

AMCHAM BUSINESS SUMMIT

U.S. - EAST AFRICA TRADE & INVESTMENT FORUM

U.S.-KENYA HEALTH COOPERATION FRAMEWORK FORUM REPORT

REPORT AND POLICY RECOMMENDATIONS

THE SUMMIT FOCUS

Building on the momentum of previous editions of the U.S. - East Africa trade and investment summit, our platform brings together influential decision makers, facilitates direct business-to-business engagement, and fosters constructive private-sector led dialogue with the public sector and development partners. Our unwavering focus is on expanding markets, catalyzing business growth, and driving job creation and economic prosperity across borders.

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HEALTH SECTOR

PANEL SESSIONS

INTRODUCTION

Health featured prominently in the Summit as both a development priority and an emerging area for investment and economic growth.

The health discussions were informed by the evolving U.S.–Kenya Health Cooperation Framework, with emphasis on strengthening Kenya's capacity to develop a more sustainable, self-reliant, and investment-ready health system. The Government of Kenya has identified health financing, local pharmaceutical manufacturing, digital health innovation and private-sector investment as key areas for strengthening the health system and sustaining health gains.

The health-sector sessions examined how cooperation between Kenya, the United States, and the private sector can move beyond traditional health assistance toward investment, co-investment, and commercially partnerships. Key areas of discussion included universal health coverage, health financing, public–private partnerships, local manufacturing of pharmaceuticals and medical products, digital health and data systems, regulatory harmonization, supply-chain efficiency, and opportunities to position Kenya as a regional hub for health and investment.

HEALTH AS AN INDUSTRY

TRANSFORMING HEALTH SYSTEMS FOR BETTER OUTCOMES

In his address, Graham drew on two decades of U.S. engagement in sub-Saharan Africa to underscore the need for a new model of health cooperation, one that moves beyond donor-driven programs towards partnerships between governments and the private sector. He noted that Africa's economies and health markets are expanding, while governments are seeking greater ownership of the systems that deliver healthcare to their populations.



KEYNOTE ADDRESS

Jeffrey Graham

Head of Global Health Security and Diplomacy, U.S. Department of State.

Against this backdrop, Graham emphasized the importance of fair, commercially viable partnerships that can mobilize investment, strengthen local health systems, and deliver better health outcomes. The discussion positioned health as both a critical development priority and an emerging investment opportunity, with stronger public-private collaboration capable of advancing health security while supporting growth across the region.

KENYA'S HEALTH COOPERATION FRAMEWORK: A REGIONAL MODEL

Graham noted that Kenya was the first African country to negotiate a partnership with the United States following the launch of the American First Global Health Strategy last year.

Under the resulting five-year, US$2.5 billion U.S.–Kenya Health Cooperation Framework, the United States will provide up to US$1.6 billion, while Kenya has committed US$850 million in domestic health spending. The Framework is built around a principle of shared responsibility, with resources directed towards strengthening systems that support HIV/AIDS, tuberculosis, malaria, maternal and child health, polio, disease surveillance, and outbreak preparedness. A defining feature of the Framework is increased funding through Kenyan national institutions, including the Ministry of Health, the Social Health Authority (SHA), the Digital Health Agency (DHA), and the Kenya Medical Supplies Authority (KEMSA), rather than through third-party NGOs. Graham identified three principal outcomes expected from this approach;

- Commodity procurement will progressively transition from U.S. support to the Government of Kenya, strengthening national procurement and supply-chain systems
- Frontline health workers will increasingly be mapped onto Kenyan government payroll cadres aligned with universal healthcare priorities.
- The Framework will support the expansion of Kenya's health-data infrastructure, including acceleration of the national electronic medical-record rollout.

The approach represents a broader shift towards strengthening national systems and institutions, with external support increasingly designed to build Kenya's capabilities over the long term.

Under the resulting five-year, US$2.5 billion U.S.–Kenya Health Cooperation Framework, the United States will provide up to US$1.6 billion, while Kenya has committed US$850 million in domestic health spending.



DIGITAL HEALTH INFRASTRUCTURE AND INVESTMENT OPPORTUNITIES

Graham observed that governments across the region are consolidating digital health services into unified, government-owned infrastructure. This transition is creating opportunities for companies capable of supporting national-scale systems rather than isolated pilot projects.

He cited Kenya's Taifa Care platform as an example. The platform standardized malaria indicators and automated reporting, reducing a manual reporting process that previously took five to ten days to same-day reporting. He noted that Nigeria and Ethiopia have developed comparable national, AI-ready digital health platforms serving hundreds of facilities and more than one million patient records. These developments, he said, demonstrate that governments are increasingly sophisticated and capable digital partners.



Graham identified Kenya and the wider East African region as increasingly strong partners for American companies operating in cloud services, artificial intelligence and data systems.

Governments are also embedding interoperability and AI readiness into their systems from the outset, lowering barriers to entry for new technology partners. Graham noted that governments prefer off-the-shelf private-sector solutions over bespoke government builds, with a growing emphasis on purchasing and partnership rather than simply receiving assistance.

American companies are already responding to this demand through sovereign cloud hosting, last-mile satellite connectivity, hardware and power solutions that improve system reliability.

Graham identified Kenya and the wider East African region as increasingly strong partners for American companies operating in cloud services, artificial intelligence and data systems. He referenced the Ebola outbreak in the Democratic Republic of Congo, during which Starlink satellite technology helped connect affected communities while U.S. pharmaceutical companies worked to identify effective vaccines and treatments.

The broader implication, he argued, is that health, economic stability and national security are increasingly interconnected. Laboratories, disease-surveillance networks and health-data systems should therefore be regarded as essential national infrastructure rather than discrete projects dependent on aid funding.

CLEAR REGULATION AND SMART FINANCING CAN ATTRACT INVESTMENT

Looking ahead, Graham reported that East Africa's healthcare market is projected to exceed US$250 billion by 2030 across pharmaceuticals, diagnostics, medical devices, logistics, cloud services and artificial intelligence.

He identified clear regulation, stronger procurement and supply chains, and smart financing as critical conditions for reducing investment risk and attracting capital. Where these conditions are established, American manufacturing can respond to public-health demand while supporting employment in both the United States and local markets and expanding export opportunities. He cited SC Johnson's deployment of U.S.-manufactured Guardian spatial emanators across sub-Saharan Africa, alongside manufacturing activity in Kenya, as an illustration of the commercial opportunities emerging in the health sector.

