



REPORT ON THE SECOND STAKEHOLDER CONSULTATIVE MEETING ON STRENGTHENING KENYA'S PUBLIC HEALTH SECTOR

Meeting Conveners

**State Department for Public Health and Professional Standards, Ministry of Health
Health NGOs Network (HENNET) and Aids Healthcare Foundation (AHF)**

Kenyatta International Convention Centre (KICC), Nairobi

9th September 2026



1. ACKNOWLEDGEMENT

The organizers extend their appreciation to the Principal Secretary, State Department for Public Health and Professional Standards, Ms. Mary Muthoni CBS, for her leadership and participation in the engagement, and to the Ministry of Health for providing the platform for continued government–stakeholder dialogue.

Special appreciation is also extended to the Health NGOs Network (HENNET), through the leadership of its Chair, Dr. Lilian Otiso, Country Director, LVCT Health and Chair of HENNET, for convening and facilitating the engagement, and for its continued role in bringing together civil society organizations and partners to contribute to Kenya's health agenda. The AIDS Healthcare Foundation (AHF) under the leadership of Dr. Samuel Kinyanjui, Country Director, & Vice- Chair HENNET is particularly appreciated for its financial contribution towards making the forum a success and enabling meaningful engagement among stakeholders.

The organizers also acknowledge the contributions of representatives from government institutions, civil society organizations, development and health partners, faith-based organizations, academia, the private sector and other stakeholders. Their participation, technical contributions and commitment to finding practical solutions strengthened the discussions and reinforced the importance of collective action in advancing health-sector reforms.

2. EXECUTIVE SUMMARY

The Stakeholders Consultative Partners Meeting, held on 9th September 2026 at the Kenyatta International Convention Centre, brought together government, civil society organizations, development partners, communities and private sector to review progress on previously identified priorities and to strengthen coordination around implementation.

The meeting was a follow-up of the stakeholder consultative engagement held on 22nd April 2026; hence it provided an opportunity to review commitments made during the earlier engagement as well as receive updates from Ministry of health directorates and civil society organizations.

The discussions recognized that Kenya's health-sector reforms must move beyond policy commitments and translate into measurable improvements in access, quality, equity and health outcomes.

Key areas discussed included:

- Public health surveillance, outbreak preparedness and response
- El Niño preparedness and stakeholder coordination
- Primary Health Care and implementation of building resilient and responsive health system (BREHS) project supported by World Bank

- Community health and preventive health approaches
- Visibility and accountability of health programmes
- Preparations for the Kenya Public Health International Conference 2026.

The meeting reaffirmed the central role of Primary Health Care and community-based systems in achieving Universal Health Coverage. It also highlighted the need for stronger coordination, sustainable domestic financing, improved preparedness for public health emergencies, meaningful participation of CSOs, better communication and greater accountability for health-sector investments.

A key outcome of the meeting was a renewed commitment by government, CSOs and partners to move from discussion to implementation towards advancing Kenya's Health Agenda.

3. PURPOSE OF THE MEETING

The meeting was convened to strengthen collaboration between the Ministry of Health, civil society organizations, communities and private sector.

Specifically, the meeting aimed to:

1. Review progress on commitments and action points arising from the previous Ministry of Health and stakeholder engagement
2. Provide updates on key health-sector reforms and emerging public health priorities
3. Strengthen coordination between government, CSOs, private sectors and development partners
4. Identify implementation gaps requiring collective action.
5. Improve alignment of partner support with national health priorities.
6. Strengthen accountability for commitments, resources and results across the health sector.

The meeting was anchored on a whole-of-government and whole-of-society approach, recognizing that health outcomes are shaped by coordinated action across government, communities, civil society, development partners, the private sector and other actors.

4. PRE-MEETING EXPECTATIONS

Ahead of the meeting, stakeholders from across sectors submitted their expectations to guide the agenda and focus of discussions. These are summarized by thematic area below.

**A. Health Sector Coordination and Intergovernmental Relations**

Ministry priorities and resource mobilization	Better alignment of the national strategic priorities with organizations priorities
G2G arrangements and social contracting	Reflection of the Government-to-Government financing model replacing prior USAID-style mechanisms.
International and development partner relations	Strengthen capacity building for organizations seeking partnerships
Health Research and evidence	Explore AI and innovation in healthcare

B. Healthcare Financing and Social Health Authority (SHA)

SHA benefits package and coverage	Integration of TB and HIV care under SHA coverage, particularly for comprehensive care centre clients.
SHA Transparency and Accountability	Improved transparency in claims processing and reimbursement.

