Keprecon

Health Systems Performance Catalysts

MASTER PLAN

2025 - 2050

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The 2050 Horizon

A Globally Recognized Epicentre of Excellence, Innovation and Equity in Health Systems and Population Health Research.

Message from the Chairman, Keprecon Board

It is with great pride and optimism that I present the Keprecon 25-Year Master Plan, a strategic blueprint that embodies our bold vision to position Keprecon as a leader in advancing health systems, population health research and innovation, not only in Kenya but across Africa.

Keprecon has long been a trusted institution in Kenya's health and research landscape, with a legacy of impactful work in reproductive, maternal, newborn, child and adolescent health. However, we are at a critical juncture where the global, continental, and national health context demands that we broaden our scope and reposition ourselves for greater relevance and impact.

Globally, health systems are under unprecedented strain from pandemics, climate change, emerging diseases, and widening health inequities. The global health architecture guided by frameworks such as the UN Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), and the WHO's Health Systems Resilience Agenda calls for integrated, people-centred, rights-based approaches to health, backed by strong research, innovation, and governance mechanisms.

Regionally, the African Union, through the Africa CDC, has outlined a bold and urgent call to action under the New Public Health Order for Africa. This New Public Health Order emphasizes the need to strengthen Africa's health security, localize vaccine and medical manufacturing, invest in health workforce development, institutionalize health governance, and foster a culture of scientific research and innovation that serves African priorities.

Keprecon fully aligns with this continental vision. Our transition from a traditional RMNCAH focus to a broader population health approach reflects our understanding that resilient families form the foundation of resilient communities and health systems. This Master Plan embodies Keprecon's commitment to strengthening health systems through cutting-edge research, translating evidence into policy and practice, catalyzing innovations, and building institutional capacity that can stand the test of time.

A significant component of this Plan is our deliberate focus on empowering young researchers, fostering partnerships across sectors, and contributing to Africa's Health Research Prioritization Agenda. Keprecon recognizes that Africa's prosperity depends on nurturing local talent, driving research that addresses African health challenges, and ensuring that evidence leads to real-world health improvements.

The global and regional health landscape also demands stronger governance, accountability, and collaboration. Keprecon will continue working closely with national governments, the Ministry of Health, development partners, Africa CDC, AU platforms, research institutions, civil society, and communities to ensure our work is aligned, impactful, and responsive to Kenya's and Africa's evolving health needs.

We understand that achieving these ambitions requires unwavering commitment, strategic partnerships, innovation, and continuous learning. This Master Plan serves as a guiding tool for Keprecon to play its rightful role in shaping the health research ecosystem, strengthening population health, and contributing to a healthier, more equitable Africa.

I extend my sincere gratitude to all our stakeholders for their invaluable contributions to the development of this Master Plan. I invite you to walk this journey with us, boldly and with shared resolve, as we strive to build a future where every family and community in Kenya and across the continent enjoys access to quality, rights-based, and holistic health services.

Together, we will transform health research, innovation, and service delivery to create a lasting impact for generations to come.

Dr. Bernhards Ogutu
Chair, Keprecon Board of Directors

Message from the Chief Executive and Research Director

The development of the Keprecon 25-Year Master Plan marks a defining milestone in our journey as a thought leader and change agent in population health. This long-term strategy is grounded in the recognition that transformational progress in health, especially for vulnerable populations, requires vision, longevity, institutional resilience, and collaborative action across multiple sectors.

Keprecon was established as the research and knowledge translation arm of the Kenya Paediatric Association (KPA), with a mission to improve health outcomes through science, partnerships, and practice. Over the years, we have evolved from a program-based organization with a strong focus on Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) into a multifaceted institution that embraces a population health approach. This evolution reflects our understanding that families, not just individuals, are the cornerstone of community well-being, and achieving sustainable health outcomes demands addressing the needs of entire households across the life course.

The ever-changing health ecosystem, driven by global shifts, climate emergencies, pandemics, digital disruption, and rising demand for equity and accountability, requires us to adopt a forward-looking, adaptive, and integrative strategy. The transition to a population health agenda allows Keprecon to address the broader determinants of health, promote inclusivity, and deliver integrated, rights-based solutions that reflect the realities of families and communities in Kenya and beyond.

This Master Plan was conceived through a participatory and evidence-driven process that drew on foresight analysis, stakeholder dialogue, and strategic modelling tools, including SWOT-PESTEL and stakeholder mapping. It envisions Keprecon's path from 2025 to 2050, anchored in a bold vision to become a globally recognized epicentre of excellence, innovation, and equity in population health. More than a road map, it is a call to action to leverage knowledge, data, partnerships, and community-driven approaches to create enduring change.

Through this Plan, we aim to consolidate our strengths and respond to emerging challenges with agility, grounded values, and system-wide thinking. Our focus will remain on enhancing equity in health access and outcomes, fostering cutting-edge research and innovation, strengthening health systems through capacity and knowledge translation, deepening collaborative platforms, and cultivating an institution that is high-performing, accountable, and resilient.

The Plan integrates robust mechanisms for implementation, learning, and adaptation, ensuring it remains dynamic and responsive to both internal assessments and external shifts. It prioritizes environmental sustainability, climate-resilient health interventions, green infrastructure, and responsible financing as key enablers of long-term success. In addition, it reflects a strong commitment to children's rights, gender equity, and inclusivity, while recognizing that population health encompasses all individuals within households and communities.

We extend our gratitude to all the individuals and institutions who contributed their expertise, insights, and vision to this process. We recognize that the achievement of our aspirations will require not only sound strategy but also sustained partnerships, investment, and collective leadership.

The Keprecon 25-Year Master Plan is our pledge to Kenya, Africa, and the global health community that we are ready to lead, learn, and transform. It is our blueprint for building a healthier, more just, and family-centred future for generations to come.

Fredrick Were, PHD, DSC, EBS
Professor of Perinatal and Newborn Medicine
Keprecon

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Concepts & Terminologies

1. **Adaptation Fund:** A fund established under the Kyoto Protocol to finance projects and programs that help vulnerable communities adapt to climate change impacts.
2. **Blended Financing:** A financing strategy that combines public and private capital to scale up investments in development initiatives, including health and innovation.
3. **Carbon Financing:** A financial mechanism that allows entities to earn or trade credits for reducing greenhouse gas emissions, contributing to climate mitigation.
4. **Carbon Footprints:** The total greenhouse gas emissions caused directly or indirectly by an individual, organization, event, or product, typically measured in carbon dioxide equivalents.
5. **Co-Creation:** A collaborative process where multiple stakeholders, including communities, jointly design, implement, and evaluate interventions to ensure inclusivity and sustainability.
6. **Community Surveillance:** Community-led efforts to systematically gather and use health-related data to detect, prevent, and respond to local health threats and improve service delivery.
7. **Concessional Loans:** Loans extended at lower interest rates and more generous repayment terms than market loans, typically by multilateral institutions or donor governments to support development.
8. **Corporate Social Responsibility (CSR):** Voluntary actions undertaken by organizations to contribute to societal goals, including health, education and environmental sustainability, often beyond core business operations.
9. **Crowdsourcing:** The use of collective input or contributions (ideas, funding, or skills) from a large group of people, often via digital platforms, to solve problems or implement projects.
10. **Digital Fundraising:** The use of digital platforms and tools (e.g., social media, mobile apps, crowdfunding sites) to raise funds from diverse audiences for health and development programs.
11. **Endowment Fund:** A permanent pool of capital invested to generate income for long-term financial sustainability and support of Keprecon's strategic priorities.
12. **Environmental Social Governance (ESG):** A set of standards evaluating an organization's commitment to environmental sustainability, social responsibility and ethical governance.
13. **Evaluation:** A periodic, objective assessment of a planned, ongoing, or completed initiative to determine its relevance, effectiveness, efficiency, impact and sustainability to inform future strategies.
14. **Intellectual Property (IP):** Legal rights granted to creations of the mind, including research outputs, innovations, and tools to protect ownership and encourage further innovation.
15. **Knowledge Translation:** A dynamic process of synthesizing, disseminating and applying research findings in a timely and user-friendly manner to influence policy, practice and health outcomes.
16. **Learning:** The deliberate extraction of insights, knowledge and lessons from monitoring and evaluation processes to improve current and future practices and enhance organizational performance.
17. **Matching Funding Model:** A financing arrangement in which a donor matches funds raised by an organization, often to incentivize local or community contributions.
18. **Monitoring:** A continuous, systematic process of collecting, analyzing, and using information to track progress toward planned results and guide decision-making during the implementation of programmes and strategies.
19. **North-South Collaboration:** Partnerships between developed (Global North) and developing (Global South) countries or institutions that foster joint learning, resource mobilization, and capacity development.

20. **Obstetric Violence:** Any act of disrespect, abuse or mistreatment experienced by women during childbirth, violating their rights to quality, dignified, and respectful obstetric health care.

