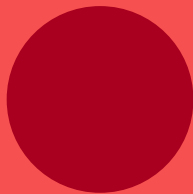
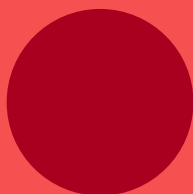


PATH Kenya Annual Report 2025

Advancing health equity
through stronger systems and
partnerships



The way
to better
health



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Photos, left to right

Front cover: PATH/Gnima Diop, PATH Kenya, PATH Kenya;

Back cover: PATH/Gabe Biencycki, PATH/Jamil Barton, PATH/Gnima Diop.

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Photo: Baby Naya receives oral drops at an immunisation outreach. PATH

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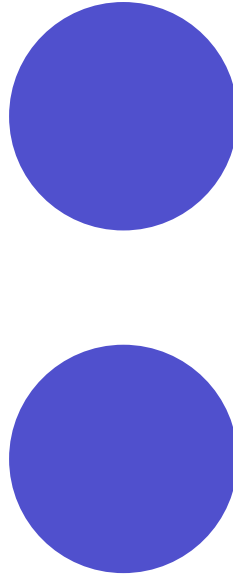
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Abbreviations

AEFI	adverse events following immunization
AMPLI-PPHI	Accelerating Measurable Progress and Leveraging Investments for Postpartum Hemorrhage Impact
CAP	Center for Advocacy and Policy
CCMm	community case management of malaria
CDC	Centers for Disease Control and Prevention
CFLA	County First Ladies Association
CHP	community health promoter
CHW	community health worker
CMD	cardiometabolic disease
CSO	civil society organization
ECD	early childhood development
EID	early infant diagnosis
HIV	human immunodeficiency virus
HPV	human papillomavirus
HSC	heat-stable carbetocin
HSS	health systems strengthening
HTS	HIV testing service
IPTp	intermittent preventive treatment in pregnancy
IPV	inactivated polio vaccine
LLM	large language model
MBFI+	Mother-Baby Friendly Initiative Plus
MiP	malaria in pregnancy

MNCH	maternal, newborn, and child health
MR	measles-rubella
NCD	noncommunicable disease
NMCP	National Malaria Control Program
NGO	nongovernmental organization
NVIP	National Vaccines and Immunization Program
PCN	primary care network
PEPFAR	US President’s Emergency Plan for AIDS Relief
PHC	primary health care
PLHIV	people living with HIV
PMI	US President’s Malaria Initiative
PMTCT	prevention of mother-to-child transmission
PSA	pressure swing adsorption
SOP	standard operating procedure
TB	tuberculosis
TCV	typhoid conjugate vaccine
UNAIDS	Joint United Nations Programme on HIV/AIDS

About PATH Kenya



Since 1990, PATH Kenya has been a trusted partner to the Kenyan government, the private sector, nongovernmental organizations (NGOs), and communities, supporting the country's rise as a health leader in East Africa and beyond.

What we do

- Enhance health system capacity and resilience: PATH Kenya helps strengthen national and subnational health systems so they can meet the needs of diverse populations and prevent, detect, and respond to intersecting challenges such as communicable and noncommunicable diseases, including public health emergency preparedness and response.
- Provide technical expertise with deep local experience: As a locally registered organization with more than 30 years of experience partnering with the government, PATH Kenya helps develop and scale

Photo: Male hospital pharmacist in Kenya looking at a binder of paperwork. PATH/Eric Becker.

innovative approaches to emerging public health needs.

- Accelerate progress through advocacy and policy: PATH Kenya supports evidence-based policy development, resource mobilization, and implementation at national and subnational levels; tracks progress; supports budget advocacy and analysis; and strengthens community capacity for advocacy and accountability.
- Use human-centered design to maximize impact: PATH's Living Labs, headquartered in Nairobi, engages a network of end users—including health care providers at facility and community levels and intended intervention recipients—across Kenya and globally to co-develop solutions aimed at accelerating innovation, lowering risk, and increasing the likelihood of uptake across health areas and specialties.
- PATH Kenya works with both the national Ministry of Health and county governments, and currently has a footprint in all 47 counties.

Message from the Chair of the Board

In 2025, the Board had the privilege of witnessing the strength of Kenya's public health leadership and the resilience of communities across the country. Even as the health sector navigated reforms, evolving disease patterns, and resource constraints, national and county governments worked steadily to protect essential services and advance the country's commitment to universal health coverage (UHC). Their leadership provided the foundation on which partners—including PATH Kenya—were able to contribute effectively.

We were particularly encouraged by the dedication of county governments and frontline health workers, who continued delivering critical services to mothers, children, and vulnerable populations, often under difficult conditions. Their commitment underscores the progress documented in this report and reflects the spirit of service that drives Kenya's health system forward.

Throughout the year, PATH Kenya, guided by the Board, continued to strengthen its role as a trusted technical partner to the government. Our focus on health systems strengthening—supporting policy development, improving service quality, advancing digital and data use, expanding access to essential medicines and vaccines, and contributing to more sustainable health markets—remained central to ensuring that progress is both durable and locally owned.

The evolving global health environment also brought new realities. Funding volatility and shifting priorities highlighted the importance of predictable, well-coordinated investment and stronger domestic resource mobilization. These shifts reinforced the value of long-term partnerships built on trust, transparency, and alignment with government priorities and community needs.

The achievements reflected in this report make clear that no single institution can advance health equity alone. Progress has been made possible through government stewardship, development partner commitment, civil society engagement, private-sector collaboration, and community participation. Deepening these partnerships will remain essential as Kenya continues to build a resilient, people-centered health system.

On behalf of the Board, I extend sincere appreciation to the government of Kenya, county leadership, development partners, and frontline health workers whose dedication makes this work possible. The Board remains committed to providing strong oversight and strategic direction as PATH Kenya contributes to equitable and sustainable health outcomes for all Kenyans.

Nanthalile Mugala, MD, MMed
Board Chair



Message from the Country Director



2025 was a defining year for Kenya's health sector. We saw clear momentum toward UHC even as national and county systems faced real pressures—from financing uncertainties to operational disruptions and shifting priorities. Through it all, communities continued

to rely on essential services, and the commitment of health workers, county governments, and national institutions to safeguard lives remained unmistakable.