C. Directorate of Primary Healthcare

TB, leprosy and lung health	Ensure sustainable and equitable TB financing and strengthen community-led TB response models
Community health systems	Engage Community Health Promoters (CHPs) and leverage the-CHIS digital platform - training, funding, kit supply.
Nutrition and dietetics	Harmonize a national nutrition information system with standardized indicators. Better alignment of NCD prevention priorities, and reduction of industrially produced trans-fats,
Adolescent, reproductive and maternal health	Ensure youth-focused sexual and reproductive health policy align with Universal Health Coverage (UHC), and enhance menstrual hygiene management.

5. OPENING REMARKS

5.1 Ms. Mary Muthoni CBS - Principal Secretary, State Department for Public Health and Professional Standards

The Principal Secretary expressed appreciation to HENNET and partners for convening the engagement and for their continued contribution to strengthening Kenya's health system. She emphasized that the health agenda is ultimately a national agenda that requires collective action. While government provides leadership, policy direction and coordination, she noted that partners contribute technical expertise, resources, innovation, evidence and community-level reach that are essential to translating commitments into results.

The PS reflected on the significant reforms undertaken in the health sector. These include the successful enactment of the;

- Digital Health Act (2023)
- Primary Health Care Act (2023)
- Facility Improvement Financing Act (2023)
- Social Health Insurance Financing Act (2023)

She also highlighted the ongoing work towards the Quality Healthcare and Patient Safety Bill, stressing that legislative achievements must translate into improved quality of care and better outcomes for Kenyans.

The PS further highlighted the increasing complexity of public health threats, including emerging and re-emerging infections, climate-related risks and public health emergencies. She called for greater preparedness at national, county, facility and community levels, particularly in anticipation of potential heavy rainfall and El Niño-related impacts.

She emphasized that preparedness must go beyond contingency plans to include operational readiness, including pre-positioning of medicines and supplies, deployment readiness of rapid response teams, identification of vulnerable communities and assessment of high-risk health facilities. She announced that the ministry of health is exploring the establishment of a monthly national Public Health Day to encourage communities to undertake practical actions addressing public health and environmental risks.

On malaria, she highlighted the continued burden of the disease and outlined planned interventions, including distribution of approximately 10 million insecticide-treated mosquito nets beginning in

October 2026 and the planned introduction of multiple first-line malaria treatment in November 2026 as part of efforts to address drug resistance.

Following the meeting the PS further highlighted on the investments in national diagnostic and outbreak-response capacity, including the development of BSL-3 laboratories under the National Public Health Laboratory System. She encouraged stakeholders to support these investments as part of strengthening Kenya's preparedness infrastructure.

The PS concluded by urging stakeholders to leverage the Kenya National Public Health International Conference to advance practical solutions and commitments. She emphasized that Kenya's health agenda requires a decisive transition from dialogue to action, from commitments to implementation, and from implementation to measurable results while, also noting the importance of strengthening trust and accountability between government, partners, CSOs and communities to advance Kenya's health agenda.



PS Mary Muthoni, State Department for Public Health and Professional Standards, delivering her opening remarks

5.2. Ms. Lilian Otiso – Chairperson at HENNET

In her opening remarks, Ms. Lilian Otiso, Chairperson of HENNET, underscored the critical role of civil societies in achieving Kenya's health agenda. She noted that the meeting was taking place at a critical point in Kenya's health-sector transformation due to the ongoing Universal Health Coverage

reforms, constrained health financing, workforce challenges and persistent service-delivery gaps. She emphasized that the success of these reforms must ultimately be measured by their impact on communities through improved access, quality of care and health outcomes.

Ms. Otiso called for a deliberate shift from dialogue to delivery, urging stakeholders to translate policy commitments and previous engagements into coordinated action and measurable results. Reflecting on the Kenya Health Summit and subsequent civil society consultations, she called for greater clarity on progress in implementing the Kenya Health Compact and on how civil societies can meaningfully participate.

She highlighted on the development of the Health CSO Engagement Blueprint by Henet as an effort to strengthen the participation of civil society in health policy and implementation, as civil societies play a critical role in bringing community evidence, technical expertise and lived experiences into health policy and implementation.

She further noted that the engagement provided an important platform for consolidating civil society priorities through the CSO Shadow Manifesto for Health, which will articulate priorities for the next five years and inform Kenya's long-term health agenda beyond 2030.

She called for a partnership model in which government provides leadership and urgency, civil society brings evidence and accountability, and development partners to align their support with national health priorities, and all the stakeholders to remain focused on delivering measurable improvements in Kenya's health system.



Ms. Lilian Otiso, Chairperson at Health NGO's Network and Executive Director at LVCT Kenya

6. REVIEW OF ACTION POINTS FROM THE PREVIOUS MEETING

The Ministry of health reviewed the action points from the previous stakeholder engagement held on 22 April 2026, with the objective of assessing progress made, identifying outstanding issues and agreeing on areas requiring continued collaboration.