21. **Philosophy:** The foundational beliefs and values that guide Keprecon's vision, mission, and actions are centred on equity, evidence, ethics, and excellence in advancing family health.

22. **Population health:** The collective health outcomes of families and communities, including the distribution of those outcomes across different groups. It emphasizes not only the treatment of illness but also the prevention of disease, promotion of wellness, and reduction of health inequities. Keprecon operationalizes population health through research, innovation, and partnerships that address the biological, social, environmental, and systemic determinants of health. By integrating evidence generation, knowledge translation, and policy engagement, Keprecon seeks to improve family health outcomes, strengthen health systems, and ensure that every household has equitable access to quality, rights-based health services.

23. **Quality Management System (QMS):** A structured framework of policies, procedures, and processes used to ensure consistent delivery of high-quality programs, services, and research outcomes.

24. **Research Translation:** The process of transforming research findings into practical applications, policies and interventions that improve health outcomes and systems.

25. **Results-Based Financing (RBF):** A funding approach where payments are made upon achievement of predetermined milestones, results or performance targets, incentivizing accountability and effectiveness.

26. **Social Enterprise Models:** Business models that pursue social goals while generating revenue and reinvesting profits into community or developmental objectives.

27. **South-South Collaboration**: Cooperative exchanges and partnerships between countries or institutions in the Global South (Developing Countries) to share knowledge, resources and best practices for mutual development.

28. **Talent Pipeline:** A structured approach to attracting, developing, and retaining skilled professionals over time to ensure continuity and growth in key areas of operation.

29. **Triangular Cooperation:** A partnership model involving a donor country or organization, a recipient country, and a facilitating partner, typically involving a mix of North-South and South-South collaboration.

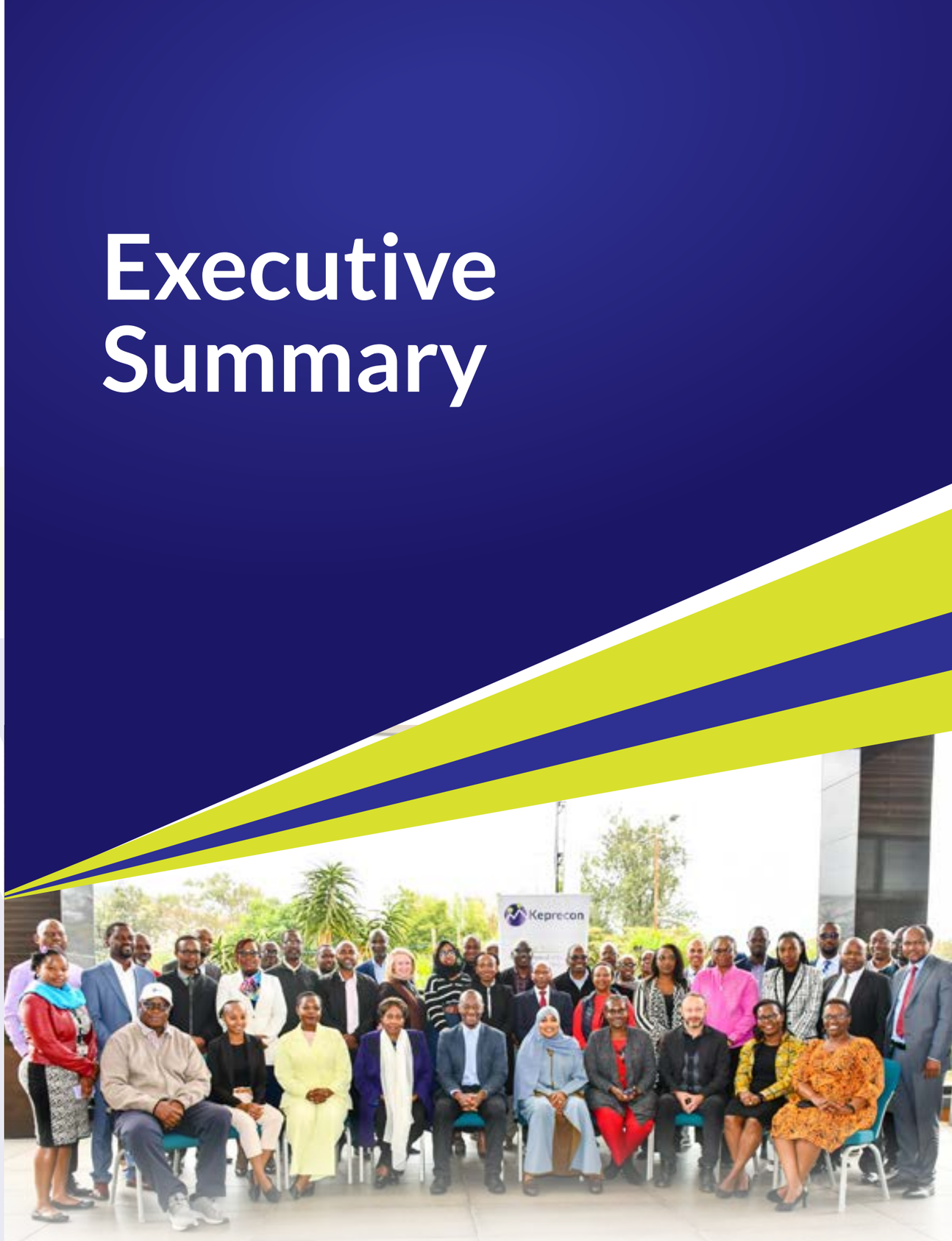
30. **UHC Package (Universal Health Coverage Package):** A set of essential health services, promotive, preventive, curative, rehabilitative and palliative that all individuals and communities should receive without financial hardship.

Acronyms and Abbreviations

AI	Artificial Intelligence
ART	Antiretroviral Therapy
AU	African Union
AVM	African Vaccine Manufacturing
CDC	Centre for Disease Control
CEBA	Championing Evidence-Based Advocacy
CHP	Community Health Promoters
CHU	Community Health Units
CIDP	County Integrated Development Plan
COE	Centre of Excellence
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DHIS	District Health Information System
DRR	Disaster Risk Reduction
ESG	Environmental Social Governance
GCF	Green Climate Fund
GEF	Global Environment Facility
HFA	Health Facility Assessments
HRH	Human Resource for Health
HRIS	Health Records Information System
ICT	Information and Communication Technology
KPFP	Kenya Paediatrics Fellowship Program
KPI	Key Performance Indicators
M & E	Monitoring and Evaluation
MCH	Maternal Child Health
MEL	Monitoring, Evaluation and Learning
MHPSS	Mental Health and Psychosocial Support
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NACOSTI	National Commission for Science, Technology and Innovation
NCCAP	National Climate Change Action
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NIH	National Health Institute
NPHO	New Public Health Order

PHC	Primary Health Care
PPP	Public Private Partnership
QMS	Quality Management System
R&D	Research and Development
RBF	Results-Based Framework
RMNCAH	Reproductive, Maternal, Newborn, Child & Adolescent Health
SDG	Sustainable Development Goals
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health Rights
TB	Tuberculosis
UHC	Universal Health Coverage
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary



Stakeholders during ALIGN Consortium Inception Meeting

Executive Summary

Overview of the Master Plan: The Keprecon 25-Year Master Plan (2025–2050) is a visionary and comprehensive strategic blueprint that outlines the long-term trajectory of Keprecon as a national and regional leader in advancing population health. It responds to dynamic changes in health systems, population growth, disease patterns, climate vulnerabilities, and technological advancements.

Grounded in participatory and evidence-informed processes, including extensive stakeholder consultations, hybrid SWOT-PESTEL analyses, and alignment with national and international development frameworks, the Master Plan envisions phased, systematic advancement. It transitions Keprecon from a program-centric model to an integrated, innovation-driven, and systems-anchored institution with global relevance.

The Master Plan defines Keprecon's institutional purpose, identity, and strategic niche over the next quarter century, aligning its research, programs, governance, and partnerships with the realities and aspirations of Kenya, the Eastern Africa region and the Global Health Community.

Vision for the Future: Keprecon's long-term vision, anchored in the horizon year 2050, is: "A Globally Recognized Epicentre of Excellence, Innovation and Equity in Population Health." This Vision reflects Keprecon's ambition to evolve into a global leader in health research, knowledge translation and policy-shaping while remaining firmly rooted in community-centred, rights-based and sustainable approaches.

Guided by its commitment to equity, excellence, and impact, Keprecon will leverage the power of research, innovation, partnerships and systems thinking to address persistent and emerging health challenges over the long term.

