Kenya's Participation in Health Negotiations on the Universal Health Coverage Financing Protocol

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Abstract

Background: Kenya's health diplomacy has focused on bilateral and multilateral negotiations on health protocols. The 2015 adoption of the Sustainable Development Goals (SDGs), particularly SDG 3 on health, provided a framework for Kenya to strengthen its international health diplomacy and global partnerships.

Methods: This study adopted a mixed-methods design combining qualitative and quantitative approaches. Data were collected from 204 purposively selected participants: 89 government officials, 32 diplomats, and 83 health experts. Qualitative data were analyzed thematically using NVivo and complemented by quantitative data analyzed using SPSS, employing descriptive statistics, Pearson's correlation, and regression analysis.

Results: Findings revealed a strong positive and significant correlation between participation in international health negotiations and UHC financing protocols ($r = .839$, $\beta = 1.107$, $p < 0.01$; $R^2 = 0.704$). Qualitative results reinforced that diplomatic engagement enhanced external support and resource mobilization for UHC financing in Kenya.

Conclusion: The study concludes that Kenya's active participation in health protocol negotiations has strengthened its influence in global health governance, despite limited technical expertise and funding.

Keywords: Health negotiations, universal health coverage, health financing, global health governance

Introduction

Kenya's participation in negotiating Universal Health Coverage (UHC) financing protocols is anchored in a historical continuum of policy reforms and international engagement in global health governance. Since gaining independence in 1963, Kenya has viewed health as a key pillar of national development. Early policy frameworks, such as *Sessional Paper No. 10 of 1965 on African Socialism and Its Application to Planning in Kenya,* established the ideological foundation for health as a public good and government responsibility (Republic of Kenya, 1965). Mbau et al. (2020) found that, the creation of the National Hospital Insurance Fund (NHIF) in 1966 represented a major institutional step towards achieving equitable access to healthcare, initially serving formal sector employees before gradually expanding to include informal and vulnerable groups.

Kenya's health financing landscape has evolved through successive reforms, reflecting political, social, and economic transitions. The introduction of structural adjustment programs (SAPs) in the 1980s and 1990s, under the influence of the International Monetary Fund and World Bank, significantly altered the trajectory of public health funding. Were et al. (2024) found that, SAPs imposed austerity measures that reduced government spending on social services and introduced user fees in public health facilities, deepening inequality and limiting access for low-income households. These developments have led to persistent gaps in equity and service delivery. In response, African governments, including Kenya, embraced the Abuja Declaration of 2001, which called for allocating 15% of national budgets to health. However, as Karimi et al., 2025 observes, Kenya has consistently fallen short of this target, dedicating less than 10% of its budget to the health sector, thereby necessitating external engagement through health diplomacy.

Kenya's progress toward UHC has been characterized by experimentation with local health financing models and the pursuit of international partnerships. Nyawira et al. (2024) explains that the 2018 UHC pilot in Kisumu, Nyeri, Machakos, and Isiolo Counties was a transformative effort to provide free primary healthcare and strengthen health infrastructure. This initiative led to measurable improvements in healthcare utilization, including a marked rise in outpatient visits and skilled birth attendance, indicating reduced financial barriers to healthcare. However, challenges such as inadequate health personnel, poor logistics, and weak data systems persist. Parallel to domestic reforms, Kenya has intensified its role in international health diplomacy. Forums such as the 2019 Nairobi Summit on the International Conference on Population and Development (ICPD25) allowed Kenya to advocate for global commitments to health equity, gender equality, and UHC financing, enhancing its influence on global health governance (United Nations Population Fund, 2020).

The rationale for this study arises from the recognition that Kenya's alignment with global health agendas has not been matched by adequate domestic financing and governance efficiency. As (Kairu et al., 2023) argues, limited fiscal capacity and dependence on donor aid constrain Kenya's progress toward sustainable health coverage. Therefore, this study adopts a health diplomacy lens to examine Kenya's participation in international health negotiations and its effectiveness in mobilizing external technical and financial resources. Through analyzing how diplomatic engagement influences domestic policy reform and equitable healthcare access, this study contributes to the scholarly discourse on the strategic role of middle-income countries in leveraging UHC financing protocols to strengthen health systems and promote global health equity.