The Director of Health Sector Coordination, Dr Omar noted that the engagement between the Ministry and civil society has remained active since the April meeting through formal convenings and participation in stakeholder-led engagements. The Ministry reaffirmed its willingness to participate in CSO-led initiatives, including platforms focused on strategic dialogue, resource mobilization, celebration of achievements and joint re-strategizing.

The review demonstrated that progress has been made on several commitments, while a number of actions still remain ongoing and require sustained engagement.

6.1 Progress on Ministry of Health Action Points

Under the Public Health Directorate and Health Sector Coordination, they documented progress made in strengthening coordination between national and county governments through aligning national programmes with global health policies and developing evidence-based governance frameworks to guide decision-making. The Ministry noted ongoing efforts to strengthen engagement with the Council of Governors, particularly on issues affecting health service delivery and health workforce management. The Ministry also indicated that a partnership framework is at an advanced stage and is expected to provide a more structured basis for stakeholder engagement.

Under Primary Health Care, they highlighted progress on the continued work around the functionality of Primary Health Care Networks (PCNs), the development of an Artificial Intelligence Strategy for Health, digitalization of Community Health Promoter (CHP) work, nutrition and dietetics policy, tobacco-control amendments and interventions addressing drug and substance abuse. The Ministry announced that stakeholders would be engaged in the development of the AI Strategy as the process progresses. The Ministry further acknowledged the need to address the current approach to free primary healthcare services at Levels 2 and 3, including bottlenecks affecting access and implementation.

Under Health Standards and Quality, the Ministry reported that the Kenya Quality and Healthcare Norms and Standards are still under review with the ongoing work towards the Quality Healthcare and Patient Safety Bill, the Kenya Quality Model for Health and the Kenya Healthcare Professionals Policy. They also mentioned that an HIV test and treatment plan is still under development.

With regard to the Social Health Authority (SHA) they noted on the need to improve equitable access to free primary healthcare services at Levels 2 and 3 and address implementation bottlenecks. The Ministry acknowledged the high level of public interest surrounding SHA as one of the Government's



flagship health interventions and reaffirmed the importance of continued stakeholder engagement to strengthen its implementation.

6.2 Progress on Civil Society Action Points

The review also indicated commitments assigned to HENNET and the wider civil society sector during the previous engagement. These included the development of CSO capacity building toolkits, strengthening partnerships, increasing CSO uptake and influence within health systems, and strengthening collaboration.

With regard to Government-to-Government (G2G) engagement with the United States Government the Ministry acknowledged that discussions are still ongoing and civil societies will be engaged in the process as it represents a new way of structuring development cooperation.

The Ministry also noted despite the progress made, other issues still remain under discussion, including the development of a social accountability framework, sustainable financing for primary healthcare and the integration of mental health programmes within primary healthcare.

The review demonstrated the need for continuous accountability, collaboration, monitoring and follow-through to ensure we advance and strengthen Kenya's public health agenda.

7. KEY TECHNICAL SESSIONS AND DISCUSSIONS

7.1. Disease Prevention and Response

The Ministry provided an update on Kenya's preparedness and response to emerging and re-emerging public health threats, highlighting Ebola, mpox, measles, polio and other cross-border and water-related risks. They emphasized on sustained surveillance, laboratory capacity, vaccination, contact tracing, risk communication, community engagement and coordinated emergency response, particularly in areas affected by population movement, low immunization coverage and inadequate sanitation.

They noted that Kenya has strengthened its preparedness architecture through national and sub-national Emergency Operations Centres, incident management structures, national risk assessments and traveller screening at 26 points of entry which are supported by designated laboratory pathways to ensure timely confirmation of suspected cases.

Despite the progress, they noted the gaps in some isolation facilities, points of entry, as well as in staffing and infection-prevention capacity.

Disease Status at a Glance

Mpox	Approximately 1,300 cases and 19 deaths reported since July 2024, affecting 40 of 47 counties. The response measures undertaken by the ministry include vaccination, surveillance, contact tracing, laboratory testing and community engagement. They noted that the first vaccination round reached 10,697 people and over 3,000 samples have been tested, and more than 2,500 health workers trained.
Measles	The ministry confirmed 409 cases have been reported since January, including 87 laboratory cases and one death. They emphasized on continued surveillance, rapid investigation and improved immunization coverage, particularly among children and border populations.
Polio	They highlighted that surveillance and immunization was identified as a continuing priority given the risk associated with population movement.

They stated that disease patterns are increasingly shifting from imported cases to community transmission hence requiring greater investment in community surveillance, risk communication prevention and stronger collaboration between government, CSOs and development partners to address infrastructure, financing, commodities, vaccination, surveillance and community engagement gaps to ensure Kenya remains prepared to detect, investigate and contain public health threats effectively.

7.2. El Niño Preparedness, Response and Stakeholder Coordination

The Ministry provided an update on preparedness for the anticipated El Niño conditions and highlighted on the potential implications of heavy rainfall and flooding on health service delivery.