Graham emphasized that Kenya possesses many of the fundamentals investors require, including health infrastructure, a growing business ecosystem, digital capability and deep ties with the United States. He encouraged American companies to view the region not simply as a recipient of aid, but as a market for customers, investment and long-term commercial partnerships founded on co-financing and shared investment.

He reaffirmed the U.S. Department of State's commitment to supporting African governments as strategic partners and customers within growing health markets. He said the Department would continue working to advance enabling regulatory conditions, bilateral frameworks and financing structures capable of mobilizing private investment alongside government leadership. Ultimately, he said, success should be reflected in stronger markets, more resilient health systems, improved health outcomes, lower costs and enduring partnerships built collectively.





PANEL ONE

DELIVERING UNIVERSAL HEALTH COVERAGE

PANEL 1: DELIVERING UNIVERSAL HEALTH COVERAGE

Fireside Chat with Dr. Ouma Oluga, Principal Secretary, State Department for Medical Services, Ministry of Health

The fireside chat examined how the U.S.–Kenya Health Cooperation Framework can translate into tangible improvements for patients, create opportunities for Kenyan and U.S. businesses, and establish a meaningful role for the private sector. The session was moderated by Dr. Amit Thakker, Founder and Executive Chairman of Africa Health Business. Drawing on his expertise at the intersection of health policy, investment and public–private partnerships, Dr. Thakker pressed the Principal Secretary on how the Framework can deliver practical and sustainable outcomes.

Dr. Ouma Oluga noted that the Framework comes at an important juncture for Kenya, whose healthcare system has historically been built through strong partnerships. While these partnerships have delivered significant results, many externally funded programs operated outside government systems, creating challenges around long-term sustainability. When external programs conclude, he observed, the fundamental question becomes how government will sustain the gains achieved.



Dr. Ouma Oluga
Principal Secretary, State Department for Medical Services, Ministry of Health

Kenya has therefore embarked on reforms intended to establish a healthcare system that is stable, predictable and sustainable. A central component of this transformation is the Social Health Authority, which is intended to provide a more sustainable foundation for financing healthcare.

Dr. Oluga said the priority is now to re-engineer the health system so that it can deliver effectively and sustainably. This includes strengthening self-reliance, sustainability and continuity of healthcare services while protecting gains already achieved in areas such as HIV, tuberculosis and malaria. He emphasized that aligning health priorities between Kenya and the United States provides a stronger basis for structured, sustainable cooperation.

KEY MESSAGES

EVOLVING THE KENYA–U.S. HEALTH PARTNERSHIP

Dr. Oluga underscored the longstanding Kenya–U.S. health partnership and the significant contribution of the U.S. Government to Kenya's health sector. He noted that the partnership has played an important role in strengthening the health system and supporting critical health interventions.

However, he argued that the next phase of cooperation should focus not only on the scale of investment, but also on the model through which the two governments work together. The changing health landscape requires a partnership aligned with Kenya's priorities and able to deliver sustainable results.

Future cooperation, he said, should be guided by priorities established by the Government of Kenya, with both countries identifying and addressing critical gaps while ensuring external support strengthens rather than substitutes for national capacity.

A central question for the next five years is what Kenya and the United States can deliver together to place Kenya in a stronger position to sustain its health system. This requires moving beyond short-term interventions towards investment in systems, institutions, infrastructure, skills, financing mechanisms, technology and local capacity.

The approach should be catalytic: U.S. support should enable Kenya to build capabilities that continue producing results after individual programs and funding cycles end. Rather than simply filling gaps, the partnership should contribute to a stronger, more resilient healthcare system that Kenya can increasingly finance, manage, and sustain.

The objective is therefore not to withdraw partnerships, but to change what they achieve, from supporting individual programs towards building a health system that is sustainable, resilient and increasingly self-reliant.

As Dr. Oluga framed it, the next phase of cooperation presents an opportunity to consider not only what Kenya and the United States can deliver together today, but also what they can build together that will enable Kenya to stand stronger on its own five years from now.

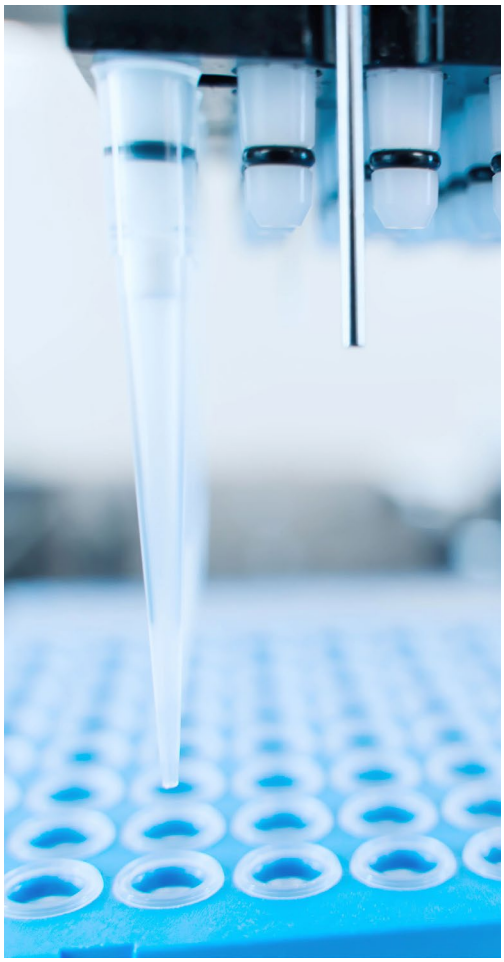
GOVERNMENT PRIORITIES CREATE OPPORTUNITIES FOR PRIVATE-SECTOR INVESTMENT

Dr. Oluga emphasized a clear division of roles: government sets priorities, while the private sector and other partners contribute expertise, capital and solutions. The investment opportunity lies not simply in determining what needs to be done, but in developing effective, scalable approaches to deliver it.

He identified the health workforce as one such opportunity, highlighting the need to better position and utilize Kenya's doctors and other health professionals. Investment in human capabilities, skills development and workforce models can strengthen both health-system performance and long-term national capacity.