Theoretical Framework

Liberal Institutionalism has served as a theoretical foundation for the analysis,

emphasizing the role of international institutions, cooperation, and rules-based governance in facilitating mutually beneficial outcomes among states. Liberal institutionalists argue that states are rational actors capable of cooperating through international regimes that reduce transaction costs, build trust, and promote information sharing (Keohane & Lisa, 2021). Kenya's strategic engagement with global health institutions, such as the World Health Organization (WHO), the African Centers for Disease Control and Prevention (Africa CDC), and Gavi reflects this cooperative logic, where the state leverages institutional frameworks to negotiate support, technical assistance, and funding for UHC-related reforms. Through active participation in multilateral platforms, such as the World Health Assembly and regional health policy dialogues, Kenya not only advances its domestic health goals but also contributes to shaping global health norms and agenda-setting processes.

This approach underscores how health diplomacy, underpinned by liberal institutionalist principles, enables Kenya to frame UHC as a shared responsibility that benefits both the national population and the global community, reinforcing the concept of the UHC financing protocol. Thus, the theory provides a lens through which Kenya's reliance on institutional mechanisms for collective problem-solving, capacity building, and norm diffusion in the health sector can be critically understood (Lee & Kamradt-Scott, 2021).

Methodology

Study Design

This study employed a mixed-methods research design combining qualitative and quantitative approaches. This design was adopted because the study preferred using a structured questionnaire and interview guide.

Study Setting

The study was conducted in Kenya. It specifically focused on the Ministry of Health's respective directorates of Health Policy and Planning, the Ministry of Foreign and Diaspora Affairs' respective directorates, including the Multilateral Directorate and Africa and the African Union, the National Treasury Directorate of Budget, Economic and Fiscal Affairs, regional and international organizations, academic institutions, international non-governmental organizations, and think tanks on health policies.

Population and Sample

The study targeted 417 respondents. In particular, the 417 were selected from 182 government officials, 170 experts from academia, non-governmental organizations, and think tanks specializing in health policy, and 65 diplomats from the Ministry of Foreign and Diaspora Affairs, the Ministry of Health, and the National Treasury.

The inclusion criteria involved individual technocrats who had taken part in health negotiations at the bilateral, regional, and multilateral levels, including the implementation of UHC

policies, specifically those working in the Ministry of Health, Ministry of Foreign and Diaspora Affairs, and the National Treasury, and representatives from the development partners and international organizations in the country, such as the WHO. Regarding the exclusion criteria, the study did not engage individuals outside the field of health diplomacy, health budgetary and financing, or the implementation of UHC. Table 1 presents the target population.

Table 1

Distribution of Study Population

Category of Study Population	Frequencies	Percentage (%)
Government Official	182	43.6
Academic Experts	170	40.7
Diplomats	65	15.7
Total	417	100.0

Sample Size Determination

The sample size was determined using Slovin's formula: $n = \frac{N}{1+Ne^2}$

n = Sample size

N = Target population (417)

e = error term (0.05%).

$$n = \frac{417}{1 + 417 * 0.05^2}$$
$$n = 204$$

The sample size of 204 respondents was divided as shown in Table 2.

Table 2

Sample Size Frame

Category	Population	Proportion	Sample Size
Government Official	182	0.436	89
Academic Experts	170	0.408	83
Diplomats	65	0.156	32
Total	417	1.00	204

Sampling Technique

This study used a purposive technique. This technique was considered the most appropriate given the highly specialized and technical nature of the study, which called for in-depth insights from individual technocrats with expertise and strategic know-how in Kenya's health diplomacy negotiations, health financing mechanisms, and processes that guarantee credible policy data. The criteria used employed both qualitative and quantitative approaches encompassing a purposive sampling technique of 204 key respondents selected from relevant institutions as key actors in foreign policy, health planning, and financing, which aggregated to 89 government technocrats, 83 specialists from the academic institutions, health policy think tanks, and non-governmental

organizations in the field of health, and 32 diplomats.