These potential risks include;

- Disruption of health services
- Increased transmission of infectious diseases
- Nutrition challenges
- Damage to health infrastructure and WASH systems
- Restricted access to essential commodities



- Increased vulnerability among communities living in flood-prone areas.

The Ministry stated that they have developed an El Niño Contingency Plan, informed by climate projections and worst-case scenario planning to curb the risks. The plan will provide a framework for preparedness, response and recovery, prioritization of coordination between national and county governments, disease and nutrition surveillance, pre-positioning of health commodities, and provide technical support to affected areas to ensure continuity of essential health and nutrition services.

The Stakeholders were encouraged to align their interventions with the pillars of the contingency plan and clearly communicate the areas they are able to support to enable the government and partners to identify gaps, reduce duplication and make more effective use of available resources.

7.3. Building Resilient and Responsive Health System Project (BREHS)

The Ministry provided an update on the implementation of the Building Resilient and Responsive Health System (BREHS) project, a five-year project supported by World Bank under the Primary Health Care, running from 2024/25 to September 2029 which is aimed at improving access to quality primary healthcare and strengthening institutional capacity. The project focuses on national health-system strengthening, county-level PHC improvements, and effective project management, with progress measured through maternal, child health, immunization, service delivery and commodity availability indicators.

National-Level Support

KEMSA Recapitalization	The ministry highlighted that the project supports institutional reforms, including the recapitalization of KEMSA to improve the supply of essential health products to Level 2 and 3 facilities across all 47 counties.
Health Financing Agenda	The BREHS project also supports the Ministry's health financing agenda, including the National Health Accounts, the Quality Healthcare and Patient Safety Bill, and institutional strengthening of the Social Health Authority.
National Surveys	The Ministry noted that there are three national surveys underway on non-communicable diseases, household health expenditure and utilization as well as mental health in order to strengthen evidence-based decision-making.

County-Level Support

On county level matters, the ministry highlighted that all 47 counties have developed work plans, with interventions focused on improving PHC services at Levels 1, 2 and 3. The project supports the distribution of 36 priority health products and technologies.

They noted that the project has made significant progress in establishing implementation structures and county work plans, completing outstanding approval processes, enabling timely disbursement, strengthening commodity availability and monitoring results. Despite the progress, they acknowledged the persistent maternal and neonatal health challenges targeting 10 counties including; Tana River, West Pokot, Kwale, Kilifi, Narok, Homa Bay, Garissa, Siaya, Turkana and Mandera, while noting that Garissa and Turkana will receive further support due to the additional pressures associated with hosting refugee and asylum-seeking populations.

They urged the CSOs to leverage the BREHS project as it presents an opportunity for Civil Society Organizations to support community engagement, social accountability and monitoring of PHC investments, particularly in high-burden counties.

7.4. Kenya National Public Health International Conference

The Ministry of health provided an update on preparations for the Kenya National Public Health International Conference (KEPHIC) which is scheduled for 27th – 29th October 2026.

The conference will bring together government, civil society, development partners, academia, the private sector and international stakeholders to share evidence, innovations and practical solutions for strengthening Kenya's health system.

The Key thematic areas will include:

- Health-system resilience
- Universal Health Coverage
- Primary Health Care and community health systems
- Climate and health
- Pandemic preparedness and response
- Governance and health financing
- Digital health and innovation.

The Ministry emphasized that the conference is intended to be a partnership platform and encouraged all the stakeholders to participate through abstracts, panels, exhibitions, side events, technical and financial support. A key expected outcome will be a conference communiqué containing concrete recommendations and commitments to guide action beyond the conference.

8. WAY FORWARD - ACTION POINTS

Following the remarks from the Principal Secretary for Health and the technical directorate sessions specific action points were highlighted to guide immediate implementation. These are recorded below;

PS Mary Muthoni - Principal Secretary, Ministry of Health (Core Action Points)

- 1 Strengthen a coordinated MoH–CSO–partner implementation mechanism to translate agreed health priorities into joint action and measurable results.
- 2 Accelerate stakeholder engagement and technical support towards the Quality Healthcare and Patient Safety Bill.
- 3 Conduct joint preparedness and vulnerability assessments in communities and health facilities exposed to flooding, El Niño and other climate-related risks.
- 4 Support effective implementation of the 2026 malaria interventions, including the distribution of 10 million nets and introduction of multiple first-line treatment.
- 5 Facilitate stakeholder exposure with the new BSL-3 laboratory facilities to strengthen understanding of Kenya's outbreak preparedness investments.
- 6 Strengthen accountability and information-sharing mechanisms around externally financed health programmes and investments.
- 7 Leverage the Kenya Public Health International Conference 2026 as a platform to convert evidence, innovation and commitments into practical resolutions and implementation priorities.

