2025

ANNUAL REPORT

WHO Kenya Country Office

World Health Organization
Kenya

We champion health and a better future for all.

World Health Organization
Kenya

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The annual report represents the work carried out by WHO, Kenya Country Office in 2025 to promote health, keep the world safe and serve the vulnerable. It highlights this years achievements, as well as challenges faced by the organisation and its partners in supporting the national government in its mandate to serve and build a healthy nation.

AFRO.WHO.INT

Zahara Hishima from Lamu County is among Kenya's last remaining Lymphatic Filariasis cases. After more than 20 years of elimination efforts, Kenya is on track to eradicate the disease by 2027.

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Acronyms

AFRO	Regional Office for Africa
ART	Anti-Retroviral Treatment
CERF	Central Emergency Response Fund
CHP	Community Health Promoter
COG	Council of Governors
COVID-19	Coronavirus Disease 2019
CRS	Civil Registration Services
DST	Drug Susceptibility Testing
EPI	Expanded Programme on Immunization
ES	Environmental Surveillance
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
HCW	Health Care Workers
HTS	HIV Testing Strategy
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IPC	Infection Prevention and Control
IT	Information Technology
KHSSP	Kenya Health Sector Strategic Plan
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MDR	Multi-drug Resistant
MoH	Ministry of Health
MVIP	Malaria Vaccine Implementation Programme
NAPHS	National Action Plan For Health Security
NCD	Non Communicable Diseases
NHA	National Health Accounts
NTDs	Neglected Tropical Diseases
NTP	National TB Program
PLHIV	People Living with HIV
Polio	Poliomyelitis
PPM	Public-Private Mix
PZQ	Praziquantel
RCCE	Risk Communication and Community Engagement
RCO	Resident Coordinators Office
RSSH	Resilient and Sustainable Systems for Health
SDGs	Sustainable Development Goals
TB	Tuberculosis
ToTs	Trainer of Trainers
UHC	Universal Health Coverage
UN	United Nations
UNDAF	United Nations Development Assistance
UNON	United Nations Office at Nairobi
VDPVS	Vaccine-Derived Poliovirus
VL	Visceral Leishmaniasis
WFP	World Food Programme
WCO	WHO Country Office
WHO	World Health Organization

In September 2025, Namano Lekashira waits for cervical and breast cancer screening at the WHO-supported mobile health outreach in Samburu County after her daughter received nutritional supplements and therapeutic milk.

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Foreword

Dr. Neema Rusibamayila Kimambo
WHO Kenya a.i. Representative

As we present the WHO Kenya Country Office Annual Report for 2025, we reflect on our activities aimed at promoting health, enhancing global safety, and supporting vulnerable populations in Kenya. This report outlines our achievements and challenges in supporting Kenya's Ministry of Health, focusing on our shared goal of improving public health across the nation.

A landmark milestone was achieved this year as Kenya officially eliminated Human African Trypanosomiasis, commonly known as Sleeping Sickness, as a public health problem. Other key initiatives included vaccinating over 16 million children against Typhoid Conjugate and Measles in Kenya's largest-ever vaccination campaign, completing the country's first mpox vaccination campaign with 10,697 doses deployed to high-risk populations, and establishing a new genomic sequencing laboratory that cuts polio testing time to just one week, now serving Kenya and four neighbouring countries.

Further, over 35,000 women and girls were reached with reproductive health services through outreaches in Samburu, Marsabit, and Tana River counties, strengthening access to care in some of the most underserved communities. The piloting of Kenya's first digital mass health campaign in Kakamega County, supported by 110 community health promoters, marks a significant step in leveraging technology for health service delivery at the community level.

Additionally, our efforts extended to addressing health challenges linked to environmental and livelihood factors. The Tobacco-Free Farms initiative successfully transitioned over 11,000 tobacco farmers to sustainable crop alternatives such as high-iron beans, illustrating our commitment to improving health outcomes through a broader, multisectoral approach.

The Annual Report aims to provide a comprehensive overview of the WHO's activities in Kenya throughout 2025. It serves as a record of our progress and a reminder of the ongoing challenges that require collective action and resilience.

Dr. Neema Rusibamayila Kimambo

The United Nations flag flies at the UN Office in Nairobi, home to the WHO Kenya Country Office.

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About Kenya

Background

Kenya is an East African country that spans an area of 582,550 km² and features diverse ecological zones, including savannah, lakelands, the Great Rift Valley, and mountain highlands. It shares borders with Tanzania to the south, Uganda to the west, South Sudan to the northwest, Ethiopia to the north, and Somalia to the northeast. The great East African Rift Valley extends from Lake Victoria to Lake Turkana and further southeast to the Indian Ocean.

Kenya possesses the largest economy in East and Central Africa, with a GDP of US $2,081 per capita. Its population was approximately 53 million in 2021, with a relatively young median age of 19 years.

47 Counties **314** Sub-Counties

Area

582,550 Km2

Population

55 Million

Life Expectancy

67 years old

Median Age

19 years old

Health Expenditure

7.2%

of GDP

Health Outlook

The Republic of Kenya faces significant health challenges alongside notable progress in several health indicators. The population stands at approximately **55.3 million as of 2023**, with a projected increase of 51% to **83.6 million by 2050.** Life expectancy at birth has improved by 12.7 years, rising from **54.1 years in 2000 to 66.8 years in 2021**, and healthy life expectancy has also seen improvement, reaching **58 years in 2019.**

Despite these advancements, the Universal Health Coverage (UHC) Service Coverage Index stands at 53, with health service coverage having risen from **28% in 2000 to 53% in 2021**, signalling the need for intensified efforts to meet UHC objectives by 2030.

Out-of-pocket health expenditure has decreased to 24.2% of total health expenditure, while the **national budget allocated to health stands at 7.2% (2024/25),** reflecting gradual improvements in healthcare financing and accessibility.

Fertility rates have continued to decline, falling from **4.9 to 3.5 children per woman** over the last two decades, attributed to the increased use of modern family planning methods, with the proportion of women having their family planning needs met with modern methods reaching 77.1%.

The healthcare workforce in Kenya comprised approximately **189,932 active health workers** across various occupations in 2021. The density of nurses stands at **22.3 per 10,000 population**, meeting WHO standards, while the density of doctors at **2.6 per 10,000** remains below the WHO-recommended ratio of 10 per 10,000, representing a continued need for investment in the health workforce.

The density of health facilities stands at **2.4 per 10,000 population**, exceeding the WHO standard, yet disparities in resource allocation, infrastructure readiness, and access for rural and marginalized populations persist.

Morbidity and mortality rates, particularly among women and children, continue to pose challenges, with the maternal mortality rate at **355 per 100,000 live births,** the under-five mortality rate at **41.1 per 1,000 live births**, and the rising burden of **non-communicable diseases now contributing to 38% of deaths.**

The Kenyan government's commitment to enhancing health outcomes is articulated through **Vision 2030 and the Kenya Health Sector Strategic and Investment Plan,** emphasizing equitable, affordable, and quality health services. This is further supported by initiatives focused on primary healthcare under the **Bottom-up Economic Transformation Agenda,** aiming for the achievement of Universal Health Coverage.

In conclusion, while Kenya has made strides in improving health outcomes, significant challenges remain in achieving the 2030 Universal Health Coverage targets. The ongoing efforts of the Kenyan government, in collaboration with WHO, development partners, and healthcare workers are crucial in addressing these challenges and ensuring the health and well-being of the Kenyan population.

2025 Highlights

NEGLECTED TROPICAL DISEASES

Kenya eliminated Human African Trypanosomiasis (Sleeping Sickness) as a public health problem.

IMMUNISATION

Over 16 million children vaccinated against Typhoid Conjugate and Measles Vaccine in Kenya's largest-ever vaccination campaign.

LABORATORY

New genomic sequencing laboratory cuts polio testing time to 1 week, serving Kenya and 4 neighbouring countries.

TOBACCO FREE FARMS

Over 12,400 farmers across 4 counties transitioned from growing tobacco to nutritious, climate-resilient crops such as high-iron beans.

SEXUAL AND REPRODUCTIVE HEALTH

Over 35,000 women and girls reached with reproductive health services through outreaches in Samburu, Marsabit and Tana River.

EMERGENCIES

Kenya completes its first-ever mpox vaccination campaign deploying 10,697 doses to high-risk populations.

DIGITAL HEALTH

Kenya pilots first digital mass health campaign in Kakamega County with 110 community health promoters.

PEN PLUS

Over 1,200 patients access non-communicable disease support in Vihiga and Isiolo counties through PEN Plus Programme

POLIO ERADICATION

Polio vaccination campaign reaches 18 million children across Kenya, Ethiopia, Somalia, and Djibouti

Cluster 1

HEALTH PROMOTION, DISEASE PREVENTION AND CONTROL

1. Immunization
2. Vaccine Preventable Disease Surveillance
3. Communicable Diseases
4. Non-Communicable Diseases
5. Tobacco Free Farms
6. Nutrition and Food Health
7. Social Determinants & Health Promotion

1.1 **Immunization**

Key Highlights

TYPHOID FEVER

Over 16 million children vaccinated with Typhoid Conjugate Vaccine in Kenya's largest-ever national vaccination campaign.

Image:

On 6 July 2025, a young boy receives the typhoid conjugate vaccine alongside four siblings and cousins at a vaccination post outside their local church in Kitengela, Kenya.

The campaign deployed health workers to diverse community settings including churches, markets, schools, and households, bringing vaccines directly to where families congregate. This approach facilitated access and contributed to achieving high coverage rates across all 47 counties.

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MEASLES-RUBELLA

5.4 million children reached with Measles-Rubella vaccine achieving 84% national coverage.

POLIO

18 million children reached in synchronised Horn of Africa polio campaign

HPV

HPV vaccine switched to single-dose regimen, improving accessibility for adolescent girls.

SYSTEM STRENGHTHENING

11,000 healthcare workers trained on vaccine-preventable disease early warning systems across all 47 counties.

GRANT

$26 million secured in Gavi Health System Strengthening and Equity Acceleration Fund grants.

POLIO

Kenya introduces 2nd dose of Inactivated Polio Vaccine at 9 months aligning with WHO's polio eradication strategy.

1.1 Immunisation

Routine Immunization

Kenya's Expanded Programme on Immunization (EPI), established in 1980, has grown from **6 to 18 vaccines by 2025** with support from WHO and partners, providing protection against multiple diseases.

Penta3 coverage, a key indicator of routine immunization performance, reached **89% among children under one year.** However, coverage for vaccines administered after the first year of life, including the 2nd dose of measles-rubella, the 4th dose of malaria vaccine and the cervical cancer vaccine, remains below 80%. Inequities persist among hard-to-reach populations, informal settlements and migrant communities.

With technical support from WHO and immunization partners, Kenya is implementing strategies aligned with the **Immunization Agenda 2030** to achieve universal vaccination coverage. Investments have targeted vaccine procurement, cold chain expansion, health worker training, demand generation, data quality and system strengthening.

The COVID-19 pandemic disrupted routine immunization services, as movement restrictions and strained health systems prevented families from accessing scheduled vaccinations. In response, Kenya launched the **Big Catch-Up Campaign** to reach those who missed doses during the disruption.

2025 Achievements

Kenya introduced 2nd dose of Inactivated Polio Vaccine (IPV)
WHO supported Kenya's Ministry of Health to introduce and roll out a 2nd dose of inactivated polio vaccine at 9 months of age, meeting WHO SAGE recommendations and polio eradication initiative to enhance protection against poliovirus type 2. The first dose is offered at 14 weeks and was introduced in 2025.

Malaria vaccine expanded to additional 12 sub-counties with a R21 transition
The malaria vaccine expanded to 12 additional sub-counties with high prevalence of malaria disease. In addition, Kenya transitioned from the RTS,S/AS01 vaccine to the WHO-prequalified R21/Matrix-M vaccine, which demonstrates up to 75% efficacy in clinical trials at approximately one-third of the cost per dose.

Two dose HPV vaccine transitions to single dose across Kenya
Following WHO-recommendation, Kenya transitioned to the single-dose HPV vaccine schedule, enabling the programme to reach more girls and accelerating progress toward WHO's cervical cancer elimination targets aiming to reach 90% girls with HPV vaccine.

Kenya integrated the typhoid conjugate vaccine into its routine immunization schedule at 9 months
Kenya became the 7th country globally to introduce WHO-prequalified typhoid conjugate vaccine into routine immunisation at 9 months, following a successful mass vaccination campaign that reached over 16 million children in July 2025.

In November 2025, Beatrice Dbwoge, a nurse at Kilifi County Hospital administers the HPV vaccine to Jane Brian, 10, while she sits with her mother Christine Chibanza.

Beatrice is one of over 11,000 health workers who recieved WHO supported training on the new single dose protocol.

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1.1 Immunisation

Photo Highlight: Kenya transitions to single dose HPV vaccination schedule in the fight against cervical cancer

November 2025 **Photos from: Kilifi**

In November 2025, Kenya transitioned from a double HPV vaccine to a single. To implement this, the Ministry of Health with support from WHO provided comprehensive **training to 11,000 healthcare workers** across the country at national, county and sub-county level.

"Many girls were missing their second dose due to distance, costs, or simply forgetting to return. Now with just one visit, we can fully protect them against HPV," explains **Nurse Beatrice Dbwoge** who received WHO training on the new protocol.

"I want to be a teacher when I grow up. My mother says this vaccine will help keep me healthy so I can achieve my dreams," said **Jane Brian**, 10 years old from Kilifi County.

Naomi Kembi, 69, was diagnosed with stage 3 cervical cancer in 2019, her treatment included 25 radiotherapy sessions, 4 chemotherapy rounds, and 2 months hospitalization. "We spent more than 500,000 shillings on my treatment." she recalls.

Naomi now operates a small roadside business selling charcoal and vegetables. "When I see my granddaughter vaccinated against HPV, I feel hopeful. No mother should have to watch her daughter suffer when it can be prevented."

Faith Enokh, 65, points at a picture of her sister who passed away from cervical cancer. She is now an advocate for the HPV vaccine in her village in Kilifi whereby she goes door-to-door convincing mothers to bring their daughters for HPV vaccination.

1.1 Immunisation

Measles, Rubella and Typhoid Fever

Measles, rubella and typhoid fever are priority notifiable diseases in Kenya, disproportionately affecting underserved populations with inadequate nutrition, water and sanitation infrastructure.

Since 2021, **measles outbreaks have persisted, with 2,118 cases reported in 2025.** Low coverage of the second measles-rubella dose at 18 months (approximately 50%) has contributed to population immunity gaps. The last nationwide measles follow-up campaign was conducted in 2016.

Typhoid fever affects over 100,000 individuals annually in Kenya, with children under 15 years accounting for more than half of cases. Rising multidrug-resistant typhoid strains have complicated treatment and increased healthcare costs, particularly in informal settlements and rural areas.

Zero-dose children represent a critical vulnerability that conventional service delivery has not adequately addressed.

In 2025, with technical assistance from WHO and partners, Kenya launched an integrated mass vaccination campaign against typhoid, measles and rubella to close immunity gaps and strengthen routine immunization systems.

2025 Achievements

Vaccination campaign reaches 5.4 million children with measles-rubella and 16.7 million with typhoid vaccine

Between 5-14 July 2025, the campaign vaccinated 5.4 million children against measles-rubella (84% coverage) and 16.7 million children aged 9 months to 14 years with typhoid conjugate vaccine (87% coverage) across all 47 counties. With support from WHO, UNICEF, and partners, health workers reached underserved populations in urban informal settlements and remote pastoral areas, demonstrating effective multi-sectoral coordination and strengthened service delivery.

74,000 Zero-Dose Children Reached

74,000 Zero-Dose Children Reached Health workers successfully identified and vaccinated 74,000 children with no previous immunization history, addressing critical gaps in routine coverage that developed during pandemic disruptions and reaching communities traditional models often miss.

Typhoid Vaccine Integrated into Routine Schedule

Following WHO recommendations for typhoid-endemic countries, Kenya integrated the typhoid conjugate vaccine into its routine immunization program at 9 months, providing four years of protection and establishing sustained disease prevention beyond the campaign period. This was done after successful mass vaccination

Dr. Boston Zimba, WHO Kenya's immunization lead, marks a student's finger after typhoid vaccination at a school to indicate she received her vaccine.

