

HEALTH SECTOR MEDIUM-TERM EXPENDITURE FRAMEWORK REPORT FY 2026/27 – 2028/29

PRINCIPAL SECRETARY: STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS/SECTOR CHAIRPERSON

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Outline

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 2022/23–2024/25
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- Constitution of Kenya (2010) and Health Act Cap 241 guarantee the right to the highest attainable standard of health for every person.
- Guided by Vision 2030, Medium-Term Plan IV, and the Bottom-Up Economic Transformation Agenda (BETA), the health sector prioritizes equitable, accessible, and affordable Health care
- Healthcare (Universal Health Coverage) is one of the five pillars of the BETA
- Kenya Health Policy (2014–2030) commits the sector to address emerging health issues and advance progress toward Sustainable Development Goal (SDG 3).
- Medium-Term Priorities (2023–2027): Build a stronger, peoplecentered health system focused on prevention, health promotion and enhancing financial protection for citizens.



Vision

A healthy, productive and globally competitive Nation.

6 Mission

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

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Goal

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



- **To eliminate** communicable diseases until they are not of major public health concern.
- **To halt and reverse** the rising burden of non-communicable diseases
- To reduce the burden of violence and injuries
 - **To provide** essential health care that is affordable, equitable, accessible and responsive to client needs.
 - **To minimize exposure** to health risk factors by strengthening the health prevention and promotion interventions.



- Schedule 4 of the Constitution assigns the National Government the following functions:
 - i. Health Policy
 - ii. Health regulations
 - iii. National referral health facilities
 - iv. Capacity building
 - v. Technical assistance to counties
- The Government has also outlined the core mandates of the Ministry of Health through Executive Order No. 1 of 2025
- Ministry has two State departments namely;
 - i. State Department for Medical Services
 - ii. State Department for Public Health and Professional Standards

Sector Programmes State Department for Medical Services

Programme	Programme objectives					
Program 1. National Referral and	To increase access and range of quality					
Specialized Services	specialized healthcare services					
Programme 2: Curative and	To increase access to quality curative					
Reproductive Maternal Neonatal	and reproductive healthcare services					
Child & Adolescent Health						
(RMNCAH) Services						
Programme 3: Health Innovations	To increase capacity and provide					
and Research	evidence for policy formulation and					
	practice					
Programme 4: General	To offer governance and enabling					
Administration Planning and	services for service delivery					
Support services						

Sector Programmes State Department for Public Health and Professional Standards

Programme	Programme objectives
Programme 1.	To reduce disease burden due to
Preventive and Promotive	preventable causes
Health Services	
Programme 2. Health	To enhance health human resources
resource development and	for quality health care and research
innovation	
Programme 3. Health	To strengthen quality health
Policy Standards and	standards & regulations
Regulations	
Programme 4. General	To strengthen governance and
Administration Planning	leadership in the sector
and Support Services.	

Role of Stakeholders



- Resources mobilization
- Technical and financial support to meet health sector objectives,
- Legislation ,
- Policy formulation and implementation ,
- Training and capacity building
- Research & development
- Seeking health care services and also taking responsibility of their own health.



- **228 out of 315 Primary HealthCare Networks Established**
- Strengthened linkages between Level 2–4 facilities and communities,
 enhancing access and continuity of care.
- **107,831 Community Health Promoters (CHPs)**
- Fully trained, equipped, and receiving stipends, supporting over 7.8
 million households under UHC.
- Quality Healthcare and Patient Safety Bill
- Developed to institutionalize safety, standards, and accountability across all levels of care.
- Laboratories with Anti Microbial Resistance (AMR) Detection Capacity
- Expanded from 17 (FY 2022/23) to 28 (FY 2024/25) improving surveillance and antimicrobial stewardship.

- Vitamin A Supplementation
 - Maintained over 83% coverage of Vitamin A supplementation among children aged 6–59 months
- Immunization Coverage (Penta 3)
 - Sustained at over 83% nationally
 - Reflects strong commitment to routine immunization and child health
- - HIV prevalence reduced from 3.7% (2022) to 3.03% (2024), with ART coverage reaching 87% (2024) of eligible clients
 - The Mother-to-Child Transmission (MTCT) rate of HIV in Kenya has declined significantly, from 15% in 2010 to under 8% by 2022

Malaria Control

National Malaria Programme significantly intensified its control efforts, distributing 16.5 million doses of Artemisinin Combination Therapy (ACTs) and 4.7 million Long-Lasting Insecticidal Nets.
 Malaria incidence fell by 27%- from 105/1,000 (2022) to 77/1000 (2024) population.