At the center of this progress were communities themselves: mothers seeking safe deliveries; children reached through routine and catch up immunization; individuals accessing HIV, malaria, and chronic disease services; and families relying on primary health care as their first point of contact. The achievements reflected in this report are grounded in the daily dedication of frontline providers and community structures that continue to deliver care under challenging conditions.

PATH Kenya is privileged to serve as a longstanding technical partner to the government of Kenya. In 2025, our collaboration with the Ministry of Health, semiautonomous agencies, and county governments focused squarely on government-led priorities: enhancing service quality; improving access to essential medicines and vaccines; strengthening data use and digital systems; shaping sustainable markets for health commodities; and advancing policies that place primary health care (PHC) at the heart of reform.

What makes PATH Kenya distinct is how we pair deep local presence with global expertise—bringing

evidence, innovation, and market-shaping approaches to accelerate government priorities at scale. We help translate policy into practice, strengthen systems that endure beyond projects, and convene diverse partners around solutions that are locally owned and sustainable.

The year also tested our collective resilience. Funding uncertainty, evolving implementation priorities, and operational disruptions affected programs across the sector. A key lesson was reinforced: sustainable progress depends on strong government leadership, coordinated partnerships, predictable financing, and solutions designed and owned locally.

Looking ahead, partnership remains central to Kenya's journey to UHC. We will continue to support the government to:

- Consolidate PHC as the organizing principle of service delivery.
- Strengthen supply chains and market dynamics for reliable access to essential health products.
- Expand the use of high-quality data and digital platforms for decision-making.
- Advance policies and financing that protect the most vulnerable while improving system efficiency.

As we reflect on 2025, I extend heartfelt appreciation to the government of Kenya at the national and county levels, our development partners, professional associations, civil society, private-sector actors, health workers, and communities whose dedication drives this progress. PATH Kenya remains committed to government-led, evidence-based, and equitable solutions—working together to build a resilient health system that delivers for every Kenyan.

Carolayne Njuguna
Country Director

2025 at a glance

HIV and TB



330,857 people
received HIV testing services.

91,740 people
linked to lifesaving HIV treatment.

3,042 babies
born HIV-free through strengthened
prevention of mother-to-child
transmission (PMTCT) services.

Maternal, newborn, and child health/Early childhood development



47 counties

gained access to heat-stable carbetocin, a
lifesaving postpartum hemorrhage (PPH)
drug.

Integration of nurturing care strengthened
early childhood development in facility and
community systems.

Immunization



47 counties
were supported with immunization
strengthening.

16.1 million children
aged below 15 years immunized under
the Typhoid Conjugate Vaccine and
Measles Rubella immunization campaign
conducted by the National Vaccines and
Immunization program with support from
PATH and other partners.

Malaria



237 health workers
trained in malaria case management
across 107 facilities.

1,016 health workers
mentored; competence reached 87% for
case classification and 81% for treatment.

748 community health
promoters
supervised across 87 community units.

Noncommunicable diseases (NCDs)

15,200 patients enrolled in cardiometabolic disease care.



60% of enrolled patients achieved improved disease control.

20% reduction in county NCD commodity stockouts.

Market dynamics and oxygen systems

4,300+ medical devices registered and inventoried on the national system.



1,150 oxygen flowmeters distributed across seven counties.

Kenya Medical Oxygen Roadmap 2025–2030 launched.

Advocacy, policy, and health systems strengthening



3 health financing bills passed in Nyamira County.

4 counties rolled out the PCN Functionality Tool to track progress.

Digital health



5 large language models (LLMs)

benchmarked against Kenyan clinical decision support vignettes.

Developed and deployed Afya Devices, a standardized medical device data system that improved device visibility.

Results by thematic area



HIV and TB

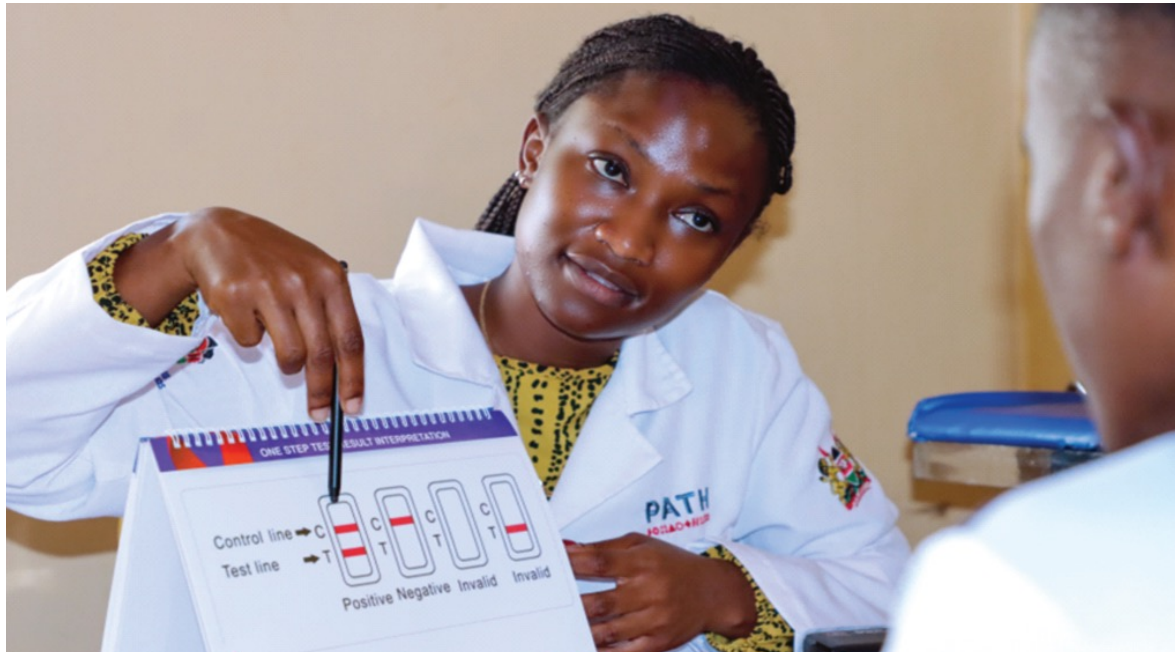
Kenya continues to face a significant HIV burden, particularly among adolescents, young women, and key populations. As of 2024, national HIV prevalence among adults aged 15–49 remains approximately 3%, representing 1.3 million adults and 75,000 children living with HIV. Achieving the UNAIDS 95–95–95 targets will require sustained progress in targeted HIV testing, rapid linkage to treatment, viral suppression, and robust PMTCT services.