Dr. Zimba provided technical support and coordination during campaign planning and implementation, which deployed multiple delivery strategies including school-based vaccination posts across all 47 counties.

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1.1 Immunisation | Measles, Rubella and Typhoid

Photo Highlight: measles, rubella and typhoid national vaccination campaign reach over 16 million children

July 2025 | Photos from: Kajiado

Students from Kajiado County line up to receive their vaccines. **Schools** served as key vaccination sites, enabling vaccinators to reach large numbers of children with support from teachers, parents and the Ministry of Education.

A young student is vaccinated against typhoid after waiting in line with his friends. The **typhoid vaccine** reached 16.7 million children aged 9 months to 14 years.

Dr. Boston Zimba, WHO Kenya's immunization lead and technical support provider during the campaign, displays the marked fingers of children from Kajiado confirming their vaccination status.

Children gather around a campaign poster at their primary school. The Ministry of Health, with WHO and partners, developed tailored **community materials** over several months to enhance awareness and vaccine uptake.

Florence Kiskama stands with her three children and two nephews after all five received their vaccinations outside their local church on Sunday in Kitengela.

A vaccination team of three use their motorbike to reach remote communities. "Some places can't be reached by bike. We park and walk for kilometers to vaccinate the children. It's tough, but every child counts," said **Martin Wainaina.**

Video

1.2 Vaccine Preventable Disease Surveillance

Key Highlights

LABORATORY

Kenya launches new genomic sequencing laboratory at KEMRI to enhance disease surveillance and poliovirus detection.

Image:

Research scientist Colin Steriot examines a poliovirus sample at Kenya's new Polio Genomics Lab, which launched in September 2025 at the Kenya Medical Research Institute (KEMRI).

"With these new sequencing technologies, we can now respond quickly to suspected outbreak cases. This allows us to detect and contain the disease before it spreads to larger populations," Steriot explains.

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ENVIRONMENTAL SURVEILLANCE

Four new environmental surveillance sites have been expanded to Bungoma, Busia, Nakuru, and Jomo Kenyatta International Airport.

DISEASE SURVEILLANCE

Kenya conducted 17,345 active case searches across priority diseases

CAPACITY BUILDING

15,800 frontline health workers from 7 counties trained to detect and respond to vaccine-preventable diseases

POLIO

598 suspected polio cases were investigated meeting WHO standards for polio detection

MPOX

586 community health assistants and 48 frontline health workers trained on mpox detection and case management.

ACUTE FLACCID PARALYSIS AND MEASLES

14,471 active surveillance visits conducted in priority sites for acute flaccid paralysis and measles

1.2 Vaccine Preventable Disease Surveillance

Vaccine Preventable Disease Surveillance

Kenya laid the foundation for vaccine-preventable disease surveillance in 1980 with the establishment of its national immunization program, enabling systematic monitoring of disease trends nationally.

Today, the country operates a surveillance system through the Division of Disease Surveillance and Response under the Ministry of Health, detecting outbreaks early, confirming cases through laboratory testing, and coordinating rapid responses.

In 2025 alone, Kenya conducted **17,345 active case searches** across priority diseases and investigated **598 suspected polio cases**, meeting the World Health Organization's standards for polio detection.

Diseases under active surveillance include polio, measles, rubella, neonatal tetanus, diphtheria, pertussis, hepatitis B, rotavirus, yellow fever, meningococcal meningitis, tuberculosis, and typhoid. These diseases spread quickly, cross borders easily, and disproportionately affect children under five, especially those not fully vaccinated.

Over the years, the World Health Organization has been a key pillar of support for Kenya's surveillance system, including through the **deployment of 5 field-based surveillance officers** embedded across the country who strengthen local detection capacity.

2025 Achievements

Over 15,800 frontline health workers trained to detect and respond to vaccine-preventable diseases.
With WHO support, Kenya conducted trainings in 7 high-risk counties and 68 sub-counties with weaker surveillance systems. Health workers were trained to apply Integrated Disease Surveillance and Response protocols, identify disease symptoms earlier, investigate suspected polio cases, confirm outbreaks, and improve the speed of reporting.

Environmental surveillance sites for polio in Kenya expand from 5 to 8 counties
In 2025, the WHO supported Kenya to increase its environmental surveillance sites from 21 to 24 locations, expanding into three new counties; Bungoma, Busia and Nakuru. These sites test wastewater for poliovirus, enabling detection even when no cases of paralysis have been reported.

Kenya upgraded its national polio laboratory to enable genomic sequencing of poliovirus, measles, rubella and other priority pathogens
With the WHO and Gates Foundation support, a newly upgraded laboratory at KEMRI now conducts virus isolation, molecular testing, and genomic sequencing locally. This reduces turnaround times for outbreak detection and enables Kenya to trace how viruses are spreading across the region.

Prof. Peter Borus points to a wastewater collection site in Kibera, Nairobi, 1 of 24 environmental surveillance sites across Kenya.

Samples collected here are tested monthly at KEMRI for poliovirus and other pathogens. In 2025, Kenya expanded this network to three new counties and upgraded its laboratory to perform genomic sequencing, reducing the time from sample to result from up to 40 days to under 10.

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HIGHLIGHT

Polio Eradication Efforts Enhanced with New Genomic Sequencing Laboratory

In September 2025, the Kenya Medical Research Institute (KEMRI) launched an upgraded genomic sequencing laboratory to strengthen detection of poliovirus and other infectious diseases.

Supported by WHO and the Gates Foundation through the Global Polio Eradication Initiative, the laboratory integrates genomic sequencing, molecular diagnostics, virus isolation, and expanded sample storage, reducing testing turnaround times from several weeks to less than one week.

The facility serves as a regional diagnostic hub, processing samples from Kenya, Somalia, Ethiopia, Uganda, Djibouti, Eritrea, and Yemen. During the launch of the labs, Cabinet Secretary for Health, Aden Duale, noted the laboratory "improves our ability to detect threats early, protecting children in Kenya and neighbouring countries."

Read More

1.2 Vaccine Preventable Disease Surveillance

Photo Highlight: following the sample journey through Kenya's new KEMRI polio genomic laboratory

Sep 2025 | Photos from: Kibera, Nairobi

"Environmental surveillance has played a critical role as part of the Kenya's polio surveillance strategy. Last year, we had a total of five confirmed variant poliovirus cases, and all of them were first detected through environmental sampling," said **Dr Peter Borus** from WHO.

In Kiberia, Nairobi, **Samuel Muturi** has collected waste water samples for over 10 years. "Testing these water sources regularly helps us catch polio early before it spreads through high risk and densely populated areas."

"A few years ago, the Ministry of Health and WHO selected this spot as a collection site. We were trained on safe sample collection, and we now send samples for analysis in the first week of each month," said **Peter Adoyo**, community health promoter.

"Once we receive the samples, they undergo thorough investigation. Our results are then shared with the Ministry of Health and WHO to guide vaccination campaigns and initiate a rapid response," said **Evans Komen**, laboratory officer at KEMRI.

"We used to send our results to Atlanta for final confirmation which can take anywhere between 3-6 weeks. With the new lab capacity in Kenya, we are going to get them in less than 1 week," said **Shadrack Barmasai,** research scientist at KEMRI.

"With our enhanced capacity and reduced turnaround times, we can help Kenya and other countries in the region to stop outbreaks before they spread, rather than waiting weeks for results while the situation worsens," said **Collins Steroit,** laboratory officer at KEMRI.

1.3 **Communicable Diseases**

Key Highlights

NEGLECTED TROPICAL DISEASES

Kenya eliminated human African trypanosomiasis as a public health problem, becoming the 10th country worldwide to reach this milestone

Image:

Dr Joyce Onsongo, WHO Kenya Neglected Tropical Disease Officer and Dr Seth Onyango, the CEO of KENTTEC, hold the official elimination letter from Dr Tedros, WHO Director-General.

On 16 June 2025, WHO officially validated Kenya's elimination of human African trypanosomiasis (HAT), commonly known as sleeping sickness, as a public health problem.

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HIV AIDS

1.36 million people receiving antiretroviral therapy, surpassing UNAIDS targets at 98% diagnosis and 94% viral suppression.

TUBERCULOSIS

Shorter treatment regimen adopted reducing drug-resistant TB treatment from 18 months to 6 months

TUBERCULOSIS

Kenya launches Integrated Lung Health Guidelines and deploys 80 AI-powered X-rays for TB screening across 43 counties.

MALARIA

Kenya launches Malaria Policy 2024 and National Malaria Strategy 2023-2027

MALARIA

WHO-recommended dual-active insecticidal nets adopted to protect 7 million people at risk of malaria.

NEGLECTED TROPICAL DISEASES

500,000 people protected against Schistosomiasis through mass drug administration

1.3 Communicable Diseases

Neglected Tropical Diseases

With **18 neglected tropical diseases** still endemic, Kenya carries a significant public health burden, disproportionately affecting its most marginalized and hard-to-reach communities. Guided by the **Neglected Tropical Disease Master Plan (2023-2027)**, Kenya is implementing targeted interventions to eliminate priority diseases including schistosomiasis, lymphatic filariasis, trachoma and soil-transmitted helminthiases.

Building on the Kenya being certified free of Guinea worm disease in 2018, the country achieved a landmark milestone in June 2025 with the **official elimination of human African trypanosomiasis,** reflecting over 20 years of sustained partnership between the Ministry of Health, WHO and implementing partners.

For **lymphatic filariasis and trachoma,** Kenya remains **on track to achieve elimination by 2027** through mass drug administration and impact assessment survey strategies aligned with the WHO Neglected Tropical Disease Roadmap 2021-2030.

With sustained political commitment, targeted programmatic action and strong community engagement, Kenya continues to demonstrate a strategic and sustainable approach to end neglected tropical diseases across the African region.

2025 Achievements

Kenya eliminates human African trypanosomiasis
On 16 June 2025, WHO Director General validated Kenya having achieved elimination of human African trypanosomiasis (sleeping sickness) as a public health problem. Kenya is the tenth country worldwide to achieve this target.

500,000 people protected against Schistosomiasis
Between June and July 2025, a mass drug administration campaign delivered WHO-provided medicines against schistosomiasis across Migori, Homa Bay and Siaya counties.

6.5 million tablets of NTD medicines handed over to the Government
On 19 November 2025, WHO handed over NTD medicines for the treatment of soil-transmitted helminths and schistosomiasis to the Government of Kenya to be distributed to 15 counties.

Lymphatic Filariasis Transmission assessment survey (TAS2)
In 2025, Kenya implemented transmission assessment survey for Lymphatic filariasis (LF) in Kilifi and Kwale counties. Over 15,000 children age 6-7 years were tested for LF infection, with no positives found for microfilaria. This indicates that the country has attained the target for elimination of transmission of LF, and is on track for validation of elimination by 2027.

AI-powered app for skin disease diagnosis in Kenya
WHO and the Ministry of Health conducted the first real-world assessment of the AI-powered Skin NTDs App in 5 counties. 40 health workers collected 605 skin lesion images, with the app's AI algorithms achieving 80% diagnostic sensitivity compared to board-certified dermatologists.

Nyashe Shee is one of the last recorded cases of elephantiasis in Kenya as the nation progresses towards disease elimination by 2027.

"My leg started swelling after I turned 18. I used to collect firewood, but now the only work I can still do is small chores around the house."

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1.3 Communicable Diseases | Neglected Tropical Diseases

Photo Highlight: meet some of Kenya's last Lymphatic Filariasis cases the country moves towards disease elimination

July 2025 **Photos from: Lamu County**

Abubakar Muhammad shows the spot where he spent nearly 40 years lying down, unable to move due to hydrocele. Post-surgery, he is now able to walk freely and join his community.

"My feet started swelling when I was 16. Since then, I've had to learn how to live with it while taking care of my home and my children," said **Shomoe Shafii,** elephantiasis patient.

"After my legs started to swell when I was 15, I started hearing gossip in the community about my condition. I felt ashamed, so I would join my father on his boat to help him with fishing on the ocean," said **Ali Abdallah,** elephantiasis patient.

"When my husband was sick, I couldn't sleep. I kept thinking, what can we do? His pain was my pain. Finally after surgery, we can both sleep peacefully," said **Tima Majid**, wife to **Abubakar Abdala**

"I was born in this house and used to do everything myself. These days I can sweep a little, wash some dishes, but I have to sit down a lot. My daughters help me now," said **Zahara Hishima**, elephantiasis patient.

"This disease has stayed with me most of my life. It changed how I lived, how I worked, and even stopped me from having children," said **Somoe Bwana,** elephantiasis patient from Siyu island, Lamu.

HIGHLIGHT

Jecenta Emon'gojel: Kenya's last recorded case of sleeping sickness (2009)

Jecenta was one of the many attendants during Kenya's official ceremony which validated Kenya's elimination of African trypanosomiasis (HAT), commonly known as sleeping sickness, as a public health problem.

"I was so weak from sleeping sickness I could hardly lift my head, but thanks to treatment I recovered. I am very happy today to celebrate with everyone that this disease is now gone," she said.

On 16 June 2025, WHO officially validated this achievement, making Kenya the tenth country worldwide to eliminate HAT as a public health problem. This marks Kenya's second neglected tropical disease elimination following Guinea worm disease in 2018. As Kenya advances toward eliminating other diseases such as lymphatic filariasis, this milestone demonstrates that ambitious disease elimination targets are attainable through coordinated public health action.

Read More

1.3 Communicable Diseases

Malaria

With **4.2 million malaria cases** and **11,000 deaths annually**, Kenya confronts a substantial public health challenge affecting 57.3 million people at risk. The most vulnerable populations include pregnant women, children under five, non-immune individuals, and refugees, with eight counties bearing the highest burden: Siaya, Busia, Homa Bay, Turkana, Migori, Kakamega, Vihiga, and Kisumu.

WHO supports Kenya's Ministry of Health through a comprehensive malaria programme covering six key thematic areas: vector control through insecticide-treated nets, chemoprevention including seasonal malaria chemoprevention and pregnancy prophylaxis, malaria vaccine implementation, case management using artemisinin combination therapy, surveillance and monitoring systems, and resistance monitoring for antimalarial drugs and diagnostics.

Kenya has achieved significant progress toward the Global Technical Strategy target of reducing malaria cases and deaths by 90% by 2030. **Malaria prevalence decreased from 8.0% in 2015 to 5.6% currently.** Over this period, the country distributed 15.7 million insecticide-treated nets through mass campaigns and provided antimalarial treatments to over 4 million people, demonstrating strong commitment to malaria elimination goals.

2025 Achievements

Kenya launches Malaria Policy 2024 and National Malaria Strategy 2023-2027

With WHO support, Kenya launched its Malaria Policy 2024 and National Malaria Strategy 2023-2027, replacing the previous 2010 framework. These strategic documents will guide Kenya's malaria response over the next 5 years, enabling the country to implement updated WHO recommendations including malaria vaccine deployment and other evidence-based interventions.

Kenya adopts WHO-recommended dual-active insecticidal nets to combat resistance

Kenya adopted WHO-recommended dual-active insecticidal nets to address mosquito insecticide resistance in high-burden areas. These enhanced nets will protect 7 million people at risk, significantly reducing malaria transmission and benefiting vulnerable pregnant women and children under five.

Kenya expands malaria vaccine to 12 additional sub-counties with R21 Matrix-M introduction

Kenya scaled up malaria vaccination in Western Kenya, transitioning from RTS,S to the WHO-prequalified R21/Matrix-M vaccine which demonstrates 75% efficacy at one-third the cost per dose of the previous vaccine. With WHO support and GAVI funding, 50 county health management team members were trained as trainers, followed by cascade training for sub-county and facility staff.

Margaret from Kisumu County sits on her bed with her son, proudly displaying their new insecticide-treated mosquito net.

Her son has just recovered from a severe bout of malaria, a common threat in this high-burden region of western Kenya.