He also identified opportunities in financing critical care commodities and medical equipment. Under the proposed National Equipment Service model, a private-sector partner could install and maintain equipment, with government making payments while the partner remains responsible for ensuring functionality and continued operation of the technology. Such models could address the persistent challenge of non-functional equipment in public health facilities while creating clearer commercial structures for investors.

LOCAL MANUFACTURING FOR KENYA AND THE WIDER AFRICAN MARKET



Local manufacturing was identified as another major opportunity, with Dr. Oluga emphasizing that investments should be designed to serve not only Kenya but the wider African market.

The Government is creating platforms through which investors can better understand gaps and demand across hospitals and the broader health system. He cited the planned positioning of KEMSA as a market aggregator, enabling investors and manufacturers to access information on demand, including the volumes of medicines and other health commodities required in Kenya. Greater visibility of demand can help investors make informed decisions on production capacity, supply chains and market opportunities.

Dr. Oluga also highlighted the importance of financing guarantees, including arrangements involving the Central Bank of Kenya, to build confidence among financial institutions and suppliers. Such mechanisms can help ensure payments even where a public-sector entity experiences delays, reducing risk and strengthening confidence in the continuity of essential equipment and services.

DIGITIZATION AND DATA-DRIVEN INNOVATION

Digitization represents another area of significant potential. Dr. Oluga emphasized that better use of health data can help identify emerging needs and inform the development of next-generation health solutions. He highlighted institutions such as the Kenya Medical Research Institute (KEMRI) and KEPHRA as part of the ecosystem through which research and data can support innovation. Information on antimicrobial resistance, for example, can support the development of new antibiotics and other interventions. He encouraged the private sector to look beyond traditional healthcare investments towards research, technology and innovation.

INVESTING IN SOLUTIONS THAT STRENGTHEN THE COUNTRY

Dr. Oluga stressed the importance of a sliding-scale approach to investment in which government and its partners support innovations and businesses that ultimately leave the country stronger. Investments should therefore contribute not only to commercial returns but also to stronger local capabilities, infrastructure, skills and institutions.

He underscored the distinction between attracting capital and retaining it: while opportunities can attract investment, confidence is what keeps it in the market. Predictable conditions, credible financing mechanisms and structured engagements will therefore be essential to sustaining investment in Kenya's health sector.

KENYA AS A GATEWAY TO THE AFRICAN MARKET

Manufacturing is particularly important in this context, with Kenya well positioned to serve as a regional hub. Investors should therefore look beyond the domestic market and consider Kenya as a platform for serving wider African markets.

Dr. Oluga highlighted the convergence of markets and ongoing reforms in Kenya as creating opportunities across digital health, health education, infrastructure and healthcare delivery. He also pointed to the expansion of SHA, including the reported enrolment of 2.6 million additional Kenyans, as contributing to a larger and evolving market for health services and related solutions.

POLICY RECOMMENDATIONS

01 **Operationalize the U.S.–Kenya Health Cooperation Framework** through joint investment pipelines and measurable co-financing targets.

02 **Establish multi-year procurement contracts** that provide manufacturers with sufficient visibility of demand to justify local production.

03 **Integrate health manufacturing into regional value chains** by harmonizing trade and regulatory frameworks across East Africa.

04 **Expand blended-finance mechanisms,** including debt swaps and advance-market commitments, to de-risk health investments.

05 **Strengthen digital-health and AI infrastructure** to enable secure, interoperable data systems and innovation in diagnostics.

06 **Promote insurance expansion and health-financing reforms** to increase access and strengthen the relationship between health outcomes and economic productivity.

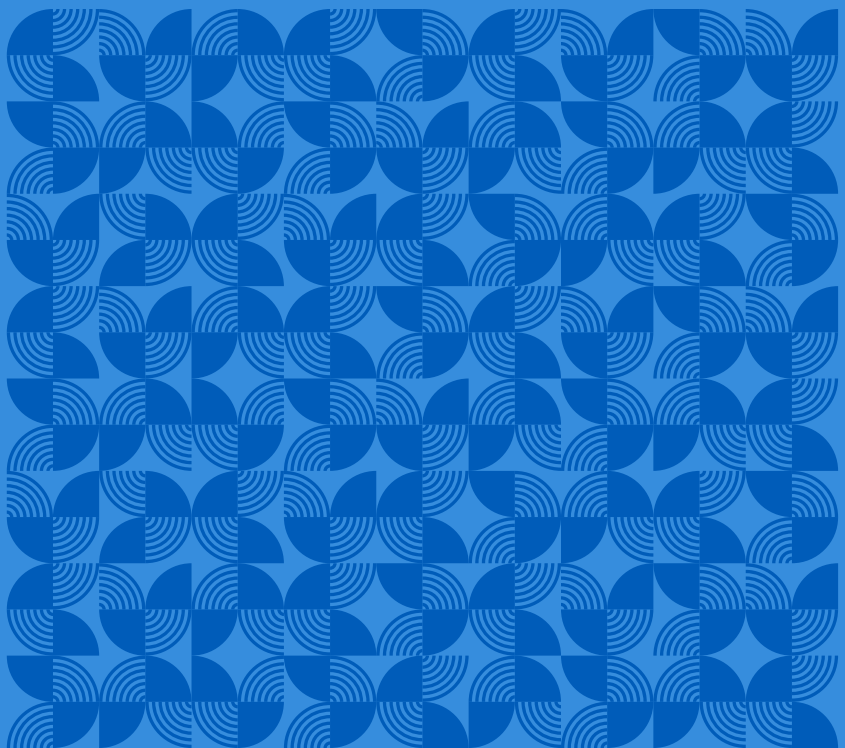
07 **Support local research and biosciences innovation** to strengthen resilience against climate, disease and supply-chain shocks.

08 **Treat health as an economic sector** by embedding it within national industrial, trade and investment strategies.



PANEL TWO

BUILDING EAST AFRICA'S HEALTH ECONOMY



PANEL 2: BUILDING EAST AFRICA'S HEALTH ECONOMY

Moderated by Aubrey Hruby, Transaction Lead at Palladium Group

The dialogue examined practical pathways to mobilize capital, strengthen public–private partnerships, and build a more investable East African health economy. The discussion focused on health policy, investment and public–private partnerships, while highlighting the significant gap in access to organized and affordable healthcare across Africa. With a substantial proportion of the continent's population still lacking reliable access to formal healthcare systems, participants emphasized the urgency of expanding access to quality care.