Data Collection Tools

For primary data collection, the study adopted both a structured questionnaire and an interview guide. The questionnaire helped gather information from government representatives. Meanwhile, an interview guide was designed to elicit further information from health academics, health policy think tanks, and diplomats.

Validity and Reliability

The study determined validity and reliability through a pilot study comprising 10% of the total sample (204 respondents). Of these, 12 respondents participated in the quantitative survey, while 8 participated in qualitative interviews. The pilot study was conducted in Nairobi County, which shares socio-economic characteristics similar to those of the main study area. Cronbach's alpha coefficient for the quantitative instruments was 0.87, indicating high internal consistency and reliability. To ensure instrument validity, an expert review was conducted to assess content adequacy and clarity, followed by pre-testing to refine ambiguous items and align the tools with the study objectives. Data triangulation across qualitative and quantitative sources further enhanced the accuracy and credibility of the study findings.

Ethical Considerations

This study complied with ethical standards by seeking approval from the National Commission for Science and Technology under approval license number NACOSTI/P/24/34576. NACOSTI was used to seek prior consent from the anticipated respondents. The University of Nairobi through the Department of Diplomacy and International Studies gave ethical clearance prior to the conduct of the study. Specifically, the study's objectives were clarified to reassure participants of their confidentiality and the right to withdraw if needed. For the sake of privacy, the respondents' identities were concealed to prevent unauthorized access.

Data Analysis

Qualitative data were analyzed using NVivo software. The software helped code the interview transcripts systematically, including primary documentary sources, to facilitate clear interpretations of patterns, key themes, and subthemes. For quantitative data, the study used SPSS to analyze descriptive statistics, Pearson's correlation, and regression.

Results

Qualitative Findings

A total of 83 academic experts and 32 diplomats from health policy think tanks were interviewed. An overwhelming 31 diplomats responded, leading to a response rate of 96.88%. Meanwhile, among 83 academic experts and think tanks, 81 responded, yielding a response rate of 97.59%. The qualitative findings from the interviews and documentary analysis revealed various themes, which are presented hereafter.

Kenya's Participation in Health Negotiations at IGAD, AU, EAC, and COMESA

The study found that Kenya has actively participated in regional negotiations on UHC financing. This has been done to improve healthcare delivery, not only locally but also at the regional level. Several responses are presented below.

"Kenya participates in IGAD-led talks to provide refugees and migrants, particularly those from South Sudan and Somalia, with access to health services. During the COVID-19 epidemic, Kenya worked with IGAD to coordinate reactions, distribute vaccines, and manage PPE logistics"

"Kenya also takes part in the discussions for the African Epidemics Fund and the expansion of the Africa CDC. Kenya backs the African Medicines Agency's (AMA) initiatives to increase domestic vaccine production. Kenya uses financing mechanisms and regional collaboration to support AU programs aimed at lowering the illness burden. Kenya contributes to the development of resilience, data exchange, and capacity building programs"

"Kenya collaborates with its EAC neighbors to develop coordinated responses to diseases such as malaria, cholera, COVID-19, and Ebola. Within the EAC Health Sector Investment Prioritization Framework, the EAC Regional Centre of Excellence for Urology and Nephrology is located in Kenya. In particular, Kenya works together on plans to improve the accessibility of insurance and primary medical care".

"Kenya takes part in talks to improve access to necessary medications by streamlining import/export regulations and drug registration. Alignment standards for medical technologies and equipment is a common topic of conversation. In an effort to facilitate the cross-border transfer of medical supplies and medical personnel during the epidemic, Kenya further partnered COMESA in establishing guidelines to promote healthcare delivery".

Kenyan Representatives' Roles in External Negotiations

Moreover, participants were required to indicate the roles played by Kenyan representatives in external UHC negotiations. The study found that the roles were leadership and political advocacy, regional representation, agenda setting, technical and political resolutions, and policy contributions.