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1.3 Communicable Diseases

HIV/AIDS

Kenya has one of the largest HIV burdens globally, with about **1.4 million people living with HIV,** roughly **22,000 new infections,** and about **16,000 AIDS-related deaths annually.**

The country has made substantial progress in its HIV response, achieving steady declines in new infections and expanding access to treatment in line with the UNAIDS 95-95-95 targets.

Kenya's HIV response is anchored in two major frameworks including the **Kenya AIDS Integration Strategic Framework (2025–2030)** that sets the long-term vision of ending AIDS as a public health threat by 2030. Alongside the **HIV Prevention Operational Plan (2025/2026)** which provides immediate, practical strategies to reduce new infections. It introduced a combination prevention package that includes condoms, oral PrEP, the dapivirine vaginal ring, long-acting injectable cabotegravir, and the innovative twice-yearly Lenacapavir injection.

WHO supports Kenya's Ministry of Health in scaling prevention, eliminating mother-to-child transmission, and integrating HIV and TB services, as TB remains a leading cause of death among people living with HIV.

2025 Achievements

1.36 million people on antiretroviral therapy, UNAIDS targets surpassed

Over 1.36 million people living with HIV are currently receiving antiretroviral therapy (ART) in Kenya, with the national programme exceeding UNAIDS benchmarks at 98% diagnosis, 98% treatment coverage and 94% viral suppression. These results position Kenya among the highest-performing countries in sub-Saharan Africa for HIV treatment outcomes.

Revised HIV-PrEP guidelines finalized

With WHO technical support, the Ministry of Health finalized revised PrEP guidelines incorporating four modalities: oral PrEP, the dapivirine vaginal ring (DVR), long-acting injectable cabotegravir (CAB-LA) and twice-yearly lenacapavir, enabling client-centered, differentiated prevention delivery.

Three-tier HIV testing scaled up nationwide

Kenya completed the nationwide roll-out of a WHO-recommended three-tier HIV testing strategy, requiring three consecutive reactive rapid tests to confirm a positive diagnosis. Scaled up across all 47 counties in 2025 with WHO technical support, the transition strengthens diagnostic accuracy and reduces false positives, strengthens trust in HIV testing services nationwide and supports Kenya's commitment to ending AIDS as a public health threat by 2030.

Carol Njomo, an HIV testing counsellor at Riruta Health Centre, sees approximately 70 patients daily and identifies around 20 new HIV-positive cases each month, reflecting the critical role of frontline health workers in Kenya's testing and diagnosis efforts.

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1.3 Communicable Diseases

Lung Health and Tuberculosis

Kenya is among the 20 high burden countries for TB and TB/HIV globally that together account for 80% of the global incidence. There were about **117 000 new TB cases** and **16 000 TB deaths in 2024**, according to the WHO.

TB affects vulnerable populations including HIV-positive people, those in prison, refugees, those in urban informal settlements and hard-to-reach populations. Diabetes, undernutrition, smoking and harmful use of alcohol are also known to fuel the TB epidemic in Kenya

WHO has provided technical support to the Ministry of Health on policy and guidance on TB surveillance, screening and diagnostic capacity strengthening and scaling up of TB prevention, and treatment services for all forms of TB.

Kenya adopted **the WHO End TB Strategy** and operationalized **National Strategic Plan for Tuberculosis and Lung Health** guiding response and control strategies over the period between 2023 and 2028.

The integration of TB and HIV services and screening using AI enabled digital x-ray technologies has enhanced early diagnosis and treatment. Further, the WHO recommended rapid molecular tests in use has strengthened surveillance for anti-microbial resistance. The expansion of private sector, community engagement and human rights and gender interventions have been prioritized as critical components of response and control.

2025 Achievements

Rollout of WHO-Recommended BPaL/BPaLM Regimen for Drug-Resistant TB

Reducing treatment from 18 months to 6 months, Kenya adopted the all-oral BPaL/BPaLM regimen for drug-resistant tuberculosis with WHO technical support. The shorter regimen improves patient adherence, safety and treatment outcomes, advancing progress toward the End TB Strategy.

Nationwide scale-up of AI-enabled digital chest x-ray for TB screening

80 AI-enabled digital chest X-ray machines were deployed nationwide in 2025, expanding Kenya's TB screening capacity. AI-supported computer-aided detection enables rapid, automated interpretation, reducing diagnostic delays and improving case identification among high-risk and underserved populations.

Completion of National Drug-Resistant TB Survey

Kenya's second nationally representative drug-resistant TB survey was completed with WHO technical and financial support, generating critical estimates of DR-TB burden and resistance patterns across the country. The findings will inform targeted intervention strategies, strengthen programme planning and support resource mobilization.

A woman demonstrates one of the 80 AI-powered portable digital chest X-ray units being used to detect TB across Kenya. These devices, procured through the Global Fund, have been deployed across 43 counties to boost early TB and lung disease detection.

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1.3 Communicable Diseases

Antimicrobial Resistance

Antimicrobial resistance (AMR) is a growing public health threat in Kenya, with increasing resistance reported in priority pathogens. AMR affects multiple sectors, including human health, animal health, agriculture, and the environment, underscoring the importance of a One Health approach. Kenya is implementing its **National Action Plan on AMR (2023–2027)**, aligned with the **WHO Global Action Plan on AMR**, to strengthen surveillance, infection prevention and control, and antimicrobial stewardship.

With support from the World Health Organization (WHO), the Ministry of Health has expanded AMR surveillance through participation in the Global Antimicrobial Resistance and Use Surveillance System (GLASS), strengthened laboratory capacity, and improved data reporting. WHO also supports stewardship programmes, policy development, and workforce capacity building.

2025 Achievements

Coordination across health sectors strengthened, with county committees expanded from 16 to 22

With WHO support, Kenya expanded the number of County AMR Committees from 16 to 22. These committees bring together human, animal, and environmental health sectors to coordinate the country's response to antimicrobial resistance at the local level. Each committee now has a workplan to guide action in their county.

Drug resistance monitoring expanded to 30 sites

With WHO technical support, Kenya increased its drug resistance monitoring sites to 30 across human, animal, and environmental health sectors, including the country's first environmental monitoring site. Over 20,000 laboratory samples were processed and 9,039 records were submitted to the WHO Global Antimicrobial Resistance and Use Surveillance System, meeting high data quality standards.

Over 5,000 health workers trained on proper antibiotic use across health facilities

WHO supported Kenya to scale up training on the proper use of antibiotics through online learning platforms, including the MoH Academy and TEACH-AMS, reaching over 5,000 health workers. Audits were also carried out in health facilities to establish a baseline on how antibiotics are being prescribed, helping to reduce unnecessary use.

Infection prevention and control structures established across 23 counties

With WHO support, Kenya established infection prevention and control structures in 23 counties, developed new guidelines for managing drug-resistant infections, and began tracking hospital-acquired infections for the first time, with a baseline surgical site infection rate of 1.2%. These efforts are helping hospitals prevent the spread of resistant infections and improve patient safety.

Joanne Hassan, laboratory manager at the Kenya Medical Research Institute with over 28 years of experience, holds a sample in Kenya's newly expanded genomic sequencing laboratory, which strengthens the country's capacity to detect and characterize antimicrobial-resistant pathogens.

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1.4 Non-Communicable Diseases

Key Highlights

PEN PLUS

Over 1,200 patients with severe non-communicable diseases accessed treatment through Pen Plus program in Vihiga and Isiolo counties.

Image:

Nurse Felicity Musimbi from Vihiga county measures a patient at a Pen Plus clinic for non-communicable diseases.

"We have space to serve the community. This clinic is fully functioning well equipped with services, education and treatment ensuring no one is excluded from our support."

© WHO | Ardo Farah

WOMEN INTEGRATED CANCER SERVICES

5,026 women screened for breast and cervical cancer, along with checks for diabetes, high blood pressure and mental health.

WOMEN INTEGRATED CANCER SERVICES

62 health workers trained to detect, treat and refer cancer cases at local health facilities in Bungoma and Nyandarua counties.

CERVICAL CANCER

Kenya transitioned to single-dose HPV vaccination schedule to protect more girls from cervical cancer.

CERVICAL CANCER

Kenya finalised the National Cervical Cancer Elimination Plan (2026-2030), to be launched in January 2026.

PEN PLUS

Health facilities in six counties were assessed to determine their readiness to offer care for serious long-term non-communicable diseases.

OPERATIONS PLAN

Kenya launched a costed National Operational Plan for PEN Plus, setting targets and a budget to expand treatment for severe NCDs.

1.4 Non-Communicable Diseases

PEN Plus Initiative

WHO estimates that annual premature deaths from all **non-communicable diseases in Africa are projected to rise to 3.8 million by 2030** if urgent action is not taken.

The WHO Package of Essential Noncommunicable Disease Interventions Plus (PEN Plus) strategy addresses this by extending integrated chronic care for severe conditions to district hospitals. Building upon WHO PEN for common conditions at primary care level, PEN Plus decentralizes care for Type 1 Diabetes, Rheumatic Heart Disease, sickle cell disease, and congenital heart diseases, conditions that previously required costly travel to distant tertiary facilities.

In August 2022, WHO Regional Office for Africa Member States adopted the PEN Plus strategy. Since adaptation of the strategy in Kenya by the Ministry of Health, **over 1,200 patients have been reached in Vihiga and Isiolo counties** with support of the implementing partner the NCD Alliance of Kenya. They have also been key partners in the training of 40+ mid-level healthcare providers in integrated chronic care and conducted community awareness campaigns reaching over 15,000 residents in Vihiga and Isiolo counties.

The WHO provides coordination, national planning and strategic support for scale-up of implementation. Additionally, Kenya has launched a **National Operational Plan for PEN Plus implementation** and scale up.

2025 Achievements

Baseline Health Facility Survey Completed Across 6 Counties

A baseline survey assessed readiness of first-level referral health facilities for PEN-Plus service integration across six counties; Kilifi, Busia, Migori, Kiambu, Makueni, and Kericho. Findings confirmed all six counties are appropriate for inclusion in the PEN-Plus scale-up pathway, while identifying variations in disease burden, facility readiness and health system capacity that support a sequenced rather than simultaneous rollout.

Costed National Operational Plan for PEN-Plus Launched

WHO supported Kenya to develop and launch a costed National Operational Plan for PEN-Plus implementation with multistakeholder support. The plan outlines programme design, national and subnational targets, programmatic requirements for scale-up and resource needs to guide implementation.

1,200+ Patients Accessed Integrated Care for Severe Non-Communicable Diseases

With support of NCDC alliance of Kenya, over 1,200 patients received integrated care for severe non-communicable diseases, including regular monitoring, medication management and complication prevention. Patients reported improved health outcomes and reduced emergency hospitalizations.

Mercy Kussah a pharmacist from Hamisi Referral Hospital in Vihiga county ensures PEN-Plus patients receive essential medicines like insulin and folic acid free of charge.

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1.4 Non-Communicable Diseases

Photo Highlight: Hamisi Hospital, supported by PEN Plus, brings non-communicable disease care closer to home

July 2025 **Photos from: Vihiga County**

"My body weight was totally different, I was like a walking skeleton. When I was referred to Hamisi Hospital, I became a revived person and I'm really grateful," said **Duncan Seraga**, a diabetes patient and father.

Mercy Kussah a pharmacist from Hamisi Hospital ensures patients receive essential medicines for non-communicable diseases like insulin and folic acid free of charge.

Patients receive education on how to safely store medicines including insulin. Without common access to **refrigeration,** patients are taught to use a traditional clay pot method to keep their medicines cool.

"Our laboratory at Hamisi provides nearly all the essential services you would find in a major facility. For PEN-Plus clients, we have the necessary equipment including hemogram, and HbA1c machines," said **Patrick Lifuleze**, lab technician.

"I was told I would not make it, but after seeing the doctor, he gave me medicine and encouraged me to keep moving. I have really improved and started gardening again which makes me happy," said sickle cell patient, **Ben Odero**.

"I always advise people to go to Hamisi Hospital. The support my son receives through PEN Plus is great. They take care of him which has motivated him to go back to school," said **Christine Otieno**, parent to sick cell patient.

1.4 Non-Communicable Diseases

Women Integrated Cancer Services Project

Cancer is the third leading cause of death in Kenya with the country recording approximately **44,700 new cancer cases** and **27,000 cancer-related deaths annually.** The five most common cancers are breast, cervical, prostate, oesophageal and colorectal. Women are disproportionately affected, with breast cancer (approximately **6,800 cases annually**) and cervical cancer (approximately **5,800 cases**) together accounting for nearly a quarter of all cancer-related deaths.

Screening and early detection remain critical challenges, as cancer care services are concentrated in major urban centres, limiting access for rural and underserved populations.

Over the past two years, WHO has supported the Ministry of Health to implement the Women's Integrated Cancer Screening programme, which combines screening for breast and cervical cancers with common non-communicable diseases, including diabetes, hypertension and mental health conditions, into a single health facility visit.

The programme is being piloted in Kenya, Cote d'Ivoire and Zimbabwe, with implementation in **Bungoma and Nyandarua counties targeting 10,000 women.**

2025 Achievements

5,026 women screened for breast and cervical cancer through integrated services

Through the Women's Integrated Cancer Screening approach, 5,026 women received breast and cervical cancer screening alongside services for diabetes, hypertension and mental health conditions at primary health care level. Women with abnormal findings received timely care or referral for treatment and support services.

62 primary health care workers trained in cancer screening, treatment and care

62 primary health care workers, including community health promoters, laboratory personnel, nurses, clinical officers, medical doctors, radiographers and county health management teams, received training in community engagement, screening, diagnosis, treatment and continuity of care, strengthening integrated service delivery at primary health care level.

National Cervical Cancer Elimination Plan 2026-2030 finalised

Kenya finalised the National Cervical Cancer Elimination Plan (2026-2030), aligned with WHO's 90-70-90 global targets: 90% HPV vaccination coverage among girls by age 14, 70% screening coverage using high-performance tests and 90% access to treatment for cervical precancer.

Nursing Officer Jeremiah Nyailo consults with patient Asha Akinyi in Bungoma County.

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1.5 **Tobacco Free Farms**

Key Highlights

FARMER TRANSITION

Over 12,400 farmers across 4 counties transitioned from tobacco to nutritious, climate-resilient crops such as high-iron beans, groundnuts and finger millet.

Image:

A farmer in Bungoma county holds a handful of high-iron beans, locally known as nyota beans, harvested from land that was previously used for tobacco cultivation.

Through the WHO-supported Tobacco Free Farms initiative, she reports improved health for her family, increased income and better land fertility since making the switch.

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LAND CONVERSION

Over 11,543 acres of tobacco farmland converted to food crops, producing 3.8 million kg of nutrient-dense produce.

WOMEN'S EMPOWERMENT

50% of participating farmers are women, with reported improvements in household income and decision-making.

COMMUNITY MOBILISATION

181 community health promoters trained and 2,768 community members reached to support tobacco-free farming across four counties.

COUNTY EXPANSION

Scoping missions completed in Embu, Tharaka Nithi and Homa Bay counties to explore further scale-up.

INCOME GROWTH

Farmers report a threefold increase in income, improving their ability to cover education costs and access health care.

REGIONAL KNOWLEDGE SHARING

Practical lessons shared with delegates from Uganda, Zambia, Tanzania and Malawi through a study tour and regional workshop.

1.5 Tobacco Free Farms

Tobacco Free Farms

Since 2021, the Tobacco Free Farms initiative has supported over **12,400 farmers** in transitioning from **tobacco** to **sustainable alternative livelihoods** across four counties in Kenya. Over **11,540 acres** have been **converted to food crops,** yielding over **3.8 million kilograms of alternative crops,** including high-iron beans, groundnuts and finger millet. Farmers report a **threefold increase in income,** improving their capacity to cover education costs and access health care. Additional reported outcomes include improved family health, women's empowerment, reduced child labour, enhanced nutrition and food security, and environmental sustainability.

Led by WHO in partnership with WFP, FAO, UNCDF and the Government of Kenya, the initiative was launched in Migori County in 2021 and has expanded to Busia, Bungoma and Meru counties.

