

# PMAC

PRINCE MAHIDOL  
AWARD CONFERENCE

2026

# Navigating Global Demographic Transition

Through Innovative Policy: An Equity-Centered Approach



# NAVIGATING DEMOGRAPHIC TRANSITIONS

## The Human Resources for Health Perspective in Kenya

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PMAC 2026 Session PS 2.1

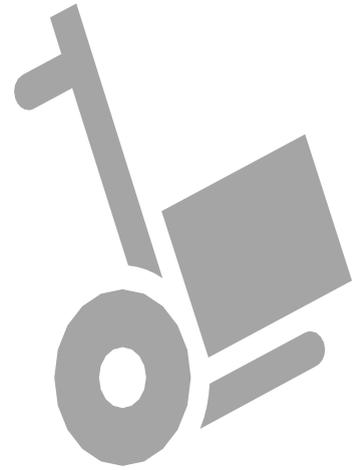


KENYA HEALTH HUMAN RESOURCE  
ADVISORY COUNCIL

# Health Care Priorities For The Country



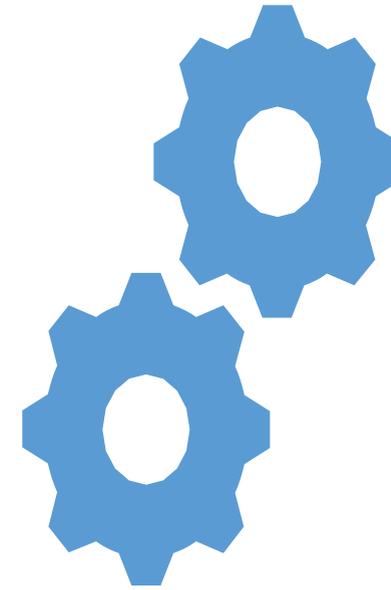
Human  
Resources  
for health



Supply Chain



Financing



Information Systems



Primary healthcare  
& community  
health

# HRH FLOW



## Training

- This involves planning and workforce forecasting.

## Distributed



## Entry

- Captures data about enrolment, graduation, credentialing, and licensing.