"On the international front, Kenya promotes UHC as a political and economic priority through political advocacy and leadership. For instance, former President Uhuru Kenyatta promoted worldwide equity and cooperation as a UHC worldwide Champion within the UHC2030 movement".

"Kenya also takes part in negotiations of political initiatives and declarations pertaining to UHC, financing for healthcare, and service accessibility. For instance, Kenyan delegates frequently support resolutions on investing in community health workforces and

bolstering medical care at World Health Assembly (WHA) and WHO Executive Board"

"Kenya has also participated in continental UHC policies and coordination forums as a representative of EAC or AU on continental representation and agenda setting. Kenya, for instance, contributed in aligning UHC metrics with AU Agenda 2063 and contributed to the development of Africa Scorecard on Domestic Healthcare financing. Kenya has pushed for cross-border UHC delivery, health policy harmonization, and mutual endorsement of medical professionals via EAC".

"Again, Kenya plays a role in technical and Policy Contributions by contributing to technical working groups, policy development, and best practice sharing in international UHC platforms. For example, Kenyan experts from the MoH and research bodies like KEMRI have shared insights on UHC costing tools, implementation of community health strategies, and challenges in extending coverage to informal sector workers."

Challenges Kenya Encounter During International Health Protocol Negotiations

Regarding the challenges Kenya encounters during international health protocol negotiations, inadequate **expertise, a weak economic position, l**imited time and resources, and budgetary constraints were widely mentioned. The specific responses are indicated below.

"Kenyan delegations in certain discussions are not well-versed in topics such as international trade law, intellectual property (IP), or health financing. For instance, Kenya supported the Africa Group in the WTO discussions on TRIPS exemption, but it also mainly depended on technical assistance from international NGOs and civil society".

"Kenya also typically bargains from an inferior political and economic stance, particularly when interacting with wealthy nations or groups like the G7, US, or EU. For instance, amid the COVID-19 pandemic, demands for local production and fair vaccine access were trumped by intellectual property protection and global vaccine patriotism".

"Kenya's capacity to present a cohesive and strategic posture during talks is weakened by the frequent contradictions between national, regional, and continental viewpoints, as well as even within Kenyan institutions. For instance, there have been discrepancies between national objectives and regional (EAC/AU) guidelines in certain health financing negotiations (such as UHC declarations)".

"One of the most frequently mentioned obstacles is the lack of time and money to thoroughly interact with various stakeholders including technical specialists before to discussions. CSOs observed, for instance, that there was little public input on draft texts and little public openness regarding Kenya's stance in the WHO Pandemic Treaty negotiations".

"Travelling for meetings, delegation size, and regular attendance at preliminary meetings or side talks

are all restricted by Kenya's financial limitations. As a result, crucial meetings might be missing, which would lessen Kenya's influence over initial drafts or side agreements. This implies that they depend on overseas partners or funders to fund their involvement, which could restrict their independence".

International Health Protocol Negotiations Influence on Health Policy in Kenya

Additionally, participants were asked to respond to how international health protocol negotiations influence health policies and practices in Kenya. Below are excerpts from the respondents.

"Through negotiations, Kenya accepts political declarations, proposals, and treaties that are the outcome of negotiations at organizations including the WHO, UN, and AU. These pledges direct or spur strategic planning and domestic health improvements. For instance, in order to comply with UHC objectives, Kenya adopted the SHI Act (2023)".

"By engaging in international talks provides access to outside funding, alliances, and technical assistance from organizations such as the World Bank, WHO, and bilateral funders. These grants and initiatives are subject to compliance with globally specified reform milestones or procedures".

"International health protocol negotiations influence health policy and practices within Kenya by acting as an inspiration for institutional and legal reforms. For instance, Kenya was motivated to enhance port health services at international crossings and to fortify disease surveillance systems by the WHO-negotiated International Health Regulations (IHR, amended 2005)".