The initiative supports farmers through access to seeds, fertilizers and finance, training in sustainable farming practices, post-harvest management support and structured market access. This approach operationalizes Articles 17 and 18 of the WHO FCTC by addressing health risks associated with tobacco cultivation, including pesticide and nicotine exposure, and mitigating environmental degradation, including soil depletion, deforestation and land degradation.

2025 Achievements

Over 12,400 tobacco farmers transitioned to alternative crops
12,400 farmers (50% women) across Migori, Meru, Bungoma and Busia counties have shifted from tobacco to nutritious, climate-resilient crops including high-iron beans, soy beans, groundnuts, finger millet, sunflower, yellow beans and green grams through the WHO-supported Tobacco-Free Farms initiative.

Over 11,500 acres converted, yielding 3.9 million kg of nutrient-dense produce
Over 11,500 acres previously under tobacco cultivation have been converted to food crops, producing 3.9 million kg of alternative produce. Ward agricultural officers and farmer service centres provided training in good agricultural practices, market linkages and financial inclusion, enabling farmers to increase yields, incomes and household food security.

Cross-sector mobilization accelerates scale-up
With WHO support, the initiative engaged over 50 multisectoral stakeholders, 180 community health promoters, 64 local gatekeepers and 2,770 community members across government, private sector, financial institutions and civil society. Scoping missions in Embu, Tharaka Nithi and Homa Bay counties brought together 74 technical officers to explore expansion, while a Tobacco-Free Farms regional webinar reached 141 participants across South, West and East African countries. Sensitized and shared practical lessons to more than 80 delegates during the initiative study tour in Migori and workshop in Zambia for delegates from Uganda, Zambia, Tanzania and Malawi.

Janet Eroto holds up nyota beans on her farm in Bungoma county.

Since transitioning from tobacco, her crop income has enabled her to pay school and college fees for her children for the first time.

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1.5 Tobacco Free Farms

Multi-Sectoral Approach:

World Health Organization

Food and Agriculture Organization of the United Nations

WFP World Food Programme

UNCDF Impact Capital for Development

United Nations Convention to Combat Desertification

REPUBLIC OF KENYA Ministry of Agriculture & Livestock Development

REPUBLIC OF KENYA MINISTRY OF HEALTH

CGA CEREAL GROWERS ASSOCIATION

FARM TO MARKET ALLIANCE
Making markets work better for farmers

Grow Food. Not Tobacco.

HUMAN IMPACT

“I bought a bull in after dropping tobacco farming to grow beans, something I am really happy about,” said Bernard Imoh.

Bernard Imoh, a farmer from Otubokin, Busia, has been growing high-iron beans since 2022 after switching from tobacco farming. Imoh is one of over 11,000 farmers in Western Kenya who have switched from tobacco growing since 2021 when WHO and partners introduced the Tobacco Free Farms project.

After six years of tobacco farming, Imoh reports minimal financial gains beyond basic subsistence. Since transitioning to alternative crops, he has purchased livestock and now generates stable income to cover his children's college fees.

Farmers participating in the initiative report earning 2-3 times higher returns with alternative crops, delivering both economic and health benefits.

1.5 Tobacco Free Farms

Photo Highlight: Expanding tobacco free farms in Busia county

2024-2025 | Photos from: Busia County

Gerald Silas, a tobacco farmer from Apokor, Busia county, discusses tobacco farming and the risks of nicotine poisoning from handling the leaves with WHO Kenya Representative, **Dr. Diallo.**

Gerald Eroto with his wife **Janet** captured on their bean farm in Busia. Thanks to Nyota beans, paying school fees is no longer a struggle. For the first time, their children's education feels secure.

Dr. Diallo holds a tobacco barn thermometer, used to regulate the temperature of curing tobacco barns where workers face toxic fumes, respiratory issues, and other health risks.

Joseph Imeli from Changara, Busia, stands outside of his old tobacco curing house. He shares with WHO Kenya Representative **Dr. Diallo** his plans to repurpose it for mushroom cultivation.

Tobacco farmer **Joseph** stands outside a hut where tobacco is dried. The black char on the side shows where the smoke gets released. This affects air quality in his area as far as 5km away.

Catherine, a once tobacco farmer attends a meeting with WHO. Since transitioning she talked about her positive experiences including her lung health as she no longer coughs as much as she used to.

1.6 Nutrition and Food Health

Key Highlights

NUTRIENT PROFILE MODEL

Kenya developed and launched a Nutrient Profile Model to restrict unhealthy food marketing to children by setting limits on sugar, fats and sodium in food products.

Image:

The Kenya Nutrient Profile Model, developed by the Ministry of Health with WHO support, sets thresholds for sugar, fats and sodium in food products to protect children from unhealthy food marketing. The model was validated through stakeholder consultations and launched in June 2025.

© WHO

ACUTE MALNUTRITION

National guidelines on the prevention and management of acute malnutrition developed, along with training manuals for health workers.

HEALTH WORKER TRAINING

25 national-level trainers and 30 health care professionals in Siaya and Homa Bay counties trained on prevention and management of childhood wasting.

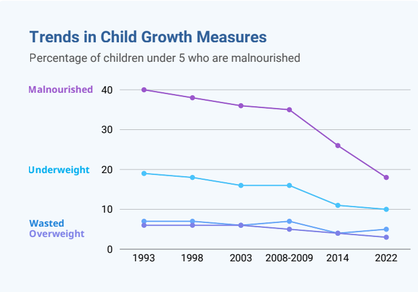
BABY-FRIENDLY HOSPITALS:

A mentorship package developed to help hospitals meet WHO and UNICEF standards for supporting breastfeeding and infant nutrition.

1.6 Nutrition and Food Health

Nutrition and Food Health

In Kenya about 18% of children under age 5 are stunted, or too short for their age1. Stunting is an indication of chronic undernutrition. About 5% of children under age 5 are wasted, or too thin for their height. Wasting is an indication of acute malnutrition. While 10% of children under age 5 are underweight (too thin for their age), while 3% are overweight (Table 1).



Overall, children's nutritional status has improved over the last three decades. Stunting has steadily declined from 40% in 1993 to 18% in 2022. Nonetheless, children from rural areas have higher stunting rates (20%) compared children in urban areas (12%). Results from recent KDHS show stunting decreases with increasing wealth from 28% in the lowest quintile to 9% in the highest quintile and educational status of a mother has a direct bearing on child stunting with 22% of children born to mothers with no education are stunted compared with 9% of children born to mothers with more than a secondary education. Children under 5 stunting rates vary greatly across counties (Figure 2) Kilifi 37%, West 34%, Pokot 31, and Samburu 31% have the highest percentages while Kisumu 9% and Garissa 9% have the lowest percentages.

Poor child diets, inadequate infant and young child feeding practices, lack of responsive care for children, and low access to health and nutrition services remain as the underlying determinants of child under-nutrition.

It is worth noting that over 90% of children in Kenya are breastfed however only 61% of them are exclusively breastfed for 6 months and 31% ages between 6- 23 months get a minimum acceptable diet and it drops to 3% in highly food insecure regions (KNBS, 2014). 37% of children 6–23 months had adequately diverse diet (had foods from appropriate food groups), while 71% had a minimum number of food groups appropriate for their age. Additionally, 52% of non-breastfed children 6–23 months feed at least two milk feeds (KNBS, 2024).

Hence, to tackle child under-nutrition; poverty, education, healthcare systems, child protection and gender inequalities must be addressed for holistic child well-being.

2025 Achievements

Kenya Nutrient Profile Model Developed and Launched
WHO provided technical assistance to develop the Kenya Nutrient Profile Model setting thresholds for sugar, fats, saturated fats, and sodium in food products to restrict unhealthy food marketing to children. The model was validated through stakeholder consultations and launched in June 2025.

National Guideline on Prevention and Management of Child Wasting Developed
WHO facilitated and coordinated the review and development of the Kenya national guideline on the prevention and management of acute malnutrition and supporting tools to include the Training manual for participants and facilitator's guide on the management of acute malnutrition. WHO and partners led technical discussions on the WHO recommendations on prevention and management of child wasting resulting into consensus building and decisions on the recommendations to be adapted.

Strengthening of national capacity on the prevention and management of childhood wasting
WHO facilitated training of 25 national-level trainers in June 2025 and 30 healthcare professionals in Siaya and Homabay counties in September 2025 on prevention and management of acute malnutrition using revised national training manuals. Trainers will conduct cascade trainings at county level.

Baby Friendly Hospital Initiative Mentorship Package Developed
WHO provided technical guidance to develop the Baby Friendly Hospital Initiative mentorship package aligned with WHO and UNICEF competency verification toolkit, enabling capacity strengthening at facility level for Baby Friendly Hospital Initiative implementation. *(Related on page 62)*

1.7 **Social Determinants and Health Promotion**

Key Highlights

PHYSICAL ACTIVITY GUIDELINES

Kenya launched national physical activity guidelines with recommendations for all age groups, from children to older adults.

Image:

Representatives from the Ministry of Health, WHO, KELIN and other partners at the launch of Kenya's physical activity policy brief, in Nairobi, 4 June 2025.

© Kenya's Ministry of Health

FOOD LABELLING STANDARDS

Kenya developed Front-of-Pack Nutritional Labelling Standards requiring packaged foods to display key nutrients such as sugar, salt, fat and calories in easy-to-read labels.

1.7 Social Determinants and Health Promotion

Social Determinants and Health Promotion

Kenya faces a growing burden of non-communicable diseases (NCDs), which account for **41% of all annual deaths** and **50% of hospital admissions nationally.** Sedentary lifestyles, poor nutrition, urbanization and shifting dietary patterns are key drivers of this trend.

In response, the Government of Kenya, with WHO support, has prioritized social determinants of health and health promotion as central pillars of its public health strategy. Key focus areas include promoting physical activity, improving nutrition literacy, strengthening food labelling standards and addressing environmental and structural barriers to healthy living.

WHO has provided technical guidance on policy development, evidence generation and multi-sectoral coordination, working alongside the Ministry of Health and partners such as KELIN, FAO and WFP.

Kenya's approach emphasizes a whole-of-society model, engaging education, transport, urban planning, civil society and the private sector to create environments that support healthier choices and reduce non-communicable disease risk factors at the population level.

2025 Achievements

Kenya launches a policy brief on promoting physical activity
In May 2025, Kenya launched national physical activity guidelines offering evidence-based recommendations for all age groups, from children to older adults, including special populations. The guidelines are designed to help individuals, families, institutions and policymakers integrate physical activity into daily routines across homes, schools, workplaces and public spaces. They emphasize multi-sectoral collaboration spanning education, transport, sports and urban planning to address the country's rising non-communicable disease burden while enhancing mental health resilience, productivity and overall quality of life.

Front-of-Pack Nutritional Labelling Standards developed
In 2025, Kenya developed Front-of-Pack Nutritional Labelling standards as part of its broader strategy to combat rising non-communicable diseases. The standards require packaged foods to display simplified, easy-to-read labels on the front of packaging, highlighting key nutrients such as sugar, salt, fat and calories, enabling consumers to make healthier choices without interpreting complex back-of-pack tables. Based on the Kenya Nutrient Profile Model developed by the Ministry of Health with WHO support, the standards also incentivize food manufacturers to reformulate products to meet healthier thresholds.

Cluster 2

HEALTH EMERGENCIES

1. Emergency Preparedness
2. Emergency Response

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2.1 **Emergency Preparedness**

Key Highlights

Image: Annastacia Muange, Data Manager, participates in the stakeholder workshop on strengthening mortality surveillance and refining the design of Kenya's Sample Registration System in Naivasha.

Kenya is working to improve how deaths are recorded and reported across the country. In May 2025, the Kenya National Public Health Institute, with support from WHO and partners, held a workshop in Naivasha to refine the design of a Sample Registration System. This system will help collect reliable data on deaths and causes of death, strengthen national surveillance systems, and support better health planning and reporting.

FILOVIRUS

Over 45 first responders complete an intensive four-day filovirus outbreak simulation at WHO's Emergency Hub

NATIONAL PUBLIC HEALTH INSTITUTE

Kenya launches its National Public Health Institute in May 2025

ANNUAL SELF-ASSESSMENT REPORTING

Kenya conducted the State Party Annual Self-Assessment Reporting under IHR (2005) monitoring framework

HEALTH MIGRATION

Mapped migratory routes for refugees, migrants and nomadic populations in Dadaab/Garissa.

PREPAREDNESS AT POINTS OF ENTRY

Kenya updated Standard Operating Procedures for Port Health Services at Jomo Kenyatta International Airport

NATIONAL ACTION PLAN FOR HEALTH

Kenya Develops its 2nd National Action Plan for Health Security (2025-2029)

HANDOVER

WHO hands over 14 ambulances and 3,000 emergency prevention and response materials to the Government of Kenya

WATER SAFETY PREPAREDNESS

Kenya convened to strengthen risk management for drinking water systems in the face of climate change.

SCALING UP MORTALITY SURVEILLANCE

Kenya advanced plans for a Sample Registration System to improve how deaths are recorded and reported

2.1 Emergency Preparedness

Health Security Frameworks

Kenya's ability to respond to health emergencies depends on plans, legal instruments, and operational guidelines built before crises emerge. With regional threats including Marburg, Ebola, mpox, and recurrent cholera placing the country at continuous risk, maintaining current, actionable preparedness frameworks is needed.

Throughout 2025, WHO worked alongside the Ministry of Health and KNPHI to review and update national preparedness and response plans for Cholera, Marburg, Sudan Virus Disease, Ebola Virus Disease, and Floods, and to develop a draft Infodemic Management action plan. Surveillance guidelines and Standard Operating Procedures at Jomo Kenyatta International Airport were revised. Kenya's second National Action Plan for Health Security was developed and fully costed a whole-of-government framework covering 19 technical areas through 2030.

To track progress and close gaps, Kenya completed its annual International Health Regulations self-assessment across 15 core capacities, conducted readiness assessments for four hazards, and completed after-action reviews for mpox and cholera.

2025 Achievements

NAPHS II Developed and Fully Costed for 2026–2030
Kenya's second National Action Plan for Health Security was developed across two multisectoral workshops in June and August 2025, identifying priority actions across 19 technical areas.

SPAR Self-Assessment Conducted Across 15 IHR Core Capacities
Over 100 participants evaluated Kenya's health security performance across 15 International Health Regulations core capacities, identifying gaps and informing targeted investment under an all-hazards approach covering infectious disease, chemical, and radiation threats.

Four National Preparedness and Response Plans Reviewed and Updated
Preparedness and response plans for Cholera, Marburg, Sudan Virus Disease, Ebola Virus Disease, and Floods were updated to reflect evolving regional threats and aligned with International Health Regulations 2005 standards.

During the 2024 SPAR Self-Assessment participant emphasised the urgency of developing Kenya's public health workforce to ensure rapid and effective responses to emergencies. "To respond effectively to public health threats, we must develop a critical mass of trained professionals. The ongoing mpox outbreak is a reminder that workforce capacity is key." Dr. Ahmed Abade, from the African Field Epidemiology Network.

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HIGHLIGHT

Kenya Launches its National Public Health Institute

On 8 May 2025, Kenya officially launched the Kenya National Public Health Institute (KNPHI), establishing a central platform for health security that consolidates disease surveillance, research, and emergency response.

Thirteen key divisions transitioned from the Ministry of Health to KNPHI, including emergency preparedness and response, disease surveillance, public health laboratories, and zoonotic disease management. The institute streamlines public health functions, eliminates duplication, and strengthens Kenya's capacity to detect, prevent, and respond to health threats through evidence-based interventions.

During the launch WHO Country Representative Dr. Abdourahmane Diallo reaffirmed WHO's commitment to supporting Kenya in building a robust, independent, and globally connected institute responsive to current emergencies while preparing for future health challenges.

Read More

2.1 Emergency Preparedness

Hemorrhagic Fevers Preparedness

Kenya sits at the centre of a region that has faced repeated filovirus threats. Recent outbreaks of Marburg virus disease, Ebola, Sudan virus disease, and mpox across East and southern Africa placed Kenya at high risk of importation, demanding a need for operational readiness.

In July 2025, WHO conducted a four-day simulation based training on filovirus disease readiness at Kenyatta University Teaching, Referral and Research Hospital. Delivered by multidisciplinary experts with direct filovirus outbreak experience, the training went beyond classroom instruction. Participants physically constructed a filovirus treatment centre, setting up tents and operational infrastructure under real deployment conditions.