Key Long-Term Strategic Goals: The Master Plan is built around five transformative strategic goals that provide direction and continuity through five-year rolling implementation cycles:

1. **Promote Equitable Access to Holistic, Rights-Based Health Services:** Advancing commitment to population health by ensuring that health services are not only available but accessible, affordable, acceptable, and responsive to the needs and rights of all individuals.
2. **Advanced Transformational Research for Health Impact:** Investing in knowledge generation, capacity development, research translation, and implementation science to inform policy and practice.
3. **Enhance Health Systems through Capacity Strengthening, Innovation, and Research Translation:** Enhancing human capital, service delivery infrastructure, digital health, and institutional learning to improve resilience, responsiveness, and efficiency.
4. **Build a High-Performing, Accountable and Resilient Institution:** Reinforcing governance, financial sustainability, organizational development, knowledge management, and internal systems for institutional excellence.
5. **Deepen Strategic Partnerships and Collaborative Platforms for Impact at Scale:** Strengthening local, national, regional, and global partnerships across academia, government, civil society, and the private sector for synergy, learning, and co-creation.

Each strategic goal is accompanied by long-term objectives, programmatic areas, implementation plans, milestones (5-year intervals), and clear results frameworks.

Summary of Priority Interventions: To translate the strategic goals into measurable and actionable impact, the Master Plan identifies several high-priority interventions, including:

1. **Universal Health Access:** Scaling family healthcare services; ensuring that they are not only available but accessible, affordable, acceptable, and responsive to the needs and rights of all individuals.
2. **Research and Knowledge Generation:** Expanding health research programs; supporting fellowships, data repositories, and innovation hubs; advancing south-south knowledge exchange.
3. **System Strengthening: Enhancing health workforce capacity through training and mentorship;** adopting digital solutions and decision-support tools; embedding evidence into health policy and clinical practice.
4. **Organizational Excellence:** Building robust governance structures, strengthening accountability, and improving institutional resilience and culture.
5. **Collaborative Ecosystems:** Establishing long-term strategic partnerships with national governments, academic institutions, donors, regional bodies, and global health entities.
6. **Environmental Integration:** Embedding climate-resilient and environmentally sustainable approaches into healthcare delivery, research design, and facility management.
7. **Youth and Gender Inclusion:** Promoting youth leadership, gender equity, and inclusive participation in all stages of research, planning, and program execution.

Cross-Cutting Enablers and Sustainability Strategies: Recognizing the need for long-term viability, the Plan integrates sustainability across all pillars. Key enablers include:

1. **A Results-Oriented MEL Framework:** Anchored in adaptive learning and accountability, with defined indicators, feedback loops, and real-time data utilization.
2. **Resource Mobilization and Financial Resilience:** Blending donor funding, public-private partnerships, endowments, and climate financing mechanisms.
3. **Change Management and Transition Planning:** Strengthening institutional agility to navigate future uncertainties, policy shifts, and demographic transitions.
4. **Climate and Environmental Sustainability:** Developing green infrastructure, promoting eco-health solutions, and integrating environmental health into program delivery and research agendas.

Conclusion: The Keprecon 25-Year Master Plan is not merely a roadmap; it is a bold commitment to future generations. By anticipating the next wave of health challenges and innovations, and mobilizing the power of partnerships, research, and community-driven action, Keprecon is positioned to create a legacy of transformation that improves lives, influences policy, and sets a global benchmark in population health.

1.0
Introduction

Improve Care TWG Meeting

1.0 Introduction

1.1 Overview

The Chapter sets the foundation for the entire planning framework by outlining the rationale, context, and aspirations guiding the long-term vision of Keprecon. It provides a clear understanding of the Master Plan's purpose, the guiding principles that underpin it, and how it aligns with Kenya's national development goals, regional commitments, and global health priorities.

1.2 Background and Context

Keprecon was established in 2010 as the research and development arm of the Kenya Paediatric Association. Its founding purpose was to consolidate paediatric research capacity in Kenya, translate evidence into improved child health outcomes, and build a network of collaborations extending across East Africa and beyond. Over the past decade and a half, Keprecon has grown from a small consortium of paediatricians and child health experts into a multi disciplinary institution driving advances in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH).

Kenya's demographic profile is shifting: children and adolescents (0–18 years) comprise nearly half the population, and rapid urbanization, as well as persistent rural-urban disparities, have created both opportunities and challenges for health service delivery. Though Kenya has made appreciable strides - under five mortality has declined from 74 per 1,000 live births in 2014 to 49 per 1,000 in 2022 - gaps remain in neonatal survival, adolescent health, and inequities in access for marginalized populations. Concomitantly, emerging threats (e.g., NCDs in adolescents, antimicrobial resistance, climate sensitive illnesses) and health system stresses (e.g., workforce shortages, supply chain disruptions) underscore the need for a long term, forward looking master plan.

Regionally, East Africa faces similar challenges: high maternal mortality ratios (MMR), urban slum populations with limited services, and cross border disease threats. Global agendas, such as the Sustainable Development Goals (SDGs), envision ending preventable child deaths and achieving Universal Health Coverage (UHC) by 2030. In this context, Keprecon's 25 Year Master Plan (2025–2050) aims to position the organization as a leader in research, capacity strengthening, and systems strengthening to consistently drive improvements in population health across Kenya and the broader region.

1.3 Transition from RMNCAH to a Population Health Agenda

Since its inception, Keprecon has made significant contributions to advancing reproductive, maternal, child, and adolescent health (RMNCAH) in Kenya and the region, positioning itself as a key actor in improving health outcomes for women, children, and young people. Through research, capacity strengthening, advocacy and innovation, Keprecon has helped shape policies, programmes, and evidence-informed interventions that have improved survival, health, and well-being across these groups.

However, recognizing the evolving health landscape, changing population needs, and the interconnected nature of health determinants, Keprecon is strategically transitioning from a narrowly defined RMNCAH focus to a broader, more inclusive population health agenda. This transition reflects a deliberate shift toward a holistic, life-course approach that recognizes families and communities as central units of health, care and well-being.
The population health agenda expands Keprecon's scope beyond maternal and child health to encompass the health and well-being of all individuals within the family and community, including caregivers, adolescents, men, and vulnerable populations. It acknowledges that population health outcomes are interdependent, influenced by social, economic, and environmental factors, and require integrated, rights-based, and people-centred approaches.

This evolution aligns Keprecon with global best practices that emphasize health equity, health system strengthening, and community-driven solutions. By embracing health systems and population health, Keprecon is better positioned to catalyze research, innovation, and policy translation that address emerging health challenges, promote gender and social inclusion, and foster resilient, empowered families and communities.
Ultimately, this transition allows Keprecon to build on its rich legacy while responding to contemporary health priorities with greater relevance, inclusivity and impact.

1.4 Purpose and Scope of the Master Plan

The 25 Year Master Plan serves several key purposes:

1. **Articulate Long Term Vision and Goals:** It provides a comprehensive strategic framework for Keprecon to become a premier centre of excellence in advancing population health, research, advocacy and innovation by 2050.
2. **Guide Phased Institutional Growth:** Recognizing that transformation must occur incrementally, the Master Plan outlines phased objectives (5 year, 10 year, 15 year, etc.) to guide infrastructure expansion, human capital development, and programmatic evolution.
3. **Align Resources and Partnerships:** By defining resource needs, i.e. financial, human, technological, and infrastructural, the Plan directs resource mobilization and partnership development over the long term.
4. **Ensure Sustainability and Resilience:** It integrates climate resilience, environmental stewardship, and adaptive risk management to safeguard Keprecon's operations amidst volatile political, economic, and environmental contexts.
5. **Foster Institutional Learning and Accountability:** The Master Plan establishes governance structures, performance metrics, and learning mechanisms that will allow for continuous monitoring, timely course correction and shared accountability.

It spans from 2025 through 2050, with clear milestones at five year intervals to measure progress and recalibrate as necessary.

1.5 Guiding Principles and Values

The Master Plan is underpinned by a set of guiding principles and institutional values that reflect Keprecon's philosophy and ethos:

1. **Equity and Inclusivity:** All interventions must ensure fair access to health services, research participation, and capacity-strengthening opportunities.
2. **Evidence Driven Action:** Decisions and interventions are grounded in rigorous, context relevant research. Learning from data, implementation research, and real world evidence will guide programme design and system improvements.
3. **Rights Based Approach:** Recognizing health as a fundamental human right, Keprecon commits to a rights based framework that upholds dignity, informed consent, and agency for every individual in all its activities.
4. **Partnership and Collaboration:** Achieving sustainable impact requires cross sectoral alliances - government, academia, civil society, private sector, and communities. Collaboration strengthens resource leverage, innovation, and shared ownership.
5. **Innovation and Adaptability:** Keprecon embraces both technological (digital health, AI, genomics) and social innovations (behavioural science, community engagement). The institution will foster a culture of continuous learning and rapid adaptation to changing contexts.
6. **Sustainability and Resilience:** Long term viability hinges on environmental responsibility, climate resilient infrastructure, diversified financing, and proactive risk management. Institutional systems must be robust enough to withstand shocks and stresses.
7. **Integrity and Accountability:** Upholding transparency, ethical conduct, and sound governance, Keprecon will maintain meticulous stewardship of resources, rigorous oversight of research ethics, and regular, publicly accessible performance reporting.