"International health protocol negotiations influence health policy and practices within Kenya has promoted standardization and institutionalization of healthcare and guidelines. For instance, Kenya's National Treatment Standards and Clinical Practice Guidelines now include WHO-negotiated recommendations on HIV testing, managing non-communicable diseases (NCDs), and integrating mental health".

"Kenya frequently uses tracking and oversight tools (such as scorecards, peer evaluations, and benchmark) established by international negotiations. Kenya, for instance, is included in the UHC2030 State of Commitment evaluation, which monitors the country's advancements in equality, service coverage, and health funding". -Directorate of Budget, Fiscal and Economic Affairs.

Descriptive Statistics

The study distributed questionnaires to 89 government technocrats; 85 responded, yielding a response rate of 95.51%.

Table 3

Kenya's Participation in International Health Protocol Negotiations

	SA (%)	D (%)	NE (%)	A (%)	SA (%)	Mean	Std. Dev
Kenya's active participation in international health protocol negotiations has significantly strengthened its position in global health governance	0.0	0.0	2.4	65.9	31.8	4.29	0.508
Kenya's involvement in international health negotiations has led to the adoption of health policies that benefit its domestic population	0.0	0.0	7.1	54.1	38.8	4.32	0.602
Lack of adequate technical expertise hinders Kenya's effectiveness in international health protocol negotiations	7.1	11.8	11.8	38.8	30.6	3.74	1.216
Kenya's participation in international health negotiations has enhanced its ability to address cross-border health challenges, such as pandemics and infectious diseases	0.0	0.0	2.4	60.0	37.6	4.35	0.528
Kenya's representation in international health negotiations reflects the interests and needs of its citizens	0.0	0.0	1.2	64.7	34.1	4.33	0.497
Lack of sufficient funding limits Kenya's ability to actively participate in international health protocol negotiations	0.0	0.0	0.0	11.8	88.2	4.88	0.324
Kenya's collaboration with other African nations in international health negotiations has strengthened its bargaining power	0.0	0.0	0.0	78.8	21.2	4.21	0.411
Kenya's participation in international health negotiations has contributed to the development of equitable global health policies	5.9	2.4	7.1	60.0	24.7	3.95	0.975
Kenya's engagement in international health protocol negotiations has improved its capacity to implement global health standards domestically	0.0	0.0	0.0	57.6	42.4	4.42	0.497
Kenya's role in international health negotiations has positively influenced its reputation as a leader in global health diplomacy	3.5	4.7	22.4	41.2	28.2	3.86	1.002
Composite						**4.24**	**0.656**

In Table 3, it was revealed that Kenya's active participation in international health protocol negotiations significantly strengthened its position in global health governance, and this was approved by 65.9% (agreeing) and 31.8% (strongly agreeing) of the respondents, with a mean score of 4.29 and a tightly spread small standard deviation of 0.508 to the mean. The study found that Kenya's participation in international health negotiations led to the adoption of health policies that benefit its domestic population, with 54.1% and 38.8% of respondents agreeing and strongly agreeing, respectively. A standard deviation of 0.602 shows a slight variation from a mean of 4.32.

However, lack of adequate technical expertise was found to have hindered Kenya's effectiveness in international health protocol negotiations, with 38.8% (agreed) and 30.6% (strongly agreed), and a mean score of 3.74 varying at 1.216. This means that the country must increase its technical expertise to ensure that, even as it negotiates for quality health provisions, human resources possess the much-needed skills for the effective implementation of health protocols. Regarding whether Kenya's participation

in international health negotiations enhanced its ability to address cross-border health challenges, such as pandemics and infectious diseases, 60.0% approved of this statement, and this was supported by a mean of 4.35 with a small Std. Dev (0.528). Furthermore, Kenya's representation in international health negotiations reflects the interests and needs of its citizens, as supported by 64.7% of respondents, with a standard deviation of 0.497 around a mean of 4.33. Despite this finding, the majority of the public currently feels that the current healthcare system does not serve their interests and needs.