Working in close collaboration with KNPHI, the Ministry of Health, and the Kenya Defence Force, the training brought together 45 national and county level emergency responders for hands on exercises covering surveillance, case management, infection prevention and control, safe and dignified burial, risk communication, and community engagement.

2025 Achievements

45 Responders Trained Across Six Outbreak Response Disciplines

Participants from KNPHI, Ministry of Health, Kenya Defence Force, and KUTRRH engaged in simulation drills covering disease surveillance, case management, infection prevention and control, safe and dignified burial, risk communication, and laboratory diagnosis.

Full Simulation Exercise Tested Operational Readiness Under Real Outbreak Constraints

The training culminated in a complete simulation exercise testing screening, triage, community engagement, and resource deployment, guided by Kenya's Readiness Checklist and aligned with the National Multi-Hazard Plan.

Kenya Defence Force Integrated Into National Filovirus Response Framework

For the first time, KDF was embedded alongside civilian health responders — reinforcing the whole-of-government approach essential for managing severe infectious disease outbreaks.

Health workers transferred a simulated suspected Ebola patient to the treatment ward, carefully coordinating movement to prevent cross-contamination and protect staff and other patients. Once inside the suspected ward, the case management team conducts full medical examination.

© WHO / Ardo Farah

2.1 Emergency Preparedness

Photo Highlight: 45 multidisciplinary frontline responders trained in filovirus outbreak simulation

July 2025 **Photos from: Nairobi**

Participants established a fully functional **ebola treatment centre** during a simulation exercise.

The setup followed a systematic, step-by-step approach aligned with WHO standards and operational protocols.

They began with establishing clear physical boundaries for safe operations, **marking zones with tape and stakes to designate low-risk and high-risk areas**. This allowed teams to erect tents and install key infrastructure.

Following the setup and training, teams put on full **personal protective equipment** in the designated donning area, following the infection prevention and control procedures they had been trained on.

Before any patient interaction in the wards, the **teams ensured the rooms were fully prepared.** This included disinfecting beds, arranging critical supplies, and setting up the space for safe care.

They **simulated confirmed and suspected Ebola cases**, demonstrating the full management process from screening and ambulance transfer to safe burial.

Risk Communication and Community Engagement was integrated at every stage. **The training emphasized collaboration to build trust with communities**, especially during outbreak response.

2.1 Emergency Preparedness

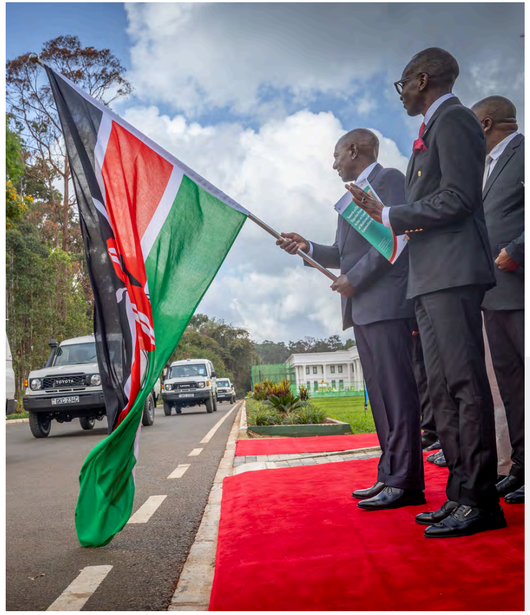
WHO Hands Over $2.3 Million in Ambulances, Medical Supplies and Equipment to Kenya

HIGHLIGHT

WHO handed over medical supplies and equipment valued at over US$2.3 million to Kenya at a ceremony presided over by President William Ruto at State House, Nairobi.

The package includes 14 fully equipped ambulances, eight advanced life-support units for national referral hospitals and six for maternal health services in high-burden counties including Marsabit, Samburu, and Tana River.

Additional supplies include 230 medical oxygen cylinders, nearly 3,000 emergency and infection-prevention items, 952 reproductive health commodities, and 6.5 million tablets for mass treatment of neglected tropical diseases in 15 counties.



2.2 **Emergency Response**

Key Highlights

Image: Some of the first suspected cholera cases in Narok County were identified in informal gold mining settlements. Close working quarters, shared water sources, and limited sanitation made these areas vulnerable to infection.

In 2025, following an upsurge of cholera cases, the Ministry of Health, with support from WHO and partners, launched a reactive Oral Cholera Vaccine (OCV) campaign in Narok County to protect the most affected communities. About 240,000 people were vaccinated across Transmara West and South during the two week campaign.

MPOX VACCINATION CAMPAIGN

Kenya conducts its first ever mpox vaccination campaign which reaches over 10 650 high risk individuals

CHOLERA KITS DISTRIBUTION

Cholera kits distributed to seven affected counties to support care for up to 16,300 patients

CHOLERA VACCINATION CAMPAIGN

240,000 high-risk individuals vaccinated against cholera in 3 counties

HEALTH SECURITY

25 officers trained on public health emergency management

SURVEILLANCE

10,560 health workers and 308 subcounty officers trained in vaccine preventable disease

WHO GLOBAL COMPETENCY STANDARDS

25 frontline health workers trained on WHO Global Competency Standards for Health Workers

SENSITISING HEALTH WORKERS

120 community health promoters in Dadaab were trained on vaccine-preventable diseases

MPOX RESPONSE

Strengthened Clinical Care and Infection Prevention Measures at Utange Field Hospital

INFODEMIC MANAGEMENT SYSTEM

Kenya conducted a national workshop on Kenya's Infodemic Management priorities

2.2 Emergency Response

Polio

Kenya has been a key player in the global fight against polio since the launch of the Global Polio Eradication Initiative (GPEI) in 1988. In 1996, Kenya, alongside Tanzania and Uganda, pioneered supplementary immunization activities in Africa, including national immunization days and mop-up campaigns to reach every last child.

Kenya's **last case of indigenous wild poliovirus was recorded in the 1980s,** and in August 2020 the WHO African Region was certified wild polio-free. However, Kenya remains vulnerable to circulating Variant poliovirus type 2 (cVPV2), with outbreaks detected in Garissa County in 2023 and Turkana County in 2024, largely linked to cross-border population movements with Somalia, South Sudan and Uganda.

WHO provides technical guidance on outbreak response, surveillance strengthening and supplementary immunization activities. Key strategies include routine immunization, acute flaccid paralysis surveillance, environmental surveillance, testing sewage or wastewater to detect the silent circulation of poliovirus in communities, cross-border coordination with neighbouring countries and rapid supplementary vaccination campaigns targeting high-risk counties. As a result, the country is now nearing 12 months without detections as of January 2026.

2025 Achievements

1.76 Million Children Vaccinated Across 4 Counties

Between February and April 2025, Kenya conducted a two-round supplementary immunisation campaign that vaccinated more than 1.76 million children under five across Mandera, Marsabit, Wajir, and Garissa counties. This effort formed part of a coordinated cross-border vaccination drive across countries in the Horn of Africa during which Kenya, Ethiopia, and Somalia shared real-time data on vaccination progress and poliovirus surveillance to ensure no pockets of under-immunized children were missed. WHO provided guidance on campaign planning, implementation, and cross-border coordination to ensure consistent coverage in areas vulnerable to transmission due to population movement.

Kenya Joins Horn of Africa Interministerial Commitment to End Polio

At the World Health Assembly in May 2025, Kenya joined health ministers from across the Horn of Africa and Global Polio Eradication Initiative (GPEI) partners in pledging coordinated action to end polio. With WHO facilitation, the commitment included synchronized vaccination campaigns, enhanced cross-border surveillance and the establishment of an interministerial coordination body to sustain progress. This high-level political commitment reinforces regional accountability and strengthens the collective resolve to close immunity gaps and stop poliovirus transmission across the Horn of Africa.

A young boy receives the oral polio vaccine near the Kenya-South Sudan-Ethiopia border, one of the high-risk cross-border areas targeted through synchronized regional vaccination campaigns to stop poliovirus transmission.

© WHO / Genna Print

POLIO HIGHLIGHT STORY

18 million children reached across the Horn of Africa in a polio vaccination campaign

Between February and April 2025, Kenya joined Ethiopia, Somalia, and Djibouti in one of the largest vaccination drives in the Horn of Africa, reaching over 18 million children through two consecutive rounds of polio immunization. In Kenya, the campaign vaccinated more than 1.76 million children under five across Mandera, Marsabit, Wajir, and Garissa counties.

This synchronized regional response addressed ongoing poliovirus transmission risks amplified by frequent cross-border population movement.

During the first round, the three countries shared real-time data on vaccination and poliovirus surveillance, with WHO providing guidance on planning and cross-border coordination in high-risk areas. This partnership strengthened cross-border surveillance and enabled unified outbreak response.

Read More

2.2 Emergency Response

Mpox

Since the outbreak was declared in July 2024, Kenya has reported 948 confirmed mpox cases and 13 deaths, representing a case fatality rate of 1.4%. **As of March 2026, 807 people have recovered.** The outbreak spread across multiple counties, demanding a sustained response across surveillance, case management, community engagement, and vaccination.

WHO supported activation of the incident management system to coordinate the national response, deployed rapid response teams for investigation, contact tracing, and active case search across affected counties, and distributed laboratory supplies and case management materials to affected counties. At Utange Treatment Unit Mombasa county, 44 clinical and non-clinical staff were trained on case management, infection prevention and control, and personal protective equipment.

Kenya's first-ever mpox vaccination campaign vaccinated 10,697 people across Mombasa, Nakuru, and Busia in ten days, prioritising truck drivers, sex workers, frontline health workers, and high-risk contacts.

2025 Achievements

10,697 people vaccinated across 3 Counties
Kenya vaccinated 10,700 people across Mombasa, Nakuru, and Busia in ten days. Targeting truck drivers, sex workers, frontline health workers, and high-risk contacts, the campaign was delivered by approximately 90 trained nurses, vaccinators, and surveillance officers marking a significant milestone in Kenya's mpox response.

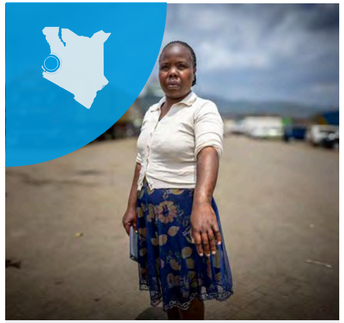
586 Community Health Promoters and 44 Frontline Health Workers Trained
Mombasa community health assistants and community health Promoters were trained on mpox detection, prevention, and referral. At Utange Treatment Unit, 44 frontline health workers including clinicians, nurses, and support staff received specialised training on case management, infection prevention and control, and safe patient care.

5.3 Million Travellers Screened at 26 Points of Entry
Surveillance was sustained at 26 Points of Entry throughout the outbreak, screening over 5.3 million travellers. Cross-border surveillance and joint training of 35 responders in Busia further strengthened outbreak detection and response at Kenya's border points.

2.1 Emergency Preparedness

Photo Highlight: 10,700 high-risk individuals reached in Kenya's first Mpox vaccination campaign

September, 2025 **Photos from: Nakuru County**



37-year-old **Jerusha Waithera**, Nakuru's **first Mpox case in 2025**, played a key role in community engagement during the vaccination campaign. "I believe in the vaccine and want it to reach people so Mpox doesn't affect families like mine."

The primary vaccine used was the MVA-BN.

Vaccination coverage focuses on high risk in Kenya including long-distance **truck drivers, sexual health workers** and **healthcare workers.**

From 2-9 pm, vaccinators were deployed to **truck stops, container yards, roadside bars** and **hospital shift handovers** to reach more people.

This adjustment was made after low turnout at static facilities.

The vaccination protocol required **informed consent** after patient education on procedures and potential adverse events, ensuring compliance with WHO safety standards.

"Some men thought the vaccine was linked to family planning. We reassured them it has been tested and proven safe," said **Nurse Dorcas Mutinda**, who practised transparent communication to address community concerns.

To reach mobile and cross-border populations, the team combined door-to-door visits, dialogue meetings, and launch events, all supported by **multilingual materials.** Within 10 days, 10,700 people were successfully reach.

2.2 Emergency Response

Cholera

Kenya has long battled cholera as an endemic disease, with outbreaks recurring where access to clean water and sanitation remains uneven. **In 2025, the country faced two distinct outbreaks** both demanding immediate, coordinated action to prevent deaths and stop transmission.

During the long rains between March and July, cholera spread rapidly across Nairobi, Kisumu, Migori, and Kwale. WHO and the Ministry of Health deployed rapid response teams, delivered cholera management kits to 7 counties, and stationed technical officers at Nairobi's Emergency Operations Centre. Community Health Promoters were deployed across all 17 Nairobi sub-counties to detect cases, promote hygiene, and refer severe cases to care.

A second resurgence in October struck Narok County hardest, where shared water sources and limited sanitation in remote gold-mining communities drove rapid spread. The Ministry of Health and Narok County Government, with WHO, KNPHI, Kenya Red Cross, and MSF, mounted a response that became a model of coordinated partnership in action.

2025 Achievements

240,000 People Vaccinated in Narok 93.7% Coverage Achieved

A reactive oral cholera vaccine campaign in Narok's Transmara West and South sub-counties reached 239,341 residents, achieving 93.7% administrative coverage. Vaccinators navigated steep ridges and deep valleys on foot to ensure no household was missed.

7 Counties Supplied with Cholera Management Kits Capacity to Reach 16,300 Patients

7 counties supplied with cholera management kits, with capacity to reach 16,300 patients through treatment, diagnosis, and outbreak containment. Supplies included diagnostic tests, treatment kits, and community drug kits equipping frontline workers at county level.

241 cases. 6 deaths. A coordinated response that cleared every patient.

Cholera struck three counties across two outbreaks in 2025. All 241 reported cases were treated and discharged with no patient remaining in admission by November 2025.

Community members aged one year and above receive the oral cholera vaccine. The OCV is an easy-to-administer oral vaccine that protects against Vibrio cholerae the bacteria that cause cholera by stimulating immunity in the gut. Before vaccination, teams explain what the Oral Cholera Vaccine is and how it protects against severe illness.

© WHO / Ardo Umar Farah

2.1 Emergency Preparedness

Photo Highlight: 240,000 people vaccinated in Kenya's 3rd ever oral cholera vaccination campaign

Nov, 2025 **Photos from: Narok County**

The **first suspected cholera cases** in Narok County were **identified in informal gold-mining settlements**, where crowded conditions, shared water sources and limited sanitation increased infection risk.

Teams **engaged miners with hygiene and water safety messages while promoting vaccination**. Before vaccination, they explained the oral cholera vaccine and obtained informed consent.

By integrating **risk communication** with vaccination, the **response helps miners protect themselves** and their families even in difficult working conditions.

Vaccinator Maureen Rono said, "People have greater trust in the vaccine now," noting community health promoters were key to building trust and awareness.

The cholera has been **linked to contaminated drainage and unsafe food.** Communities received hygiene kits, including water-purification tablets, buckets and soap, to prevent reinfection.

Community health promoters and vaccinators moved **door to door** across difficult, slippery terrain. They continued daily climbs and descents to r**each families far from roads and health facilities.**

HIGHLIGHT

Kenya Steps Up Cholera Response During the Long Rains

As the long rains intensified in early 2025, cholera spread rapidly across Nairobi, Kisumu, Migori, and Kwale, with 256 suspected cases and 13 deaths reported by May a case fatality rate of 5.2%.

WHO deployed five public health experts to Nairobi to strengthen case finding, contact tracing, and laboratory diagnosis, while rapid response teams supported local health officials across all four affected counties.

To support case management, WHO delivered cholera kits to Nairobi estimated to treat 1,100 mild and severe cases and 500 kits to Migori. Supplies included medicines, rapid diagnostic tests, laboratory materials, protective equipment, and water testing kits. At community level, health promoters distributed water purification tablets, raised awareness, and ensured food vendors met public health standards.