1.6 Alignment with National, Regional, and Global Health Priorities

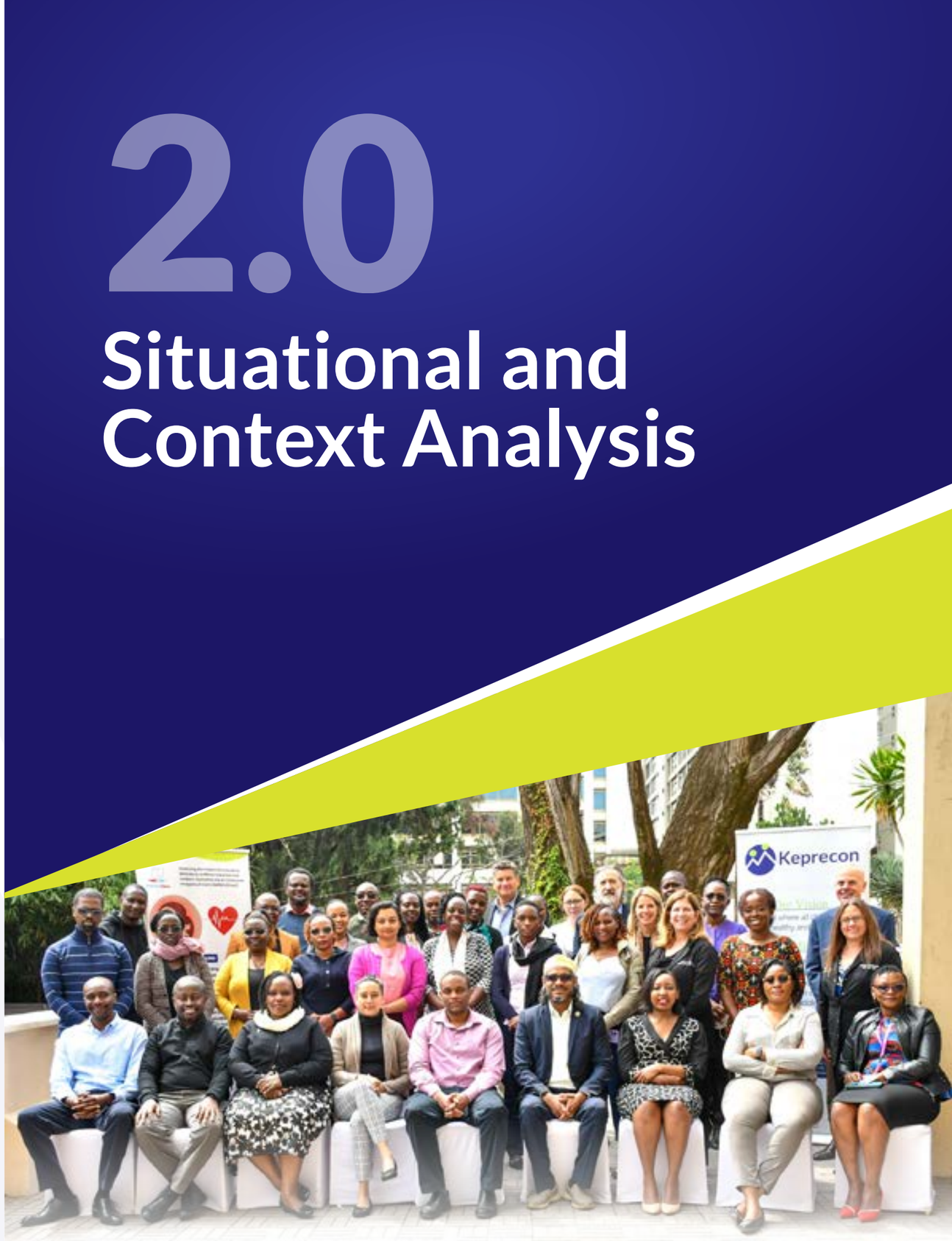
To maximize relevance and impact, the 25 Year Master Plan aligns closely with key health and development frameworks at national, regional and global levels.

Table 1.1: Alignment with National, Regional & Global Health Priorities

No	Document	Relevance
1	Kenya Vision 2030 / Kenya Health Policy (2014–2030).	a. Contributes to the Vision's Social Pillar by reducing child and maternal mortality, expanding Universal Health Coverage (UHC), and strengthening county health systems. b. Supports Kenya Health Policy targets - improved health infrastructure, equitable service delivery, and enhanced research and innovation capacity.
2	County Health Sector Plans (CHSPs).	a. Reinforces devolution by coordinating capacity strengthening initiatives, research partnerships, and service delivery innovations at the county level, thereby strengthening subnational health governance.
3	African Union Agenda 2063.	a. Advances **"Aspiration 1:** A prosperous Africa based on inclusive growth and sustainable development" through investments in human capital and health research. b. Contributes to health security and continental collaboration by forging regional research networks and promoting cross border learning.
4	Global Health 2030 Framework & Sustainable Development Goals (SDGs).	a. Directly supports **SDG 3 (Good Health and Well Being)** by targeting reductions in neonatal, under five, and maternal mortality, combating HIV/AIDS, TB, and malaria, and strengthening health systems. a. Contributes to **SDG 17 (Partnerships for the Goals)** by establishing multi sectoral and South South collaborations for resource mobilization, knowledge exchange, and capacity strengthening.
5	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).	Aligns with priorities to ensure that every woman, child and adolescent survives, thrives and transforms the future through strengthened research, advocacy, and service delivery platforms.
6	WHO's Health for All Vision (Beyond 2030)	The World Health Organization (WHO) is formulating frameworks that extend beyond the SDGs, emphasizing long-term Universal Health Coverage, pandemic preparedness, health systems resilience and equity. Keprecon's agenda of strengthening health systems, investing in community health and advancing transformational research aligns with these evolving global directions.
7	UN Common Agenda and "Our Common Future" Roadmap	The UN Secretary-General's 2021 report, Our Common Agenda, calls for bold transformations in health, science, climate and equity, with a timeline extending beyond 2030. Keprecon's long-term Master Plan reflects this agenda through: a. Investing in equitable healthcare for future generations. b. Promoting innovation and technology in health and c. fostering intergenerational equity, particularly for children and adolescents
8	Post-2030 Global Health Agenda (GHA)	The Post-SDG Health Agenda will prioritize Integrated health systems; Health security and global surveillance; Multisectoral approaches to determinants of health and the Climate-health nexus. Keprecon's integration of climate-resilient health systems and holistic service models strategically aligns with these evolving trends.

No	Document	Relevance
9	Global Compact on Education and Human Resources for Health (Beyond 2030)	This calls for increased investment in the health workforce, particularly in low and middle-income countries. Keprecon's long-term commitment to pediatric and maternal health fellowships, training programs, and academic partnerships supports this compact.
10	African Union Health Strategy Beyond 2030	Building on Agenda 2063, this prioritizes health innovation, digital health transformation, regional manufacturing of health commodities and self-reliance. Keprecon's Master Plan aligns with: a. Strengthening local health innovations. b. Leveraging digital health tools. c. Promoting South-South collaboration.

2.0
Situational and Context Analysis



Keprecon Stakeholders during the Improve Care Co-Design Workshop

2.0 Situational and Context Analysis

2.1 Overview

This Chapter presents a comprehensive overview of the internal and external factors that influence the formulation and execution of Keprecon's 25-year Master Plan. This analysis draws from multiple tools and methods, including the SWOT-PESTEL Hybrid Framework, Stakeholder Mapping and Systems Thinking Lenses.

2.2 Global Health Governance and Policy Frameworks

Keprecon's evolution into a health systems and population health-focused research and innovation institution is well aligned with the global health landscape shaped by the World Health Organization (WHO). As the leading international body guiding health policies, research priorities, and capacity building, the WHO sets global standards that directly inform the environment in which Keprecon operates.

2.2.1 Alignment with WHO Priorities

Keprecon's strategic direction resonates with WHO's key global priorities, including:

a. **Universal Health Coverage (UHC):** WHO's push for equitable access to essential health services underpins Keprecon's commitment to holistic, rights-based population health interventions.
b. **Primary Health Care (PHC) Strengthening:** WHO emphasizes PHC as the foundation of resilient health systems, a principle embedded in Keprecon's focus on family-centred, community-based population health solutions.
c. **Research and Innovation for Health:** WHO underscores the need for evidence generation, translation of research into policy, and innovations that address pressing health challenges, areas central to Keprecon's mandate.
d. **Health Equity and Social Determinants:** Keprecon's focus on health systems and population health addresses inequalities across the life course, echoing WHO's agenda to reduce health disparities driven by social, economic, and environmental factors.
e. **Global Health Emergencies and Resilience:** As WHO works to strengthen preparedness and response capacities, Keprecon's strategic actions to build health system resilience contribute to this global objective.

