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ASSESSING THE POLICY IMPLICATIONS OF EXTERNAL FUNDING ON THE SUSTAINABILITY OF HEALTHCARE SERVICE DELIVERY IN KENYA

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ABSTRACT

Kenya has greatly benefited from improved access to healthcare and enhanced service delivery largely due to foreign funding particularly in primary healthcare, disease-specific programs, and health system reforms. However, reductions in external assistance and the transition to domestic financing have raised concerns about the sustainability, effectiveness, and equity of healthcare services. With an emphasis on how shifts in funding sources impact service quality, access, and system performance, this study examines the effects of external funding on healthcare service delivery in Kenya. The objective is to identify key challenges and provide practical policy recommendations to ensure long-term sustainability in healthcare delivery. The paper is based on a desk- based review of existing literature and previously conducted research. Data sources included national health information systems, stakeholder interviews reported in prior studies, and financial records from public and private healthcare facilities documented in published reports. The review shows that external funding has improved service delivery, especially in primary healthcare and disease control. However, heavy reliance on donor financing has contributed to fragmented services, irregular funding flows, and limited financial autonomy at the facility level. Additionally, reductions in external funding have negatively affected primary healthcare performance, highlighting the need for timely, transparent financial flows and strong intergovernmental leadership to sustain service quality. To mitigate the risks associated with declining external funding, Kenya should strengthen domestic resource mobilization, standardize budgeting and planning processes, enhance financial management capacity, and improve donor coordination. Establishing clear transition frameworks with development partners is essential to ensure the continuity and sustainability of healthcare services. Additionally, ongoing monitoring and research are recommended to assess the long-term impacts of financing transitions and to inform adaptive policy responses.

KEYWORDS: External funding, healthcare financing, Donor funding, Kenya, Healthcare service delivery.

INTRODUCTION

Kenya's health sector is progressively advancing toward the realization of Universal Health Coverage (UHC), with efforts focused on enhancing equitable access, improving efficiency, and strengthening the resilience of healthcare service delivery. Healthcare financing is core to this transformation. The sector employs a hybrid healthcare financing system comprising of government expenditure, household out-of-pocket payments, private insurance, and significant external funding from bilateral and multilateral donors, international non-governmental organisations (INGOs), and global health initiatives (Kabia et al., 2019) External financing has historically played a crucial role in achieving public health gains in Kenya particularly through vertical programmes targeting HIV/AIDS, tuberculosis, malaria, maternal and child health, and immunisation. Due to the reliance on foreign aid, there has been a complex policy challenges including sustainability, ownership of health priorities and long term viability of service delivery systems. (McDade et al., 2021).

External funding constitutes a substantial proportion of Kenya's total health expenditure. Recent national health accounts estimates report indicate that donor or external health expenditure accounted for between 21% to 23 % of total health spending in FY2021/2022 (Ministry of Health [MOH], 2024). Analyses further show that external financing in several key health subsectors exceeds this average; for example, in immunisation, tuberculosis, and HIV, donor funding has exceeded domestic government spending by more than a 1:4 ratio (Gale et al., 2023). This degree of reliance on external support, while enabling accelerated improvements in service delivery, also raises vulnerabilities. Donor withdrawal, shifting priorities in global health aid, Kenya's economic reclassification as a lower-middle-income country, and domestic fiscal pressures combine to make the sustainability of external financing uncertain (McDade et al., 2021). The policy relevance and urgency of this issue cannot be overstated. While external funding has contributed to expanded service coverage, commodity supply, facility upgrades, and human resource strengthening, it has also been associated with fragmentation of health governance, parallel reporting systems, and skewing of national health priorities in favour of donor-driven agendas (Gale et al., 2023). More pressing, as external support begins to decline or shift, is the risk of service disruption particularly for vulnerable populations and disease programmes heavily donor-financed (HERA Africa, 2024). Consequently, Kenya's national and county governments, along with health sector stakeholders, must confront how to sustain service delivery quality and equity in an environment of evolving external funding dynamics.

This paper seeks to examine the impacts of external funding on healthcare service delivery in Kenya by exploring both its benefits and constraints. Specifically, the objectives are: (i) to evaluate the magnitude and trends of external health financing in Kenya; (ii) to analyse how external funding has influenced health service delivery, governance structures, and equity of access; and (iii) to propose policy strategies to enhance sustainability and reduce dependency on aid while protecting service quality and accessibility. The structure of the paper is as follows: Section 1 provides an overview of Kenya's healthcare financing architecture and the historical role of external funding. Section 2 outlines the positive contributions of donor assistance on healthcare service delivery. Section 3 critically assesses the challenges associated with aid dependence and its implications for governance, sustainability, and service delivery. Section 4 presents policy recommendations and reflects on pathways toward sustainable and resilient healthcare financing in Kenya.