National Tuberculosis Management

- TB treatment success rate: Improved to 89%, with Multi Drug Resistance (MDR-TB) cure rate at 87%.
- Won-Communicable Diseases (NCDs)
 - Screening coverage for hypertension and diabetes increased by 20%; early cancer detection services expanded to 30 counties
- Neglected Tropical Diseases
 - 6 million people treated for Bilharzia under mass drug administration campaigns

Name : Tobacco Use Prevalence

- Declined from 11% (2022) to 9.5% (2024)
- However, use of nicotine and novel tobacco products is on the rise.
 approximately 5.6% of the adult population report using electronic nicotine

Facility Digitalization

- 18% of public health facilities are using end to end electronic data systems (EDS)
- Efforts ongoing to expand digital health infrastructure nationwide

Maternal & Adolescent Health

- Adolescent pregnancy rate: Declined from 18% (2014) to 15% (2022) due to enhanced reproductive health interventions.
- Maternal Mortality Ratio (MMR) has shown steady improvement over the past decade — declining from approximately 488 deaths per 100,000 live births in 2015 to about 355 per 100,000 live births in 2023.



Essential Medicines

 Access to essential medicines-availability of 23 essential increased from 44% (2019) to 62% (2023)

Blood Collection

 333,533 units of blood were collected in FY 2024/25 below the WHOs Kenya's minimum annual blood requirement of approximately 550,000 units

Mealthcare Workforce

Placed 16,810 health workers interns in training programs.

m Quality Assurance and Professional Regulation

- A total of 229 health professional training institutions were assessed to ensure adherence to national training standards.
- 4,281 previously unregulated health professionals were successfully registered

Transforming healthcare financing

- Operationalised the Social Health Insurance Fund (SHIF), Primary Healthcare Fund (PHC-F), and Emergency, Critical, and Chronic Illness Fund (ECCIF) backed by government allocations of KSh 7.1 billion (PHC-F) and KSh 5 billion (ECCIF) in FY 2024/25- with current allocation increasing to KSh 13.1 billion (PHC-F) and KSh 8 billion (ECCIF) in FY 2025/26
- By June 30, 2025, over 19.3 million Kenyans were registered and has increased to 25 Million individuals by October 2025



National Referral And Specialized Medical Services

- Kenyatta National Hospital (KNH)-undertook a total of 1,913, open heart surgeries, 3,576 cardiothoracic surgeries, 60 Kidney Transplants,21,886 minimally invasive surgeries, 1,591 specialized burns treatment and 103,861 oncology sessions.
- Kenyatta University Teaching Research and Referral Hospital (KUTRRH) undertook 139 Open Heart Surgeries, 6,265 Minimally Invasive Surgeries, 29,902 Hemodialysis sessions, 60,953 oncology sessions, 13,570 PET Scan examinations , 1,322 SPECT CT-Scan examinations, 599 Stereotactic Radiosurgeries and 2,174 Brachytherapy sessions.



 National Referral And Specialized Medical Services

- Moi Teaching and Referral Hospital (MTRH)
 undertook 260 Open-Heart Surgeries, 67 Kidney
 transplants, 9,509 Minimally Invasive Surgeries,
 60,176 Chemotherapy sessions, 53,303 External
 Beam Radiotherapy Sessions and 77 Corneal
 Transplants.
- Mwai Kibaki Hospital undertook 5,057 minimally invasive surgeries and 3,994 oncology sessions.

🖺 Ground-breaking Medical Milestones in Kenya

- Kenyatta National Hospital (KNH)
 - Performed the world's first Trans-humeral Targeted Sensory Reinnervation surgery and Kenya's first minimally invasive Ventricular Septal Defect (VSD) closure in a public hospital.
 - Launched the region's first public Menopause Clinic and a dedicated Liver Transplant Clinic, expanding specialized women's and transplant services.
- Moi Teaching and Referral Hospital (MTRH):
 - Conducted Kenya's first Renal Artery Bypass Surgery and Coronary Angiogram, marking major advances in cardiovascular care.
- Kenyatta University Teaching, Referral and Research Hospital (KUTRRH):
 - Established a center of excellence in cancer care. The Integrated Molecular Imaging Center (IMIC) started operations in 2022. The number of PET/CT scans conducted are as follows: 4,293 in FY 2024/25, 5,592 in FY 2023/24 and 3,685 in FY 2022/23.

