

Approaches to Implementing and Financing Primary Health Care in Kenya

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Abstract : Background: Kenya has made significant strides in improving access to PHC services. However, challenges relating to equitable distribution of services, resource allocation, and financial sustainability must be addressed. Targeted policy interventions strengthened collaboration between public and private sectors, and innovative financing mechanisms are needed to bridge existing gaps and enhance the delivery of PHC services. A holistic and collaborative approach is essential to ensure PHC remains accessible, affordable, and of high quality for all its citizens. By addressing the identified issues and building on the existing strengths, Kenya can move towards a more resilient and inclusive health system. Study objectives: Inform scale-up of promising primary health care (PHC) approaches/models, Inform the development of PHC advocacy materials, and Contribute to country, regional, and global discourse on PHC financing. The methodology involved conducting a desk review of background literature and statistics on the current state of PHC and key informant interviews guided by a questionnaire based on the pillars or building blocks of Health Systems Strengthening (HSS). Summary of Key Findings: Strong support from leadership is key for the successful implementation of Primary Care Networks (PCNs), as seen in Kisumu and Nakuru, where County Health Management Teams (CHMTs) showed commitment to the success of PCNs even without partner support. Using already existing governance and human resources for health (HRH) mechanisms to implement PCNs is useful, especially where there are resource constraints and improve performance: An appointed PHC focal person/office is key to ensuring the planning and implementation of PCNs, e.g., Kisumu, Nakuru, and Garissa. Embracing joint planning and distribution of resources within PHC leads to more efficient use of resources coordination outcomes, for example, in Kisumu and Garissa. Subsequent prioritization and county funding have led to successful PCN implementation in Nakuru and Kisumu. Partner funding in Garissa has facilitated PCN functionality in Garissa and Nakuru. Intersectoral collaboration and public participation in the health sector lead to greater utilization of PHC services, e.g., in Kisumu, working with other ministries to improve infrastructure like road networks to facilities has improved access to PHC facilities.

Keywords : PHC policy and programming, innovations and adaptations, scale up, UHC

Conference Title : ICPH 2025 : International Conference on Public Health

Conference Location : Venice, Italy

Conference Dates : August 14-15, 2025