Read More

2.2 Emergency Response

Health Migration

Garissa, Wajir, and Mandera counties experience constant population movement across the Kenya-Somalia border, hosting over 416,000 refugees in the Dadaab refugee complex alone. Informal cross-border movement and limited health infrastructure leave mobile populations, including women, children, and nomadic communities, at heightened risk of vaccine-preventable diseases and outbreaks.

In 2025, WHO worked with the Ministry of Health and county governments to strengthen health services through mapping, workforce training, and community engagement. A participatory mapping exercise documented 51 migratory routes and congregation points across Garissa, revealing critical gaps at border health facilities.

Weekly Somali-language radio programmes reached refugees, migrants, and nomadic populations across three counties with life-saving health messages. Joint supervision with UNHCR and UNICEF found that 61.2% of new arrivals were zero-dose children, underscoring the urgency of strengthened screening and outreach at points of entry.

2025 Achievements

51 Migratory Routes Mapped Across Garissa County
A participatory mapping exercise documented 51 key migratory routes, congregation points, and border entry sites across Dadaab, Fafi, and Hulugho sub-counties. Findings revealed substantial gaps in human resources and medical supplies at border health facilities, providing a foundation for targeted immunisation outreach and disease surveillance.

35 Frontline Health Workers and 120 Community Health Promoters Trained on VPD Surveillance
Following detection of circulating vaccine-derived poliovirus type 2 in Ifo 2 refugee camp, 35 frontline health workers from refugee and cross-border facilities were trained on routine immunisation and disease surveillance. An additional 120 Community Health Promoters in Dadaab refugee camps were sensitised on vaccine-preventable disease surveillance and early warning.

Health Workers Certified on WHO Global Competency Standards for Refugee and Migrant Care
25 frontline health workers from facilities serving refugee camps completed a five-day training on WHO's 9 Global Competency Standards. A parallel session sensitised 25 county and partner managers to integrate the standards into policy and supervision.

Abdiwahid Noor, Refugee and Migrant Health Officer, WHO Kenya:

"Migration health is public health. Every unvaccinated child who crosses a border, every mother who delivers without skilled care these are not statistics. They are gaps in a system we have the tools to fix."

© WHO / Ismail Taxta

HIGHLIGHT

Health workers trained to provide better care for refugees and migrants

Garissa County hosts over 430,000 refugees, most from neighbouring Somalia, placing pressure on health systems serving both refugee and host communities.

In response, 25 frontline health workers from facilities serving Hagadera, Ifo 1, Ifo 2, and Dagahaley refugee camps completed a five-day training on WHO's Global Competency Standards for health workers providing care to refugees and migrants.

Led by the Ministry of Health with WHO Kenya and partners, the training equipped participants with skills in people-centred care, cross-cultural communication, collaboration, and evidence-informed practice using WHO Academy case studies and e-learning modules. A parallel one-day session sensitised 25 county and partner managers to integrate the competency standards into policy and supervision.

Read More

Cluster 3

HEALTH SYSTEMS AND SERVICES

1. Sexual Reproductive Health and Rights
2. Child and Adolescent Health
3. Health Workforce
4. Manufacturing of Immunobiologicals and Medicines
5. Health Financing
6. Integrated Service Delivery and Primary Health Care
7. Health Information Management

3.1 **Sexual and Reproductive Health and Rights**

Key Highlights

Image:
Nataana Lekipaika from Longewan holds her six-month-old child, Nemayan, after receiving postnatal care, cervical cancer screening, and nutrition support for her children at the WHO-supported mobile health outreach in Samburu County.

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POST ABORTION CARE/FAMILY PLANNING

600+ healthcare workers mentored on post-abortion care and family planning across 7 counties.

GENDER-BASED VIOLENCE

200+ healthcare workers from 31 counties trained on clinical management of sexual and gender-based violence.

MOBILE OUTREACH

Over 12,000 women reached through mobile clinics across 4 counties with family planning, antenatal care and cancer screening.

EMERGENCY OBSTETRIC CARE

150+ healthcare workers trained on emergency obstetric and newborn care across 7 counties.

HEALTH KITS

$100,000 worth of sexual and reproductive health kits handed over to six-priority counties.

POST-ABORTION

6 post-abortion care room set up and equipped with essential supplies and medicines.

COUNTY HEALTH PROFILES

18 counties developed sexual and reproductive health profiles to guide local planning and resource allocation.

NATIONAL GUIDELINES

WHO supported Kenya's Ministry of Health to develop and update 4 key Sexual and Reproductive Health guidelines and strategies

HEALTH RECORDS

900+ health records and information officers trained across all 47 counties on data collection and analysis for sexual and reproductive health.

3.1 Sexual and Reproductive Health and Rights

3.1 Sexual and Reproductive Health and Rights

Kenya has made notable progress in advancing Sexual and Reproductive Health and Rights over the past two decades, supported by strong policy commitments and expanded access to essential health services. The 2010 Constitution guarantees the right to the highest attainable standard of health, including reproductive health care. Family planning coverage has improved significantly, with a modern contraceptive prevalence rate of 57% and demand for family planning satisfied at 76% among married women, while unmet need has declined to 14%.

Despite these gains, **maternal mortality remains high at an estimated 355 deaths per 100,000 live births.** Preventable causes, including postpartum haemorrhage and hypertensive disorders of pregnancy, continue to contribute substantially to maternal deaths, despite high coverage of skilled birth attendance (89%) and four or more antenatal care visits at 66%. Adolescent reproductive health remains a key concern, with **15% of girls aged 15–19 having begun childbearing** and significant regional disparities, including Samburu County where teenage pregnancy reaches approximately 50%.

National strategies prioritize improving the quality of maternal and newborn care, expanding access to family planning, and scaling up adolescent-responsive services. The World Health Organization continues to support the Government of Kenya through technical guidance, policy development, and capacity strengthening to improve equitable access to integrated, client-centred SRHR services nationwide.

2025 Achievements

600+ Healthcare Workers Mentored on Post-Abortion Care and Family Planning
WHO supported facility-based post-abortion care capacity strengthening for healthcare workers across 7 counties and values clarification and attitude transformation sessions on post-abortion care and family planning, helping health workers and community and youth leaders to address personal biases that act as barriers to sexual and reproductive health services for vulnerable populations.

150+ Healthcare Workers Trained on Emergency Obstetric and Newborn Care
WHO supported the Ministry of Health to train healthcare workers from Laikipia, Samburu, Tana River, Marsabit, Baringo, Bomet, and Siaya counties to manage emergency obstetric and newborn complications and enhance survival outcomes.

200+ Healthcare Workers Trained on Clinical Management of Sexual and Gender-Based Violence
WHO supported training for providers from 31 counties, strengthening capacity to provide trauma-informed, survivor-centered care including medical examination, documentation, psychosocial support, and referral services for survivors.

Over 12,000 Women Reached Through Mobile Outreaches
WHO supported integrated mobile clinics in Turkana, Samburu, Marsabit, and Tana River that provided family planning, antenatal care, cervical cancer screening, and sexual and gender-based violence services.

900+ Health Records and Information Officers trained on data analytics for health
WHO conducted training across all 47 counties to strengthen capacity in data collection, analysis, and visualization for health indicators including sexual and reproductive health to improve evidence-based decision making and localized health planning.

18 Counties Developed Sexual and Reproductive Health Profiles
WHO supported development of county-specific sexual and reproductive health and rights profiles offering concise data of key indicators and tailored recommendations, serving as advocacy tools for domestic financing and localized service improvement.

National Guidelines and Strategic Documents Developed
WHO provided technical support to the Ministry of Health to develop and update National Post-Abortion Care Guidelines, National Sexual and Reproductive Health Self-Care Guidelines, and Every Woman Every Newborn Everywhere Acceleration Plan.

Kenya launches the Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Investment Case
WHO supported the development of a framework for directing resources toward improving mother and child health outcomes.

Bottleneck Analysis
WHO in collaboration with the UNPF, conducted a Rapid Assessment of Bottlenecks Inhibiting Evidence-Based Scale-Up of Post-Pregnancy Family Planning and Social Behaviour Change for Family Planning to inform national policy and improve access to family planning nationwide.

Facility Readiness Assessments and Gender-Based Violence Capacity Strengthening
WHO supported facility readiness assessments and support supervision across 10 sampled counties. World Health Organization also trained over 200 clinicians across 32 counties in survivor care, strengthening health facilities to provide quality services, dignity, and recovery through clinical mentorship and improved data reporting systems.

3.1 Sexual Reproductive Health and Rights

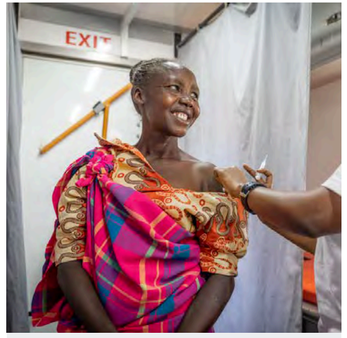
Photo Highlight: Expanding sexual and reproductive health through mobile outreaches in Samburu County

September 2025 **Photos from: Samburu County**

In September, over **4,600 women were reached across Samburu through mobile outreaches.** "Distance is the primary barrier to healthcare here. Outreaches help by bring essential services directly to populations," John Selasi, Nurse in Charge, Samburu.

‘This is my first time attending an outreach. I am grateful because I was able to receive multiple services in one visit including cervical cancer screening and immunisation for my child,” said **Nataana Lekipaika.**

"Two months ago, we received training from the Ministry of Health and WHO. The training taught various skills including how to integrate services for women without stigma,” said **Lucy Makena**, nurse from Samburu County Hospital.



"With six children, I have decided this is the right size for my family. Having family planning services brought to our community makes it easier to make decisions about our health," said **Rael Letiren** after recieving family planning.

"I walked more than five kilometers to reach this outreach. The dispensary near my home does not have medicines or equipment, so normally I must travel very far to get care," said **Nanewro Ledonto.**

"For families like mine who have moved because of conflict, it is hard to know where to go for healthcare. When outreaches come to where we are now living, we can get services without going far," said **Namanu Lempano.**

3.2 Child and Adolescent Health

Key Highlights

BREASTFEEDING

40 healthcare workers trained on WHO's Baby Friendly Hospital Initiative to improve breastfeeding rates across 9 counties

Image:

Mercy Mwangi, nutritionist from Nakuru County Hospital who was trained on WHO's Baby Friendly Hospital Initiative helps a new mother with her twins to breastfeed.

She is one of three nutritionists allocated to the maternity ward in the past year in order to improve newborn health and nutrition.

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NEWBORN INVESTMENT CASE

The 2025-2030 Kenya Newborn Investment Case developed to reduce newborn deaths through stronger supply chains and expanded neonatal care

HEALTH WORKER TRAINING

Kenya introduce WHO's Global Scales for Early Child Development tool in a national health survey for the first time.

BABY-FRIENDLY HOSPITALS:

The revised 2025 Kenya Mother-Child Handbook launched, covering pregnancy through to age five with new guidance on preterm care.

3.2 Child and Adolescent Health

Child and Adolescent Health

The 2022 Kenya Demographic and Health Survey (KDHS) highlights significant progress in child survival, with under-five mortality declining from 115 deaths per 1,000 live births in 2003 to 41 in 2022.

However, newborn mortality has stagnated at 21 deaths per 1,000 live births and now accounts for nearly 50% of under-five deaths. Each year, over 30,000 newborns die, about four every hour, mostly from preventable causes such as prematurity, birth asphyxia, and sepsis. This underscores a critical gap and signals that Kenya is not on track to achieve SDG 3.2 on ending preventable newborn deaths.

In response, Kenya has developed the Every Woman Every Newborn Everywhere Acceleration Plan to drive targeted, high-impact interventions, from strengthening newborn care standards and training health workers to scaling up kangaroo mother care, providing essential treatments for preterm infants, and improving death surveillance systems.

These efforts aim to turn the tide, so that every newborn has a fighting chance to survive and thrive.

2025 Achievements

Launch Kenya Newborn Investment Case (2025–2030)
With WHO support, Kenya developed the 2025-2030 Newborn Investment Case, a costed, phased plan by the Ministry of Health to reduce newborn deaths, focusing on vulnerable small and sick newborns. Key actions include strengthening maternal and newborn health supply chains, building health worker capacity in newborn care, and expanding neonatal units in priority counties.

Integration of the Global Scales for Early Child Development into the Kenya Mini Demographic Health Survey
The 2025 Kenya Mini Demographic Health Survey incorporates WHO's Global Scales for Early Development, enabling Kenya to measure how children under five grow, learn, and develop. This milestone is expected to transform how the country designs and delivers support for young children.

Launch of the revised 2025 mother baby booklet
The Kenya Mother-Child Handbook guides care from pregnancy through childbirth and early childhood up to age five. The revised edition now includes guidance for preterm infants and promotes responsive care to support early child development.

Baby friendly hospital initiative
WHO supported Kenya's Ministry of Health to train 40 healthcare workers from nine counties as trainers on Baby-Friendly Hospital Initiative, with Irish funding. The program promotes exclusive breastfeeding, addresses knowledge gaps, and eliminates breastmilk substitute misuse. *(Initiative also under nutrition, page 38).*

Maurine Mweni from Nakuru gave birth to her firstborn baby at Nakuru's County Referral and Teaching Hospital to a premature baby.

At first the baby weighed 1.4kg but it now weigh almost 1.8kg. "I was taught how to breastfeed and was encouraged by the nurses to do kangaroo mother care."

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3.2 Child and Adolescent Health

Photo Highlight: Nakuru County Hospital adapts WHO recommended Baby Friendly Hospital Initiative

April 2025 | Photos from: Nakuru County | Child Health and Nutrition *(page 38)*

New mother **Michelle Jephumba** practices skin-to-skin contact with her newborn twins Rihanna and Brihanna. "The hospital taught me the best way to position my baby when breastfeeding so they latch on properly and feed well."

Veronica Ngwe nurse manager, and **Arthur Angare**, head of Nutrition at Nakuru County Hospital, were trained on the Baby-Friendly Hospital Initiative. They now share these practices with other staff at the facility.

"Every time I see my baby, I can't help but smile. I was told by the nurses that breastfeeding my new baby will help protect her against common illnesses like diarrhoea and pneumonia," said **Anne Kerubo,** 19-year-old mother.

Maurine Mweni gave birth to a premature baby that at first weighed 1.4 kg but now weighs almost 1.8 kg. "I was told babies receiving Kangaroo Mother Care gain weight faster due to better thermal regulation and increased breastfeeding".

"At first I couldn't believe that I could support my babies alone with breastmilk, but with support from the nurses at the Nakuru hospital I was shown it was possible," said **Susan,** mother of quadruplets.

Arthur Angare, head of Nutrition at Nakuru County Hospital, supports a newborn mother with early breastfeeding initiation. Before the training "many nurses in this facility didn't believe babies could survive on breastmilk alone."

3.3 **Health Workforce**

Key Highlights

STAFFING TOOLS

Workload Indicators of Staffing Needs implemented across 344 facilities in all 47 counties to guide workforce distribution

Image:

Dr. Victor Achieg (right) from WHO works together with with Elizabeth Kareri, a Health Records and Information Officer at Nakuru Provincial General Hospital during data collection for the Workload Indicators of Staffing Needs assessment.

They look over patient records and data from the level 6 facility which serves a catchment population of 2.6 million people from Nakuru and neighbouring counties..

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WORKFORCE DATA

Kenya completed the 2025 National Health Workforce Accounts with 97% county participation, strengthening health workforce planning

WORKFORCE STRATEGY

Kenya Health Workforce Strategic and Investment Plan 2025-2030 developed to align workforce priorities with national health goals

SCOPES OF PRACTICE

Professional roles for doctors, nurses and clinical officers reviewed and clarified to improve patient safety and strengthen referral pathways.

ASSESSMENT REPORT

In October, Kenya launched the Quality of Care and Human Resources for Health Assessment Report

ASSESSMENT REPORT

Kenya launched the Service Availability and Readiness Assessment (SARA) Report

NEW PARTNERSHIP

Three-year partnership with Novo Nordisk Foundation secured to strengthen health workforce education

3.3 Health Workforce

Health Workforce

Kenya has doubled its health workforce over the past decade to nearly 190,000 workers, producing around 8,200 annually. However, significant gaps remain, with a 46% shortage of nurses and 92% shortage of doctors. The current workforce meets only 76.4% of estimated need. WHO has supported Kenya through health workforce data systems, labour market analysis, and evidence-based staffing tools to strengthen planning and distribution.