Additionally, despite Kenya's broad participation in international health negotiations to present the interests and needs of its citizens, insufficient funding has limited its ability to actively participate in international health protocol negotiations, as revealed by 88.2% of respondents (mean = 4.88; Std. Dev = 0.324). Regarding Kenya's collaboration with other African nations in international health negotiations, 78.8% (agreed) reported that such partnerships strengthened the country's bargaining power, with a mean score of 4.21 and a standard deviation of 0.411. Moreover, Kenya's participation in international health negotiations was found to have contributed to the development of equitable global health policies, as indicated by 60.0% (agreed) and 24.7% (strongly agreed), with a mean score of 3.95 and a small variation of 0.975. Nonetheless, the development of equitable global health policies may not imply access for all citizens.

It also revealed that Kenya's engagement in international health protocol negotiations has improved its capacity, as indicated by 57.6% agreeing and 42.4% strongly agreeing. Improved capacity has thus led to the implementation of global health standards in the country, supported by a mean score of 4.42 and a slight standard deviation of 0.497. It was again established that Kenya's role in international health negotiations has positively influenced its reputation as a leader in global health diplomacy. Specifically, 41.2% and 28.2% approved the statement, with a moderate standard deviation of 1.002. The results mean that the country has been recognized globally as a health champion, courtesy of strides made toward UHC, albeit with myriad expertise and funding-related challenges.

Table 4

UHC Health Financing Protocol

	SD (%)	D (%)	M (%)	A (%)	SA (%)	Mean	Std. Dev
The protocol has ensured that financial contributions conform to ability to pay	0.0	0.0	4.7	77.6	17.6	4.13	0.457
The protocol has ensured that funds are effectively used to offer quality services	2.4	3.5	75.3	11.8	7.1	3.18	0.710
Protocol clearly outlines how funds are allocated to promote domestic health outcomes	0.0	0.0	2.4	81.2	16.5	4.14	0.413
Protocol guarantees that Kenya's funding strategies remain viable	0.0	0.0	74.1	2.4	23.5	3.21	0.465
Protocol clearly outlines how service providers are paid for offered services	0.0	0.0	0.0	80.0	20.0	4.20	0.402
Protocol offers protection to the public from ruinous healthcare spending	0.0	0.0	5.9	64.7	29.4	4.24	0.549
Composite Mean/Std. Dev						**4.02**	**0.499**

The results in Table 4 show an overall mean of 4.02 (Std. Dev=0.499). This means that, overall, respondents predominantly agreed that the Health Financing Protocol (HFP) has championed the need for the successful implementation of UHC in Kenya. In support, most respondents widely agreed that the Abuja HFP ensured that financial contributions conform to the public's ability to pay (mean=4.13; Std. Dev=0.457). It was also found that most respondents moderately approved of the protocol's effectiveness in ensuring that funds were used to provide quality services (mean=3.18; Std. Dev=0.710). Furthermore, the study revealed that the majority of the respondents agreed that the protocol clearly outlined how funds were allocated to promote domestic health outcomes (mean=4.14; Std. Dev=0.413). Again, it was established that the protocol moderately guaranteed that Kenya's funding strategies remain viable (mean=3.21; Std. Dev=0.465). It was again found that the protocol clearly outlines how service providers are paid for the services they offer, as indicated by a mean of 4.20 (majority agreed) and a standard deviation of 0.402. Lastly, it was revealed that the protocol offers the public protection against ruinous healthcare spending (mean=4.24; Std. Dev=0.549).

Pearson Correlation

This study used correlation to assess the direct association between the variables. The results are presented in Table 5.

Table 5

Correlations

		Kenya's participation	UHC financing protocols
Kenya's participation	Pearson Correlation	1	.839**
	Sig. (2-tailed)		.000
	N	85	85

**. Correlation is significant at the 0.01 level (2-tailed).

Table 5 indicates that participation in international health negotiations had a strong, positive, and significant direct association with UHC financing protocols ($r = .839$; sig. = 0.000 < 0.01). The results mean that a unit increase in participation in international health protocol negotiations will enhance UHC financing protocols by 83.9%

Linear Regression Analysis

The study determined the statistical relationship between the predictors and dependent variables using linear regression analysis as shown in Table 6.