Mathari National Teaching and Referral Hospital (MNTRH)

58,784 inpatients received psychiatric care in FY 2024/25.

MATC Enrolment Growth

 Increased from 25,889 (2022/23) to 35,513 (2024/25), boosting the health workforce pipeline and national capacity.

Key Infrastructure Achievements (2022–2025)

- Upgrade of Urenga level 3A health facility The project was requested by the Siaya county and funded by MOH budget. The project is complete and ready for handing over to Siaya county government.
- Completion and Upgrade of Piny Owacho level 3A facility. It will serve the residents of Uriri Sub County and the nearby wards in Migori County.
- Completion of Kigumo Sub County hospital.
- Equipping of Sukuri health center. The facility received hematology and biochemistry machines to improve the laboratory services in the facility.

SECTOR-FINANCIAL REVIEW— FY 2022/23 TO 2024/25

Increased Investment:

Health sector budget increased from KSh 116.4B (FY 2022/23) to KSh 135.1B (FY 2024/25) — reflecting strong government commitment to health financing and UHC.

Improved Budget Absorption:

 The sector achieved its highest absorption rate of 90.2% in FY 2024/25, up from 85% in 2022/23 — a sign of efficient fund utilization and improved fiscal discipline.

Enhanced Efficiency:

• Strengthened financial management systems and timely disbursements enabled better implementation of key health programs and projects.

Impact on Service Delivery:

 Resources were prudently used to expand access to essential health services, upgrade health infrastructure, and sustain priority interventions.

In summary

• The sector continues to build momentum toward Universal Health Coverage (UHC) through sustained investment and efficient budget execution.

Part 2: Proposed FY 2026/27 & Medium-Term Budget



- In line with the Bottom-Up Economic Transformation Agenda (BETA), the Health Sector remains central to driving inclusive growth and human capital development.
- The sector will intensify implementation of Universal Health Coverage (UHC) initiatives across all levels of care.
- Special focus will be placed on protecting the poor,
 vulnerable, and marginalized populations, ensuring no one is left behind.

Prioritization drivers (impact, equity, efficiency)

• Impact:

 Prioritization of programmes and interventions with the highest potential to improve population health outcomes, reduce morbidity and mortality, and contribute directly to UHC goals

Equity

- Promotion of inclusive access for vulnerable, marginalized, and special-needs groups.
- Ensure balanced financing across preventive, promotive, curative, and regulatory services.

Efficiency:

 Allocation to programmes with high return on investment and proven cost-effectiveness.



MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2026/27 – 2028/29

- **Community Health:** Empower Primary Care Networks (PCNs) and Community Health Promoters (CHPs) to enhance household-level coverage.
- Human Resource for Health (HRH) Recruit, train, and equitably deploy health professionals including interns.
- Regulate Health Professionals & Practice Strengthen regulation of health professions and professionals for provision of quality and ethical care;
- Health Financing Reforms Fully implement SHIF, PHC, and ECCIF for financial protection.



MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2026/27 – 2028/29

- Health Research and Innovation— Evidence driven policy, development and adoption of local innovations-Manufacturing of Snake Antivenom
- Digital Health Transformation: Roll out interoperable e-Health systems for data-driven decision-making especially for public health facilities including telemedicine
- Access to Essential Medicines & Supplies Strengthen KEMSA reforms, local manufacturing, supply chain efficiency and resilience.



- Emergency Preparedness & Resilience Enhance pandemic preparedness and response, Anti Microbial Resistance (AMR) and climate-health readiness
- Health Infrastructure: Upgrade facilities and equipment, modernize laboratories, and improve critical care services.
- **Quality of Care:** Institutionalize clinical governance and patient safety mechanisms across all facilities.
- Monitoring and Accountability: Strengthen performance tracking, audits, and public reporting for transparency and results.