2025 Achievements

Kenya's 2025 national health workforce accounts reporting completed with 97% county participation

The 2025 National Health Workforce Accounts reporting cycle was completed with 97% county participation, strengthening multisectoral data collection, validation, and reporting systems with WHO support. Quality health workforce data now informs planning, policy development, and monitoring at national and county levels.

Scopes of practice for doctors, nurses, and clinical officers reviewed

Scopes of practice for doctors, nurses, and clinical officers were reviewed with WHO technical support to the Technical Working Group, aligning them with updated training curricula and service delivery needs. Findings were presented to the Ministry of Health leadership to inform regulatory reforms and strengthen workforce performance and quality of care.

Workload indicators for staffing needs implemented across 344 facilities in all 47 counties

The WHO Workload Indicators for Staffing Needs methodology was implemented across 344 facilities nationwide to generate workload-based staffing requirements, supporting evidence-based workforce redistribution, improved workforce planning, and development of realistic staffing norms aligned with service demand and primary healthcare priorities.

Kenya Health Workforce Strategic and Investment Plan 2025-2030 developed

The Kenya Health Workforce Strategic and Investment Plan 2025-2030 was developed with WHO support, aligning workforce priorities with fiscal projections, investment pathways, and national health goals, supporting evidence-based dialogue on sustainable financing and long-term workforce development to advance Universal Health Coverage.

Joined a 3-year partnership Novo Nordisk Foundation for health workforce education

A three-year partnership with the Novo Nordisk Foundation was secured by WHO Kenya to strengthen health workforce education and institutional capacity, supporting alignment of training with population health needs and building research capacity for sustainable development.

Nurse in charge, Hussein Ahmed and two community health promoters in Lamu County at the local Pate health dispensary.

"My favourite part of this job is taking care of my patients. This facility serves 2,563 people. We are a small team including 2 nurses but we work hard and are proud of what we do. We offer maternity services, outpatient care, immunisation, family planning, and more."

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3.4 Manufacturing of Immunobiologicals and Medicines

Key Highlights

VACCINE COLD CHAIN

Over 2,000 cold-chain units upgraded across all 47 counties, increasing vaccine storage coverage from 80% to over 95%.

Image:

On 14th May 2025, Health Cabinet Secretary, Hon Aden Duale flagged off 2,000 Cold Chain Equipment units at Afya House, Nairobi.

The equipment, was distributed across all 47 counties to ensure vaccines remain effective and are safely delivered, especially in hard-to-reach areas.

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LOCAL MANUFACTURING

Kenya aligned with the African Union's plan to produce 60% of Africa's vaccines locally by 2040, with a national manufacturing strategy in preparation.

MOU SIGNED

Kenya signed a Memorandum of Understanding with the International Vaccine Institute to define research priorities for epidemic diseases

REGULATORY FRAMEWORKS

WHO Kenya joined a high-level mission to Seoul, training 159 participants from 41 countries on regulatory frameworks for vaccine manufacturing

MRNA TECHNOLOGY TRANSFER PROGRAMME

25 scientists trained at Kenya BioVax Institute under WHO's mRNA technology transfer programme.

3.4 Manufacturing of Immunobiologicals and Medicines

Manufacturing of Immunobiologicals & Medicines

Kenya has made significant progress in strengthening domestic manufacturing of medicines and immunobiologicals as part of its broader health security and industrial development agenda.

Historically, the country relied heavily on imports for vaccines and many essential medicines, with local manufacturers largely focused on generic pharmaceutical products. In recent years, Kenya has prioritized building local production capacity through policy reforms, infrastructure development, and strategic partnerships. **A major milestone was the establishment of the Kenya BioVax Institute** to spearhead national vaccine manufacturing.

The World Health Organization has provided technical cooperation to support regulatory strengthening, manufacturing preparedness, and alignment with global quality standards. Additional efforts include collaboration with research institutions such as the Kenya Medical Research Institute and engagement with international initiatives including the International Vaccine Institute. These efforts aim to enhance local production of vaccines, therapeutics, and other essential health products, reduce dependency on imports, and position Kenya as a regional hub for health product manufacturing.

2025 Achievements

Advanced policy alignment for regional health product manufacturing
With WHO support, Kenya aligns with the African Union's Pharmaceutical Manufacturing Plan for Africa and Partnership for African Vaccine Manufacturing, which targets 60% of Africa's vaccine needs to be produced locally by 2040, integrates the Bottom-Up Economic Transformation Agenda, advances regulatory strengthening towards WHO Maturity Level 3, and prepares a national manufacturing strategy for Q2 2026, backed by African Union and global commitments.

Advanced national preparedness for local vaccine manufacturing
Supported by the WHO, the Kenya BioVax Institute has progressed in planning and early implementation, aligning with WHO Good Manufacturing Practices and prequalification standards while engaging in the messenger ribonucleic acid Technology Transfer programme; research and development capacity is targeted for 2025–2026, with production expected by 2027–2028, though operations remain pre-manufacturing.

Strengthened international partnerships for vaccine research and manufacturing capacity
Through collaboration with the International Vaccine Institute and the WHO, Kenya has achieved early outcomes, including an AFRO-level Memorandum of Understanding, identification of training cohorts, defined Research and Development priorities for epidemic diseases, and initiation of technical exchanges and regulatory alignment, though large-scale programmes and production remain pre-operational.

Initiated development of mRNA vaccine manufacturing capacity
Under the WHO messenger ribonucleic acid programme (mRNA) technology transfer, the Kenya BioVax Institute has trained 15–25 scientists, initiated infrastructure planning, and advanced site readiness; fill-and-finish is targeted for 2025–2026, with full capacity by 2027–2028, though operations remain pre-manufacturing.

Improved national vaccine storage and distribution systems
With support from UNICEF, WHO, the World Bank, and Gavi, the Vaccine Alliance, Kenya upgraded over 2,000 cold-chain units across all 47 counties, increasing coverage from approximately 80% to over 95%, improving last-mile delivery, real-time monitoring, and reducing stockouts and temperature excursions.

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3.5 **Heath Financing**

Key Highlights

HEALTH TECHNOLOGY ASSESSMENT

WHO supported Kenya to develop a (1) needs assessment, (2) implementation criteria and (3) Strategic Plan for Health Technology Assessment to guide evidence-based decisions on health services covered under Universal Health Coverage.

Documents:

Health Technology Assessment is a WHO-endorsed framework that helps governments evaluate the value of health technologies, medicines and services. It enables transparent, evidence-based decisions on what should be included in a country's health benefits package.

HEALTH TECHNOLOGY ASSESSMENT

WHO supported Kenya to establish the (1) Health Technology Assessment Secretariat and (2) Benefits Package Technical Advisory Panel to guide decisions on which health services are included in the national benefits package.

3.5 Health Financing

Health Financing

Kenya is making significant strides toward universal health coverage through landmark financing reforms. Following the enactment of four key laws in 2023, covering social health insurance, primary health care, digital health, and facility improvement financing, the country transitioned from the National Hospital Insurance Fund to the new Social Health Authority, which launched in November 2024.

Under the new scheme, the Government fully subsidizes primary healthcare, emergency, and chronic illness services for all registered Kenyans. Additional hospital-level services are available to members with up-to-date contributions. To ensure the benefits package reflects the best available evidence, Kenya is also establishing a system for assessing which health technologies and treatments offer the greatest value. A dedicated Benefits Package and Tariffs Advisory Panel has been set up to guide decisions on which services are covered and at what cost.

The World Health Organization has supported these reforms through sustained technical assistance and catalytic funding across health financing policy, benefits package design, and the institutionalization of evidence-based priority setting.

2025 Achievements

Developed Foundational Documents for Health Technology Assessment Institutionalization

WHO supported the development of a Health Technology Assessment institutionalization needs assessment to identify system capacity gaps and opportunities for strengthening Health Technology Assessment functions as a priority-setting mechanism for benefits package decision-making under Universal Health Coverage. WHO provided technical assistance to develop initial criteria and procedures for implementing the Health Technology Assessment processes, including the Health Technology Assessment Strategic Plan. This support enabled transparent stakeholder engagement through consultations and consensus-building activities with government, development partners, and technical experts.

Established Health Technology Assessment Institutional Structures and Capacity

WHO supported the establishment and capacity-building of the Health Technology Assessment Secretariat and Benefits Package Technical Advisory Panel (BPTAP) to enable these teams to develop and implement their core functions. Technical assistance included training on evidence appraisal methodologies, priority-setting frameworks, and governance structures for transparent decision-making on health interventions and technologies for inclusion in Kenya's benefits package.

A nurse at a Level 4 facility in Rumaruti, Laikipia county, documents client records.

Accurate facility-level data helps Kenya make evidence-based decisions on health service coverage under Universal Health Coverage.

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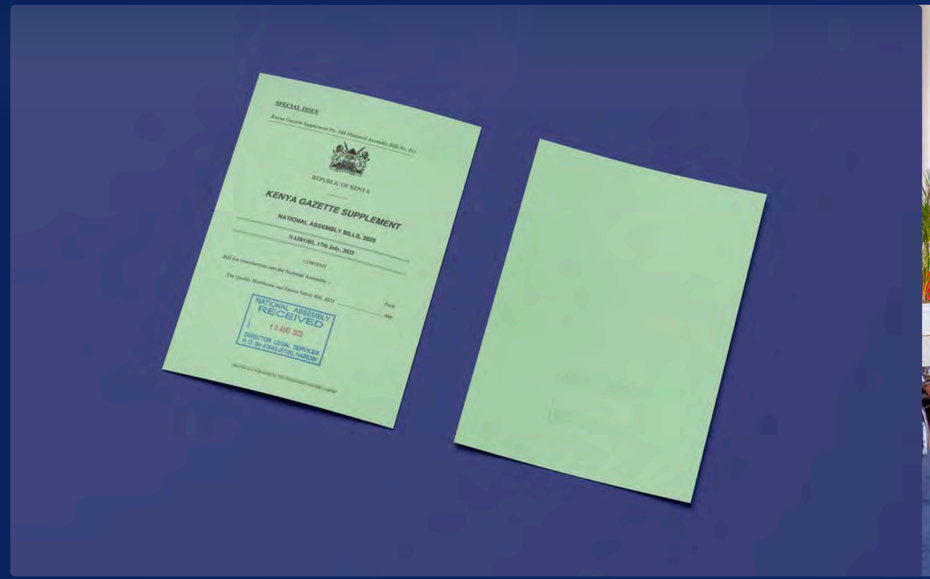
3.6 Integrated Service Delivery and Primary Health Care

Key Highlight



NEW BILL

The Quality Healthcare and Patient Safety Bill progressed into public participation in June 2025, a critical step toward establishing national standards for healthcare quality at all primary care levels.

Patient Safety Bill:

President William Ruto presides over the Cabinet session on 29 July 2025 that approved the Quality Healthcare and Patient Safety Bill, introducing mandatory licensing, a unified quality assurance framework, and an independent Patient Safety Authority to reform Kenya's health system. Photo: PCS

3.6 Integrated Service Delivery and Primary Health Care

Integrated Service Delivery & Primary Health Care

Primary Health Care in Kenya serves as the fundamental gateway to achieving Universal Health Coverage. This journey began in the 1970s, with Kenya aligning its policies with the 1978 Alma-Ata and 2018 Astana Declarations to prioritize essential, universally accessible care. A critical turning point was the 2010 Constitution, which devolved health services to county governments and initiated a paradigm shift from reactive illness management to proactive, people-centred care.

Kenya's strategy for integrated service delivery is anchored in the Primary Care Network model. This 'hub and spoke' structure utilizes Level 4 facilities as hubs to coordinate with Level 2 and 3 spokes and Level 1 community units. These networks are operationalized through Multi-disciplinary Teams led by family physicians and supported by the Advocacy, Communication and Community Engagement Framework. While health indicators such as maternal mortality and disease burden have improved, a substantial financing gap remains.

Current data indicates that Primary Health Care requires a 3.7-fold increase in investment to meet national targets. Moving forward, Kenya is developing the Kenya Primary Healthcare Strategic Framework 2025-2030 to consolidate these efforts and ensure equitable, high-quality healthcare for all citizens.

2025 Achievements

The Quality Healthcare and Patient Safety Bill
The Quality Healthcare and Patient Safety Bill progressed into public participation in June 2025, a critical step toward establishing national standards for healthcare quality at all primary care levels.

Related PHC achievements across this report
focusing on disease elimination, digital integration, and strategic policy development.

- **Elimination of sleeping sickness** as a public health problem (read more on page 22).
- **Expansion of severe non-communicable disease management** through PEN Plus (read more on page 28).
- **Ksh 3.8 billion secured** for reproductive health and teenage mother health coverage (read more on page 59)
- **Health Workforce Strategic and Investment Plan** 2025-2030 finalised (read more on page 66).
- **Electronic Community Health Information System scaled** up across multiple counties (read more on page 73).

Nursing Officer Jeremiah Nyailo with patient Rose Nijala Watoka at a primary health care facility in Bungoma County. The facility is part of the WHO-supported Women Integrated Cancer Services project, which provides breast and cervical cancer screening alongside checks for diabetes, high blood pressure and mental health in a single visit.

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3.7 **Health Information Management**

Key Highlights

DATA ANALYSIS AND VISUALISATION

Over 850 Health Records and Information Officers across all 47 counties trained in data management, data analysis and visualization.

Image:

Elizabeth Kareri, a Health Records and Information Officer at Nakuru Provincial General Hospital, holds a manual record book used to capture patient data.

Through WHO-supported training, officers like Elizabeth are now equipped to digitise, analyse and visualise this data to support evidence-based health planning.

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MALARIA

Seasonal Malaria Chemoprevention and insecticidal net distribution modules added to the digital campaign ecosystem.

DIGITAL MEDICAL CERTIFICATION

Kenya hosts Malawi and Sierra Leone in virtual exchange on digital medical certification and ICD-11 coding

DIGITAL HEALTH CAMPAIGNS

The digital health campaigns system expanded to 9 counties with over 6,000 community health promoters and 400 supervisors trained

IMPACT ASSESSMENT

Two surveys conducted with Clinton Health Access Initiative to capture early system usage, outputs and impacts, supporting data-driven decision-making for future public health campaigns.

3.7 Health Information Management

Digital Health

Health campaigns like mass immunization drives, mass drug administration programs, and long-lasting insecticide treated net distribution remain among the most powerful tools humanity possesses for reaching underserved and vulnerable populations at scale. Deployed well, they can guarantee long lasting protection to millions of children within days.

However, these campaigns have for a long time in Kenya been reliant on paper-based systems, fragmented partner data, unreliable population estimates, and delayed data visibility forcing supervisors, supply chain and decision makers to operate them blindly with accountability being retrospective at best. This gave rise to the Integrated Campaign Digitization (ICD) project, a collaboration of WHO and CHAI funded by Gates foundation, aimed at leveraging technology to make health campaigns more efficient and effective.

The ICD project that began in early 2022 has seen the strategic co-designing, developing, testing, piloting, deployment and roll out of a digital ecosystem for managing large-scale health campaigns, in partnership with the Ministry of Health which provided the project's overall direction and leadership through a multi-departmental steering committee.

