MOH DAILY
NEWSLETTER

MINISTRY OF HEALTH
REPUBLIC OF KENYA

WEDNESDAY — AUGUST 26TH — 2026

Kenya Champions Health Self-Reliance for Africa

Kenya has called for concrete investment in sustainable health financing, local manufacturing and digital transformation to reduce Africa's dependence on external support.

Speaking at the 76th WHO Regional Committee for Africa, Health Cabinet Secretary Hon. Aden Duale highlighted Kenya's Taifa Care programme, which has enrolled more than 32 million people, and digital systems supporting over 107,000 Community Health Promoters.

He also urged Member States to support the African Medicines Agency, pooled procurement and joint regulatory approvals to strengthen local production of health products.

The Kenyan delegation included Kenya's Ambassador to Ethiopia and Permanent Representative to the African Union, H.E. Amb. Galma Boru; Director-General for Health Dr Patrick Amoth; Digital Health Agency CEO Eng. Anthony Lenaiyara; and Director of Health Sector Coordination and Intergovernmental Relations Dr Omar Albush.

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Greater Investment Needed in Africa's Health Workforce

The Government has supported more than 24,000 healthcare interns over the past two financial years and deployed over 107,000 Community Health Promoters to strengthen healthcare delivery.

Principal Secretary for Public Health and Professional Standards Mary Muthoni highlighted the progress at the 76th WHO Regional Committee for Africa while presenting the country's position on the Africa Health Workforce Agenda 2026–2035.

She called for greater investment in employment, skills development and the equitable distribution and retention of health workers, particularly in underserved areas.

Strengthening Early Childhood Development

Kenya is advancing early childhood development through milestone monitoring, integrated nurturing care, community engagement and perinatal mental health support.

Speaking at the 76th WHO Regional Committee for Africa, Principal Secretary Mary Muthoni said 78 per cent of Kenyan children aged 24–59 months are developmentally on track, against the global target of 95 per cent.

She called for greater investment, stronger family and community involvement, and closer collaboration across the health, education and social protection sectors.

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Stepping Up Action Against the Triple Threat

The Government has reaffirmed its commitment to ending new HIV infections, adolescent pregnancies and sexual and gender-based violence among young people.

Speaking at a Voice of Children Initiative engagement presided over by First Lady H.E. Rachel Ruto at Mawego Technical Training Institute in Homa Bay County, Principal Secretary Dr Ouma Oluga said the interconnected challenges require coordinated action through Primary Health Care.

He highlighted the role of Community Health Promoters in linking vulnerable adolescents to prevention, treatment, maternal healthcare and protection services, and called for stronger collaboration among families, schools, communities, healthcare providers and government agencies.

Also present were Homa Bay Governor H.E. Gladys Wanga; Principal Secretary for Children Services CPA Caren Ageng'o; NSDCC CEO Dr Douglas Bosire; NASCOP Head Dr Andrew Mulwa; and senior National and County Government officials.

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Strengthening Blood Collection and Distribution

Principal Secretary for Medical Services Dr Ouma Oluga has called for innovative and sustainable approaches to blood collection, testing, processing and distribution.

Speaking during a tour of the KNBTS Headquarters and Nairobi Regional Blood Transfusion Centre, the PS said reliable blood services are essential to maternal and newborn care, emergency care, cancer treatment and the management of anaemia.

Dr Oluga pledged the Ministry's support for stronger county collaboration, sustainable blood collection and improved use of blood products, including plasma, to ensure safe blood reaches patients when needed.

He was received by Dr Martin Sirengo. Also present were Dr Mamo and KNBTS staff.

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Health Financing Reforms Expand Coverage and Protect Families

Health coverage has expanded to more than 32.3 million people as the Government strengthens financial protection and access to healthcare.

Speaking at a ministerial dialogue during the 76th WHO Regional Committee for Africa, Health Cabinet Secretary Hon. Aden Duale said the Social Health Authority has replaced the employment-based insurance model with a more inclusive system.

The reforms have financed over 20 million outpatient visits, more than 1.2 million safe deliveries and approximately 500,000 surgical procedures. They have also supported more than 50,000 cancer patients and nearly 21,000 people requiring dialysis.

Hon. Duale called for sustained domestic health financing, responsive technology, strong political leadership and mutually beneficial partnerships to advance Universal Health Coverage across Africa.