At the same time, the scale of the challenge creates an opportunity to rethink how healthcare is financed and delivered, with the need to align commercial models with the imperative to improve health outcomes.



Aubrey Hruby
Transaction Lead,
Palladium Group

KEY MESSAGES

POLICY & REGULATORY FRAMEWORKS MUST EVOLVE

Participants questioned whether existing policy and regulatory frameworks remain fit for the current healthcare environment. Many frameworks were developed around traditional aid and donor-funded models and have not evolved sufficiently to accommodate the growing role of private investment, commercial partnerships and public–private partnerships. The discussion underscored the need for frameworks that can support a transition towards commercially sustainable health markets without compromising public-health objectives.

REGULATORY HARMONIZATION AND LONG-TERM MARKET SUSTAINABILITY

Speakers emphasized the importance of greater regulatory harmonization across African markets. Separate registration and approval processes in individual countries can create additional costs, delays and uncertainty for companies seeking to operate regionally.

However, panelists stressed that harmonization alone is insufficient. Once companies enter a market, there must also be sufficient and predictable demand to support sustainable operations.



Rabah Elmenshawy
Divisional Vice President, EMEA & Global Accounts, Abbott

Rabah Elmenshawy, Divisional Vice President, EMEA & Global Accounts at Abbott, emphasized that investors require confidence that establishing operations in Kenya will provide meaningful access to neighboring markets without requiring companies to navigate entirely different regulatory requirements in each jurisdiction.

He also highlighted the importance of long-term procurement commitments. Short-term contracts may not provide sufficient certainty to justify the capital investment required to establish manufacturing facilities, build local partnerships and develop supply chains. A one-year contract, for example, may be insufficient to support a major local manufacturing commitment.

REGIONAL AND GLOBAL INTEGRATION MATTERS

Catherine Robinson, Senior Director, Trade Policy and Diplomatic Engagements, IPC Lead, Global Access Initiatives and Accord for a Healthier World at Pfizer, highlighted the lessons of the COVID-19 pandemic, particularly the importance of interconnected and resilient supply chains.



Catherine Robinson
Senior Director, Trade Policy and Diplomatic Engagements, IPC Lead, Global Access Initiatives and Accord for a Healthier World, Pfizer

Robinson noted that production of the Pfizer COVID-19 vaccine involved components manufactured across 19 countries, illustrating the extent to which modern health manufacturing depends on multiple markets and suppliers working together. The discussion therefore emphasized the need for African countries to move beyond fragmented, country-by-country approaches towards a more predictable regional market.

Regulatory harmonization, sustained demand, longer-term procurement commitments and stronger integration into global supply chains can collectively improve the investment environment for health manufacturing. These measures can support local production, technology transfer, employment, access to essential health products and greater resilience across health systems.

FINANCING OPPORTUNITIES FOR KENYA'S HEALTH SECTOR

James Polan, Vice President and Global Head of Health and Agribusiness at the U.S. International Development Finance Corporation (DFC), highlighted opportunities to expand access to affordable, long-term finance for Kenya's health sector, particularly for private healthcare providers and businesses that face financing constraints.

He cited DFC-supported initiatives such as the Medical Credit Fund, which provides financing to small healthcare facilities, including clinics in rural and underserved areas. The financing enables providers to purchase equipment, improve facilities and strengthen healthcare services.



James Polan
Vice President
and Global Head of Health and Agribusiness, U.S. International Development Finance Corporation (DFC)

Polan also highlighted Kasha, a health technology and distribution company focused on improving access to essential health products, particularly for women and underserved communities. DFC investment has supported the company's expansion, distribution networks and reach.

These examples demonstrate how development finance can reduce investment risk and mobilize additional private capital. DFC can deploy loans, guarantees and equity investments to support projects that may otherwise struggle to secure commercial financing.

Polan suggested that Kenya and the wider East African region could build on this experience by developing a larger health-sector financing facility combining government resources, DFC financing and private investment.

Priority areas include:



The facility could also prioritize smaller healthcare providers and businesses outside major urban centers, where access to finance remains constrained. The broader opportunity, he emphasized, is to move beyond financing individual projects towards developing a stronger health-financing system capable of attracting sustained private investment. Such an approach can strengthen health-system resilience and self-reliance while creating opportunities for Kenyan and U.S. businesses.

HEALTH INSURANCE AS INVESTMENT IN HUMAN CAPITAL

Leah Cotterill, Chief Executive Officer, Middle East and Africa, Cigna Healthcare, emphasized that health financing should be viewed not simply as a mechanism for paying for medical insurance, but as an investment in human capital and the broader business environment.



Leah Cotterill
Chief Executive Officer,
Middle East and Africa,
Cigna Healthcare

Improved access to healthcare, reduced financial pressure on households and businesses, and more effective health financing can contribute to productivity and wider economic growth. Drawing on Cigna's financing model, she highlighted the role insurers can play in digital health, preventive care, data-driven health management and cross-border healthcare solutions.

She encouraged Kenya to develop health-financing investments that serve not only the domestic market but also businesses and populations across East Africa. Cigna's African operations, she noted, combine global expertise with local networks and digital services, creating opportunities to use Kenya as a platform for regional markets.

KEY OUTCOMES AND STRATEGIC PRIORITIES

01 **Modernize Policy and Regulatory Frameworks:** Reform national and regional health regulations to enable commercially sustainable health markets while safeguarding public-health objectives.

02 **Promote Regional Regulatory Harmonization and Market Predictability:** Establish harmonized standards across East Africa to create predictable, cross-border markets that attract investment and support regional health manufacturing.

03 **Embed Long-Term Procurement:** Develop multi-year procurement and reimbursement frameworks that provide stable demand and justify capital commitments in local production and supply chains.

04 **Accelerate Integration into Global Health Supply Chains:** Strengthen regional coordination and embed East African health manufacturing within global supply chains to enhance resilience, technology transfer, and access to essential products.

05 **Embrace Innovative Health-Sector Financing:** Establish a regional health-financing facility combining government, DFC, and private-sector resources to mobilize investment in infrastructure, equipment, and digital health.