PATH Kenya remains a longstanding technical partner to the Ministry of Health and county governments, supporting the expansion of high-quality

As of 2024, national HIV prevalence among adults aged 15–49 remains approximately 3%, representing 1.3 million adults and 75,000 children living with HIV.

Photo: A mother and her baby celebrate successfully completing the PMTCT program under the Nuru Ya Mtoto Project, implemented by PATH Kenya, with an HIV-free outcome. Denise Akun/PATH.

HIV prevention, care, and treatment services. Across its HIV portfolio, PATH Kenya works with counties to scale up targeted testing, accelerate treatment initiation, strengthen continuity of care, integrate HIV services into PHC, build clinical and community workforce capacity, improve data quality for decision-making, and reinforce laboratory systems for viral load monitoring and early infant diagnosis.



Denise Akun/PATH

In 2025, these efforts were further advanced through Nuru Ya Mtoto (NYM)—a five-year, PEPFAR-funded HIV service-delivery project implemented in partnership with Kakamega, Kisumu, Nyamira, and Vihiga counties. The project strengthens comprehensive HIV prevention, care, and treatment services by improving targeted HIV testing, ensuring same-day linkage and initiation on treatment, and supporting continuity of care for PLHIV. Working through county health systems, NYM integrates HIV services within routine primary care, enhances clinical and laboratory capacity, and improves data quality and use at the facility and county levels. All activities align with national policies and contribute to resilient, county-led health systems capable of sustaining long-term progress.

Above: A health care worker explains to a client the HIV testing process.

Key interventions under Nuru Ya Mtoto

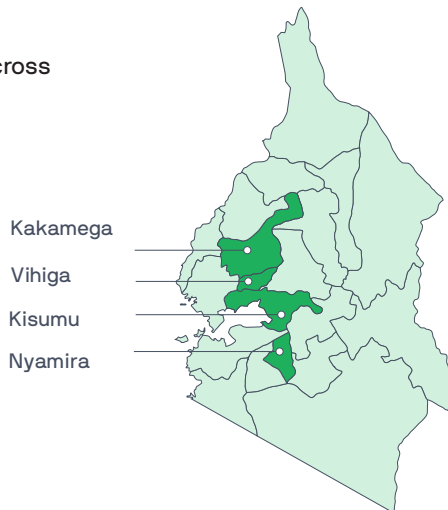
1. Targeted HIV testing services (HTS).
2. Same-day linkage and initiation on antiretroviral therapy (ART).
3. Continuity of treatment and viral suppression monitoring.
4. Integration of HIV services into routine health systems.
5. Strengthening laboratory networks for viral load testing.
6. Capacity-building for health care workers and lay cadres.
7. PMTCT and early infant diagnosis (EID).

Key results

- 330,857 people received HIV testing.
- 91,740 men, women, and children received lifesaving HIV treatment.
- 72,560 pregnant and breastfeeding women knew their HIV status.
- 3,042 babies born HIV-free.
- 1,757 clinical health care workers and lay cadres engaged to deliver HIV treatment services.

Coverage:

Project operational across Kakamega, Kisumu, Nyamira, and Vihiga counties.



Impact

The Nuru Ya Mtoto project has significantly improved health outcomes for 91,740 people living with HIV in Kakamega, Kisumu, Nyamira, and Vihiga counties. This has been made possible by increasing timely linkage to care for newly diagnosed clients, with nearly all initiated on treatment on the same day of linkage; continuity of treatment resulted in improved viral suppression, reaching 97%. The project also strengthened county health systems by integrating HIV services into mainstream health service provision, building the capacity of health care workers in HIV management, and improving data quality and use for decision-making through on-site and off-site mentorship. Additionally, the project has led to a more reliable laboratory system through which patient samples are shipped from peripheral facilities to central testing sites, and results are relayed back through a management information system.

Malaria



Sheila Maina / PATH

Malaria remains a major public health challenge in Kenya, with approximately 30% of the population—more than 15 million people—at risk, the majority residing in the eight lake-endemic counties where transmission exceeds 474 cases per 1,000 people annually. These counties continue to experience high malaria morbidity and mortality, making strong facility- and community-level case management essential. Strengthening malaria case management, improving malaria in pregnancy (MiP) services, enhancing diagnostic capacity, and supporting community health systems remain national priorities.

Through the REACH Malaria project, PATH Kenya works with the Ministry of Health, the National Malaria Control Program (NMCP), and county governments to expand access to high-quality malaria prevention, diagnosis, and treatment services. The project focuses on improving provider competency, strengthening community case management of malaria (CCMm), and building robust diagnostic, quality assurance, and surveillance systems. In 2025, PATH Kenya supported case management, MiP, diagnostics, and CCMm across the eight high-burden counties of Kisumu, Migori, Siaya, Homa Bay, Busia, Bungoma, Kakamega, and Vihiga.

Above: REACH Malaria Technical officer, Seraphine Mwende, guides Rumbiye Dispensary nurse on the review of the ANC register as the Sub County RH coordinator, Mr. Okapesi looks on.

Malaria remains a major public health challenge in Kenya, with approximately 30% of the population—more than 15 million people—at risk.

Key interventions under REACH Malaria

1. Capacity-building of health care workers on uncomplicated malaria case management and MiP using NMCP-approved curricula.
2. On-site mentorship to strengthen diagnosis, treatment, and delivery of intermittent preventive treatment in pregnancy (IPTp).
3. Strengthened management of severe malaria through targeted mentorship of inpatient clinical staff.
4. Enhanced malaria diagnostic capacity, including microscopy and malaria rapid diagnostic test quality improvement, through supervision of medical laboratory technologists and county quality assurance officers.
5. Supportive supervision of community health promoters (CHPs) delivering community case management of malaria (CCMm).
6. Facility-level supportive supervision and data quality improvement, including assessments, feedback, and corrective actions for frontline providers.

