



REPUBLIC OF KENYA | MINISTRY OF HEALTH

Health Sector

Medium-Term Expenditure Framework Report FY 2027/28 – 2029/30

From reform to results: securing Universal Health Coverage for every Kenyan

Public Hearings | 9 October 2026

Principal Secretary, State Department for Medical Services— Sector Chairperson



One mandate, one reform agenda: health as a right



Constitutional anchor

Article 43(1)(a) — right to the highest attainable standard of health

Fourth Schedule — national functions: health policy; regulation; national referral facilities; capacity building; technical assistance to counties; consumer protection; national statistics



UHC reform laws (2023)

Social Health Insurance Act — SHA and its funds

Primary Health Care Act — PCNs and community health

Digital Health Act — integrated health information

Facility Improvement Financing Act — facility revenue retention



Two State Departments

Medical Services — referral & specialised care; curative & RMNCAH; research & innovation; administration

Public Health & Professional Standards — prevention & promotion; health workforce development; standards & regulation; administration

Policy compass: Vision 2030 · MTP IV · BETA (UHC pillar) · Kenya Health Policy 2014–2030 · Executive Order No. 1 of 2025



Sector Vision, Mission, Goal and Strategic Objectives



Vision

A healthy, productive and globally competitive Nation.



Mission

To build a progressive, responsive, and sustainable health care system for the accelerated attainment of the highest standard of health for all Kenyans.



Goal

To attain equitable, affordable, accessible and quality health care for all.

Sector Strategic Objectives

1

To eliminate communicable diseases until they are not of major public health concern.

2

To halt and reverse the rising burden of non-communicable diseases.

3

To reduce the burden of violence and injuries.

4

To provide essential health care that is affordable, equitable, accessible and responsive to client needs.

5

To minimize exposure to health risk factors by strengthening the health prevention and promotion interventions.



Outcomes are improving; maternal mortality still lags



Life expectancy (years)

66.3 → **67.2**

2022 → 2025



Under-5 mortality / 1,000 live births

52 → **41**

2014 → 2022



Maternal mortality / 100,000 live births

362 → **355**

2014 → 2019



Stunting, children under 5

26% → **18%**

2014 → 2022



Out-of-pocket share of health spending

26% → **24%**

2015 → 2022



Physicians per 10,000 population

1.4 → **2.9**

2002 → 2023

Also: Adolescent pregnancy 18% → 15% · Tobacco use 11% → 9.5% · Penta 3 coverage above 83% · Nurses & midwives 4.65 → 22.73 per 10,000



Primary health care is now the front door of UHC

 **107,831**

Community Health Promoters with stipends, kits & smartphones

 **8.8M+**

households registered on the electronic Community Health Information System

 **10.0M**

Kenyans served under the Primary Healthcare Fund — 29.6M PHC visits financed

 **1,305,427**

deliveries supported by SHA; free maternity at Level 2–3 public & faith-based facilities

Primary Care Networks established

278 of 315



88% of planned networks

68.3% of women received postnatal care within 48 hours

29% → 38% women of reproductive age receiving family planning commodities (FY 2024/25 → 2025/26)



SHA: 33 million Kenyans covered, providers paid on time

33,049,501

registered, 69.5% of population (SHA, 30 Sep 2026)

11,034

contracted facilities (SHA, 30 Sep 2026)

9,699 facilities paid

KES 197.7B

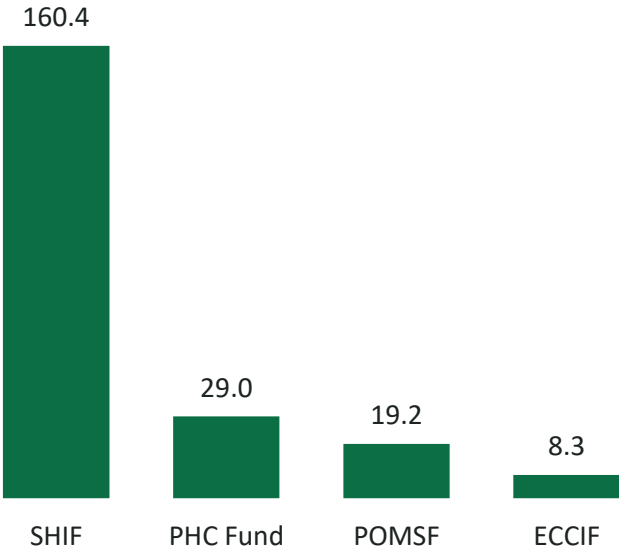
paid since inception; 83.87% settled (SHA)