Background

Kenya's health financing is a mixed system funded by various stakeholders including public, private and donor sources. The public financing is provided by the National and County Governments through tax revenues and Social Health Insurance Fund. However, this government funding is insufficient falling below the international benchmarks such as the Abuja Declaration's target of allocating 15% of government spending to health, a goal that African Union countries reaffirmed in 2023 and also allocation of at least 5% of their GDP to health (Ifeagwu et al ., 2021; Lumbasi et al., 2025). Private financing is mainly through Out-of pocket payments and private insurance constitute a portion of total health expenditure. Out-of-pocket payments constitute the predominant source of health financing, subjecting households to catastrophic health expenses and driving many into poverty, particularly within vulnerable populations (Ifeagwu et al ., 2021; Barasa et al., 2017).

External funding is still essential, especially for primary healthcare and programs that address specific diseases like HIV/AIDS and malaria.However, donor assistance is frequently project based, dispersed, and poorly integrated into national systems, which results in resource flows that are unpredictable and inefficient (Kairu et al., 2021; Mbau et al., 2020; McDade et al., 2021). Effective service delivery in health sector entities is impacted by frequent reliance on user fees and donor support which are unreliable and delayed financing flows (Kairu et al., 2021)

Historically external funding has played a vital role in supporting Kenya's Health sector especially in primary Healthcare and targeted health interventions. Donor funds are often channelled through project-based mechanisms, which are insufficiently integrated into government budgets and show limited alignment with national priorities (Mbau, R., 2020; McDade et al., 2021). As Kenya transitions toward middle-income status, declining external support raises concerns about the sustainability of health services and the risk of funding gaps if domestic resources are not sufficiently increased to compensate (McDade et al., 2021). The reduction in external funding has already led to a decline in primary healthcare expenditure and adversely affecting health system performance and putting at risk the progress made in improving health outcomes (Mwai., 2023). Donor concentration where a small number of donors provide the majority of external aid further complicates the transition away from aid dependency and leaves the health system vulnerable to sudden funding withdrawals (McDade et al., 2021).

Kenya's health financing system involves a wide range of stakeholders. Following the devolution of health services, county governments are responsible for financing and managing primary and secondary care, while the national government retains responsibility for policy formulation and the funding of tertiary-level services (Oraro- Lawrence, T & Wyss., 2020; Masaba, B., 2020). Although donors and development partners provide substantial financial and technical support particularly for primary healthcare and disease-specific initiatives, their interventions are often fragmented and not consistently aligned with government priorities (Adjagba., et al., 2024; McDade et al., 2021). For example, according to the World Bank 2022 report, over 60% of Primary Health Care (PHC) and preventive services in some counties are donor-financed (Di Giorgio et al., 2022). The private sector and non-governmental organizations (NGOs) also play a critical role in financing and delivering health services, particularly at the county level, where private providers constitute a significant source of funding and care in many regions (Adjagba., et al., 2024). Kenya's primary social health insurance scheme, the Social Health Insurance Fund (SHIF) (formerly National Health

Insurance Fund (NHIF)), has limited coverage particularly among informal sector workers and its reforms continue to face challenges related to sustainability, efficiency, and equity (Barasa, et al., 2018; Nungo, 2024). These stakeholders frequently lack coordination, which results in overlapping activities and inefficient use of resources (Adjagba., et al., 2024).

Kenya has advanced Universal Health Coverage (UHC) through a number of reforms and initiatives. Significant changes have been made to the SHIF, such as the implementation of the Civil Servants Scheme, health insurance subsidies for the underprivileged, benefit package growth, and updated provider payment procedures (Barasa, E., et al., 2018; Mbau, R et al., 2020) Although these reforms have led to notable improvements, they have also raised concerns regarding sustainability, efficiency, and equity, and their overall effectiveness has been constrained by weaknesses in both design and implementation (Barasa, E., et al., 2018; Mbau et al., 2020; Nungo., 2024). The devolution of health services to county governments has created opportunities for localized decision making and structural improvements and this has also introduced new challenges related to capacity, coordination, and resource allocation at the subnational level (Kairu et al., 2021; Masaba., 2020). Despite these improvements, progress toward UHC is hindered by persistent underfunding, fragmentation of the health system, and high out- of-pocket (OOP) expenditures (Chuma., & Okungu., 2011; Barasa et al., 2017). To ensure sustainable and equitable healthcare delivery, decisive policy action and increased domestic investment are essential (Oraro- Lawrence., & Wyss., 2020)

Problem Analysis/ Evidence Review

Kenya's health sector faces significant challenges related to sustainability, efficiency, and equity due to its heavy reliance on external funding. The following evidence critically examines these key policy concerns by drawing on empirical research, national data, and case studies.