Key achievements in 2025

- **Built capacity of 237 health care workers** across eight lake endemic counties using the NMCP-approved curriculum—covering uncomplicated malaria management and malaria in pregnancy—drawn from **107 facilities (11.4% of focus facilities)**.
- **Improved severe malaria case management** by mentoring **320 clinical staff** (clinical officers, nurses, and medical officers) in **81 inpatient facilities** within the lake-endemic zone.
- **Enhanced malaria diagnostic quality** by enabling county quality assurance officers to supervise **383 laboratory technologists** across **406 facilities**, strengthening malaria microscopy competencies.
- **Supported community level malaria services** through mentorship and supervision of **748 community health promoters (CHPs)** in **87 community health units** linked to **70 facilities**, improving adherence to CCMm guidelines.
- **Joint supportive supervision with NMCP** across **825 facilities** (public, faith-based organizations, and private), reaching **2,206 frontline health care workers** and resulting in **94% competency** in correct administration of artemether-lumefantrine, despite low recent supervision coverage (4.7%).

Impact

These activities significantly strengthened frontline malaria service delivery across Kenya's eight lake-endemic counties. By building the skills of health care workers, laboratory personnel, and community health promoters, REACH Malaria improved clinical judgment, boosted diagnostic accuracy, and expanded access to high quality malaria prevention and treatment services. Together, these efforts ensured that populations in high-burden regions receive more timely, consistent, and effective malaria care.

Vaccines and immunization



Photo: Health Cabinet Secretary Aden Duale at the launch of the 10-day typhoid conjugate vaccine (TCV) and measles-rubella (MR) immunization campaign.

In 2025, PATH Kenya continued to support the Ministry of Health and the National Vaccines and Immunization Program (NVIP) to strengthen Kenya's immunization system and expand equitable access to lifesaving vaccines across all 47 counties. PATH Kenya's work focused on increasing routine immunization coverage, supporting the introduction of new vaccines, improving service delivery, enhancing health worker readiness, strengthening community engagement, and improving data systems for evidence-based decision-making. These efforts collectively contributed to protecting children and communities from vaccine preventable diseases and reducing the number of zero-dose and underimmunized children.

Key interventions under vaccines and immunization

1. Strengthening service delivery and reaching zero-dose children

PATH Kenya supported integrated community outreaches in all 47 counties through the Big Catch-Up initiative and assisted NVIP with outreach coordination and human papillomavirus (HPV) enumeration to identify and reach out-of-school and hard-to-reach girls.

These efforts collectively contributed to protecting children and communities from vaccine preventable diseases.

2. Building health worker capacity

PATH Kenya provided technical support to develop national training materials and modules for new vaccine introductions—including TCV, HPV, inactivated polio vaccine (IPV), and the malaria vaccine switch—while supporting national cascade trainings and campaign readiness.

3. Enhancing vaccine quality, safety, and supervision

PATH Kenya supported NVIP-led supervision, mentorship, and adverse events following immunization (AEFI) investigation processes to strengthen vaccine safety and service quality.

4. Improving vaccine demand and community engagement

PATH Kenya co developed communication strategies and materials for the TCV/MR campaign, facilitated multistakeholder engagements, and supported media outreach in counties including Kisumu, West Pokot, Busia, and Turkana.

5. Strengthening immunization data systems

PATH Kenya supported updates to national monitoring and evaluation tools, including revising the Mother and Child Health booklet to include new antigens and updated guidelines.

Impact

Through these efforts, PATH Kenya strengthened national and county immunization systems, improved service delivery, enhanced provider capacity, and boosted vaccine confidence. These achievements contributed to reducing the number of zero-dose children, improving campaign readiness and performance, and expanding equitable access to routine and new vaccines across the country.

Key achievements in 2025

- Supported the TCV/MR vaccination campaign through which 16.1 million children were vaccinated, including 74,000 zero-dose children.
- Conducted integrated community outreaches across all 47 counties under the Big Catch-Up effort, helping reduce the number of zero-dose children and increase coverage.
- Developed national training materials for multiple new vaccine introductions (TCV, HPV, IPV, malaria vaccine).
- Produced information, education, and communication materials that helped improve awareness and acceptance of MR/TCV vaccines nationwide.
- Identified and enumerated out-of school girls in Garissa, Mombasa, Uasin Gishu, and Busia counties to support equitable HPV vaccine access.
- Updated the Mother Baby Handbook to include newly introduced vaccines and support improved documentation.

Noncommunicable diseases



PATH Kenya

Noncommunicable diseases (NCDs) remain a major public health challenge in Kenya, accounting for 27% of all deaths, with hypertension—affecting one in four adults—standing out as the most common cardiovascular condition. Rising rates of diabetes, cancer, chronic respiratory conditions, and mental health disorders continue to strain households and county health systems, particularly where early detection, long-term management, and access to quality services remain limited.

PATH Kenya works to strengthen the PHC system to prevent, detect, and manage chronic conditions. The approach emphasizes:

- Building health worker capacity.
- Improving access to screening, diagnosis, and treatment.
- Integrating NCD services within existing PHC platforms.

Above: AMGEN representatives with Makueni County Governor H.E. Mutula Kilonzo Jr. when the PATH and AMGEN team visited Makueni County in June 2025.

Noncommunicable diseases (NCDs) remain a major public health challenge, accounting for 27% of all deaths, with hypertension—affecting one in four adults.

- Supporting patient self care, empowerment, and psychosocial support groups.
- Strengthening national- and county-level policies, tools, and data systems.

In 2025, PATH Kenya implemented two complementary, PHC-anchored cardiometabolic disease (CMD) initiatives that together strengthened CMD prevention, screening, diagnosis, and continuity of care across 37 counties. The initiatives included the following:

1. Amgen-supported CMD program in Makueni and Nyeri counties.
2. World Diabetes Foundation CMD project spanning 35 counties.

Key interventions under NCDs

1. Training health workers and CHPs on CMD care protocols.
2. Deploying lipid testing platforms and point-of-care screening devices in Makueni and Nyeri counties.
3. Developing and disseminating national CMD care protocols, tools, and data dashboards.
4. Supporting counties with NCD commodities forecasting and quantification, strengthening supply planning.
5. Establishing and strengthening psychosocial support groups and self care structures for patients.
6. Supporting county-led mentorship, supportive supervision, and data quality audits.