Dr. Lilian Otiso - Chair, HENNET (Core Action Points)

- 1 Establish a joint accountability mechanism to track implementation of agreed health priorities, including clear responsibilities, timelines, resources and measurable results.

- 2 Strengthen CSO participation in health policy, planning and financing processes, at both national and county levels.
- 3 Strengthen PHC and access to essential health services and ensure mental health is integrated into the primary care benefit package.
- 4 Operationalize the Social Accountability Framework at national and county levels, with defined roles for CSOs in monitoring health service delivery and government commitments.
- 5 Develop and advance the CSO Shadow Manifesto for Health as a unified civil society agenda for the next five years and Beyond 2030, translating collective priorities into clear policy reforms, financing commitments and actionable measures for a more equitable, resilient and people-centered health system.

Directorate of Public Health and Sanitation - Key Action Points on Public Health Preparedness and Response

- 1 Sustain Mpox, polio and measles surveillance and targeted response, including investigation of confirmed and suspected cases.
- 2 Strengthen community-based surveillance and risk communication to improve early reporting and prevention of priority diseases.
- 3 Address gaps in isolation and infection-prevention facilities, particularly in high-risk areas and points of care.
- 4 Strengthen Kenya's laboratory preparedness and health workforce capacity for outbreak preparedness and response, including targeted training and deployment.
- 5 Strengthen cross-border and regional collaboration on surveillance and outbreak preparedness given Kenya's exposure to regional disease transmission.
- 6 Sustain financing for public health preparedness, including commodities, surveillance, vaccination and emergency response.
- 7 Mobilize partner support to address identified preparedness gaps, particularly isolation infrastructure, staffing, diagnostics and response capacity.
- 8 Maintain regular technical briefings with CSOs and partners on outbreak trends, preparedness measures and priority gaps to strengthen joint action and accountability.

Directorate of Public Health and Sanitation-- Key Action Points on El nino - Emergency Response

- 1 Circulate the El Niño Contingency Plan to all relevant stakeholders to facilitate coordinated preparedness and response.
- 2 Strengthen preparedness in flood-prone and other high-risk areas through joint national and county-level risk assessments.
- 3 Strengthen WASH preparedness, including access to safe water and sanitation in affected communities and health facilities.
- 4 Undertake a consolidated mapping of partner capacities, resources and areas of support against the identified contingency-plan pillars.
- 5 Strengthen disease and nutrition surveillance and establish mechanisms for rapid sharing and escalation of alerts during the emergency period.
- 6 Establish a regular mechanism for monitoring implementation of the contingency plan and addressing emerging resource and coordination gaps.

Building Resilient and Responsive Health System Project (BREHS) - Key Action Points

- 1 Expedite the outstanding legislative and approval processes required to enable county-level disbursement and implementation.
- 2 Finalize approval of the 47 county work plans and ensure implementation begins promptly once funds are released.
- 3 Strengthen monitoring of the 36 priority health products, including availability, order fulfilment and turnaround time through KEMSA.
- 4 Strengthen tailored support to Garissa and Turkana to address the additional health-system pressures associated with refugee-hosting responsibilities.
- 5 Engage CSOs in monitoring implementation, community accountability and communication around PHC investments at county level.

Directorate of Public Health and Sanitation-Key Action Points on the Kenya Public Health International Conference 2026

- 1 Mobilize CSOs and partners to actively participate in KEPHIC through registration, abstracts, panels, exhibitions and side events.
- 2 Strengthen coordinated media and public communication in the lead-up to and during the conference.
- 3 Ensure the conference communiqué contains specific, measurable and actionable recommendations for follow-up.
- 4 Establish a mechanism for monitoring implementation of the communiqué and reporting progress to government and partners after the conference.

9.CIVIL SOCIETY ORGANIZATIONS — PLENARY PRESENTATION

The session transitioned into the plenary segment, bringing together government and civil society perspectives in a consolidated dialogue aimed at strengthening a whole-of-society approach to Kenya's evolving public health priorities.

CSO Calls to Action

- Establish a structured tracking mechanism for CSO submissions, Ministry responses, responsible institutions and follow-up actions.
- Integrate priority mental health indicators into routine reporting and use the data for planning and accountability.
- Develop and implement a comprehensive HIV transition and sustainability framework with clear domestic financing commitments.
- MoH to collaborate with the Ministry of Education and training institutions to strengthen geriatric and gerontology curriculum and training opportunities.
- Strengthen evidence generation and policy dialogue to support preventive regulatory measures and healthier environments.
- Ensure adolescent health and SRH programmes are accessible, inclusive and responsive to persons with disabilities.



The CSOs reaffirmed their commitment to continue their partnership with government in strengthening Kenya's health system.