Implications of Overdependence on Donor Financing

Historically, Kenya's health system has relied on donor funding, particularly for initiatives related to HIV/AIDS, PHC, immunization, and maternity health.When donor funding is cut ,this reliance puts the system at significant risk. For instance, there was uncetainty and delays in facilitylevel service delivery when significant funders like the World Bank,USAID and DANIDA withdrew their funding from PHC.Concerns regarding the sustainability of PHC services in the face of shifting donor support are raised by a recent mixed methods study protocol that details plans to use document reviews, interrupted time series analysis of national health data, and in depth interviews to evaluate the impact of these transitions (Muthuri., 2024).

Inefficiencies and resource shortages have also resulted from the unpredictable nature of donor financial flows and the lack of uniformity in county to county budgeting and planning procedures. When external funding is withheld or delayed, health centres which frequently rely significantly on donor funding find it difficult to continue providing continuous services. Facilities' capacity to efficiently plan and allocate resources is weakened by this unpredictability, which frequently leads to shortages of necessary goods and compromised service quality (Kairu et al., 2021).

Effects of Donor Funding on Equity, Efficiency and Sustainability

Donor assistance has played a significant role in expanding access to essential health services for vulnerable populations, particularly in areas such as HIV/AIDS treatment and immunization. Nevertheless, disparities can also be exacerbated by the fragmented nature of donor assistance. For instance, donor funds are often earmarked for specific diseases or geographic regions, leading to an unequal distribution of resources and services. s a result of this fragmentation, some marginalized regions are neglected, limiting the ability to cross-subsidize and address broader health system needs (Kairu et al., 2021; Chuma, J & Okungu, V., 2011). Furthermore, despite donor efforts, low-income populations continue to bear a disproportionate burden of healthcare costs due to the heavy reliance on out-of-pocket payments and regressive health financing mechanisms (Kairu et al., 2021; Barasa et al., 2017)

The expansion of specific initiatives has been made possible by outside support, but it has also resulted in inefficiencies. Health facilities may face administrative challenges, parallel reporting systems, and duplication of efforts due to multiple uncoordinated funding sources. According to studies, delays in the flow of funds and limited financial autonomy at the facility level reduce efficiency, as facilities struggle to respond promptly to local needs (Kairu et al., 2021; Moses et al., 2021; Dkhimi et al., 2023). A cross-sectional study conducted in five Kenyan counties found that hospitals often lacked financial autonomy and faced irregular funding flows, which hindered their ability to deliver services effectively (Kairu et al., 2021).

As foreign financing decreases and Kenya moves toward middle-income status, sustainability is a key problem. Between 2016–17 and 2020–21, PHC's external financing decreased from 28.3% to 23.9% of total health spending, which had a detrimental effect on PHC performance and jeopardized the continuation of critical services (Mwai et al ., 2023). Although donor financing has made major strides possible, case studies of HIV/AIDS programs and vaccination campaigns demonstrate that these initiatives' long-term viability is in jeopardy in the absence of more domestic resource mobilization and donor funding integration into national budgets (Muthuri, 2024; Mwai et al., 2023; Cheluget, & Wamuyu, 2020). Studies on the viability of donor- funded HIV/AIDS initiatives in Kenyan public hospitals emphasize the significance of sufficient finance and stakeholder participation for project success, but they also show how susceptible these initiatives are to financial shortages (Cheluget, & Wamuyu. 2020).

Policy Recommendation Strengthen national resource mobilization

To strengthen domestic health financing, Kenya should implement targeted tax reforms and expand health insurance coverage. To ensure equity and sustainability, the government should prioritize tax-based financing over voluntary insurance and commit to doubling public health expenditure to at least 5% of GDP within five years, in line with international recommendations. With a target of increasing domestic health financing by 20% by 2028, progress should be monitored annually by assessing the proportion of health sector funding sourced domestically and the reduction in out-of-pocket expenditures (Barasa., et al., 2018; Chuma et al., 2017; Mwai et al., 2023). Given the size of the informal sector and the need for long-term financial sustainability, this strategy is both feasible and relevant (Barasa., et al., 2018; Chuma et al., 2017).