Table 6

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.839[a]	.704	.700	2.46790

a. Predictors: (Constant), Kenya's participation

In Table 6, the study reported a high coefficient of determination (R^2) of 0.704. The high R^2 means that the predictor (Kenya's participation in health negotiations) explained 70.4% of the variation in UHC financing protocols. The 29.6% difference can be explained by variables excluded from this study.

Table 7

ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1202.534	1	1202.534	197.444	.000[b]
	Residual	505.513	83	6.091		
	Total	1708.047	84			

a. Dependent Variable: UHC financing protocols
b. Predictors: (Constant), Kenya's participation

The ANOVA results in Table 7 show that the F-statistic (197.444) is significant, as indicated by a p-value of 0.000 < 0.01. The results show that the model used in this study is reliably significant and thus a good fit for this study.

Table 8

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	65.418	3.348		19.542	.000
	Kenya's participation	1.107	.079	.839	14.051	.000

a. Dependent Variable: UHC financing protocols

Table 8 reveals that participation in international health negotiations had a very strong, positive, and significant relationship with UHC financing protocols ($\beta = 1.107$; p-value = 0.000 < 0.01). The findings indicate that an increase in participation in international health negotiations by any factor will increase UHC financing protocols by 110.7%.

Discussions

The results show that Kenya is actively engaged in international health protocol negotiations to improve its citizens' socioeconomic status. In support of these findings, Kenya's active participation in international health protocol negotiations significantly strengthened its position in global health governance, as approved by 97.7% of respondents. In concurrence, Olatunji et al., 2023 revealed that Kenya's engagement in international health negotiations framed within multilateral institutions such as the EAC and AU plays a significant role in encouraging collective action among member states. The study found that Kenya's participation in international health negotiations led to the adoption of health policies that benefit its domestic population, as approved by 92.9% of respondents. In support, Gitobu et al. (2018) found that Kenya's health policy during negotiations was strongly influenced by the urgent need to address maternal and child mortality, a severe challenge at the time. The negotiations

highlighted Kenya's alignment with Liberal Institutionalism Theory, as the country engaged in multilateral cooperation to align its national health priorities with global norms.

However, lack of adequate technical expertise was found to have hindered Kenya's effectiveness in international health protocol negotiations, which was attributed to 69.4% of the respondents. This means that the country has to up its technical expertise to ensure that, even as it negotiates for quality health provisions, human resources must also possess the much-needed skills for the effective implementation of health protocols. In congruence, Akumu and Otieno (2022) highlighted that the success of health diplomacy protocol efforts in Kenya remains contested, with gaps in implementation due to resource constraints, poor infrastructure, and political instability.

Regarding whether Kenya's participation in international health negotiations enhanced its ability to address cross-border health challenges, such as pandemics and infectious diseases, 60.0% approved of this statement. In yet another study, Kenya's representation in these negotiations has often been at the ministerial level, with officials actively contributing to shaping the discourse on health financing, disease control, and the promotion of UHC financing (Harington, 2023). Furthermore, 64.7% of respondents agreed that Kenya's representation in international health negotiations reflects the interests and needs of its citizens. Despite this finding, the majority of the public currently feels that the present healthcare system does not serve their interests and needs. The results align with (Owino et al., 2021) who found that despite UHC reinforcing the integration of family planning within health systems, challenges in Kenya's implementation of these policies remain significant, particularly in rural areas, where access to health services, including reproductive health services, remains limited.

Additionally, despite Kenya's broad participation in international health negotiations to represent the interests and needs of its citizens, insufficient funding has limited its ability to actively participate in international health protocol negotiations, as revealed by 88.2% of respondents. In comparison with empirical findings such as Mwangi and Gathara (2019), it becomes evident that while Kenya's health negotiations were framed within the global development discourse, the country faces significant domestic barriers, including financial ones, in the implementation of MDGs, particularly in rural areas and informal settlements, limiting the success of health targets. Regarding Kenya's collaboration with other African nations in international health negotiations, 78.8% of respondents reported that such partnerships strengthened the country's bargaining power. In support, Mutua and Maina (2023) aver that the Addis Ababa Action Agenda provided a critical platform for Kenya to advocate increased international health financing, especially

in the context of achieving the Sustainable Development Goals (SDGs).