49 days

average claims turnaround, inside the 90-day legal limit (SHA)

8.36M claims paid · KES 234.83B claims submitted · providers paid on the 14th of every month · 94% of revenue target collected

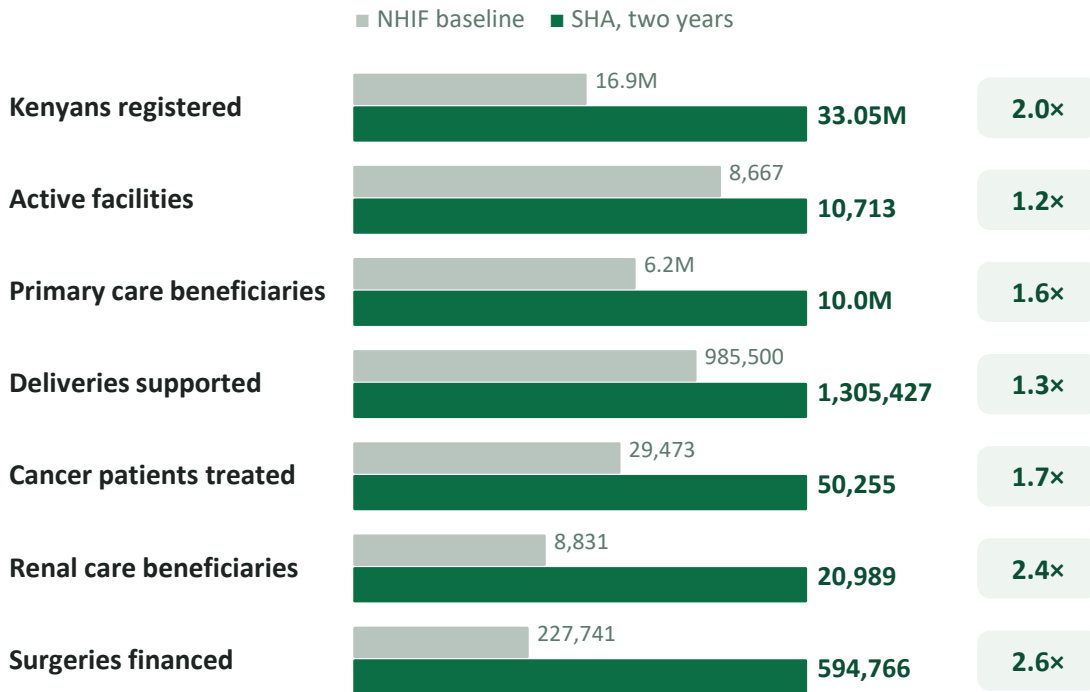
Cumulative collections by fund (KES billion)



SHA figures: since inception (Oct 2024) to 30 Sep 2026; red lines show the differing MoH final-draft figure [CONFIRM]. SHIF: Social Health Insurance Fund · PHC: Primary Healthcare · POMSF: Public Officers Medical Scheme · ECCIF: Emergency, Chronic & Critical Illness



Two years of SHA: twice the coverage, far more care



Bars scaled within each row. Multipliers = SHA ÷ NHIF, rounded. SHA data since inception to 30 Sep 2026.

