Ministry of Health	Legal
20.	Dr. Charles Kandie	Ministry of Health	Pharmacist
21.	Mary Njogu	Ministry of Health	Nursing
22.	Dr. Amos Oyoko	Ministry of Health	Senior Deputy Director, Medical Services
23.	Lenah Bikambo	Ministry of Health	Human Resource
24.	Samuel Mwangi	Ministry of Health	Economist
25.	Terry Watiri	Ministry of Health	Economist
26.	Priscilla Nyambura	Ministry of Health	Economist
27.	Felice Amoo	Ministry of Health	Communication
28.	Dr. Juliet Omwoha	Ministry of Health	Program Manager
29.	Dr. Were Ian	Ministry of Health	Field Epidemiologist

30.	<b>Dr. Nkatha Mutungi</b>	<b>Ministry of Health</b>	<b>Deputy Director, Pharmacy services</b>
31.	<b>Dr. Valeria Makory</b>	<b>Ministry of Health</b>	<b>Deputy Director, Medical Services</b>
32.	<b>Japheth Athanasio</b>	<b>Ministry of Health</b>	<b>Clinical Officer- ADDCS</b>
33.	<b>Dr. Denver Mariga</b>	<b>Ministry of Health</b>	<b>DG office</b>
34.	<b>Faith Chepkemoi</b>	<b>Ministry of Health</b>	<b>Legal</b>
35.	<b>Dr Josephine Mbondo</b>	<b>Ministry of Health</b>	<b>Deputy Director, Pharmacy Services</b>
36.	<b>Priscilla Emojong</b>	<b>Ministry of Health</b>	<b>Nursing officer</b>
37.	<b>Meldah Angir</b>	<b>Ministry Of Labour</b>	<b>Deputy Director, Labour Market, Research and Analysis</b>
38.	<b>David Wambua</b>	<b>KHPOA</b>	<b>Principal Registered Nurse</b>
39.	<b>Priscilla Najoli</b>	<b>KHHRAC</b>	<b>Nursing Officer</b>
40.	<b>Carol Mage</b>	<b>COG</b>	<b>POHR</b>
41.	<b>James M. Kiburi</b>	<b>Ministry of Education</b>	<b>Director Education</b>

42.	Njoroge Nyoike	KNBS	Manager Labour
43.	Gilbert Nyandiga	Public Service Commission	Human Resource
44.	Betty Soi	State law office	Deputy Chief State Counsel
45.	Evelyne Chagina	WHO	Health Workforce Technical Officer
46.	Chris Munyinyi	Ministry of Health	Economist
47.	Ella Obonyo	Ministry of Health	Technical Officer, DHSQAR
48.	Faith Kaingu	Ministry of Health	Economist
49.	Sharon Cherotich	Ministry of Health	Economist

**Partners**

1.	Emanuel Wamalwa	USAID	T.O.
2.	Dr. Peter Waithaka	USAID	HRH Advisor
3.	Mathew Thuku	USAID Misingi Imara Programme	Chief of Party



### Technical Facilitators

1.	Leonard Cosmas	WHO, Kenya Country Office	Team Lead UHC/Life Course Cluster/Health Information Systems/M&E
2.	Dr. Giorgio Cometto	WHO HQ	Unit Head, Health Workforce Policy and Standards
3.	Dr. Sunny Okoroafor	WHO AFRO	Technical Officer, Workforce