Key achievements in 2025

- 232 health workers and CHPs trained on CMD care protocols.
- 10 lipid screening machines and two full lipid profile analyzers deployed in Makueni and Nyeri counties.
- The CMD Kenya Analytics dashboard developed for the NCD Kenya Health Information System metrics.
- 10 County Health Products and Technologies Units trained in NCD commodities forecasting and quantification, supporting 50 health facilities.
- Strengthened county-led mentorship and supportive supervision systems.

Impact

Through strengthened cardiometabolic disease (CMD) care models in Makueni and Nyeri counties and improved NCD commodity planning across 10 counties, PATH Kenya contributed to a more reliable and equitable chronic disease system. Enhanced continuity of care enabled thousands of patients to achieve better disease control—demonstrating that PHC anchored CMD models can drive meaningful health outcomes when properly supported. At the same time, reductions in essential commodity stockouts improved service readiness and protected patients from treatment interruptions, reinforcing county capacity to deliver consistent, high quality NCD care at scale.

Maternal, newborn, and child health (MNCH)



PATH

Above: Counselling session with caregivers at waiting area in a health facility.

Kenya continues to face preventable maternal, newborn, and child deaths driven by persistent gaps in access to essential health services.

Kenya continues to face preventable maternal, newborn, and child deaths driven by persistent gaps in access to essential health services, limited availability of lifesaving maternal health commodities, and inadequate integration of nurturing care during early childhood. In 2025, PATH Kenya strengthened the MNCH system by partnering with national institutions and county governments to expand equitable access to high-impact interventions across the continuum of care—from pregnancy and childbirth through early childhood. These efforts were anchored in nurturing care, improved newborn nutrition, and the scale-up of PPH prevention commodities.

PATH Kenya's MNCH work prioritized increasing access to critical maternal health commodities, embedding nurturing care into routine service-delivery platforms, advancing newborn nutrition and breastfeeding priorities, and generating evidence to inform policy and practice. Through county-embedded implementation and strong national collaboration, PATH Kenya

advanced interventions that address preventable mortality and strengthen early childhood development, contributing to a more resilient and equitable health system.

Key initiatives

1. Thrive by Five/Early childhood development (ECD)

The Thrive by Five project, implemented in Siaya and Homa Bay counties, focuses on integrating nurturing care into routine maternal, newborn, and child health services to strengthen early childhood development. The project works through county level co creation, training of health providers, community health assistants, and community health promoters, and improving caregiver engagement during routine health visits. In 2025, the project concluded longstanding ECD work in Siaya through structured legacy planning while launching a new phase of nurturing care activities in Homa Bay. These efforts helped embed practical caregiver support for early stimulation and responsive caregiving into everyday service delivery, ensuring sustainable ECD integration across facility and community platforms.

2. AMPLI-PPHI (heat-stable carbetocin scale-up)

The AMPLI PPHI project, implemented in partnership with the Ministry of Health and the Kenya Medical Supplies Authority, focuses on expanding national access to heat stable carbetocin (HSC)—a critical medicine for preventing postpartum hemorrhage. The project strengthens market shaping, commodity access, and evidence generation to ensure that HSC becomes routinely available for safer childbirth. In 2025, the project enabled all 47 counties to procure HSC and supported widespread uptake, with 58% of birthing facilities acquiring the medicine by September. Through national policy engagement, research dissemination—including publication in *BMJ Open*—and presentations at major scientific forums, AMPLI PPHI continues to accelerate equitable access to lifesaving PPH prevention interventions across Kenya.

3. Mother-Baby Friendly Initiative Plus (MBFI+)

The MBFI+ project focuses on strengthening newborn nutrition and breastfeeding practices across Kenya by aligning national and county stakeholders around updated standards for maternal and infant care. The project works through policy convenings, technical collaboration, and engagement with Ministry of Health units responsible for nutrition and newborn health. In 2025, MBFI+ hosted its national launch in Nairobi, bringing

PATH Kenya's MNCH work prioritized increasing access to critical maternal health commodities, embedding nurturing care into routine service-delivery platforms, advancing newborn nutrition and breastfeeding priorities, and generating evidence to inform policy and practice.

All 47 counties

gained access to heat-stable carbetocin, a lifesaving postpartum hemorrhage (PPH) drug.

together county leaders, implementing partners, and Ministry of Health officials to advance newborn nutrition priorities countrywide. This momentum is helping counties improve the quality of facility based newborn care and reinforce evidence based breastfeeding practices from the first moments of life.

Key achievements in 2025

- Successfully concluded the decade long Conrad N. Hilton–funded Early Childhood Development (Hilton 5) project in Siaya County, including a county led legacy meeting to document lessons and strengthen sustainability efforts.
- Launched the Thrive by Five initiative in Homa Bay County, co creating workstreams with government stakeholders and training health providers, community health assistants, and community health promoters to integrate nurturing care into routine services.
- Convened the national launch of the Mother–Baby Friendly Initiative Plus (MBFI+) in Nairobi, bringing together the Ministry of Health, Nairobi County leadership, implementing partners, and newborn and nutrition technical units to accelerate newborn nutrition priorities.
- Supported the nationwide introduction and scale up of heat stable carbetocin (HSC) through the AMPLI PPHI project, enabling procurement in all 47 counties and achieving access pricing that allowed 58% of birthing facilities to acquire the medicine by September 2025.
- Generated and shared critical evidence on maternal health commodities through a BMJ Open publication and presentations at the FIGO World Congress of Gynecology and Obstetrics and the 45th Pharmaceutical Society of Kenya Annual Scientific Conference, strengthening national decision making and knowledge exchange.

Impact

PATH's MNCH work in 2025 strengthened the quality and consistency of care for mothers and young children by embedding nurturing care into routine health services in Siaya and Homa Bay counties and aligning national and county partners around improved newborn nutrition through the launch of the Mother–Baby Friendly Initiative Plus. At the same time, the nationwide rollout of heat stable carbetocin through AMPLI PPHI expanded equitable access to a reliable, lifesaving postpartum hemorrhage medicine across all 47 counties. Together, these efforts contributed to safer childbirth, more supportive early caregiving, and stronger early development outcomes for families across Kenya.