Financial Plan For The MTEF Period FY 2026/27-2028/29(Amount KShs. Million)-Health Sector

Vote Details	Approved Estimates	R	Requirement		Allocation			
	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29	
Recurrent	110,608	461,510	486,981	539,993	115,047	136,094	141,270	
Development	27,497	150,566	108,455	94,810	40,879	40,439	38,980	
Total	138,105	612,076	597,436	636,802	155,926	176,532	180,251	

Financial Plan For The MTEF Period FY 2026/27-2028/29(Amount KSh. Million)-SD Medical Services

Vote Details	Approve d Estimates	Ro	equiremen	t	Allocation			
	2025/26	2026/27 2027/28 2028/29			2026/2	2027/2 8	2028/29	
					•			
Recurrent	84,017	393,777	427,947	467,454	106,189	124,111	129,156	
Development	21,936	106,133	63,700	51,953	26,349	27,428	24,681	
Total	105,953	499,910	493,647	521,406	132,538	151,538	153,838	

Financial Plan For The MTEF Period FY 2026/27-2028/29(Amount KSh. Million)-SD Public Health and Professional Standards

Vote Details	Approved Estimates	R	equiremen	t	Allocation			
	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29	
Recurrent	26,591	67,733	59,034	72,539	8,858	11,983	12,114	
Development	5,561	44,433	44,755	42,857	14,530	13,011	14,299	
Total	32,152	112,166	103,789	115,396	23,388	24,994	26,413	

Resource Requirements vs Allocation (Amount KShs. Million)

Ì	Economic	APPROVED BUDGET		Requirements		Allocation				
	Classification	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29		
V	Primary Health (Care Fund-S	Social Health A	Authority						
	GoK Current Grant Transfers to Government Agency	13,100	61,101	67,210	73,932	13,100	23,100	23,100		
	The Emergency,	Chronic an	d Critical Illn	ess Fund- Soci	al Health Auth	ority				
	GoK Current Grant Transfers to Government Agency	8,000	107,189	117,908	129,699	8,000	8,000	8,000		
/	Health Insurance	Subsidy Pr	ogram for Or	phans Vulnera	ble Children-S	Social Health A	uthority			
	GoK Current Grant Transfers to Government Agency	430	948	1,042	1,147	430	453	478		
	Community Health Promoters - 107,831									
	GoK Current Grant Transfers to Other Levels of Government	3,235	3,235	3,235	3,235	3,235	3,235	3,235		

Projected SHIF Collections – FY 2026/27

- Expected collection through the Social
 Health Insurance Fund (SHIF) is Kshs 94.8
 Billion
- Contribution is from both formal and Informal Sectors.

Resource Requirements vs Allocation by Programmes (Amount KSh. Million)

Economic	APPROVED Requ					Allocation		
Classification	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29	
Sate Department	for Medical	Services - SDM	S					
Programme:1 National Referral & Specialized Services	55,118	159,538	121,002	119,430	74,501	77,451	82,126	
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health	16,901	. 29,678	32,922	29,367	20,609	20,028	16,397	
Programme 3: Health Research & Innovations	3,162	13,598	13,517	14,542	4,028	5,515	4,648	
Programme 4: General Administration	30,772	299,096	326,206	358,067	33,402	48,545	50,667	
SUB TOTAL	105,953	499,910	493,647	521,406	132,538	151,538	153,838	

Resource Requirements vs Allocation by Programmes (Amount KSh. Million)

	APPROVED BUDGET		Requirement	S			
Classification	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Sate Department for Pu	blic Health an	d Profession	al Standards -	- SDPH&PS			
Programme 1: Preventive and Promotive Health Services	10,149	63,807	60,078	67,097	9,378	18,019	18,591
Programme 2: Health Resource Development and Innovation	15,151	34,640	321,180	36,082	16,892	21,490	23,885 98
Programme 3: Health Policy, Standards and Regulations	4,378	9,875	9,457	9,933	5,177	5,418	5,853
Programme 4: General Administration and Human Resource Management	2,475	3,843	2,075	2,284	858	912	957
SUB TOTAL	32,152	112,165	103,789	115,396	32,305	45,839	49,288

