DEVOLUTION CONFERENCE 2025 | August 12-15 | Home Bay County

DEVOLUTION CONFERENCE 2025

Theme: 'For the People, For Prosperity: Devolution as a Catalyst for Equity, Inclusion and Social Justice'

A new model of sustainably financing health systems in the counties shows good promise

BY EMILIE CHAMBERT

As county leaders gather in Homa Bay for the 2025 Devolution Conference, the call to close the health equity gap has never been more urgent. The conference's theme, "F*or the People, For Prosperity: Devolution as a Catalyst for Equity, Inclusion and Social Justice*," underscores the central role of counties in building resilient public systems.

One of the most promising examples of such leadership is unfolding in community health. Even as traditional donor funding declines and global development priorities shift, counties are stepping up. They are investing their own resources to improve access to primary health care.

At the centre of this shift is a co-financing model in which government and technical partners share the cost of delivering services, with public systems in the lead and technical partners supporting the effective implementation of innovative solutions. This is not just a funding mechanism. It is a pathway to greater equity, ownership, and long-term sustainability.

At Living Goods, we've seen how effective this model can be. Since 2020, we've supported counties like Kisumu, Vihiga and Busia to implement co-financing agreements that strengthen local systems and deliver meaningful impact.

In Kisumu, a co-financing agreement launched in 2020 has enabled more than 3,000 community health workers (CHWs) to serve 1.2 million residents. While Living Goods initially bore most of the programme's cost, the county has steadily expanded its contribution, reaching $3.9 million in 2024.

Vihiga County joined in 2023 with a five-year co-financing agreement, beginning at 58 percent and set to rise to 71 percent. More than 1,460 CHWs are now supported in Vihiga.

And in Busia County, a co-financing partnership is helping expand CHW support across five sub-counties.

This isn't just about financial commitments. The results are visible. Across the three counties, CHWs registered 92 percent of pregnancies on time, conducted nearly three million sick child assessments in just six months, and achieved treatment adherence rates exceeding 95 percent for common illnesses. Communities are accessing more reliable, consistent care, and the health system is becoming more responsive.

Living Goods' support is grounded in implementation, not just advice. Our differentiator is how we work with counties to embed the DESC framework, which ensures CHWs are effectively Digitally empowered, Equipped, Supervised, and Compensated. These pillars form the foundation of a professionalised community health system that counties can own, sustain, and scale.

This county-led momentum is further bolstered by national reforms. Through the Ministry of Health's electronic Community Health Information System (eCHIS), all 107,000 CHWs across the country are now using digital tools. This system enables real-time data use, improves accountability, and helps counties better track and respond to health needs.

Like any major digital transition, this one has required continuous learning and adaptation. In late 2024 and early 2025, connectivity challenges highlighted the need for stronger offline functionality and support systems. National Governments, counties and partners responded swiftly by expanding tools, increasing training, and reinforcing digital infrastructure. It was a real-time test of the system's resilience, and it passed.

Crucially, this shift is also changing how CHWs are valued. Thanks to national policy and county-level action, CHWs now receive monthly stipends, training, and health insurance. Counties are reinforcing these gains through legislation and dedicated funding. The message is clear: Professionalised community health is here to stay.

What makes co-financing work is that it is phased and structured. Counties take on a growing share of programme costs over time, while technical partners provide targeted, transitional support. This allows for steady transfer of ownership without service disruption, and ensures that counties retain control over how community health is delivered.

In an era when foreign assistance is less predictable, this model offers a practical solution for continuity and scale. It positions counties to be the architects of their own health strategies.

Other countries are watching closely as Kenya leads in demonstrating how sub-national governments can fund, manage, and sustain primary health care delivery.

At this year's Devolution Conference, as leaders seek concrete ways to close the socio-economic divide, co-financing offers a proven approach. It enables counties to lead, donors to align, and communities to benefit. It's more than a budget model. It's an expression of what local leadership can achieve when matched with smart, structured support.

With continued investment and political will, co-financing could become a defining feature of Kenya's next chapter in health care – one that is equitable, resilient, and entirely its own.

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