Market dynamics



PATH

In 2025, PATH Kenya advanced comprehensive system strengthening efforts under the Systematic Capacity and Linkages for Equipment (SCALE) project, focusing on medical equipment inventory mapping and the development of national standard operating procedures (SOPs) for biomedical and oxygen systems management. These interventions addressed longstanding gaps such as inconsistent equipment data, fragmented maintenance practices, and uncoordinated procurement processes.

At the same time, the Strengthening Oxygen Utilization and Respiratory Care Ecosystems (SOURCE) project built county level capacity for oxygen generation systems, including hands on training for biomedical engineers on pressure swing adsorption (PSA) plant maintenance. Kenya also launched the Kenya Medical Oxygen Roadmap (2025–2030), establishing the country's

Above: Kitui County Referral Hospital Med Sup - Dr. John Mungai received biomedical equipment donated to the facility by PATH Kenya.

These interventions addressed longstanding gaps such as inconsistent equipment data, fragmented maintenance.

first national framework for long term oxygen systems planning. Additional support from the ELMA Fund enabled distribution of medical oxygen flowmeters to seven counties, while the East Africa Program on Oxygen Access (EAPOA) facilitated the formation of a new national civil society coalition to champion oxygen access and community level advocacy. Together, these efforts strengthened the safety, reliability, and equity of oxygen and critical equipment services across health facilities.

Key initiatives/interventions

1. Medical equipment inventory mapping conducted across seven counties under the Systematic Capacity and Linkages for Equipment (SCALE) project, generating accurate and actionable data for procurement and maintenance planning.
2. Development of national SOPs for medical equipment and oxygen systems management, created collaboratively with county biomedical engineers.
3. Biomedical engineering capacity-building through the Strengthening Oxygen Utilization and Respiratory Care Ecosystems (SOURCE) project, including practical training for 12 biomedical engineers on preventive and corrective maintenance of PSA plants.
4. Distribution of 1,150 medical oxygen flowmeters to seven counties through the ELMA Fund support to strengthen safe and accurate oxygen therapy delivery.
5. Launch of the Kenya Medical Oxygen Roadmap (2025–2030), establishing a national framework for coordinated oxygen investments and long-term sustainability.
6. Formation of a national oxygen civil society organization (CSO) coalition under the East Africa Program on Oxygen Access (EAPOA) to support community advocacy, oxygen literacy, and policy accountability.

Key achievements

- Completed a comprehensive inventory of lifesaving medical equipment across seven counties participating in the SCALE project.
- Developed and deployed a standardized inventory tool and methodology for county led equipment monitoring.
- Held validation workshops with county biomedical engineering teams to align data for planning and budgeting.

Kenya also launched the Kenya Medical Oxygen Roadmap (2025–2030), establishing the country's first national framework for long term oxygen systems planning. These efforts strengthened the safety, reliability, and equity of oxygen and critical equipment services across health facilities.

4,300+ medical devices

registered and inventoried on the national system.

- Co created medical equipment and oxygen systems SOPs and integrated them into county structures to strengthen quality and accountability.
- Trained 12 biomedical engineers on PSA plant maintenance under the SOURCE project, enhancing county capacity for oxygen generation.
- Delivered 1,150 oxygen flowmeters to seven counties, improving the precision and safety of oxygen therapy.
- Established a national civil society oxygen coalition under EAPOA with a joint advocacy work plan and a quarterly engagement structure.
- Supported the official launch of the Kenya Medical Oxygen Roadmap, guiding national oxygen system improvement.

PATH

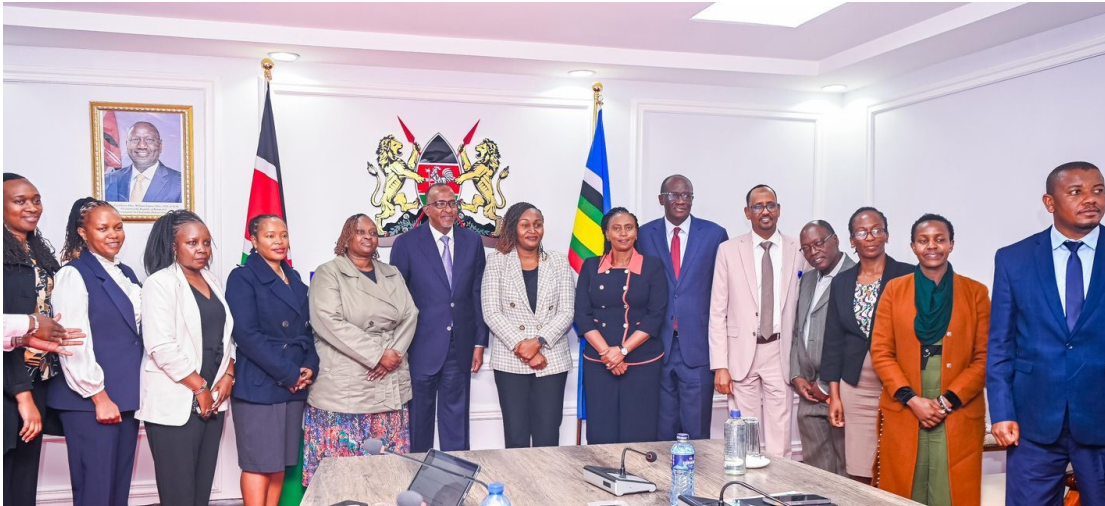


Kenya Oxygen Medical Roadmap, 2025-2030.

Impact

The Market Dynamics interventions strengthened Kenya's medical equipment and oxygen ecosystem by improving data accuracy, standardizing maintenance practices, and enhancing technical capacity at the facility and county levels. Reliable equipment data now informs procurement and maintenance decisions, while the new SOPs have improved consistency and accountability in equipment and oxygen systems management. County biomedical engineers trained under the SOURCE project are better equipped to ensure uninterrupted oxygen production, reducing downtime in critical care departments. The distribution of oxygen flowmeters improved the safety and precision of oxygen delivery for newborns, maternal patients, and critically ill patients. The Kenya Medical Oxygen Roadmap established a unifying framework for long term investment, and the EAPOA supported CSO coalition provides a platform for sustained community advocacy and accountability.