- KSh.8.9 billion for the conversion of the UHC staff to P&P;
- KSh.13.1 billion for Primary Health Care Fund;
- KSh.8.0 billion for Emergency, Chronic and Critical Illness Fund (ECCIF);
- KSh.6.2 billion for Professional Health Interns programme;
- KSh.3.2 billion stipend for the Community Health Promoters;
- KSh.300 million for Refurbishment/Renovation and Replacement of Obsolete Equipment at KNH;

- KSh.150 million for Expansion of Comprehensive Cancer Centre at KUTRRH;
- KSh.120 million for renovation & Improvement for Gatundu Level 5 Hospital;
- KSh.200 million for Renovation/Equipping Buildings -Mathari National Teaching & Referral Hospital;
- KSh.100 million for Construction of a Wall, renovation & Procure Equipment at National Spinal Injury Hospital;
- KSh. 300 million for Strengthening of Cancer Management at KNH;

- KSh.150 million for Renovation and Infrastructure Upgrading of Mwai Kibaki Referral Hospital;
- KSh.700 million Acquisition of Specialized Medical Equipment CHP;
- KSh.600 million for Procurement of Equipment at the National Blood Transfusion Services;
- KSh.2.5 billion GoK Counterpart funding for global Fund under State Department for Medical Services;
- KSh.500 million for Procurement of Family Planning
 & Reproductive Health Commodities;
- KSh.3.8 billion for Reproductive, Maternal, Neonatal Child & Adolescent Health Project (Foreign Financed);

- KSh.4.6 billion for GoK Counterpart funding for Vaccines Programme;
- KSh.244 million for Human Vaccine Production (BIOVAX);
- KSh.150 million for Research and Development under KEMRI;
- KSh.1.1 billion for GoK counterpart funding for Global Fund;
- KSh.300 million for Procurement of Anti TB drugs not covered under Global fund TB Program; and
- KSh.300 million for Research and commercialization of Snake Antivenom to support Universal Health Care;

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- KSh.185.9million for Construction of Tuition Blocks and Laboratories at KMTC;
- KSh.94.8million for Equipping of Laboratories and Classrooms at KMTC;
- KSh.60.8million for Clinical Waste Disposal System;
- Ksh.136.4million for Construction of an Examination Centre KMPDC;
- KSh.143.6million Infrastructure upgrade at Kenya Institute of Primate Research.



Macro-Fiscal Constraints

- Inadequate financing to support planned programmes
- The suspension of USG funding to specific health initiatives affected key programmes (HIV/AIDS, Malaria, TB, Nutrition)
- Over-reliance on development partner resources for essential health initiatives.
- Rising costs of health products and technologies driven by global price fluctuations

Emerging issues and challenges

Institutional or Capacity Gaps

- Inadequate healthcare professionals at national and county levels, coupled with an ageing workforce.
- frequent industrial unrest disrupt service delivery and undermine 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 non-communicable diseases (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.



- Reinforce primary health care as the foundation of Universal Health Coverage (UHC) by improving preventive and promotive services and community health systems
- Strengthen the Social Health Authority (SHA) and regulatory frameworks to ensure equitable coverage, quality, and accountability across all health services and products.
- Scale up Health Sector Financing and Sustainability
- Gradually increase health allocation toward the 15% Abuja target.
- Support local manufacturing of health products and technologies (HPTs).
- Enhance integration of disease control programmes (HIV, TB, Malaria, NTDs) for efficiency.



- **Enhance Health Workforce Capacity and Motivation**
 - Implement strategies for adequate, competent, and motivated health personnel and Invest in continuous professional development
- Scale up facility digitalization and integrate data for decision-making.-Reinforce digital health and data systems interoperability (KHIS, iHRIS, LMIS, EMR).
- Strengthen monitoring, evaluation, and accountability to track performance, assess outcomes, and drive evidence-based policy



- The sector remains committed to realizing Article 43 of the Constitution (2010) the right to the highest attainable standard of health.
- The Sector will continue to align all programmes with Kenya Vision 2030, MTP IV, and the Bottom-Up Economic Transformation Agenda (BETA) to ensure coherent and impactful delivery.
 - Strategic focus remain on
 - continuous Strengthening of Primary Health Care (PHC) as the foundation for Universal Health Coverage (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 Health Products & Technologies (HPTs).