06 **Promote Inclusive Financing for Underserved Providers:** Prioritize financing mechanisms that extend credit and investment to smaller providers, improving equity and expanding service coverage.

07 **Develop and Implement Joint U.S.–Kenya Delivery Agenda for Health Cooperation:** Implement a five-year delivery agenda under the U.S.–Kenya Health Cooperation Framework defining system, infrastructure, workforce, and financing outcomes to guide expenditure allocation and ensure measurable results.

POLICY RECOMMENDATIONS

01 **Modernize health policy and regulatory frameworks** to accommodate private investment and public–private partnerships while safeguarding public-health objectives.

02 **Accelerate regional regulatory harmonization** to reduce duplication, lower transaction costs, and enable cross-border operations for health manufacturers and service providers.

03 **Establish long-term procurement and reimbursement commitments** that provide predictable demand and justify capital investment in local production and supply-chain development.

04 **Integrate regional health markets into global supply chains** to strengthen resilience, promote technology transfer, and expand access to essential health products.

05 **Develop blended-finance facilities for health investment** combining government resources, development-finance instruments, and private capital to expand access to affordable long-term financing.

06 **Prioritize financing for smaller healthcare providers and rural facilities** to improve equity, expand service coverage, and strengthen health-system resilience.

07 **Position health insurance as an investment in human capital** by promoting preventive care, digital health, and data-driven health management to enhance productivity and economic growth.

08 **Institutionalize public–private partnership framework**s that align commercial models with health-outcome objectives and enable sustained private-sector participation in system transformation.



PANEL THREE

FROM HEALTH COOPERATION TO CO-INVESTMENT

PANEL 3: FROM HEALTH COOPERATION TO CO-INVESTMENT:

BUILDING A SELF-RELIANT, INVESTMENT-READY HEALTH SYSTEM



Dr. Amit Thakker
Founder & Executive Chairman, Africa Health Business

Moderated by Dr. Amit Thakker, Founder and Executive Chairman of Africa Health Business, this session examined the role of health in Kenya's economic transformation, with particular attention to local manufacturing, digital health, investment and strategic public–private partnerships.

KEY MESSAGES

HEALTH AS A DRIVER OF ECONOMIC TRANSFORMATION

In his keynote, PS Ouma Oluga said the Government has positioned health as an important pillar of Kenya's economic transformation.

Investment in health, he emphasized, is not only about improving health outcomes. It also protects household incomes, reduces out-of-pocket expenditure and lowers the cost of employee healthcare for businesses.



Dr. Ouma Oluga
Principal Secretary, State Department for Medical Services, Ministry of Health

Kenya has established a legislative and policy foundation for health reforms, including the Social Health Authority Act and Digital Health Act. These frameworks provide greater clarity for implementation and investment.

The Government is also strengthening implementation through coordination with county governments, health institutions and other partners, with the objective of improving governance, aligning services with demand and creating a more predictable health system.

KEY INSTITUTIONS IN FRAMEWORK IMPLEMENTATION

PS OLUGA HIGHLIGHTED THREE INSTITUTIONS AS CENTRAL TO THE TRANSFORMATION:

Digital Health Agency (DHA): Kenya has accumulated substantial health data through research and health programs. The priority is now to translate this data into improved service delivery, efficiency and logistics while ensuring interoperability across the health system. Mpox surveillance was cited as an example: when a local facility diagnoses a case, the information should be centrally accessible and actionable to support timely response and mitigation.

Social Health Authority (SHA): SHA has progressed into a more mature phase, with the focus increasingly shifting towards how it can support and attract greater investment and private-sector participation. A predictable purchasing and financing system is central to building investor confidence.

Pharmacy and Poisons Board (PPB): PPB plays a critical role in ensuring the quality, safety and effectiveness of medicines and health products. Strong regulation also supports investment by ensuring that products manufactured in Kenya meet standards that allow them to compete in domestic, regional and international markets.

REGULATORY HARMONIZATION AND RELIANCE

Dr. Ali Arale of the PPB highlighted regulatory harmonization and reliance as important tools for reducing duplication and shortening registration timelines.

Where a product has already been assessed and approved through recognized EAC mechanisms, unnecessary duplication of assessments should be avoided. Similarly, where products have been assessed by mature and recognized regulatory authorities, PPB can use relevant assessment information, subject to Kenyan regulatory requirements.



Dr. Ali Arale
Senior Regulatory Officer,
Pharmacy and Poisons Board

Such reliance can reduce duplication, accelerate registration and increase predictability for investors and manufacturers. PPB has achieved maturity level 3, strengthening the predictability and credibility of Kenya's regulatory system. However, reliance does not mean lowering regulatory standards. It requires collaboration with authorities operating according to recognized standards while maintaining Kenya's applicable requirements.

Manufacturers must continue to submit the required documentation and demonstrate compliance with relevant standards to ensure the safety, quality and effectiveness of their products.

LOCAL MANUFACTURING AND HEALTH SECURITY

The discussion connected regulatory strengthening and digital transformation with Kenya's ambition to expand domestic manufacturing of medicines, vaccines and other health products. Priority areas highlighted included bio-vaccine production, precision manufacturing and products addressing antimicrobial resistance. Expanding local manufacturing can reduce vulnerability to global supply disruptions, strengthen health security and create opportunities for investment and industrial development. Predictable and robust regulation is critical to ensuring locally manufactured products meet domestic and international standards and can access regional and global markets.

SHA COVERAGE AND SERVICE DELIVERY

Dr. Gilbert Mugambi of SHA reported that 68% of Kenyans were enrolled in SHA, with 10,515 health facilities registered under the scheme, as at the time of the event. These facilities had undertaken approximately 500,000 surgeries, demonstrating the scale of services financed through SHA.



Dr. Gilbert Mugambi
Designation comes here

Mugambi said SHA is using strategic purchasing to expand access to specialized services, including in underserved areas such as North Eastern Kenya, while continuously reviewing its benefits package, including coverage for HIV, tuberculosis and malaria.

SHA has also rolled out a National Ambulance Dispatch Centre to strengthen emergency medical services.

Mugambi further reported that approximately 28,000 ICU bills had been reimbursed at the applicable daily rate, while the cancer benefits package had been reviewed and increased to KES 800,000 following petitions from Kenyans.