2.2.2 Regional and Continental Relevance

In addition to global alignment, Keprecon's agenda complements WHO's Africa-focused strategies, such as:

a. The WHO African Region Strategy for Health Systems Strengthening, which calls for innovation, research translation, and workforce development, all reflected in Keprecon's strategic pillars.
b. The Africa Health Research Prioritization Agenda, supported by WHO and the African Union, advocates for increased African-led research capacity, which Keprecon is strategically positioned to advance.
c. WHO's support for the African CDC and regional initiatives that promote collaboration, knowledge exchange, and innovation ecosystems, platforms where Keprecon seeks active engagement.

2.2.3 Institutional Synergies and Opportunities

Keprecon's transition to a broader health systems strengthening and population health research mandate opens multiple opportunities for collaboration with WHO, including:

a. Participating in WHO-coordinated health research networks and technical working groups.
b. Contributing to global health research agendas and evidence synthesis.
c. Partnering on capacity strengthening for health researchers, innovators, and health system actors.
d. Collaborating in the translation of research evidence into policy, guidelines, and practice, particularly in the domains of child, adolescent, maternal, and family health.
e. Engaging in joint efforts to advance health equity, resilience, and sustainable health systems.

2.3 New Public Health Order by the African Union

Launched in 2021 by the African Union through the Africa CDC, the NPHO is a response to COVID-19 and other epidemics, advocating for a paradigm shift toward self-reliant, resilient national and regional systems. A central aim is to correct deep-seated structural weaknesses. For example, ~1% of vaccines are locally manufactured, and laboratory capacity remains limited.

2.3.1 Core Strategic Pillars

The framework comprises five strategic pillars:

a. Strengthened Public Health Institutions: Reinforced National Public Health Institutes and Regional Coordination Centres
b. Strengthened Public Health Workforce: This includes investments in epidemiologists, public health leaders, and field personnel.
c. Expanded Local Manufacturing: Enhancing production of vaccines, diagnostics, and therapeutics via initiatives like African Vaccine Manufacturing (AVM).
d. Increased Domestic Health Financing: Promoting budget commitments in line with the Abuja Declaration and AU leadership meetings.
e. Respectful, Action-Oriented Partnerships: Prioritizing equitable and effective collaboration between member states, regional bodies, and global partners.

Keprecon can leverage the African Union's New Public Health Order (NPHO) by aligning its research, innovation, and capacity strengthening agenda with the continent's priorities for health security and resilience. Through its evolving focus on health system strengthening and population health research, Keprecon is well-positioned to contribute to strengthening public health institutions, expanding Africa's health workforce, and generating context-specific research that informs policy and practice. By investing in health systems research, innovation ecosystems, and research translation, Keprecon can support the NPHO's goals of self-reliance, improved health outcomes, and enhanced preparedness for public health threats.

In addition, Keprecon can deepen its collaboration with Africa CDC, AU platforms, and regional partners to actively participate in technical working groups, policy dialogues, and capacity-strengthening initiatives aligned with the NPHO pillars. By doing so, Keprecon will not only influence continental health policy but also access strategic partnerships, resources, and visibility that strengthen its institutional capacity and expand its impact. This alignment allows Keprecon to play a vital role in advancing Africa's health autonomy while contributing to resilient, people-centred, and sustainable population health systems.

2.4 Health System Landscape in Kenya and Its Relevance to Keprecon

Kenya's health system is structured into six levels, ranging from community-based health units to national referral hospitals. The system combines public, private, and faith-based providers, with service delivery decentralized to the county level. While significant progress has been made in expanding access, persistent gaps in quality, equity, and system resilience remain.

Table 1.1: Alignment with National, Regional & Global Health Priorities

No	Level	Roles
1	National Government	Policy, regulation, standards, tertiary and referral care.
2	County Governments	Service delivery, county health staffing, infrastructure and Primary Health Care (PHC).
3	Community Health Units	Grassroots-level health delivery via Community Health Promoters (CHPs).

A critical challenge is Kenya's growing burden of disease, which continues to stretch health resources:

a. Communicable diseases such as HIV, malaria, tuberculosis, and vaccine-preventable illnesses remain prevalent, particularly among vulnerable populations.
b. The rising tide of non-communicable diseases (NCDs) - including hypertension, diabetes, cancer, and mental health disorders - accounts for over 37% of all deaths and is projected to increase significantly.
c. Maternal, newborn, child, and adolescent health (MNCAH) indicators, while improved, still reflect significant inequities, particularly in rural and underserved regions.
d. Emerging health threats, including pandemics, antimicrobial resistance, and climate-related health risks, further expose systemic weaknesses.
e. The double burden of communicable and non-communicable diseases, combined with health system fragmentation and resource limitations, underscores the need for integrated, innovative, and sustainable solutions.

2.4.1 Keprecon's Strategic Role in Strengthening Kenya's Health System

Keprecon plays a vital role in addressing these systemic challenges and health burdens through research, innovation, capacity strengthening, and policy influence:

a. Advancing Population Health: Keprecon adopts a life-course, family-centred approach, focusing on the interconnected health needs of individuals within households and communities, including maternal, child, adolescent, and caregiver health.
b. Generating Evidence to Inform Policy: Through cutting-edge research, Keprecon produces actionable evidence on priority health issues such as MNCAH, NCDs, health system resilience, and community health interventions.
c. Strengthening Community Health Systems: Keprecon supports the effectiveness of Community Health Units (Level 1), enhancing disease prevention, health promotion, and referral linkages critical for reducing preventable illness and improving early detection.
d. Catalyzing Innovation and Research Translation: The organization promotes context-relevant innovations, digital health solutions, and rapid uptake of research findings to address service delivery gaps and improve health outcomes.
e. Building Health Workforce and System Resilience: By investing in training, mentorship, and governance, Keprecon strengthens the health workforce's ability to manage both current and emerging disease burdens effectively.
f. Collaborating to Address Complex Health Challenges: Through partnerships with government, academia, regional bodies, and communities, Keprecon mobilizes resources and knowledge to tackle Kenya's evolving health needs, in alignment with national policies and the African Union's New Public Health Order.

2.5 SWOT - PESTEL Hybrid Analysis

Table 2.2: SWOT-PESTEL Hybrid Analysis

No	Factor	Opportunities	Threats
1	Political	• Strong government commitment to UHC and Vision 2030 • Devolved health governance creates entry points for partnerships • Alignment with County-Integrated Development Plans (CIDPs). • Support from national policies (e.g. Kenya Health Policy 2014-2030)	• Changes in politicalleadership leading to policy instability • Weak coordination between the national and county governments • Potential politicization of healthcare priorities
2	Economic	• Growing interest from donors and philanthropic organizations • Potential for health sector public private partnerships (PPPs). • Increased investment in digital health and innovation hubs	• Economic shocks affecting donor and national funding. • High poverty rates affect affordability and sustainability. • Competition for limited health funding.
3	Social	• Youth bulge offers opportunities for innovation and human capital. • Increasing health literacy among communities. • Rising demand for adolescent and child-focused services.	• Cultural and religious barriers to sexual and reproductive health and rights (SRHR) and HIV services. • Social inequalities and gender norms impede equitable access. • Urban-rural divide in healthcare delivery.
4	Techno-logical	• Growth in eHealth, telemedicine and artificial intelligence (AI) for health systems. • Mobile technology is improving outreach and data collection. • Opportunities for health informatics and big data use.	• Technological divide and low access in rural areas. • High cost of adopting and maintaining digital platforms. • Cybersecurity and data privacy concerns
5	Environ-mental	• Global and national push for climate-resilient health systems • Opportunities to mainstream climate-smart health interventions • Access to climate financing for green infrastructure.	• Climate change-related health emergencies (e.g., heatwaves, floods, vector-borne diseases) • Environmental degradation affecting health outcomes.
6	Legal	• Strengthening of health research and ethics regulatory framework (e.g., NACOSTI, MOH standards, Pharmacy and Poisons Board, Ministry of Education). • Emerging policies on health data governance and digital health. • Legal frameworks on rights-based health.	• Evolving regulatory demands affecting research timelines. • Legal liabilities related to data protection (e.g., Data Protection Act). • Complexity in cross-country and regional legal harmonization.

Table 2.3: Strengths and Weaknesses

No	Factor	Strengths	Weaknesses
1	Gover-nance and Admin-istrative Factors	• Strong and diverse Board with multi-sectoral expertise. • Clear organizational mandate aligned with national health priorities. • Strategic alignment with national and global health agendas (e.g., SDGs, Vision 2030). • Ethical research oversight and structured governance mechanisms.	• Limited decentralization. • Limited Funding to fully support Planned Programmes and Activities.