Moreover, Kenya's participation in international health negotiations was revealed to have contributed to the development of equitable global health policies, as supported by 84.7% of respondents. Nonetheless, the development of equitable global health policies may not imply access for all citizens. Bataliack et al., 2024 observed that, only a few countries have consistently met the 15% health expenditure target, with many facing significant challenges in mobilizing adequate domestic resources to develop equitable global health policies. This is also consistent with the findings of Akindele and Eze (2020), who argued that the lack of effective governance and financial management systems hinders the successful fulfilment of the UHC Abuja declaration.

It also revealed that Kenya's engagement in international health protocol negotiations has improved its capacity, as agreed by all respondents (100%). Improved capacity has led to the implementation of global health standards in the country. However, Farsaci et al., 2025 indicated that the need for regional and international collaboration, along with the lack of a robust institutional framework to support capacity building, undermined the potential for effective UHC implementation. It was again established that Kenya's role in international health negotiations has positively influenced its reputation as a leader in global health diplomacy as approved by 69.4%. In another study, Kurgat et al., 2020 found that, Kenya's health diplomacy involvement in these negotiations was driven by its need to address pressing issues such as maternal mortality, HIV/AIDS, and access to UHC in the region.

Conclusions

The study concludes that Kenya is actively and strategically engaged in international health protocol negotiations as part of its broader pursuit to improve citizen welfare and enhance regional socio-economic development. This sustained diplomatic participation has elevated Kenya's stature in global health governance, enabling it to influence international health agendas and align its global commitments with its national health priorities. The findings suggest that such engagement has facilitated policy convergence, knowledge exchange, and access to technical and financial resources, all crucial to advancing Universal Health Coverage (UHC). Nonetheless, the country's full potential in these negotiations remains constrained by limited technical capacity, inadequate institutional preparedness, and financial shortfalls, which weaken its bargaining power and the consistency of its policy implementation. These conclusions are strongly supported by correlation and regression analyses, which reveal a robust, positive, and statistically significant relationship between Kenya's participation in international health negotiations and the effectiveness of UHC financing protocols, highlighting the transformative role of health diplomacy

as both a policy and a developmental instrument.

Recommendations

Based on the study's findings, which established a strong positive and significant relationship between Kenya's participation in international health negotiations and the effectiveness of UHC financing protocols, several strategic recommendations are proposed.

Kenya should intensify its engagement with multilateral health diplomacy platforms, such as the World Health Organization (WHO), the African Union (AU), and the East African Community (EAC), to consolidate the financial and technical gains from international negotiations. Strengthened participation will enable Kenya to transform its diplomatic success into sustained health financing partnerships and influence global health policy outcomes.

The UHC Policy (2020–2030) and Health Financing Strategy (2020–2030) should guide Kenya's negotiating agenda to ensure that external financing aligns with its domestic priorities (Ministry of Health, Republic of Kenya, 2020). Emphasizing equity-based funding mechanisms, such as reducing out-of-pocket spending and promoting progressive taxation, will enhance the sustainability of UHC financing frameworks identified as responsive to negotiation outcomes.

The establishment of a regional or international health solidarity fund for low- and middle-income countries (LMICs), supported through South–South and North–South cooperation, would institutionalize the positive correlation between diplomatic engagement and resource mobilization for health. Such a mechanism would enhance Kenya's and the region's capacity for shared risk pooling and health financing resilience.

Kenya should integrate the principles of fairness, sustainability, and innovation into its future health negotiation strategies. By leveraging evidence from this study, which demonstrates the transformative potential of international participation, Kenya can build a more resilient and sovereign health financing system that attracts global support and reinforces domestic policy effectiveness.

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Conflicts of Interest

None

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