6. KEY ISSUES RAISED DURING THE PLENARY SESSION

Civil society organizations and stakeholders raised a series of interrelated concerns and proposals centered on strengthening equity, coordination, and sustainability within Kenya's health system. These are summarized in the table below along with the Ministry's responses and agreed actions.

Issue and Theme	Key Discussion Points and Recommended Actions
TB/HIV Co-infection, Infrastructure & Multisectoral Response	Stakeholders raised concerns over a reported increase in TB/HIV co-infection rates, linking this partly to gaps in facility infrastructure and weak compliance with infection prevention and control (IPC) standards, which has heightened the risk of TB transmission.
Community Health Ecosystem & FBO Human Resources	Participants called for a broader and more inclusive community health workforce, noting the potential to strengthen community-level interventions by expanding a wider range of actors beyond the current Community Health Promoters (CHP) and including TB Champions and Peer Educators, to strengthen community-level health interventions.
Disability-inclusive Health Services	Concerns were raised regarding the practical accessibility of health services for persons with disabilities, particularly around communication and information access at facility level. Stakeholders called for full implementation of the existing disability-inclusion policy requirements.
Youth Services to HIV Prevention & SRHR Services	Stakeholders highlighted persistent commodity shortages undermining reliable youth access to HIV prevention and sexual and reproductive health and rights (SRHR) services at facility level, alongside the continuing gaps driving teenage pregnancies and concerns over the quality and safety of maternity services. The absence of sustained youth representation in health accountability structures was also flagged.

Plenary Q and A — Key Issues and Ministry Responses

TB/HIV Co-infection, Infrastructure & Multisectoral Response:

- The Ministry of Health committed to investigating the reported increase in TB/HIV co-infection, identifying the underlying drivers and strengthening compliance with the recommended facility infrastructure, infection prevention and control standards to minimize TB transmission.
- The Ministry also committed to strengthening a multisectoral platform to coordinate contributions from sectors beyond health towards ending TB by 2030.

Community Health Ecosystem & FBO Human Resources:

- The Ministry committed to exploring opportunities to expand the Community Health Promoters ecosystem to include other community health actors, including TB champions and peer educators, to strengthen community-level health interventions.

Disability-Inclusive Health Services:

- The Ministry committed to operationalizing the existing policy requirements on disability inclusion by ensuring access to sign-language interpretation, health information and documentation in accessible formats across Levels 1–4 facilities.

Youth Access to HIV Prevention & SRHR Services:

- The Ministry committed to strengthening the availability and continuity of commodities at facility level to ensure reliable access to services.
- The Ministry further committed to address gaps contributing to teenage pregnancies, strengthen the quality and safety of maternity services, and establish meaningful and sustained mechanisms for youth representation in health accountability structures.

10. KEY TAKEAWAYS FROM THE MEETING

The discussions across the various sessions provided strategic priorities to guide implementation and accelerate progress to strengthen Kenya's health agenda.

Theme	Key Points
a) Sustainable Health Financing	Strengthening domestic financing and ensuring partner resources are aligned with national priorities and managed transparently.
b) Stronger Primary Health Care	PHC remains the foundation for achieving UHC. Strengthening community health systems, improving commodity availability and integrating services remain critical.
c) Public Health Preparedness	Continuous preparedness and investment in prevention and response on emerging and re-emerging diseases, climate-related risks and other emergencies.
d) El-Nino Preparedness	Proactive preparedness of El Niño and other climate-related emergencies, including pre-positioning essential medicines and supplies, strengthening rapid response mechanisms, supporting affected and vulnerable communities.

Theme	Key Points
e) Enhanced Coordination	Stronger coordination among national government, counties, CSOs and development partners to minimize duplication and ensure that available resources contribute to agreed priorities.
f) Transparency and accountability	Strengthen accountability mechanisms across the health system, including transparent management of health resources, timely reporting, meaningful community participation in tracking results.
g) Kenya Public Health International Conference	All stakeholders called upon to participate in the conference on 27 th – 29 th October 2026 to share evidence, innovations and practical solutions for strengthening Kenya's health system.

11. CONCLUSION

The stakeholder consultative meeting reaffirmed the shared responsibility of government, civil society, development partners, communities, and other health sector actors in advancing Kenya's health agenda. The deliberations highlighted the persistent challenges affecting the health system, including sustainable health financing, primary healthcare, service delivery, workforce capacity, public health preparedness, accountability, and equity, while also highlighting on the importance of strengthening coordination, improving accountability, and building a more resilient, inclusive and responsive health system.

There was a strong consensus on the need to move from dialogue and commitments to coordinated implementation and measurable results through enhancing sustainable financing, strengthening government-partner collaboration, and ensuring meaningful participation of civil societies in policy and implementation processes.