No	Factor	Strengths	Weaknesses
2	Internal Business Processes	• Standard Operating Procedures (SOPs) in research, training, and advocacy. • Functional Monitoring and Evaluation (M&E) framework. • Embedded culture of continuous learning and quality improvement. • Experience in managing multisite programs and collaborations.	• Limited automation and digitization of core processes.
3	Resources and Capabilities	• Highly trained research personnel and Research Leaders • Access to a wide network of academic and implementing partners • Successful project implementation models. • Track record in grant acquisition and donor relations. • Grant Management Expertise.	• Inadequate infrastructure for long-term program expansion (e.g. Research Laboratory, Digital Systems).

2.6 Stakeholder Mapping and Analysis (Power and Influence)

Effective implementation of Keprecon's 25-Year Master Plan (2025–2050) requires proactive, structured, and inclusive stakeholder engagement. Recognizing that stakeholders hold varying levels of influence, interest, and decision-making authority, Keprecon has developed a Power-Influence Stakeholder Matrix to categorize and guide targeted engagement efforts. This matrix enables the organization to identify key actors, prioritize relationships, and adopt differentiated engagement strategies that foster collaboration, ownership, and shared accountability throughout the Master Plan period. By aligning stakeholder engagement with their respective power and influence, Keprecon can optimize partnerships, enhance resource mobilization, and accelerate progress toward its long-term institutional goals.

Table 2.4: Stakeholder Power-Influence Matrix

No	Stakeholder Group	Power	Influence	Recommended Engagement Approach
1	Development Partners (e.g., WHO, UNICEF, AU bodies)	High	High	• Co-design programs; Resource mobilization; Technical collaboration; Policy advocacy.
2	Africa CDC & AU Health Platforms	High	High	• Continental engagement, Research alignment, Joint advocacy and regional visibility.
3	Keprecon Board of Directors	High	High	• Regular briefings, Strategic decisions, and Governance oversight
4	Ministry of Health (National & County Levels)	High	High	• Strategic collaboration, Formal partnerships, Policy alignment, Joint initiatives.
5	Academic & Research Institutions (Local & Regional)	Medium	High	• Collaborative research, Knowledge exchange, Capacity building, Innovation platforms.
6	Healthcare Professional Associations	Medium	High	• Consult regularly; Involve in technical discussions; Support advocacy and knowledge translation.
7	Donor Agencies & Philanthropic Foundations	High	Medium to High	• Resource mobilization, Strategic partnership development, Showcasing impact.
8	Community Representatives & Civil Society	Medium	High	• Empower through participatory approaches, Capacity strengthening, and Community-driven feedback loops.
9	Keprecon Technical & Program Teams	Medium	High	• Active involvement in implementation, Regular technical capacity enhancement, and Internal accountability.
10	Private Sector Partners (Health & Innovation)	Medium	Medium to High	• Targeted engagement, Innovation collaboration, Joint pilot projects.
11	Media & Communication Platforms	High	High	• Awareness creation, Advocacy support, and strategic messaging for public buy-in.
12	General Public & Beneficiary Communities	Medium	Medium to High	• Beneficiary feedback mechanisms, Inclusive service design, Public sensitization.

3.0

Strategic Vision, Philosophy and Framework

Stakeholders during the LLM Clinical Decision Support Study Inception Meeting

3.0 Strategic Vision, Philosophy and Framework

3.1 Overview

This chapter provides the foundational direction that will guide Keprecon's aspirations over the next 25 years. It articulates the institution's long-term vision and guiding principles that define its identity and ethos.

3.2 Strategic Vision (2050 Horizon)

Keprecon's Strategic Vision (2050 Horizon) of "Globally Recognized Epicentre of Excellence, Innovation and Equity in Population Health" reflects an ambitious and transformative aspiration to become a leading force in shaping health outcomes for vulnerable populations. It positions the institution as a hub for global partnerships, capacity strengthening, and thought leadership, driving systemic change and sustainability in population health across Kenya, the region, and the world.

3.3 Strategic Philosophy

Keprecon's long-term strategy is guided by the following enduring philosophical pillars:

1. **People-Centered Transformation**
   Keprecon believes that health systems should serve people first. The organization champions rights-based, culturally responsive and inclusive health solutions.

2. **Evidence as a Moral Imperative**
   Research is not only a scientific endeavour but a moral one. Keprecon is committed to advancing transformational research and translating knowledge into action, driving policies and practices that are rooted in rigorous, contextually relevant evidence.

3. **Health Equity and Justice**
   Keprecon strives to eliminate disparities in access to healthcare. It promotes equity as a cross-cutting value, ensuring that geography, income, gender or disability do not determine health outcomes.

4. **Resilient and Adaptive Systems**
   As the world shifts from a VUCA (Volatile, Uncertain, Complex, Ambiguous) to a BANI (Brittle, Anxious, Nonlinear, Incomprehensible) reality, Keprecon will build health systems that are resilient, anticipatory, responsive and equipped to withstand and adapt to shocks including pandemics, climate change and sociopolitical instability.

5. **Planetary and Environmental Responsibility**
   Keprecon recognizes the interdependence between human health and planetary health. The organization will integrate climate-smart and environmentally sustainable health interventions that protect both people and the planet.

6. **Strategic Partnerships for Impact at Scale**
   Keprecon sees collaboration as central to success. It will cultivate cross-sectoral, regional, and global partnerships to scale solutions, share learning, and align with national and international development agendas, including SDGs, Kenya Vision 2030, and the Africa Agenda 2063.

3.4 Strategic Goals and Long-Term Objectives

To guide Keprecon's transformation over the next 25 years, the following five (5) strategic goals have been identified. For each goal, corresponding long-term strategic objectives are articulated to define the expected results within the planning horizon.

Table 3.1: Strategic Goals and Long-Term Objectives

No	Strategic Goal	Long Term Objectives
1	Promote Equitable Access to Holistic, Rights-Based Health Services.	a. Advocate for the availability, affordability, and accessibility of integrated health services that address the full spectrum of population health needs, including maternal, newborn, child, and adolescent health. b. Enhance the capacity, functionality, and effectiveness of frontline health workers to deliver rights-based population health interventions.
2	Advance Transformational Research for Health Impact	a. Establish Keprecon as a Regional Centre of Excellence in health systems strengthening and population health research. b. Generate actionable evidence through multi-disciplinary and community-anchored research on priority health issues. c. Research programs aligned with the Africa Health Research Prioritization Agenda, focusing on health system resilience, epidemic preparedness, and community-centred population health interventions. d. Key African research and innovation partner advancing the WHO's global and regional health goals. e. Engage in operational and implementation research that informs policies supporting the NPHO's vision for health autonomy and system transformation. f. Enhance Research Translation mechanisms to inform policies, programming and public health investments. g. Support production of vaccines, diagnostics, and therapeutics via initiatives like African Vaccine Manufacturing (AVM). h. Strengthening evidence generation on health systems and population health, especially within African contexts, contributing to filling knowledge gaps prioritized by the WHO. i. Generate African-led, context-specific evidence on health systems and population health that informs AU and Africa CDC initiatives.
3	Enhance Health Systems through Capacity Strengthening, Innovation and Research Translation	a. Build sustainable local capacities in health service delivery, training and leadership. b. Scale up capacity strengthening for researchers, innovators, and health professionals aligned with NPHO workforce targets. c. Promote South-South collaboration to nurture a pipeline of African researchers, innovators, and public health leaders focused on health system strengthening and population health. d. Institutionalize innovation hubs and learning collaboratives for digital health, diagnostics and care models. e. Facilitate the uptake of research findings into practice and policy for improved health system performance. f. Engage in advocacy efforts that align with NPHO priorities, positioning family health as a foundation for health security and resilient communities. g. Research outputs inform national and AU-level policy, contributing to evidence-based decision-making on health system strengthening, epidemic preparedness, and population health. h. Showcase Keprecon's contributions through AU forums, regional conferences, and health diplomacy platforms. i. Strengthen Innovation and Learning Hubs that support homegrown solutions for family and community health, consistent with the NPHO's vision.
4	Deepen Strategic Partnerships and Collaborative Platforms for Impact at Scale	a. Develop multi-sectoral partnerships with Academia, Government, Civil Society, Private Sector and Global Institutions. b. Participate in technical working groups, policy dialogues, and collaborative platforms that shape the future of African health security and resilience. c. Enhance South-South and North-South collaboration for knowledge exchange and resource leveraging. d. Establish long-term collaboration frameworks that drive co-creation, innovation, and resource sharing. e. Formalize partnerships with Africa CDC, AU research platforms, and regional public health networks to ensure Keprecon's work contributes to and benefits from continental public health priorities. f. Position Keprecon as a thought leader on health systems strengthening and population health within the broader NPHO framework.
5	Build a High-Performing, Accountable, and Resilient Institution	a. Institutionalize good governance, accountability and data-driven decision-making across all levels. b. Strengthen internal systems, talent management and infrastructure for organizational excellence. c. Ensure long-term financial, operational and environmental sustainability of Keprecon. d. Increased domestic funding for research and innovation. e. Explore partnerships that contribute to sustainable resource mobilization. f. Shift away from dependence on global supply chains toward autonomy and manufacturing capacity.