SHA SUSTAINABILITY AND DOMESTIC RESOURCE MOBILIZATION

Responding to questions around SHA sustainability, Mugambi said the Fund is working to strengthen domestic resource mobilization, particularly among the informal sector, which has an estimated 18 million people.

He reported that approximately 10% of informal-sector members were making regular contributions, with surveys indicating that irregular incomes were a major factor behind non-payment. To address this challenge, the Government introduced SHA Lipa Pole Pole, allowing members to pay four months upfront and settle the remaining contribution over the following eight months. Mugambi said the approach was showing positive results.

Registered members can access services at Level 2 and Level 3 facilities, as well as selected Level 4 facilities, subject to meeting contribution requirements. Members who are not contributing do not qualify for SHIF benefits.

Cooperatives were highlighted as an important channel for increasing enrolment and contribution compliance. Mugambi noted that intermediaries with high member-retention rates could be incentivized to support enrolment and contributions. With approximately 16 million Kenyans belonging to cooperatives, these networks offer significant potential for expanding SHA participation.

OPPORTUNITIES FOR LOCAL MANUFACTURING

Mugambi noted that 83% of SHA expenditure goes towards commodities, while Kenya continues to rely heavily on imports for essential medical products. An estimated 70–80% of these products are imported, creating substantial opportunities for local manufacturing. He identified gaps in essential medicines, sterile products, vaccines and medical devices and encouraged investors to explore opportunities to manufacture these products locally.

ADDRESSING MISINFORMATION AND AWARENESS GAPS

Mugambi identified misinformation and limited public understanding of SHA benefits as significant challenges affecting the scheme.

Although the benefits package has evolved substantially under SHA, many Kenyans may not yet have a clear understanding of what is covered or how to access services.

Clearer public communication and stronger awareness of the evolving benefits package will therefore be important to improving uptake and confidence in the scheme.



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POLICY RECOMMENDATIONS

01 **Fast-track universal health coverage implementation** to reduce household vulnerability and expand access to essential services.

02 **Strengthen institutional capacity and enforcement of health laws** to provide predictable governance and reinforce investor confidence.

03 **Leverage health data and digital platforms** to improve decision-making, interoperability and system efficiency.

04 **Guarantee regulatory integrity and transparency** of SHA's evolving benefits package to counter misinformation, improve understanding, uptake and confidence in the scheme

05 **Enhance public communication and awareness** by scaling flexible payment models for informal-sector workers.

06 **Develop long-term procurement and reimbursement frameworks** capable of attracting private investment in healthcare and manufacturing facilities.

07 **Mobilize domestic resources and blended finance** to reduce reliance on external aid and sustain health-system reforms.

08 **Institutionalize public–private partnership models** that align government policy, private capital and innovation with national health-transformation priorities.



PANEL FOUR

BUILDING THE DIGITAL BACKBONE OF KENYA'S HEALTH SYSTEM

PANEL 4: BUILDING THE DIGITAL BACKBONE OF KENYA'S HEALTH SYSTEM

The session examined Kenya's digital-health transformation and opportunities for collaboration between the Government of Kenya, the U.S. Government and the private sector. Discussions focused on interoperability, data sovereignty, digital infrastructure, cybersecurity, artificial intelligence, digital payments, telemedicine and the integration of public, private and faith-based health facilities. Moderated by Professor Ian Zana, Palladium's Global Chief Medical Officer.



Prof. Ian Zana
Global Chief Medical Officer, Palladium



Heidi O'Bra
Head of the Office of Foreign Assistance, Health, U.S. Embassy Nairobi, U.S. Department of State

KEY MESSAGES

DIGITAL HEALTH, INNOVATION AND U.S.–KENYA HEALTH COOPERATION

Heidi O'Bra, Head of the Office of Foreign Assistance, Health, at the U.S. Embassy Nairobi, U.S. Department of State, said the U.S.–Kenya Health Cooperation Framework is intended to be transformative rather than business as usual.

She outlined three broad priorities: saving lives; supporting Kenya to develop sustainable and self-reliant health systems; and advancing areas of mutual U.S.–Kenya interest, including innovation, technology and outbreak response.

Digital health is a major component of the Framework, with the U.S. Government expected to support Kenya's digital-health priorities throughout the five-year cooperation period.

The partnership is also moving towards greater direct government-to-government engagement, allowing Kenya to define its priorities and determine how external support is deployed.

O'Bra added that the U.S. Embassy can help connect American companies with the Kenyan Government and DHA and identify opportunities within the Framework.

KENYA'S DIGITAL HEALTH STRATEGY AND INTEROPERABILITY

Eng. Anthony Lenaiyara, Chief Executive Officer of the Digital Health Agency, explained that Kenya has established a legal and institutional foundation for digital health through the Digital Health Act, 2023. The framework is intended to coordinate digital health systems while placing patients at the center of the health-information ecosystem.

Through the Digital Health Superhighway, Kenya is working to connect different health systems and facilitate secure information exchange. A key priority is the Health Information Exchange, supported by a client registry intended to provide a single point of identification for patients, reducing duplication and errors when individuals access services.



Eng. Anthony Lenaiyara
Chief Executive Officer,
Digital Health Agency

Public facilities have largely been integrated, while DHA continues to work towards bringing private and faith-based facilities into the system. Interoperability remains a challenge because many providers continue to use legacy systems. Eng. Lenaiyara said integration is being managed through a gradual transition rather than an abrupt replacement of existing systems.

Certification will assess whether systems meet required standards and identify areas for improvement. The private sector has an important role to play in accelerating integration, although current integration processes can take more than eight weeks.

DATA SOVEREIGNTY, INFRASTRUCTURE AND CONNECTIVITY

Data sovereignty emerged as a central consideration. Eng. Lenaiyara said health data is treated as a national asset and is expected to be stored securely within a sovereign cloud environment. This is intended to protect patient information and maintain continuity when facilities change technology providers.



Shain Rahim
Country Manager
and Regional Leader
for East Africa,
Cisco,

Shain Rahim, Country Manager and Regional Leader for East Africa at Cisco, highlighted opportunities for U.S. companies to support sovereign cloud and critical infrastructure in Kenya. He also identified zero-trust cybersecurity, micro-segmentation and protection of connected medical devices as important measures for securing digital-health systems.