Advocacy, policy, and health systems strengthening



MOH Kenya

PATH Kenya's Center for Advocacy and Policy (CAP) program strengthens Kenya's health system by shaping policies, financing mechanisms, and accountability structures that expand equitable access to lifesaving services. The program works with government, civil society, and communities to influence decision-making, resource allocation, and the prioritization of women and children. By combining evidence, local voices, and strategic partnerships, CAP supports national- and county-level reforms that advance PHC, immunization, maternal and child health, and broader health financing priorities. This work is critical because policy choices and financing decisions determine whether communities can access quality, people centered care.

Key interventions

1. Strengthening PHC measurement and accountability

PATH Kenya supported refinement of Kenya's national PHC Measurement Framework and piloted the Primary Care Network (PCN) Functionality Tool in Kisumu and Makueni counties, with validation across multiple counties, including Nakuru, Nyeri, Garissa, Nairobi, Siaya, and Migori—laying the groundwork for nationwide adoption.

Above: Health CS Aden Duale with members of the Health NGOs Network (HENNET) Board after a consultative meeting. PATH Kenya, through Country Director Carolyne Njuguna, chairs the HENNET Board.

CAP supports national- and county-level reforms that advance PHC, immunization, maternal and child health, and broader health financing priorities.

2. Advancing county health legislation

Through technical assistance, PATH Kenya supported Nyamira County in drafting, validating, and passing three PHC-related bills:

- Community Health Services Amendment Bill.
- Facility Improvement Financing Bill.
- Revolving Health Products and Technologies Bill.

These reforms strengthen health facility financing, community health services, and commodity security.

3. Mobilizing high-level advocacy champions

PATH Kenya supported the County First Ladies Association (CFLA) in finalizing and launching its 2025–2028 Strategic Plan, mobilizing influential leaders as champions for PHC, immunization, and MNCH priorities across counties.

4. Influencing PHC policy and financing priorities

Through participation in government task forces and joint advocacy efforts, PATH Kenya influenced the prioritization of PHC implementation and financing, contributing to a significant increase in budget allocations for PHC at the county and national levels.

5. Advancing national PHC learning and knowledge exchange

PATH Kenya spearheaded the creation of Kenya's first-ever national PHC learning agenda, providing a government-led platform to guide the adoption and scale-up of best practices in PHC implementation and measurement.

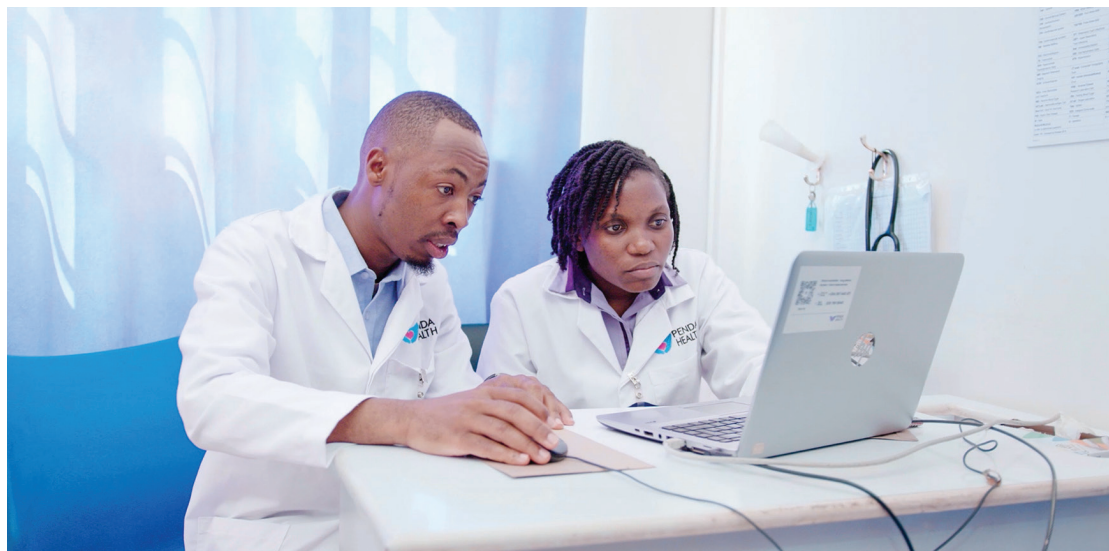
Key achievements in 2025

- Refined the national PHC Measurement Framework and advanced county-level validation of the PCN Functionality Tool.
- Supported the adoption of three PHC-related bills in Nyamira County, strengthening service delivery, financing, and health products and technologies management.
- Enabled the development and launch of the CFLA 2025–2028 Strategic Plan, expanding high-level advocacy for PHC, MNCH, and immunization.
- Influenced PHC prioritization and budget increases through active engagement in national and county task forces.
- Led the establishment of the national PHC learning agenda, accelerating adoption of best practices across counties.

Impact

Through strengthened PHC performance measurement systems across counties such as Kisumu, Makueni, Nairobi, Siaya, and Migori, PATH Kenya helped drive more data driven decision making and reinforce accountability for service delivery. At the same time, advancements in county-level legislation and financing—including increased budget allocations and enhanced facility autonomy in counties such as Nyamira, Kakamega, Makueni, Kitui, Machakos, Kisumu, and Garissa—improved the stability and responsiveness of local health systems. By expanding high level PHC champions through CFLA engagement and collaboration with the Council of Governors, PATH broadened political commitment and strengthened advocacy reach across regions. These efforts culminated in the establishment of a national PHC learning agenda, catalyzing the uptake of best practices across all 47 counties and enabling a more coordinated, equitable, and resilient primary health care system nationwide.

Digital health



MOH Kenya

PATH Kenya advanced its digital health agenda in 2025 by harnessing cutting-edge technologies to strengthen clinical decision-making and improve health systems' efficiency. Through pioneering research on large language models (LLMs), PATH benchmarked five AI models against Kenyan clinicians using 507 clinical vignettes to assess accuracy, safety, and contextual relevance—offering new evidence on the potential of AI-driven tools to enhance quality of care in resource-constrained settings.

At the same time, the SCALE initiative deepened national capacity for medical equipment management by registering more than 4,300 devices, piloting the Afya Devices data system, and localizing global classification standards. Together, these innovations strengthened visibility, traceability, and planning for essential health technologies while laying the foundation for responsible, data-driven digital transformation across Kenya's health sector.