3.5 Intermediate Outcomes and Milestones (5-Year Intervals)

This section provides a logical progression from strategic objectives to tangible results, ensuring that long-term ambitions are grounded in measurable and achievable benchmarks. This phased approach enables Keprecon to respond dynamically to emerging challenges and opportunities while maintaining strategic focus and account-ability over the 25-year Master Plan.

Strategic Goal 1:
Promote Equitable Access to Holistic, Rights-Based Health Services

Strategic Objective 1:
Expand Access to Quality, Rights-Based Services

Keprecon is committed to expanding equitable access to quality, rights-based health services that uphold dignity, promote inclusivity, and address the diverse needs of families across the life course.

Table 3.2: Expand Access to Quality, Rights-Based Services

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 – 2030	Foundations for rights-based population health programming established	a. Developed national and county-level population health packages. b. Support the training of health workers on patient and community-centred care. c. Launched model adolescent-friendly services.
2030 – 2035	Scaling up integrated health services.	a. Integrated healthcare services delivered.
2035 – 2040	Consolidation of positive health outcomes.	a. Reduction in preventable deaths e.g. maternal and neonatal deaths.
2040 - 2045	Universal access to culturally responsive healthcare services.	a. Facilities delivering Universal Access to Healthcare Services. b. Zero Tolerance Policy for obstetric violence adopted.
2045 - 2050	Institutionalized Universal and Rights-Based Services.	a. Legal and Policy Frameworks are fully aligned with global health standards.

Strategic Goal 2:
Advance Transformational Research for Health Impact

Strategic Objective 1:
Strengthen Institutional Research Capacity and Leadership

This is aimed at strengthening institutional research capacity and leadership to generate high-quality evidence, nurture emerging researchers, and position the organization as a thought leader in population health and systems innovation.

Table 3.3: Strengthen Institutional Research Capacity and Leadership

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Foundation for institutional research capacity built.	a. Research Policy, Ethics and Governance framework developed b. Researchers trained in Health Research Methods c. Keprecon Centre of Excellence in Research and Innovation created
2030 - 2035	Institutional visibility in the national research ecosystem.	a. Research programs aligned with the Africa Health Research Prioritization Agenda, focusing on health system resilience, epidemic preparedness, and community-centred population health interventions. b. Participation in National Research Consortia. c. Engage in operational and implementation research that informs policies supporting the NPHO's vision for health autonomy and system transformation. d. Peer-reviewed publications per year e. Internal funding mechanism for small grants established. f. Production of vaccines, diagnostics, and therapeutics via initiatives like African Vaccine Manufacturing (AVM) is supported.
2035 - 2040	Regional leadership in health research.	a. Keprecon becomes a Key African research and innovation partner advancing the WHO's global and regional health goals. b. Host Regional Health Research Symposium c. Regional Research Hubs established. d. Collaborate with EAC and AU-affiliated research institutions.
2040 - 2045	Research embedded in the National Health System planning	a. Strengthening evidence generation on health systems and population health, especially within African contexts, contributing to filling knowledge gaps prioritized by WHO. b. Research is used in national healthcare strategies. c. Research integrated with National and Regional Health Plans. d. Policy Engagement Unit is fully operational.
2045 - 2050	Keprecon is a Centre of Excellence in Research	a. African-led, context-specific evidence on Family Health that informs AU and Africa CDC initiatives is generated. b. WHO/UNICEF affiliation as a Collaborating Centre c. Annual State-of-Health Research Report Launched d. Graduate research partnerships with Universities formalized.

Strategic Objective 2:
Advance Innovation, Technology and Research on Emerging Health Priorities

Keprecon seeks to advance innovation, harness technology, and promote cutting-edge research on emerging health priorities, enabling timely responses to evolving health challenges and strengthening health systems.

Table 3.4: Advance Innovation, Technology and Research on Emerging Health Priorities

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Innovations identified and piloted	a. Digital Health Tools co-developed with partners. b. Innovation Pipeline Strategy developed. c. First Innovation Hub launched.
2030 - 2035	Continuing Technology adoption in healthcare programmes	a. Technological Solutions integrated into healthcare programmes. b. Counties supported in eHealth implementation. c. Digital Health Fellowship initiated
2035 - 2040	Scaling up successful innovation	a. Counties using Keprecon-supported technology tools. b. Data analytics integrated into routine service delivery.
2040 - 2045	Institutional ecosystem for continuous innovation	a. Innovation laboratory hosts resident health technology projects. b. Smart health diagnostics piloted in rural settings. c. Public-Private Health Innovation Fund operationalized.
2045 - 2050	Global leadership in technological innovation, health and frontier research	a. Represented in global health coalitions b. Research cited in international AI and innovation policies c. Patents or proprietary models from institutional Research and Development

Strategic Objective 3:
Promote Knowledge Translation, Policy Engagement and Evidence Uptake

This is aimed at promoting knowledge translation, policy engagement, and evidence uptake to bridge the gap between research and practice, ensuring that scientific findings directly inform policies, strengthen service delivery, and improve population health outcomes.

Table 3.5: Promote Knowledge Translation, Policy Engagement and Evidence Uptake

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Knowledge Translation function institutionalized.	a. Knowledge Translation Policy and Practice Manual developed. b. Policy Briefs produced. c. Internal Knowledge Translation Task Force trained.
2030 - 2035	Continuing Technology adoption in healthcare programmes	a. Evidence use framework adopted by MoH. b. Health policies informed by Keprecon data. c. Engagement with County Policy Forums
2035 - 2040	Scaling up successful innovation	a. Evidence-based toolkits distributed to the counties. b. Digital Repository for health systems and population health evidence launched. c. National health think-tank partnerships formalized.
2040 - 2045	Institutional ecosystem for continuous innovation	a. Research projects include dissemination plans. b. Research-to-Policy scorecard piloted. c. Monitoring learning platforms scaled
2045 - 2050	Global leadership in technological innovation, health and frontier research	a. Regional capacity-strengthening on Evidence Translation. b. Knowledge Translation Curricula included in Medical/ Public Health Schools. c. Technical support to African countries in the Knowledge Translation Strategy.

Strategic Objective 3:
Foster Collaborative, Multidisciplinary and Cross-Border Research

Keprecon seeks to foster collaborative, multidisciplinary, and cross-border research by building networks that bring together diverse expertise, institutions, and regions to address complex health challenges and generate solutions with regional and global impact.

Table 3.7: Foster Collaborative, Multidisciplinary and Cross-Border Research

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Local and national research partnerships strengthened	a. Signed research MOUs with Kenyan institutions. b. Joint national proposals and publications initiated. c. Stakeholder engagement framework developed.
2030 - 2035	Regional networks in health research	a. Lead Regional Studies. b. Establish regional Centres of Excellence (CoEs). c. Secure funding from regional agencies.

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2035 - 2040	International research partnerships solidified	a. Host an international researchers-in-residence program b. Participate in WHO and UNICEF research consortia c. First continental summit co-hosted
2040 - 2045	Consortium-based long-term programming launched	a. Regional research agenda adopted. b. Co-create research with Civil Society. Organizations and affected populations. c. First South-South research grant secured.
2045 - 2050	Keprecon recognized as a Continental Research Convener.	a. Lead African Research Platform. b. Publish Joint Research Volumes with Global Institutions. c. Serve as Secretariat for a Pan-African Research Network.

Strategic Goal 3:
Strengthen Health Systems through Capacity Strengthening, Innovation, and Research Translation

Strategic Objective 1:
Strengthen Human Resource Capacity for Delivery of High-Quality Health Services

Keprecon is dedicated to strengthening human resource capacity to ensure the availability of skilled, motivated, and well-supported health professionals capable of delivering high-quality, rights-based, and people-centred health services.

Table 3.8: Strengthen Human Resource Capacity for Delivery of High-Quality Health Services

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Adaptable Capacity Strengthening structures in place	a. Training curriculum for population health and health system strengthening developed. b. Health workers trained in population health and health system strengthening. c. Continuous Professional Development system piloted.
2030 - 2035	National scale-up of training and mentorship	a. Scaled up capacity strengthening for researchers, innovators, and health professionals aligned with NPHO workforce targets. b. Health professionals continually trained. c. E-learning and hybrid training platforms continually deployed. d. Mentorship programs are institutionalized in collaboration with partner agencies/institutions.
2035 - 2040	Institutionalized capacity-strengthening	a. Annual needs-based training plans are adopted nationally, regionally and globally. b. South-South collaboration is supported in nurturing a pipeline of African researchers, innovators, and public health leaders focused on health system strengthening and population health.
2040 - 2045	Regional leadership in workforce capacity strengthening	a. Regional training collaborations formalized b. Regional countries reached out through programs
2045 - 2050	National and regional training hubs established	a. Keprecon Certified as a Regional Centre of Excellence. b. Upskilling of various Health Worker cadres. c. The Annual Health Workforce Summit institutionalized.