Enhance Financial Management Capacity within Institutions

Both the national and county governments must invest in building capacity for financial planning, budgeting and management. This involves implementing uniform and transparent budgeting procedures across all counties and establishing strong internal controls and providing health managers with biannual training. By 2026, standardized financial management systems and at least two capacity-building workshops per year should be operational in every county. Progress should be monitored through annual audits and performance evaluations (Igweta et al., 2023; Tsofa et al., 2017; Kairu et al., 2021). These actions are essential for improving service delivery, ensuring timely wage disbursement, and promoting the efficient use of resources (Nyawira et al., 2022; Igweta et al., 2023; Tsofa et al., 2017).

Advance Strategic Coordination of Donor Funding with National Plans

A national framework for donor coordination should be in place, requiring all external partners to coordinate their efforts with Kenya's county goals and strategic plans for the health sector. This framework should include mechanisms for integrating vertical disease programs with broader health system functions, regular joint planning sessions, and shared financing arrangements such as Joint financing arrangements. The effectiveness of coordination should be measured by annual reductions in program duplication and improved alignment of donor-funded initiatives with county and national health priorities (Nyawira et al., 2023; Adjagba, et al., 2024; Kairu et al., 2021). This will reduce inefficiencies and ensure that external resources support domestic initiatives (Nyawira et al., 2023; Adjagba et al., 2024).

Develop Exit and Transition Frameworks with Development Partners

Kenya should work with donors to develop transparent exit and transition plans that outline co-financing arrangements, timelines, and the integration of donor-supported services into national systems. Each major donor initiative should have its own framework, supported by annual status reports and stakeholder engagements at both the county and national levels. To minimize service interruptions and maintain coverage, the goal is to ensure that within three years of transition, at least 80% of essential donor-supported services are sustainably integrated into the national health system (Shroff, et al ., 2024; McDade et al., 2021; Rodriguez et al., 2021). This is critical for sustaining health gains and ensuring resilience after donor transition (Shroff, et al., 2024; McDade, et al., 2021; Rodriguez, et al., 2021).

CONCLUSION

External Support have significantly contributed to increasing access to healthcare and improving service delivery, particularly in low- and middle-income countries such as Kenya. This is important because it enables the expansion of essential health services, supports disease-specific initiatives, and drives health system reforms that would not be achievable through domestic resources alone (Shroff et al., 2024; Muthuri et al., 2024; Hanson et al., 2022). However, this dependence also poses risks, such as unpredictable funding, misalignment with national priorities, and challenges in sustaining progress as donor support declines (Shroff et al., 2024; Muthuri et al., 2024; Huffstetler, et al., 2022).

Key findings from the literature indicate that while external funding tied to results-based and performance-based financing models can increase institutional delivery rates and service utilization, their effectiveness varies by context and requires careful monitoring and evaluation (Mushasha, & Bcheraoui, 2023; Hagedorn et al., 2025). Donor transitions, where countries shift from external to domestic funding, underscore the need for clear and transparent processes, as well as strong domestic institutions, to sustain service delivery and prevent disruptions (Shroff et al., 2024; Huffstetler et al., 2022). In Kenya, fluctuations in donor funding have directly affected the operation of basic healthcare facilities and the delivery of services, highlighting the importance of sustainable financing solutions and strong institutional capacity (Muthuri, et al., 2024; Koros, 2020). Moreover, fragmented funding flows and a lack of coordination can undermine efficiency, equity, and the quality of healthcare provision (Sparkes et al., 2019; Dkhimi et al., 2023).

Policy recommendations highlight the importance of strengthening domestic resource mobilization, building institutional capacity for financial management, improving donor coordination, and establishing structured exit and transition frameworks with development partners. These measures are essential to ensure that health gains achieved through external funding are sustained and effectively integrated into domestic systems (Shroff et al., 2024; Muthuri et al., 2024; Sparkes et al., 2019).

Further research should focus on evaluating the long-term impacts of donor-funded programs after transitions, exploring innovative and blended financing models, and developing governance structures that effectively coordinate multiple funding flows. Continuous monitoring of service delivery outcomes and financial sustainability is essential, along with research on how best to align external assistance with evolving national health priorities and universal health coverage goals (Hanson et al., 2022; Huffstetler, et al., 2022; Dkhimi et al., 2023).

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