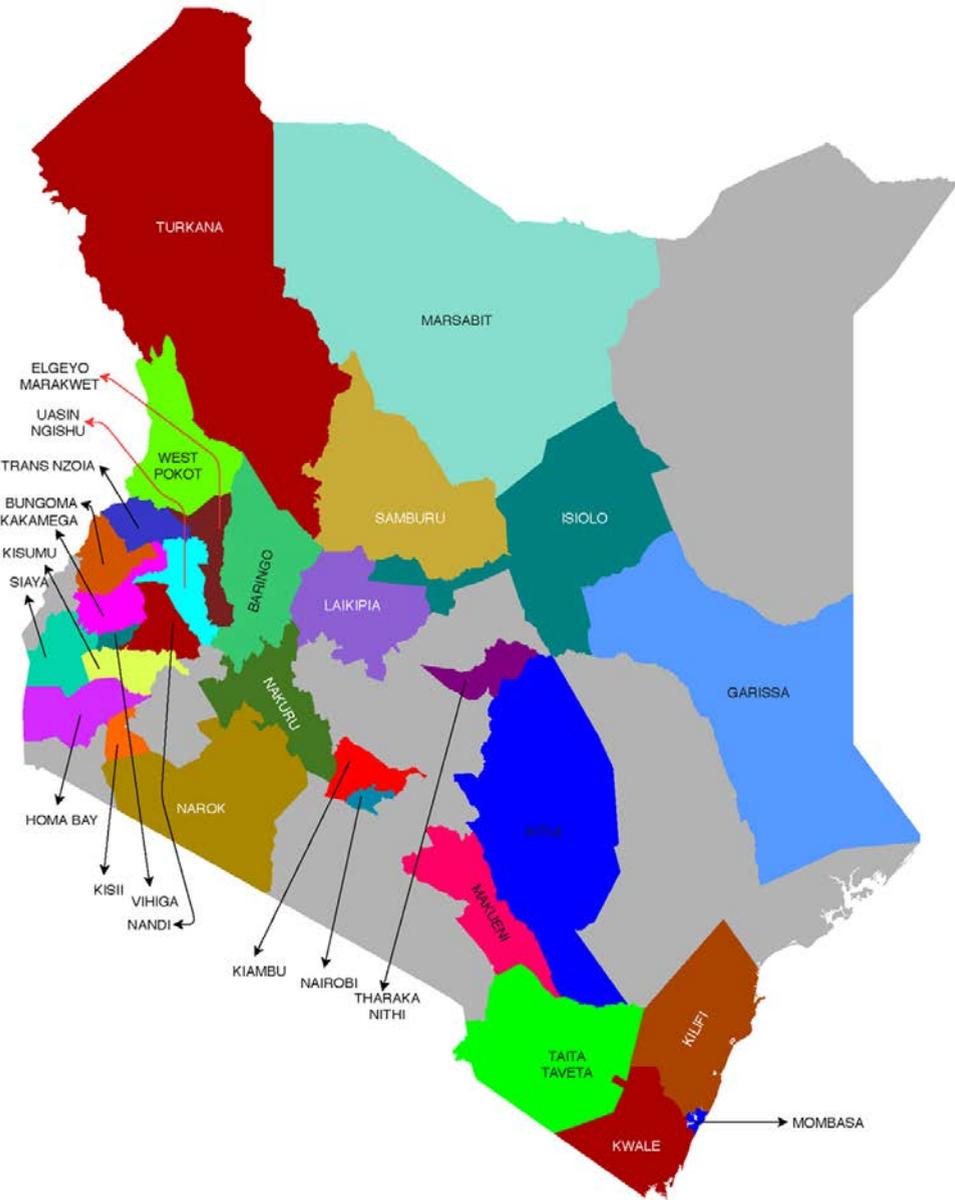
## Absorbed

- Manages in-service health workers

## Exit

This captures attrition events such as migration, retirement,

# Challenge



Kenya's population – 55 M people, 0.2 doctors & 1.2 nurses/1 000 ( vs SDG 4.45).

## The "Growth vs. Need" Paradox

**3.4%**

**Supply Growth**  
Annual health workforce expansion rate

**4.7%**

**Demand Growth**  
Annual population health needs increase

**114K**

**Projected Gap**  
Professional shortage by 2030

# Primary Barriers to Equitable Care



## Wrong Number

14% of trained health workers remain unemployed due to budget constraints and employment ceilings



## Wrong Place- Geographic Gap

Some regions are **7 times** better staffed than others, creating severe geographic inequity



## Wrong Mood – Burn out; Strikes

Vacancies lasting **12 months** on average lead to burnout, strikes, and quality of care

**From Policy to bedside:** These cracks reach the bedside fast—treatable complications become deaths

# ROUND 2

## SOLUTIONS



# Key Innovations and Digital Solutions



# Breaking the "Data

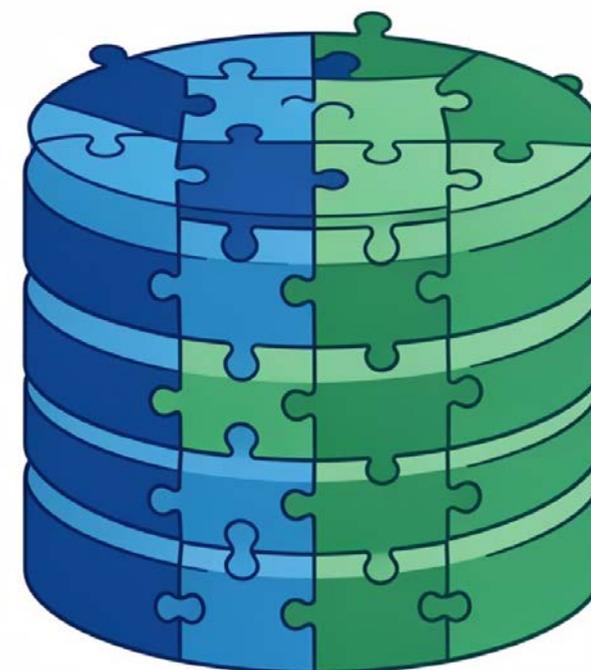


## The Challenge

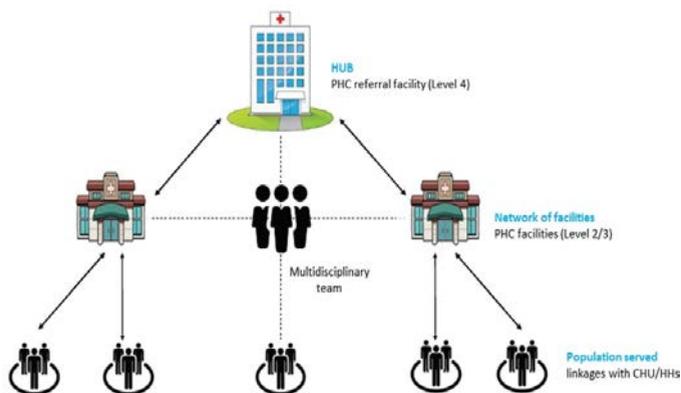
47 autonomous decentralized systems managing workforce data

## The Solution

“From fragmentation to clarity: NHWA unifies Kenya’s health workforce data.”



# Home-Grown Solutions



PHC Networks  
Hubs and spokes  
model where  
specialists support  
rural clinics via  
telemedicine



Formalizing the  
Foundation  
Professionalizing  
Community Health  
Promoters with formal  
digital tools and  
monthly stipend



Digital HRH  
~~registry~~  
Unified HRH Registry  
with predictive  
analytics



Brain  
circulation  
Brain-drain into brain-  
circulation with  
binding return  
agreements.”



# Call to Action

Prioritizing Equity in a Shifting Demographic Landscape

Share expertise not drain brains

HRH Alignment

Move minds ;split risk &  
reward

**“Universal Health Coverage grows when staying becomes the easiest, most rewarding choice a health worker can make.”**