The meeting marked an important step towards strengthening collective action across the health sector. It reaffirmed the importance of strengthening community-level accountability, investing in preventive and primary healthcare, and maintaining readiness to respond to public health emergencies and climate-related risks to protect communities, sustain essential health services, and strengthen the resilience of Kenya's health system.

ANNEX

PARTICIPANT COMMENTS/QUESTIONS ON MENTI

1. How Registration of new CSOs can be done for receiving invitation to such forums.
2. How will CSOs register to support any of the five pillars in the El Niño support?
3. How far are we as a country with EWENE targets?
4. Big up to HENNET for sponsoring today's meeting. Thank you.
5. Shift from treatment to prevention.
6. How can students be involved in the upcoming Kenya Public Health International Conference and at what cost?
7. We feel like the focus on HIV has shifted a bit. We have heard about everything else aside from HIV. Even in the upcoming conference what do we have for HIV? Especially community-led response and mental health.
8. We didn't understand about commitment registration kindly delete the submission of Thirohofa CBO and for Joyce Kefwalo as we rectify, please.
9. Is the World Bank only working directly with counties, or are they partnering with CBOs? Especially in strengthening quality of services at PHC.
10. On data quality on HMIS, this should be strengthened especially in remote health facilities facing staff shortage and burnout, where they are expected to provide reliable data.
11. What challenges is the Ministry of Health facing in what it is doing or planning to do?
12. Community-led health service delivery has sociological barriers like culture and gender inequality which make it difficult for people to seek healthcare services. What is the Ministry doing on this?
13. Malii Nthiva – Managing Director, Bola Properties. Petition to MoH PS to tag private sector voice. Private sector is mute in today's meeting and the last Health Summit.
14. I suggest also World Bank consider working with CBOs and NGOs at county levels.
15. Has there been any mapping of wastewater management facilities in the country before especially with growing urbanization and surrounding urban towns? It is a concern given the impact of El Niño rains.
16. KPHI is happy to partner in advancing effective project management in the health and NGO sectors.
17. Sad that pregnant adolescents do miss essential healthcare services more so SHA coverage. Kindly Ministry should do something to realize UHC. NOTE: We need to deliberately gather data on street families.



18. What is the Ministry doing to accelerate strengthening of policy frameworks around NCD risk factor areas like FOPL, TFA and tobacco control?
 19. On community health, the ecosystem is huge. Can we expand it by engaging other community health actors like TB champions, mother mentors, peer educators among others to complement CHPs?
 20. Talking about accountability, there are commitments from US Government (G to G) funding. How can communities account for the funds and the programs the government is undertaking?
 21. Principal Secretary, you have highlighted the two BSL-3 laboratories currently under development, an important advancement for Kenya's outbreak preparedness. The country should build on this investment.
 22. From the TB affected communities, we are asking on the status of social contracting, how far is it, additionally we had requested expansion of community health to have other actors such as TB champions.
 23. SHA: Will the Government give full coverage for people with chronic illness?
 24. Street families do have right to healthcare. Does the Ministry deliberately plan and budget for interventions since they are missing out?
 25. World Bank need to consider working with CSOs at counties.
 26. Despite all the ACTs we have as a country on health sector, why is it that we are not able to pay human resources for health? As we gather here nurses are on strike.
 27. I recommend we embrace multisectoral approaches and also integrate human rights and gender. This will make healthcare be treated with urgency required.
 28. Who should champion analysis of resource allocation efficiency so as to brief executive on return on investment for interventions in PHC for delivery of quality UHC?
 29. BREHS PROJECT works with pregnant women and children which is good. Are pregnant adolescents covered in this as well?
 30. How can civil society, researchers especially students and volunteers plug into the Stepwise survey?
 31. Request for MoH to unlock progress towards the finalization of PHC Act regulations.
 32. What is the role of implementing partners in G2G?
 33. Community Health Promoters are humbled and glad with the government initiative to pay SHA, however not all have benefited. For those who have not been part of the package what's the way forward?
 34. What is the role of civil society in G2G?
 35. My name is Susan Wairimu Metto from Chuimbo Hospital. Community structures should also be involved in monitoring on community and community-led response.
 36. Early antenatal should be introduced to reduce disability. Nutrition should also be introduced to reduce more disabilities.
 37. Kenya takes a lot of time to adopt approved WHO molecular testing or innovations that would help timely diagnosis especially for TB. What actions can the government deploy to ensure readiness?
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38. Contacting CSOs to support in SHA subscription for the 27 million who don't pay their subscription.
39. MOYOTE KENYA: addressing the fragility of public health gains as a temporary setback, what it means to sustainability. CSOs are creating demand in health seeking but no commodities within facilities.
40. CSO involvement in El Niño preparation:
 - Mainstream specific inclusion of sign language in KMTC.
 - For privacy of HIV clients.
41. What can we do collectively to deal with issues of commodities stockouts, e.g., machine breakdowns for TB in low-resource settings? TB must end by 2030.
42. Everyone is doing their little thing in their small corners – interventions in health. Stakeholder alignment is key to reduce duplication of efforts and enhance efficiencies in supporting MoH agenda.
43. Can MoH provide NPOCs to all level 2 and 3 health facilities to aid in finding missed cases for TB? The machine costs are much lower than treating advanced or drug-resistant TB.
44. Strategy for investments on preventive health.
45. GNV data is reported in different tools and departments (National Police Service, Children Services, Gender Department). Are there efforts to integrate all this for speedy response?
46. My name is Joyce Adhiambo and I am a member of the Network of TB Champions in Kenya. I would like to request the Government to declare mental health a national disaster.
47. Madam PS as we look forward to Kenya Public Health International Conference 2026 as well as the declaration on UHC Day monthly, please remember the Seventh Day Adventist who do not work on Saturday.
48. What is the government doing to incorporate the many young families that have not formalized their marriage for the registration of dependents with SHA? Most of them do not have marriage certificates.

