



MINISTRY OF HEALTH

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Financing Mental Health Integration in Kenya's Primary Healthcare: Progress, Challenges, and Pathways to Sustainability under the New Health Acts

Introduction

Kenya has undertaken major reforms to strengthen mental health services through integration into the primary healthcare (PHC) system. This transformation is supported by the Kenya Mental Health Policy 2015 to 2030 and a new financing architecture that includes the Social Health Authority (SHA), Social Health Insurance Fund (SHIF), Primary Health Care Fund (PHCF), and the Facility Improvement Financing (FIF) Act. These structures aim to expand access and promote equity, but mental health financing remains a significant bottleneck. To support the growing mental health burden, adequate and sustainable financing mechanisms are essential, especially at the PHC level where early intervention, prevention, and community support are most effective.

Methods

A qualitative desk review was conducted to analyze national health financing frameworks, policy documents, and relevant grey literature published between 2019 and 2024. In-depth interviews with key informants including mental health practitioners and PHC facility managers in Nairobi, Nyeri and Kajiado counties provided grounded perspectives. Thematic analysis identified barriers and opportunities related to financing, service delivery, and workforce capacity under the new health acts.

Results

Five major challenges were identified. First, there are operationalization gaps in how mental health funds flow from SHIF and PHCF to PHC facilities. Disbursement channels are often unclear and delayed, limiting timely implementation. Second, allocations to PHC are insufficient to cover the full spectrum of mental health services including personnel, medications, psychosocial interventions, and supervision. Third, the mental health services included in the SHIF benefit package lack specificity, which creates confusion at the provider level and restricts service coverage. Fourth, concerns were raised about long term sustainability, especially for marginalized populations in remote or resource poor settings where services may remain out of reach. Fifth, although the FIF Act intends to give PHC facilities financial autonomy, most facilities are still unable to make independent budgetary decisions that reflect their mental health service needs.

Conclusions

While Kenya has made commendable progress in integrating mental health into PHC and establishing UHC-aligned financing structures, the system still faces significant gaps. Strengthening mental health financing must go hand in hand with enhancing PHC capacity, especially in the context of workforce development. Recommended strategies include defining mental health services more clearly within the SHIF package, increasing targeted allocations through PHCF, improving fund disbursement mechanisms, and ensuring PHC facilities have adequate autonomy and skills to manage mental health budgets. These changes are essential to build a resilient, equitable, and community-responsive mental health system capable of delivering care across the lifespan and across all regions.

Primary authors: ONYANGO, Angela (HOYMAS Kenya); Mr KAMAU, Jackson (HOYMAS Kenya)

Co-authors: Mr MATHENGE, John (HOYMAS Kenya); Mr MWANGI, Kennedy (HOYMAS Kenya)

Presenters: ONYANGO, Angela (HOYMAS Kenya); Mr KAMAU, Jackson (HOYMAS Kenya)

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