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Government Plans Expansion of Specialised Rehabilitation Services

The Government is exploring the expansion of rehabilitation services at the National Spinal Injury Referral Hospital to support patients recovering from stroke, major surgery and other disabling conditions.

Principal Secretary for Medical Services Dr Ouma Oluga toured the hospital to assess service delivery, ongoing projects, rehabilitation units and equipment installed under the National Equipment Service Programme.

He called for greater investment in specialised skills, modern technology and infrastructure to improve patient-centred care.

Dr Oluga was received by Acting Chief Executive Officer Dr Sorem Otieno. Also present were Dr Dennis Otwori, Dr Andrew Muriithi and senior hospital staff.

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Making Healthcare a Right, Not a Financial Burden

By Mary Muthoni, Principal Secretary for Public Health & Professional Standards

For decades, falling ill in Kenya has brought two fears: the illness itself and the cost of treatment. Families have depleted their savings, sold property, borrowed money and organised fundraisers simply to keep a loved one in hospital. For too many households, access to healthcare has depended not only on how urgently treatment is needed, but also on how much money can be raised.

Kenya's health reforms are designed to change this reality. At their heart is a simple but consequential principle: no Kenyan should be denied necessary healthcare because of where they work, what they earn or whether their family can afford a hospital bill.

The previous health insurance model could not deliver that protection at the scale the country required. Only about one in four Kenyans was covered. Because contributions were closely tied to formal employment, millions of farmers, traders, casual workers and other Kenyans outside the formal economy remained inadequately protected. Many had little choice but to pay directly for treatment.

The consequences were felt in households across the country. Kenyans were spending approximately USD 1.2 billion out of pocket on healthcare every year. Behind that figure were families diverting school fees to settle hospital bills, borrowing to buy medicines, postponing treatment because money was unavailable, or turning to friends, relatives and communities for help.
The transition to the Social Health Authority (SHA) must therefore be understood in this context. It is not simply the replacement of one institution with another. It is a fundamental change in how Kenya finances healthcare: a move away from a system that left large sections of the population without meaningful financial protection towards one founded on solidarity and access according to health need.

The scale of progress already made demonstrates why the reform matters. More than 32.3 million Kenyans — over half the population — have registered with SHA. This has brought millions more people into the national health financing system and established a foundation for progressively extending financial protection to every household.

The National Government's decision to finance primary healthcare is equally important. More than USD 210 million has been committed to primary healthcare, supporting over 20 million outpatient visits by approximately 15 million people. This changes where the health system places its emphasis. Instead of waiting until people become seriously ill and require expensive hospital treatment, Kenya is investing in care closer to communities, where disease can be prevented, detected and treated earlier.

The impact is also becoming visible in the services that matter most to families. More than 1.2 million deliveries and 500,000 surgical procedures have been facilitated under the reforms. More than 50,000 cancer patients and nearly 21,000 people requiring dialysis have received support through the Emergency, Chronic and Critical Illness Fund.

These figures represent real lives. A mother receiving maternity care without her family having to raise the entire cost is not merely a statistic. Neither is a cancer patient able to continue treatment, nor a person with kidney disease able to access dialysis. Each reflects the central purpose of health financing reform: ensuring that the need for treatment does not automatically become a financial crisis.

Registration, however, is only the beginning. The true measure of universal health coverage is what happens when a Kenyan needs care. A registered person must be able to enter an accredited health facility, understand the benefits available and receive the appropriate service without facing costs that place treatment beyond reach.

The next phase of implementation must therefore turn progress in registration into a better, more predictable experience at the point of care. Legitimate claims must be processed and paid promptly so that health facilities can remain functional, medicines can stay available and services can remain accessible. Public confidence in the new system will ultimately be earned through the experience of Kenyans whenever they seek treatment.

Technology is supporting this transition by connecting different parts of the health system and improving how services are accessed and managed. Its value lies not in digitisation for its own sake, but in making healthcare simpler, more transparent and more accountable to the people who depend on it.

The health workforce is just as important. Buildings, equipment and technology cannot treat patients on their own. Doctors, nurses, clinical officers, pharmacists, laboratory personnel and other health workers turn these investments into care. Continued investment in the people who deliver healthcare must therefore remain central to the reforms.

Taken together, these changes mark an important shift in Kenya's health system. Millions more Kenyans are now included in the health financing system; primary healthcare has stronger public financing; and support for costly services such as cancer treatment, dialysis, surgery and maternity care is reaching more people.

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