

NEWSLETTER

NEAPACOH 2027: Kenya to host

But Why 🤔🤔🤔

Kenya is making steady progress on both health financing reforms and local manufacturing. NHIF membership has grown from 9 million to 29 million, supported by three funds structured around different levels of care stated Hon. Ntwiga Patrick Munene- Member of Parliament- Kenya.

On manufacturing, Kenya is targeting the World Health Organization (WHO) maturity level 3 for pharmaceutical regulation and production, with national leadership prioritizing local manufacturing through a planned special economic zone and dedicated financing for vaccine manufacturing at the Bioworks facility (including support linked to World Bank financing).

Kenya is also advancing reforms to improve service delivery and value for money, including work on a Quality of Care and Cost of Care Bill to better quantify treatment costs and guide insurance package design. Implementation is shared across the national and county levels, with a regional lens to strengthen primary health care and manufacturing collaboration.



2026 Kenya's commitments

- Begin packaging and manufacturing vaccines at the Biovax vaccine facility using allocated funds and World Bank financing to enable local production.
- Strengthen regulatory capacity to reach WHO maturity level 3 and finalize the Kenya Health Product and Technologies Regulatory Authority Bill to support regional exports.
- Implement the Primary Health Care Fund to ensure free services at levels 1–3 for registered Kenyans and operationalize it across facilities.
- Increase national budget allocation for primary health care (building on last year's KES 13 billion) to fully fund level 1–3 services for walk-in patients.
- Finalize and pass the Quality-of-Care and Cost-of-Care Bill to quantify costs by disease and standardize insurance packages based on evidence.
- Deepen collaboration with African and regional partners to advance local pharmaceutical manufacturing and coordinate primary health care implementation.



GLOBAL FUND #GC8

Since 2002, the Global Fund has invested about US\$5B a year, helping save 70M lives across 140+ countries. For the next three-year cycle, it will allocate US\$10.78B, plus US\$260M for catalytic investments, with a focus on low-income, high-burden settings.

Countries will design their grants through inclusive country dialogues, supported by partnerships, market-shaping to lower health product prices, stronger local supply chains, and a push for financial sustainability. **“The Global Fund aims to support countries in progressively transitioning from external funding to government funding.”** said Natacha Heffinck- Global Fund highlighted during her remarks in Lusaka.

Immediate next steps for the Global Fund:

- Send allocation letters to countries in the coming months, outlining: country amounts, catalytic funding options, co-financing requirements, and allocation tools.
- Provide technical support for grant design, including health financing, public financial management, and more on-budget spending to encourage increased domestic funding.
- Engage parliamentarians today and tomorrow to support privileges and immunities processes and help countries maximize resources in the new grantcycle.



Day2 Summary

Day 2 at NEAPACOH strongly centred on health sovereignty and resilient systems. In the pharmaceutical manufacturing sessions, Dorothy Juma made the case for accelerating local production as a pathway to UHC, noting persistent constraints like weak financing, fragmented policies, and donor dependence, alongside high maternal mortality and adolescent birth rates.

Dorothy stressed that local manufacturing can reduce exposure to global supply chain shocks, while the African Medicines Agency can drive regional trust through quality harmonisation. Speakers including AHF reinforced the same message with data on Africa's limited share of global medicine production and called for parliamentary action to remove regulatory bottlenecks and close financing gaps, while also highlighting reproductive justice, self-care, health literacy, and community engagement.



#TB, #AMR, #HarmReduction

Sessions on community health workers (CHWs) and alcohol harm reduction highlighted practical, high-return interventions. Presenters noted the growing burden of hypertension and diabetes and shared evidence from Lesotho and trials showing CHWs can increase screening and improve blood pressure control, alongside calls to update treatment guidelines, strengthen TB and alcohol control funding, and ensure CHWs are properly remunerated.

On alcohol, it was emphasized that effective measures like taxation and advertising bans can deliver strong returns, but consumption is rising in many African countries despite existing commitments, and workarounds like cheaper small bottles remain a challenge even where sachets were banned

The day also sharpened focus on tuberculosis and antimicrobial resistance (AMR) as urgent priorities requiring sustainable financing and stronger policy leadership. .



The Light Consortium project by AFIDEP shared evidence that men drive a large share of TB transmission and that male-friendly approaches can significantly increase screening, with modelling suggesting major reductions in incidence if men's treatment coverage improves.

Leaders from the Global Parliamentary TB Caucus stressed the need to move from vertical funding to durable health system financing, noting ongoing losses and limited domestic funding, and proposed options like public-private partnerships and targeted taxation. On AMR, Uganda's experience highlighted how stockouts and irrational use accelerate resistance, with calls for stronger legislation, surveillance, and coordinated multi-sector action across governance, finance, and research.

So what next?

The Lusaka Call to Action, led by Dr. Mark K. Nawaane, put African parliamentarians at the centre of strengthening health systems for emergency response, equity, resilience, and sustainability. Held in Lusaka, Zambia (25–27 February 2026), the meeting brought together 160 delegates from 14 African countries, alongside international partners.

Key priorities included pushing innovative solutions to persistent health sector challenges, increasing funding for women's and adolescent health, and advancing the African Medicines Agency as a foundation for trusted, harmonized regulation.



The Call also reinforced the pathway to pharmaceutical sovereignty through domestic manufacturing, supported by enabling policies, stronger regulation, and investment in clinical research. Participants highlighted the need to broaden options such as alternative medicine where appropriate, while ensuring safety, standards, and accountability across the system.



In closing, speakers expressed appreciation to Zambia for hosting and thanked organisers and technical and financial partners for driving a shared continental agenda. The final messages emphasised action on anti-corruption in the health sector, accelerating efforts to end TB, and strengthening responses to non-communicable diseases, alongside scaling local production and innovative financing. The next NEAPACOH meeting will be hosted by Kenya in 2027, while the 2028 host country is yet to be confirmed.

3

Days of NEAPACOH
2026

80

Participants

NUMBERS that
MATTER

16

Country Delegations



#UHC

If the pharmacy shelves are empty, we cannot talk about health for all while our systems remain fragile and dependent on external supply chains that leave our people vulnerable.

Dorothy Juma
CEO
MeTA Kenya

THANK YOU!