NEW UNDER SHA

35,966

critical-care patients under ECCIF, up to KES 28,000 a day

449,494

indigent households covered (KES 5.23B), regardless of ability to pay

922

national ambulance dispatch line; 1,243 A&E providers contracted

73,848

teenage mothers supported in 2,344 facilities, all 47 counties

9

overseas specialist facilities in 4 countries since 14 Apr 2026



Disease control: steady gains on HIV, TB and malaria



HIV

–30% HIV infections

; adult ART coverage 87% → 93%; AIDS deaths 21,007 → 19,434 (2025)



Tuberculosis

90,900

diagnosed and on treatment (≈81% of estimated burden); 89% treatment success; MDR-TB cure 87%



Malaria

104 → 72

incidence per 1,000 (–31% in three years); 14.6M long-lasting insecticidal nets distributed



Immunisation

1,273,198

children fully immunised with Penta 3; functional cold-chain coverage 93%



Health security

100%

travellers screened for Ebola under the IHR; 40 laboratories certified under the Laboratory Quality Improvement Program



NCDs

+20%

hypertension and diabetes screening; early cancer detection expanded to 30 counties



A modern system: digital records, equipment, medicines



Digital health

95.5%

Taifa Care HMIS in 6,424 of 6,724 Level 2–6 public facilities

- KEMSA-LMIS improving county commodity management
- Digital Health Act: one integrated record



Specialised equipment

232

facilities equipped across 47 counties under NESP, paid fee-for-service via SHA

- KES 1.83B vendor fees invoiced
- 3 new Regional Cancer Centres: Mombasa, Garissa, Nakuru



Medicines & workforce

44% → 51%

availability of 23 essential medicines (2019 → 2025)

- KEMSA order fill rate up to 90% — yet access lags because facilities must place orders
- 77.7% of cancer patients treated through SHIF
- KMTC enrolment 27,426 → 33,182; KEMRI Charter



Kenyan firsts: referral hospitals at the clinical frontier



KNH

World-first craniofacial reconstructive surgery; Kenya's first neonatal balloon pulmonary valvuloplasty; minimally invasive oesophagectomy



KUTRRH

First public institution in the region to offer Lutetium-177 PSMA therapy; ICPO Clinical Theranostics Centre of Excellence



MTRH

Kenya's first TIPS procedure (May 2026) for severe portal hypertension



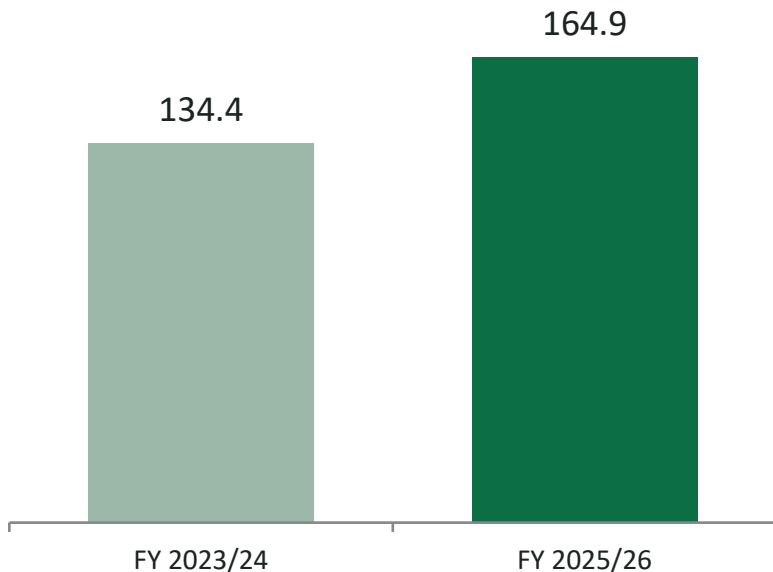
MTRH

57 corneal transplants in FY 2025/26 — the only public hospital in Kenya offering the service



Budget up 23% and absorption at a record 96.2%

Health sector budget (KSh billion)



Absorption rate (%)