Reliable connectivity is essential to healthcare delivery. Lack of internet connectivity or power can directly affect a facility's ability to provide services, creating opportunities for investment in connectivity, power solutions and technologies such as low-orbit satellite systems, particularly in remote and underserved areas. The Government is also providing digital devices to health workers, although private and faith-based facilities continue to require additional support.

AI, TELEMEDICINE AND DIGITAL HEALTH SERVICES

The discussion highlighted the need for adequate computing capacity as Kenya expands its use of AI and big data. DHA is exploring partnerships with technology companies to increase local computing capacity and attract investment in data centers.

AI is already being applied in areas including clinical decision support and claims processing. Eng. Lenaiyara emphasized that AI should serve as an enabler rather than a replacement for health professionals. In clinical applications, AI may provide alerts or analysis, but health professionals remain responsible for reviewing and validating outputs.

Participants also highlighted the need for safeguards against automation bias. Kenya is exploring sovereign AI capabilities that can respond to Kenyan, regional and African health needs while maintaining data protection and sovereignty. Telemedicine was identified as another significant opportunity. Digital systems can connect remote facilities with specialists in larger hospitals, enabling preliminary assessment, triage and specialist consultation without requiring patients to travel.

The discussion also emphasized system monitoring to detect downtime, connectivity failures and other technical issues that could disrupt patient care.

DIGITAL PAYMENTS AND PHARMACEUTICAL SERVICES

DHA is developing a secure payment gateway for public facilities and moving towards patient-centered digital payments. The proposed approach includes digital wallets for patients, facilities and insurers or other payment providers. Such systems could improve payment visibility, distinguish insurance payments from patient contributions and reduce duplicate or disputed charges.

Digital health also has implications for pharmacies and pharmaceutical supply chains. DHA envisages systems capable of tracking medicines, improving demand visibility, reducing counterfeit products and supporting electronic prescriptions. In future, a patient could receive an electronic prescription from a hospital and obtain medicine from a nearby pharmacy, with the transaction and relevant information updated digitally.



CYBERSECURITY AND BUSINESS CONTINUITY

Business continuity was identified as essential as healthcare becomes increasingly dependent on digital systems.

Eng. Lenaiyara said DHA is developing primary and secondary systems, backups, disaster recovery and other redundancies to minimize downtime. Where necessary, facilities may revert to manual processes under agreed continuity arrangements.
The Agency also requires health information collected through point-of-care systems to be securely retained, ensuring that patient records remain available even when technology platforms change.

Rahim suggested edge computing as one potential approach to maintaining local access to information during connectivity interruptions.

Rahim also highlighted skills development through training in cybersecurity, AI, DevOps and other digital technologies to ensure Kenya has the local capacity required to manage and sustain these systems.

PRIVATE-SECTOR INVESTMENT AND U.S. ENGAGEMENT

The session identified opportunities for private-sector investment across:



DHA emphasized that private-sector solutions should align with Kenya's digital-health architecture, standards and certification requirements. O'Bra reiterated the U.S. Government's willingness to facilitate engagement between American companies and DHA and to support Kenya's digital-health priorities through the Health Cooperation Framework. The emphasis was on creating transparent opportunities for U.S. companies to contribute technology, expertise and investment in alignment with government priorities and applicable processes.

Overall, the session demonstrated that Kenya's digital-health transformation is moving towards a more integrated, patient-centered and nationally coordinated system. While progress has been made in establishing the legal framework, digital infrastructure and interoperability systems, further investment is required in connectivity, cybersecurity, computing capacity, system integration and skills.

The discussion highlighted opportunities for U.S. and Kenyan companies to contribute technology, infrastructure, innovation and investment while aligning with Kenya's regulatory framework and long-term objective of a sustainable and self-reliant health system.

POLICY RECOMMENDATIONS

01 **Operationalize the Digital Health Act 2023** by enforcing interoperability standards and certifying compliant systems.

02 **Strengthen data-sovereignty frameworks** to ensure health data is stored and processed within Kenya's sovereign infrastructure.

03 **Expand connectivity to underserved areas** through satellite and broadband partnerships that enable digital service delivery.

04 **Develop cybersecurity and zero-trust protocols** to safeguard patient data and connected medical devices.

05 **Promote public–private partnerships** for electronic medical records, hospital management systems and telemedicine platforms.

06 **Integrate digital supply-chain tracking** to improve medicine visibility, reduce stockouts and combat counterfeit drugs.

07 **Support skills-development programs** in AI, cybersecurity and health-IT management to build local capacity.

08 **Accelerate onboarding of private and faith-based facilities** onto the Health Information Exchange to achieve greater interoperability.

09 **Establish revenue-generation models for digital systems** to support the Digital Health Agency's long-term financial sustainability.

CROSS-CUTTING THEMES

Shift from Aid to Co-Investment and Self-Reliance
Across the sessions, speakers consistently called for U.S.–Kenya cooperation to evolve from donor-led programs towards government-led, jointly financed and commercially sustainable partnerships that strengthen national institutions and capabilities.

Health as an Economic and Strategic Sector
Health was framed not only as a social service but as a contributor to productivity, employment, industrial development, trade, human capital and national security.

Government Leadership, Private-Sector Delivery
Government is expected to establish priorities, standards and accountability mechanisms, while the private sector contributes capital, technology, operational expertise and scalable solutions.

Predictability as the Foundation for Investment
Clear regulation, transparent procurement, reliable payment systems, credible demand forecasts and longer-term contracts were identified as essential conditions for investment in manufacturing, infrastructure and health-service delivery.

Regional Integration and Market Scale
Kenya's attractiveness as an investment destination is linked in part to its ability to serve East African and wider African markets. Regulatory harmonization and regional market access are therefore central to building commercial scale.

Digital Health as Core Infrastructure
Interoperability, patient identification, health-information exchange, digital payments, electronic prescriptions, supply-chain visibility and telemedicine were presented as interconnected components of health-system transformation.

Data Sovereignty, Cybersecurity and Continuity
National-scale digital systems require sovereign hosting, strong data governance, cybersecurity, reliable connectivity, backup systems and disaster-recovery arrangements.