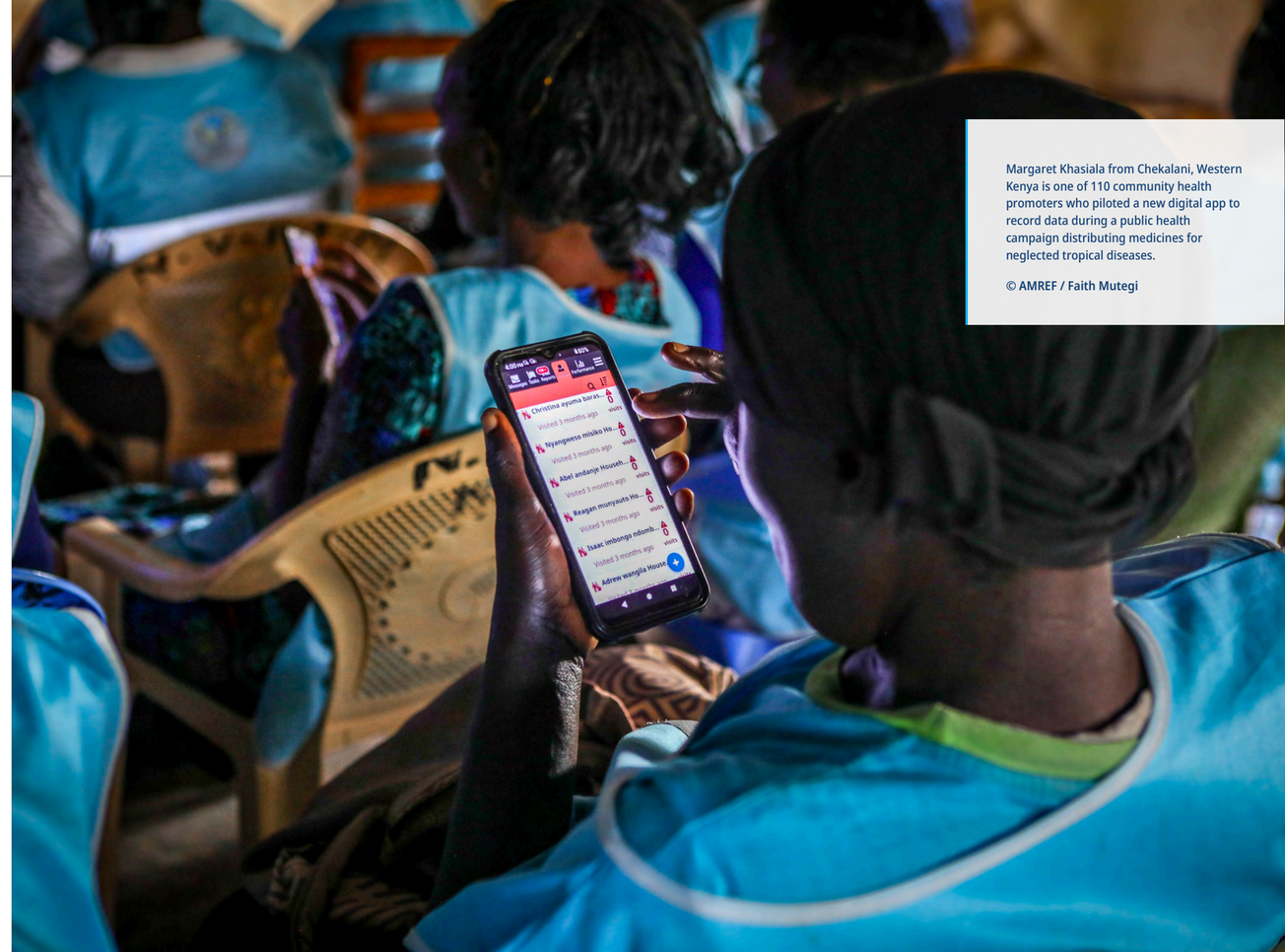
2025 Achievements

Scale up of the digital health campaigns ecosystem.
With the digital system deployed, scale up included expanding the system's use to more live campaign executions. Three clustered Training-of-Trainer's sessions were conducted that encompassed 9 counties and 26 sub counties, where over 6,000 community health promoters and over 400 supervisors were trained, receiving technical support from the ministry of health technical personnel who oversee the running and updating of the system.

Integrating new disease areas into the digital health campaign ecosystem
Development, testing, deployment and piloting of a Seasonal Malaria Chemoprevention campaign execution module and a Long-Lasting Insecticidal Nets distribution needs assessment module marked the first extension of the system beyond the already existing Mass Drug Administration modules. A new implementing partner was also onboarded to collaborate on the Seasonal Malaria Chemoprevention digitalization component.

Provision of Real-time data quality assurance technical support
WHO provided data quality assurance technical support during active Mass Drug Administration campaigns transferring knowledge of system usage best practices and operational procedures to campaign health care workers during actual campaign implementations while using the developed system.

Conducting post-implementation evidence gathering surveys with the primary system users
WHO in collaboration with CHAI planned two system post-implementation surveys to capture early system usage outputs and impacts from the system's primary users. The results signalled an emerging appetite for generating and using evidence, where data not only reports outputs, but improves program quality through data-driven decision making.



Margaret Khasiala from Chekalani, Western Kenya is one of 110 community health promoters who piloted a new digital app to record data during a public health campaign distributing medicines for neglected tropical diseases.

© AMREF / Faith Mutegi

HIGHLIGHT

Kenya pilots first mass digital health campaign

During a 5-day campaign, 4,250 health workers delivered medicines for neglected tropical diseases to 13 million children across Kenya's Western, Nyanza, and Coastal regions.

For the first time, 110 community health promoters in Kakamega County used mobile phones to record data digitally, replacing traditional paper-based registers. The WHO-supported initiative enabled real-time tracking of campaign progress and eliminated transcription errors.

Health worker Margaret, who previously relied on handwritten records, found the digital system more efficient. "Without carrying registers or worrying about errors, we could focus on reaching more children," she noted.

The pilot demonstrated that digital data collection allows national teams to monitor campaigns in real time and respond quickly to operational challenges.

3.7 Health Information Management

Health Information Management Monitoring and Evaluation

Kenya's health information system has evolved from fragmented, disease-specific programs to a unified, government-led digital framework supporting Universal Health Coverage and Vision 2030. The 2010 Constitution enshrining the right to health, subsequent devolution, Kenya Health Policy (2014-2030), Health Act (2017), National eHealth Policy (2016), and Digital Health Act (2023) established the legislative foundation for integrated health information systems.

Kenya utilizes the Kenya Health Information System for routine data collection, Kenya Master Facility Registry for facility designation, and Electronic Medical Records for patient care. The Taifa Care Hospital Management Information System is being rolled out across all public facilities. Key strategies include one national monitoring and evaluation framework, Kenya Health Enterprise Architecture for system interoperability, Health Information Exchange for secure data sharing, and Kenya Health Data Governance Framework ensuring security and quality.

WHO has provided technical and financial support to enhance national capacity for data generation, analysis, and monitoring of Universal Health Coverage and Sustainable Development Goal indicators while promoting digital health innovations.

2025 Achievements

Campaign Digital System Scaled Across Five Counties
WHO supported integration of the campaign digital system within eCHIS in Kakamega, Bungoma, Trans Nzoia, Vihiga, and Kilifi counties, transitioning mass drug administration from periodic events into routine primary health care services.

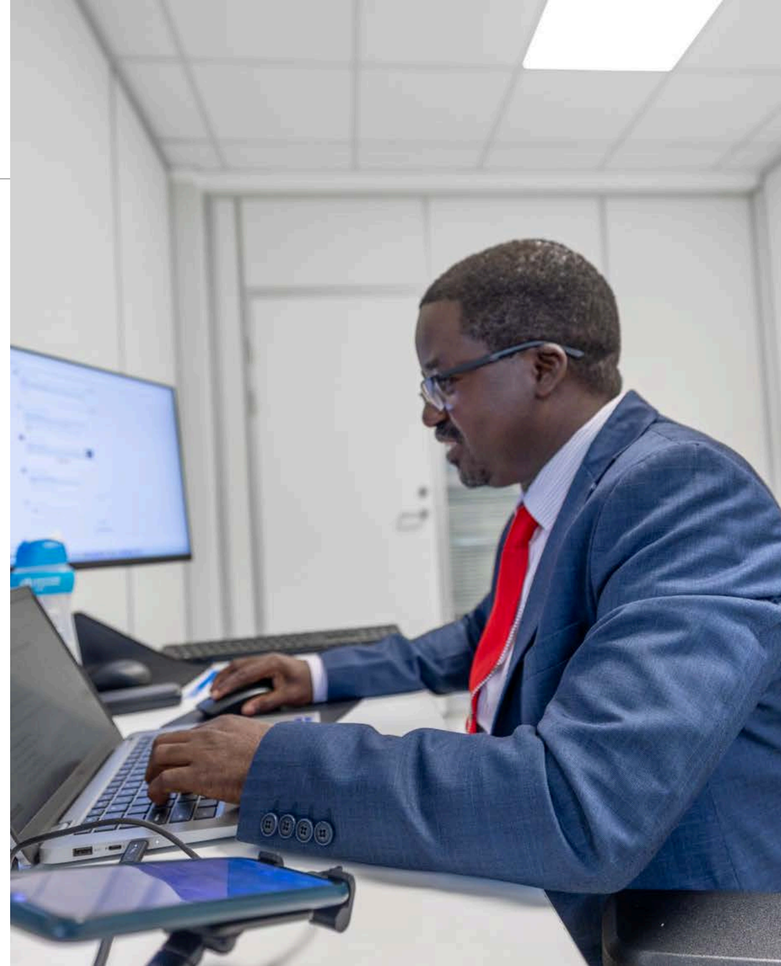
Over 1,000 Health Records and Information Officers Trained Across All 47 Counties
WHO strengthened data capacity by training Health Records and Information Officers in advanced Excel, R software for statistical analysis, and QGIS for geospatial analysis, enabling evidence-based decision making at county level.

Sexual and Reproductive Health and Rights Profiles Developed for 19 Counties
WHO coordinated development of county-specific Sexual and Reproductive Health and Rights profiles providing tailored data snapshots and recommendations, enabling local authorities to make evidence-based planning decisions using regional rather than national data.

Digital Health Agency Strategic Plan Developed & Launched
WHO provided technical support for development and launch of the Digital Health Agency Strategic Plan, establishing governance frameworks for improved health sector interoperability and long-term digital transformation.

Maternal and Perinatal Death Surveillance and Response Committees Trained in Six Counties
WHO trained Maternal and Perinatal Death Surveillance and Response Committees on updated national guidelines in Tana River, Siaya, Laikipia, Samburu and Marsabit, strengthening county-level response systems and accountability.

Digital Health Investment Mapping Completed Across Counties
WHO completed comprehensive mapping of digital health investments across counties, providing evidence base for optimized resource allocation and strategic planning to avoid duplication and maximize impact.



PARTNERSHIPS, LEADERSHIP AND APPRECIATION

Health Sector Partner Coordination

The Health Sector Partner Coordination (HSPC) in the Kenya Country Office serves as a vital hub for supporting the MOH in its leadership and coordination efforts within the health sector. Its primary mission is to mitigate fragmentation across health initiatives, foster a sense of ownership among government entities, and enhance the overall impact of health-sector investments.

By engaging closely with the MOH, the HSPC plays a pivotal role in bringing together a diverse array of health-sector partners, including development partners, UN agencies, and non-governmental organizations (NGOs). This collaboration aims to ensure that their collective efforts are harmonized with the national health policies, strategies, and priorities that guide the country's public health landscape.

To achieve this, HSPC provides technical guidance and facilitates joint planning opportunities through various coordination forums, such as the Development Partners in Health-Kenya (DPHK), the H6 platform, and humanitarian partners platforms.

These collaborative efforts help the MOH synchronize partner activities, prevent redundancy, and enable the efficient allocation of resources, ultimately strengthening the public health system's responsiveness to pressing health challenges in the country.

2025 Achievements

24 partner meetings were conducted for development and humanitarian partners, as well as the revived H6 platform

24 meetings were convened with development and humanitarian partners to discuss health sector priorities, ongoing emergencies, progress toward annual objectives, and mechanisms to address gaps. The H6 partnership platform was revived to align six UN agencies in supporting reproductive, maternal, newborn, child, and adolescent health.

The number of members of Development Partners in Health/Kenya has increased by 11%, to 42.

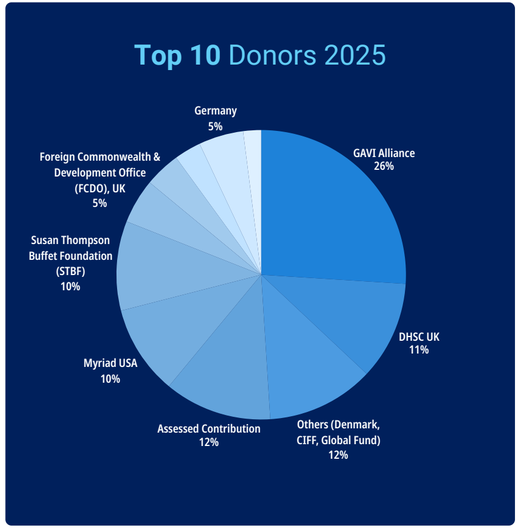
In 2025, DPHK grew by 11%, welcoming five new members, mostly private foundations. This expansion underscores the platform's value, with members actively collaborating to advance health sector priorities and demonstrating a strong commitment to achieving shared health objectives in Kenya.

Strengthened health sector coordination support to the Ministry of Health and WHO leadership within the UNCT/HCT

Supported the Ministry of Health Health Sector Coordination Directorate in conducting the Mid-Term Review of the Partnership and Coordination Framework. The Health Sector Partner Coordination team also facilitated World Health Organization health leadership within the United Nations Country Team/Humanitarian Country Team and ensured timely reporting of interagency health indicators.

External Relations and Partnerships

WHO Kenya engaged with member states' embassies and key partners to share progress, highlight achievements and explore opportunities for continued collaboration.



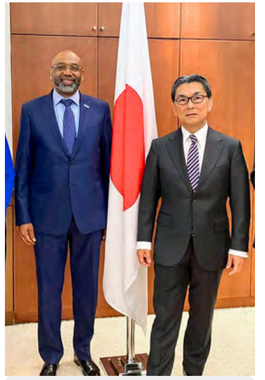
WHO Country representative meeting with **H.E. Ambassador Sebastian Groth, Germany.**

WHO Country representative meeting with **H.E. Ambassador Abderrazzak Laassel, Morroco.**

WHO Country representative meeting with **Deputy DG, Dr. Douglas Shaffer, International Vaccine Institute.**

WHO Country representative meeting with **CEO Dr. Solomon Zewdu, The End Fund**

WHO Country representative meeting with **Bill and Melinda Gates Foundation**.



WHO Country representative meeting with **H.E. Ambassador Matsuura Hiroshi, Japan**

Leadership Reflections

Strategic Directions
Over the period under review, the WHO Kenya Country Office has sharpened its strategic focus to better respond to an increasingly dynamic and resource-constrained operating environment. Greater emphasis has been placed on prioritization, ensuring that limited resources are aligned with high-impact interventions and core mandates. Strategic choices have increasingly been informed by data, risk analysis, and lessons learned from implementation, allowing leadership to balance ambition with realism. There is also a visible shift toward anticipatory planning, moving from reactive approaches to more forward-looking, resilience-oriented strategies.

Realignment Processes
Internal realignment processes within the WHO Kenya Country Office have been driven by the need to improve coherence, reduce duplication, and strengthen accountability across functions and teams. Roles and responsibilities have been clarified to better reflect evolving priorities and operational realities. While these adjustments have required change management and adaptation, they have also created opportunities for stronger collaboration, clearer reporting lines, and more agile decision-making. The realignment has underscored the importance of flexibility, staff engagement, and continuous communication to ensure that structural changes translate into financial gains.

Efficiency Measures Introduced
A range of efficiency measures has been introduced within the WHO Kenya Country Office to optimize the use of financial, human, and time resources. These include streamlining workflows, leveraging digital tools (including limiting non-essential conferences), standardizing processes, and reducing administrative bottlenecks. Greater attention has been given to value for money, with a focus on minimizing transaction costs while safeguarding quality and compliance. Collectively, these measures have contributed to faster turnaround times, improved coordination, and enhanced transparency, though continued monitoring is needed to sustain gains and prevent efficiency fatigue. In addition, economies of scale have been realized through the mutualization of resources, such as pooled transport arrangements, further enhancing cost-effectiveness and operational efficiency.

Acknowledgement

As we reflect on 2025, we extend our **heartfelt gratitude to our partners and donors** for your vital support. We look forward to strengthening our collaboration and to continue working towards our shared goal to champion health and a better future for all.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