+KSh 30.5B

added over two years

+6.0 pts

absorption — stronger PFM
and timely disbursement

Resources applied to
access, infrastructure and
priority programmes



Eleven priorities to consolidate UHC



Taifa Care for all

Every household covered under SHIF, contributory, Levels 4–6



Community health

Functional PCNs and CHPs



Health workforce

Recruit, retain, train; internships



Medicines & supplies

KEMSA reform, local manufacturing



Digital health

Interoperable e-health, telemedicine



Health financing

PHC Fund and ECCIF



Health security

Pandemics, AMR, climate-health



Infrastructure

Facilities, laboratories, critical care



Quality of care

Clinical governance, patient safety



Research & innovation

Evidence and local innovation



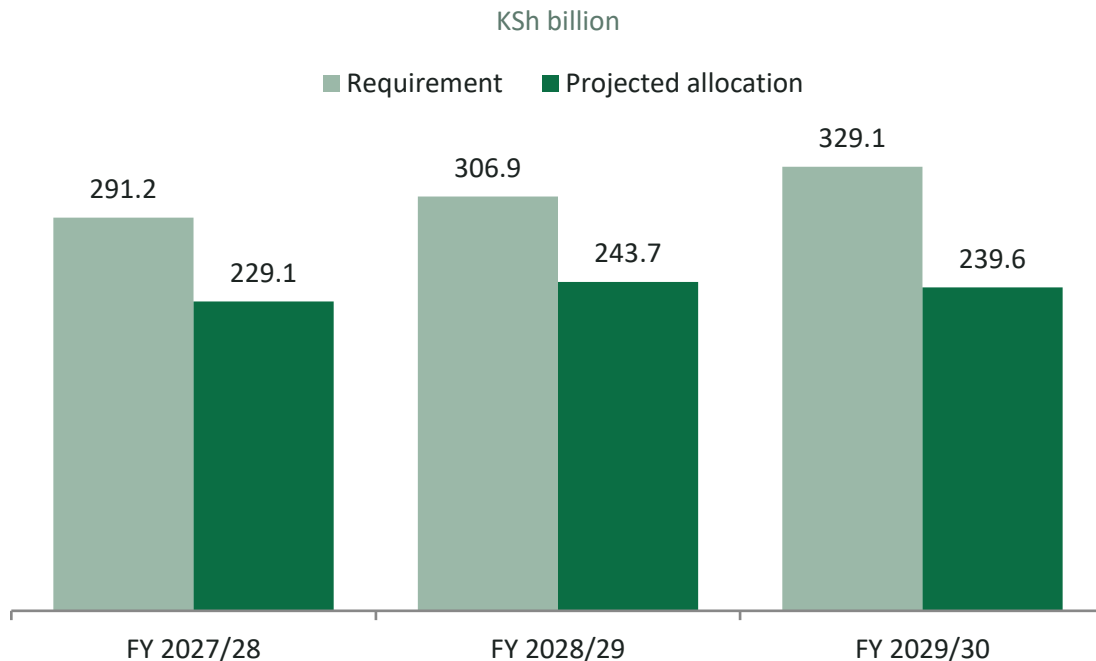
Accountability

Tracking, audit, public reporting

Guided by BETA: protect the poor, vulnerable and marginalised



A KSh 62.1 billion financing gap in FY 2027/28



FINANCING GAP

FY 2027/28 **KSh 62.1B**

FY 2028/29 **KSh 63.2B**

FY 2029/30 **KSh 89.5B**

KSh 214.8B

unfunded over the MTEF period



FY 2027/28: protecting the UHC flagship lines

RECURRENT

KSh 149.5B

Medical Services **KSh 114.3B**

Public Health & Prof. Standards **KSh 35.2B**

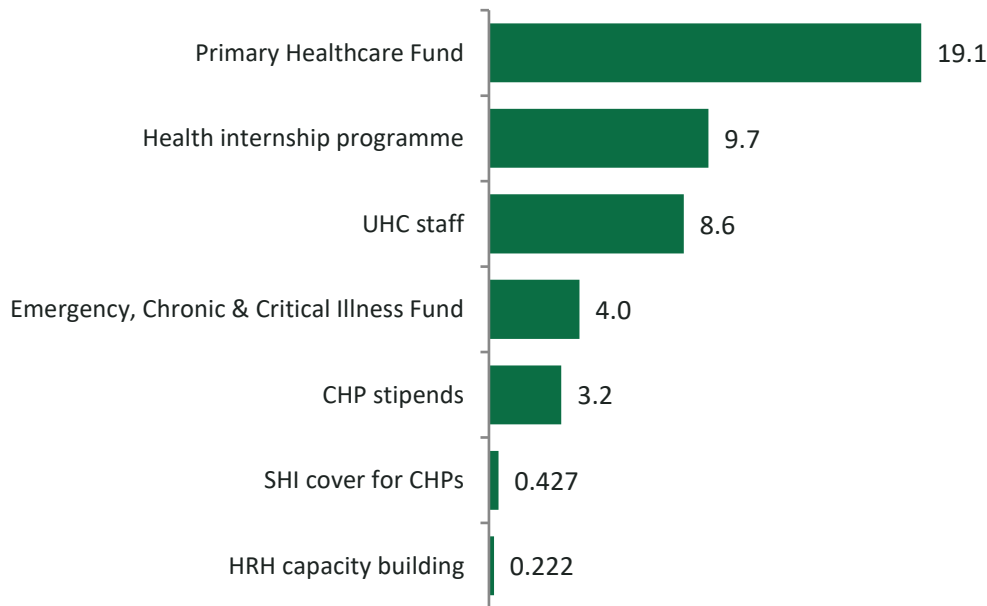
DEVELOPMENT

KSh 79.7B

Medical Services **KSh 58.4B**

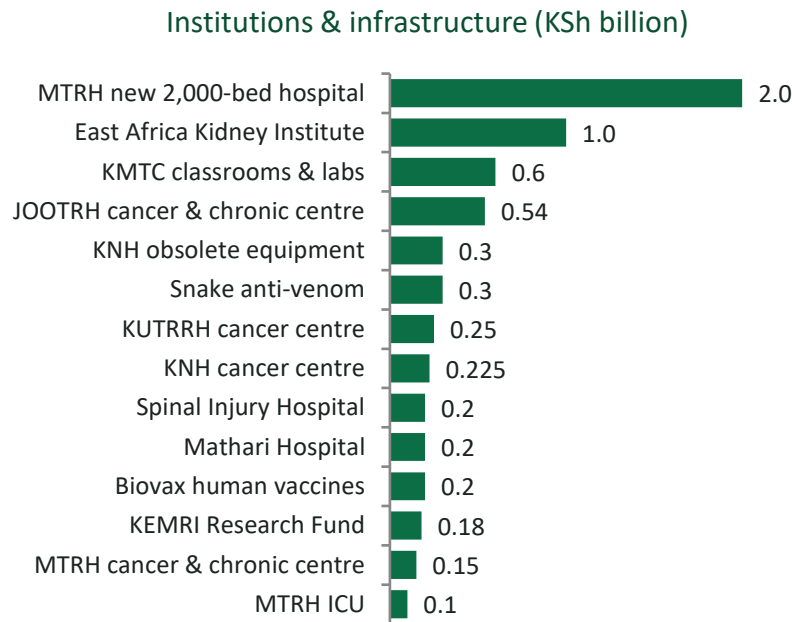
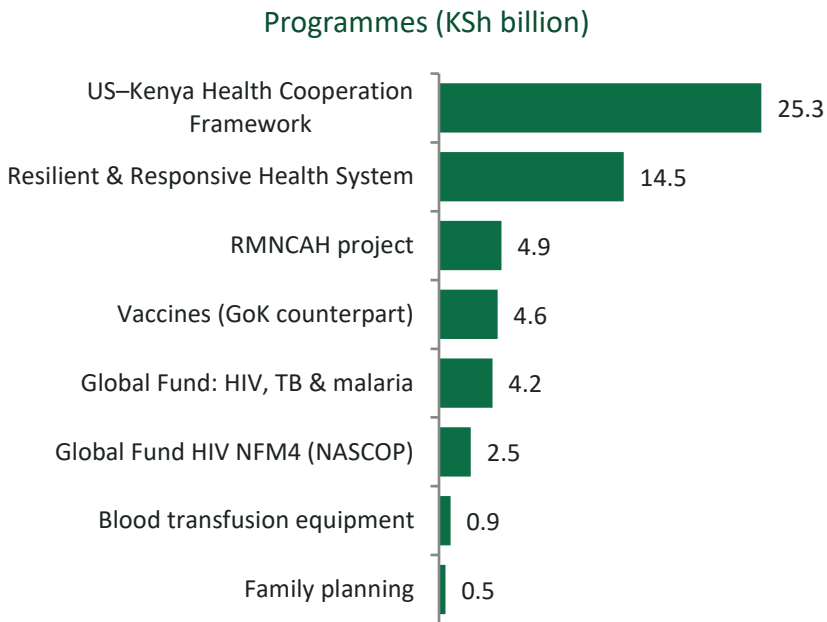
Public Health & Prof. Standards **KSh 21.4B**