Local Capacity and Institutional Resilience
Investment should strengthen Kenyan skills, infrastructure, research capacity, regulatory capability and technical expertise so that benefits continue beyond individual programs and funding cycles.

Equity and Inclusion
The discussions emphasized the importance of extending health coverage and investment beyond major urban centers, particularly to informal-sector workers, rural facilities, small providers and underserved counties.

INVESTMENT IMPLICATIONS

PRIORITY INVESTMENT OPPORTUNITIES

The discussions identified a broad pipeline of potential investment opportunities across Kenya's health economy:

Local pharmaceutical, vaccine, diagnostic, sterile-product and medical-device manufacturing;

Medical equipment delivered through service-based models linking payment to functionality, maintenance and uptime;

Healthcare infrastructure, private clinics, rural facilities, diagnostics, emergency services and specialized care;

Sovereign cloud infrastructure, data centers and local computing capacity;

Cybersecurity, identity management, connected-device protection, backup and disaster-recovery services;

Interoperability platforms, electronic medical records, integration services, testing and certification laboratories;

Connectivity, satellite services, power solutions and edge computing for remote facilities;

AI-enabled clinical decision support, claims processing and health analytics, with appropriate professional oversight;

Telemedicine and specialist-referral platforms;

Digital payments, health wallets and claims-management systems;

Pharmaceutical track-and-trace, electronic prescriptions and supply-chain visibility solutions;

Health-worker training, digital-skills development and research partnerships.

CONDITIONS FOR COMMERCIAL VIABILITY

The strongest investment opportunities are likely to be those supported by:

- Predictable demand and transparent procurement pipelines;
- Multi-year contracts and reliable reimbursement
- Payment guarantees and risk-sharing instruments
- Consistent regulatory and technical standards
- Access to regional markets
- Affordable, long-term capital
- Integration with SHA, KEMSA and the national digital-health architecture
- Provisions for maintenance, skills transfer and lifecycle costs

OVERALL IMPLICATION

Taken together, the sessions point towards the development of an integrated health economy, rather than a collection of donor-supported projects.

Kenya enters this transition with a substantial institutional base, an expanding health-purchasing system, a developing national digital-health architecture and a strategic position within the wider African market.

The opportunity now lies in converting these foundations into sustained investment through coordinated implementation, predictable regulation, credible financing, aggregated demand and regional market access.

The emerging model is one in which government leadership and private-sector participation are mutually reinforcing: government establishes priorities, standards and accountability, while private capital, technology and expertise help scale solutions and build productive capacity.

For the U.S.–Kenya partnership, this creates an opportunity to redefine health cooperation around co-investment, capability building and long-term system resilience, protecting gains already achieved while creating the conditions for Kenya to increasingly finance, manage and sustain its own health priorities.

FOLLOW-UP ACTIONS PROPOSED

Agree a Joint Five-Year Delivery Agenda
Kenya and the United States should define the system, institutional, infrastructure, workforce, financing, technology, and local-capacity results to be delivered jointly over the cooperation period, supported by clear milestones and accountability mechanisms. This agenda should guide expenditure allocation and ensure that health-sector investments deliver measurable results aligned with shared priorities.

Operationalize a Health-Sector Financing Facility
Drawing on James Polan's proposal, government resources, DFC loans, guarantees and equity should be combined with private investment to finance priority areas, with particular attention to smaller providers and underserved locations.

Provide Predictable Investment Signals
KEMSA should strengthen its role in aggregating and communicating demand, while government should consider payment guarantees and purchasers should adopt longer-term procurement commitments capable of supporting local manufacturing and supply-chain investment.

Update PPP and Investment Rules
National and African Union-level stakeholders should continue strengthening frameworks governing procurement, risk-sharing, regulation, accountability and incentives for investment, particularly in underserved markets.

Advance Regulatory Harmonization and Reliance

PPB and regional counterparts should reduce duplicative assessments and shorten registration timelines while maintaining Kenya's applicable quality, safety and efficacy standards.

Complete Digital Integration

DHA should continue integrating private and faith-based providers, certifying legacy systems, accelerating interoperability and implementing the secure payment gateway, digital wallets, electronic prescriptions and medicine track-and-trace capabilities discussed during the sessions.

Close Infrastructure and Skills Gaps

Public and private partners should invest in connectivity, power, sovereign cloud capacity, data centers, cybersecurity, connected-device protection, edge computing and training in cybersecurity, AI, DevOps and system maintenance.

Increase SHA Participation and Understanding

SHA should leverage cooperatives and other high-retention intermediaries to improve informal-sector contribution compliance while strengthening public communication on eligibility, contributions and benefits.



RECOMMENDATIONS FOR U.S.–KENYA HEALTH-SECTOR COOPERATION

01 **Convert the five-year Framework into an accountable joint delivery plan.** Establish annual targets, financing milestones, institutional responsibilities and a shared results scorecard.

02 **Use U.S. support to strengthen Kenyan systems rather than parallel delivery structures**. Sequence the transition of commodity procurement, health-worker financing and program management while protecting gains in HIV, tuberculosis, malaria, maternal and child health, surveillance and outbreak preparedness.

03 **Establish a blended-finance facility for priority health investments.** Combine Kenyan public resources with loans, guarantees, equity and private capital for local manufacturing, diagnostics, equipment, digital health and underserved facilities.

04 **Create predictable demand for local production.** Publish consolidated forecasts, introduce multi-year procurement commitments and strengthen payment assurance for essential medicines, vaccines, diagnostics and medical devices.

05 **Build a secure and interoperable national digital-health backbone.** Prioritize the Health Information Exchange, integration of private and faith-based facilities, sovereign hosting, cybersecurity, connectivity and business continuity rather than stand-alone pilots.

06 **Accelerate regulatory reliance and regional market access.** Use recognized EAC and mature-authority assessments to shorten approval timelines while maintaining Kenya's quality, safety and efficacy requirements.

07 **Make capability transfer a core component of major partnerships.** Incorporate workforce development, technology transfer, local maintenance, research collaboration and lifecycle planning into U.S.-supported investments.

08 **Review progress through a joint public–private implementation forum.** Convene government, investors, healthcare providers and technical partners at least twice annually to address bottlenecks and review progress on financing, procurement, regulatory timelines, digital integration, equity and health outcomes.

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