Above: Oscar Macharia and Naomi Nduitha, clinical staff at Penda Medical Centre in Nairobi, use AI to help diagnose patients and determine treatment plans.

Noncommunicable diseases (NCDs) remain a major public health challenge in Kenya, accounting for 27% of all deaths, with hypertension—affecting one in four.

Large language models (LLMs) project

PATH Kenya benchmarked five large language models—GPT-4.1, Gemini2.5 Flash, DeepSeek R1, MedGemma, and o3—against Kenyan clinicians using 507 clinical vignettes, subsampled from a larger pool of 5,107 scenarios across 12 nursing competency categories. Blinded physicians evaluated responses using an 11-domain rubric assessing accuracy, safety, contextual appropriateness, and communication. Mean scores were summarized, and Bayesian ordinal logistic regression was used to estimate probabilities of high-quality ratings and compare LLMs with clinician performance.

SCALE—medical data systems strengthening

PATH Kenya strengthened medical equipment data systems through the SCALE initiative, working with Makueni and Nyeri counties, the Ministry of Health (Division of Infrastructure, Medical Engineering, and Technology Unit [METU]), and Kenyatta University Teaching, Referral and Research Hospital (KUTRRH).

Population reach:

- Approximately 4,300 medical equipment items were registered across facilities in two counties and one national referral hospital.

Major achievements:

- Developed Afya Devices, a web-based electronic medical devices data management system, through Ministry of Health Information and Communications Technology department-led hackathons and end-user engagement.
- Adopted, adapted, and localized the European Medical Device Nomenclature system for Kenyan use, in partnership with national and county biomedical engineers.
- Piloted Afya Devices in six health facilities (three in Nyeri County and three in Makueni County) and at KUTRRH, registering 4,300 devices in the system.
- Presented an abstract at the Association of Medical Engineering of Kenya 14th Health Engineering Conference and Exhibition in Mombasa (September 2025).

Impact

Through its dual focus on advanced AI research and strengthened medical device management, PATH Kenya significantly enhanced digital health capacity in 2025. Benchmarking of large language models demonstrated that AI systems can outperform clinicians in vignette based evaluations—producing more accurate, safer, and better structured clinical responses. This evidence highlights the potential of LLM driven tools to reinforce clinical decision making and improve the quality of care in resource constrained settings. At the same time, the rollout of Afya Devices substantially improved the visibility, classification, and traceability of medical equipment across participating counties and referral facilities. By strengthening national biomedical data systems and enabling more accurate planning, maintenance, and allocation of health technologies, the platform enhanced operational efficiency and supported more reliable service delivery.

Photo: The project integrated blood pressure screening in clinics to support people living with HIV, who often have comorbidities like hypertension. PATH.



Consolidated impact



In 2025, PATH Kenya’s government-led, systems-strengthening approach improved the equity, quality, and continuity of health services across Kenya by pairing policy and financing reforms with frontline capacity, essential commodities and equipment, and stronger data and digital systems.

HIV/TB

Counties strengthened the HIV cascade—expanding targeted testing, rapidly initiating treatment, and reinforcing PMTCT, viral load, and EID systems—supporting healthier mothers, babies, and long-term continuity of care.

A preterm infant receiving expressed breastmilk from a NIFTY cup—a PATH-developed feeding aid for newborns unable to breastfeed. Photo: Laerdal Global Health

Malaria

Training, mentorship, and supervision improved provider competence in diagnosis, case classification, IPTp delivery, and severe malaria management, enabling timelier, guideline-adherent care at facility and community levels.

Vaccines and immunization

Integrated Big Catch-Up outreaches and readiness for new vaccine introductions helped reduce immunity gaps and improve coverage, while AEFI support and tailored communications strengthened campaign performance and vaccine confidence.

MNCH and ECD

All 47 counties gained access to heat-stable carbetocin for PPH prevention and management, while integrating nurturing care and elevating newborn nutrition improved survival and early development trajectories.

NCDs (cardiometabolic)

More than 60% of enrolled patients achieved disease control in supported PHC-anchored care models, with improved forecasting and quantification helping reduce commodity stockouts in participating counties.

Advocacy, policy, and health systems strengthening

PHC measurement and county legislation on financing and community health improved accountability and facility autonomy; national champion platforms and a PHC learning agenda accelerated policy uptake and best practice scale-up.

Market dynamics (devices and oxygen)

Standardized inventories, SOPs, biomedical training, and oxygen investments—including flowmeters and the national Oxygen Roadmap—improved equipment visibility, uptime, and continuity of critical services.

Digital health

Evidence on safe, high-quality AI decision support and a national device tracking platform strengthened data-driven planning, clinical quality, and interoperability aligned with the Kenya Digital Health Strategy.



Children in Western Kenya display the TCV/ MR vaccination cards after receiving the vaccines

Challenges and lessons learned



Challenges

1. Financing volatility and shifting priorities slowed implementation and stressed continuity—underscoring the need for predictable domestic and partner funding aligned with government plans.
2. Workforce capacity and workload constraints (facility and community) made consistent guideline adherence dependent on continued mentorship, on-the-job training, and supervision.
3. Fragmented data, equipment, and supply systems (uneven device inventories, variable data quality, commodity and spare-parts gaps) limited real-time decision-making and maintenance.

Photo: In Turkana County in Kenya, LivingLabs facilitates a community outreach session to emphasize the importance of childhood immunization. PATH/Shamim Omar

Lessons learned

1. Government-led, systems-first approaches are sustainable: Policies, legislation, and PHC/digital/market-shaping reforms create durable platforms when coupled with county ownership.
2. Consistent government ownership strengthens long-term impact, ensuring reforms are implemented, monitored, and adapted over time.
3. Pair policy with last-mile execution: On-site mentorship, supervision, and targeted inputs (commodities, devices, oxygen) are essential to translate policy into consistent quality of care.
4. Use data and digital to drive quality: PHC measurement tools, dashboards, coverage mapping, device registries, and responsible AI evidence strengthen accountability and clinical quality.



Photo: Women attend a discussion about nutrition and breastfeeding at Butere regional hospital in Kakamega, Kenya. PATH/ Evelyn Hockstein