Recurrent flagship lines (KSh billion)





Development: partner programmes and hospital upgrades



Immunization programme: source reads “KSh 6,522.7 Billion” — read as KSh 6,522.7 million ($\approx$ KSh 6.5B), not charted [CONFIRM unit and overlap with KSh 4.6B vaccine counterpart funding]

Total development allocation FY 2027/28: KSh 79.7 billion



Emerging issues and challenges



Macro-Fiscal Constraints

- Health financing remains below the Abuja target, while external financing is declining. This threatens continuity of essential programmes and projects for UHC.
- Rising costs of health products and technologies driven by global price fluctuations.



Institutional or Capacity Gaps

- Inadequate healthcare professionals at national and county levels, coupled with an ageing workforce.
- Frequent industrial unrest disrupts service delivery and undermines UHC implementation.
- Weak coordination and collaboration between the two levels of government.
- Fragmented Health Information Systems.
- Lack of a legislative framework to regulate training and practice of some health professionals, posing risks to patient safety and quality of care.
- Insufficient medical waste management systems and capacity across health facilities.
- Limited institutional capacity to mainstream disability inclusion in health policies and programmes.



External Shocks (Climate, Global Prices, and Health Threats)

- Climate change impacts on health through extreme and unpredictable weather events.
- Increasing threat of emerging and re-emerging infectious diseases (e.g., Ebola, zoonotic pathogens).
- Rising burden of NCDs and antimicrobial resistance (AMR).
- Growing cases of mental health issues and substance abuse.
- Increased road traffic injuries and related health emergencies.
- Expanding youthful population requiring responsive health services and preventive interventions.
- Inadequate capacity to collect and test blood in the country.
- Rapidly evolving medical technology and knowledge requiring continuous training to guarantee quality service.

SHA flags: only 9 of 47 counties fully compliant on remittance · KES 32.9B NHIF legacy bills unfunded · 206 provider contracts suspended



Key Sector Recommendations

1



Reinforce primary health care as the foundation of Universal Health Coverage (UHC) by improving preventive and promotive services, community health systems.

2



Strengthen the Social Health Authority (SHA) and regulatory frameworks to ensure equitable coverage, quality, and accountability across all health services and products.

3



Scale up Health Sector Financing and Sustainability measures: gradually increase health allocation toward the 15% Abuja target; support local manufacturing of health products and technologies (HPTs).

4



Enhance integration of disease control programmes (HIV, TB, Malaria, NTDs) for efficiency.

5



Enhance Health Workforce Capacity and Motivation: implement strategies for adequate, competent, and motivated health personnel and invest in continuous professional development.

6



Scale up facility digitalization and integrate data for decision-making — reinforce digital health and data systems interoperability (KHIS, iHRIS, LMIS, EMR).

7



Strengthen monitoring, evaluation, and accountability to track performance, assess outcomes, and drive evidence-based policy.

SHA asks: enforce public remittance · ring-fence KES 32.9B NHIF legacy bills · reform for viability

CONCLUSION

The sector remains committed to realizing Article 43 of the Constitution (2010) — the right to the highest attainable standard of health.



Strengthening Primary Health Care (PHC) as the foundation for UHC



Expanding and equipping the health workforce to improve access and service delivery



Accelerating digitization and e-health to enhance efficiency and transparency



Advancing health financing reforms and improving access to HPTs

Improve Health Financing · Digitization · Focus on Health Welfare

Programmes aligned with Kenya Vision 2030, MTP IV and BETA

Thank you