ORGANIZATIONS REPRESENTED

• Ministry of Health, Nairobi • Health NGOs Network (HENNET) • Lvct health • AHF Kenya – Nairobi • Village Reach (Nairobi) • AMREF • UNAIDS – Nairobi • US Embassy Nairobi – Office of Foreign Assistance • Embassy of Egypt	• Village Reach • Violet Mbiti Foundation • CIHEB • Lumiere Core CLG • International Organization For Migration • FOUNDATION FOR TOMORROW (F4T) • YSO • Frank lite logistics • University of Nairobi
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• World Health Organization • HERAF • Africa CDC • Kenya Institute of Public Health (KIPH), Nairobi • Centre for Health Solutions Kenya (CHS), Nairobi • Public Health Officers and Technicians Council, Nairobi • KEMRI • UNAIDS • UNICEF • NEPHAK Kenya – Kisumu West • Kenya Medical Practitioners and Dentists Council (KMPDC) • Alliance for Women Initiative • Alliance for Cardiometabolic Health and Research Kenya. • Western Kenya Human Rights • Pan African women coalition living with HIV (PAPWIK) • Safaricom Public Limited Company • Co - operative Bank Kenya • ADRA Kenya, Nairobi • MMAAK • ADRA Kenya • KANCO • Vision Group • Kenya Network Of People Who Use Drugs (KeNPUD) • International Institute for Legislative Affairs • Bola Properties Limited • Kenya Conference of Catholic Bishops • ACOSEIN GLOBAL ECO-HEALTH TECH LTD	• World Relief International, Nairobi • World Vision Kenya, Nairobi • ICG HYGIENE SOLUTIONS • Alpha Support Development Programme • Disability Advocacy and Services Kenya • Port Health • Wellness Approach Mentors • Population Services Kenya • National Public Health Laboratory • Institute For Food Justice And Development • FHF • Royal Media Services • TV47 • ACMHR-K • RUKA Network • Vulnerable population Network • Lean on Me Foundation • Pamoja Group • Africa Suicide Prevention Association Kenya • International Community of women living with HIV-Kenya Chapter (ICWK) • Next Generation Lawyers - Kenya • Medicine for Malaria Venture (MMV Africa), Nairobi • PATH Kenya • JICA Nairobi • Her Voice Kenya • GREAT LADIES – Kisumu • MDH Nairobi • Kenya Red Cross Society • Health Business
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• NAYA Kenya • KMTTC • Young Women (with Disabilities) Empowerment Program-YOWEP • ATNI – Access to Nutrition Initiative • Network of TB Champions Kenya • Young Professionals for Development • Transform Health • Hope Family • Financing Alliance for Health • KP Consortium • YVC • DNLS- NTRL • Change Disability Foundation • YAPBEC • IFJAD • STP – Kenya • Young Aspirants Kenya • Youth Ventures Initiatives • MSI Reproductive Choices Kenya • Afya Reach • Wellness Approach Mentors • SWOP Ambassadors	• Alliance for Cardiometabolic Health and Research Kenya • Young Aspirants Kenya – Machakos • Young Voices for Change • FIAD • Living Goods • St Joseph Dagoretti • Centre for Public Health and Development (CPHD) • Generation Guides • Y+Plus • Dask Organization • Thelia Organization • ACF Organization • Saidikaa Organization • Jacaranda Health • Hope Family • THIROHOFA CBO • Kangemi Health Centre Community Health Promoter • Kangemi Chiefs Office (NCAG) Elder • Nairobi City County • Community Health Promoters • CESMEL Health
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Shared Commitment

Government, civil societies, private sectors and development partners reaffirmed their shared commitment to sustained collaboration, transparency, accountability and enhanced coordination on disease surveillance, emergency preparedness to achieve a resilient, inclusive and responsive health system for Kenya.

End of Report