Strategic Objective 2: Institutionalize Research Translation for Decision-Making and Service Improvement

To maximize the impact of research, Keprecon seeks to institutionalize research translation as a core function, ensuring that evidence generated informs policy, guides decision-making, and drives continuous improvement in health services and outcomes.

Table 3.9: Institutionalize Research Translation for Decision-Making and Service Improvement

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Frameworks for Knowledge Translation developed	a. Evidence Translation Strategy and standard operating procedures (SOPs) launched. b. Policy Briefs developed from institutional research. c. Annual stakeholder research dissemination forum.
2030 - 2035	Evidence used routinely in policy and practice	a. County Health Policies informed by Keprecon research. b. Engage in advocacy efforts that align with NPHO priorities, positioning health systems and population health as a foundation for health security and resilient communities. c. Research outputs inform national and AU-level policy, contributing to evidence-based decision-making on health system strengthening, epidemic preparedness, and population health.
2035 - 2040	Research-to-practice embedded in health systems	a. Regional health networks sharing best practices and adapting to joint learning models. b. Real-time dashboards for research uptake tracking.
2040 - 2045	National health planning informed by data and research.	a. Showcase Keprecon's contributions through AU forums, regional conferences, and health diplomacy platforms. b. The National Repository for Health Systems Evidence launched.
2045 - 2050	Keprecon is a model for institutionalized Research Translation	a. Replication of the Keprecon model in other African countries. b. Awards and Global Recognition for Knowledge Translation Excellence.

Strategic Objective 3: Promote Innovation in Health Systems Strengthening and Service Delivery

This is aimed at promoting innovation in health systems strengthening and service delivery by developing and scaling new models, technologies, and practices that enhance efficiency, equity, and the overall quality of care.

Table 3.10: Promote Innovation in Health Systems Strengthening and Service Delivery

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Innovation systems and platforms established	a. Innovation and Learning Hub established. b. Health Service Innovations piloted c. National partnership with innovation networks initiated.
2030 - 2035	Innovation integrated into health programs.	a. Counties continually use innovative delivery tools. b. Quality Improvement Models scaled.

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2035 - 2040	Innovation culture embedded in service delivery.	a. Frontline workers engaged in idea generation. b. Data systems used for real-time performance improvement. c. Community-led innovation models evaluated and scaled.
2040 - 2045	Partnerships drive system-wide innovation	a. Public-private innovation alliances driving change. b. National-level solutions developed by grassroots pilots. c. Real-time interoperability platforms tested.
2045 - 2050	National and regional recognition for system innovations	a. Keprecon Innovations is referenced in national and regional guidelines. b. Scalable innovations adopted in African countries. c. Published Toolkit for Health System Innovation available.

Strategic Objective 4: Strengthen Health Systems for Resilient and Equitable Service Delivery.

Keprecon is committed to strengthening health systems to ensure resilience, equity, and sustainability in service delivery, enabling communities to withstand shocks while accessing quality care without discrimination.

Table 3.11: Strengthen Health Systems for Resilient and Equitable Service Delivery

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Baseline capacity and systems assessments completed	a. Health system readiness assessment in the Counties. b. Health Equity Audit frameworks developed.
2030 - 2035	County-level systems strengthened	a. Annual joint planning and review forums strengthened. b. Performance dashboards implemented at the county level.
2035 - 2040	Regional collaboration and learning platforms	a. Regional Health Networks sharing best practices. b. Joint learning models adopted in the region.
2040 - 2045	Sustained improvements in health outcomes.	a. Improvements in population health services indicators. b. Increased local investment in health.
2045 - 2050	Institutionalized ownership and leadership.	a. Counties autonomously manage and sustain reforms. b. National recognition for county-led health models. c. Devolution-informed health systems policies shaped.

Strategic Goal 4:
Deepen Strategic Partnerships and Collaborative Platforms for Impact at Scale

Strategic Objective 1:
Establish and Strengthen Multisectoral and Multilevel Partnerships

This is aimed at establishing and strengthening multisectoral and multilevel partnerships to foster synergy, resource mobilization and coordinated action across government, academia, private sector, civil society and communities for sustainable impact in health system strengthening and population health.

Table 3.12: Establish and Strengthen Multisectoral and Multilevel Partnerships

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Foundational frameworks and networks established	a. Stakeholder mapping conducted. b. Partnership coordination platform launched. c. Memoranda of Understanding signed. d. Joint projects undertaken.
2030 - 2035	Strengthened strategic partnerships and collaborations.	a. Annual multisectoral dialogue events. b. Participate in technical working groups, policy dialogues, and collaborative platforms that shape the future of African health security and resilience.
2035 - 2040	Institutionalized multi-sectoral mechanisms and aligned strategies.	a. Embedded in regional, national and sub-national health strategies. b. Data-sharing protocols implemented. c. Partnership impact reports published.
2040 - 2045	Partnerships contribute significantly to programming and outcomes.	a. Co-implemented interventions. b. Joint monitoring frameworks. c. Regional awards for best practice models.
2045 - 2050	Keprecon is positioned as a Continental Partnership Anchor.	a. Strategic influence in global health summits b. Recognized continental collaboration hub c. Policy influence documented.

Strategic Objective 2: Promote South-South, North-South and Triangular Cooperation

This is aimed at enhancing knowledge exchange, fostering innovation, mobilizing resources, and strengthening solidarity in addressing shared health challenges, while positioning Kenya and Africa as equal contributors in the global health agenda.

Table 3.13: Promote South-South, North-South and Triangular Cooperation

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Foundational frameworks and networks established	a. Knowledge Exchange Visits. b. Regional Memberships to health-related bodies. c. Cooperation Strategy drafted.
2030 - 2035	Operational Triangular Collaboration Platforms and Alliances	a. Memorandum of Understanding with key institutions b. Regional Research Consortia formed. c. Shared learning publications.
2035 - 2040	Keprecon becomes a Regional Collaboration Hub	a. Hosted Global Exchange Forum b. Joint Innovation Labs piloted. c. International citations increase.
2040 - 2045	Co-investments increase in scale and scope	a. Joint funding mobilized. b. Global Partner Recognition Awards. c. Integrated programs across other countries
2045 - 2050	Global influence of collaborative models	a. Referenced in international strategies. b. Policy shifts in partner countries. c. Keprecon methodologies mainstreamed.

Strategic Objective 3: Establish Long-Term Collaboration Frameworks for Co-Creation, Innovation & Resource Sharing

Keprecon seeks to establish long-term collaboration frameworks that foster co-creation, innovation, and resource sharing across institutions, sectors, and borders. These frameworks will provide structured platforms for sustained partnerships, enabling collective problem-solving, pooling of expertise, and joint investments that drive transformative health solutions and sustainable impact.

Table 3.14: Establish Long-Term Collaboration Frameworks for Co-Creation, Innovation & Resource Sharing

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Initial co-creation hubs and innovation partnerships launched.	a. National Innovation Hubs established b. Resource mapping and sharing protocols designed.
2030 - 2035	Frameworks standardized, replicated and resourced.	a. National Co-Creation Framework adopted. b. Digital Innovation Repositories launched. c. Multi-donor resource-sharing models piloted.
2035 - 2040	Scaling of innovation-driven partnerships with regional reach.	a. Regional innovation workshops hosted. b. Co-created innovations developed. c. Shared infrastructure platforms functioning.
2040 - 2045	Innovation partnerships embedded in institutional models.	a. Budget lines for innovation partnerships. b. Dedicated teams across programs. c. Global partnerships in place for scaling.
2045 - 2050	Sustainable ecosystems for innovation and shared value created.	a. Open-access resource platforms. b. Global replication of the frameworks.

Strategic Goal 5:
Build a High-Performing, Accountable, and Resilient Institution

Strategic Objective 1:
Strengthen Institutional Governance, Leadership, and Accountability

This is aimed at strengthening institutional governance, leadership, and accountability as the foundation for organizational excellence and sustainability. By embedding transparent systems, ethical leadership, and robust accountability mechanisms, the institution will enhance trust, efficiency, and responsiveness in fulfilling its mandate and delivering impact at scale.

Table 3.15: Strengthen Institutional Governance, Leadership, and Accountability

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Governance Systems and policies established	a. Keprecon 2025/26 -2029/30 Strategy and Master Plan 2025-2050 Implemented. b. The Board Charter and Governance Manual reviewed. c. Internal Control Systems strengthened d. Annual independent institutional financial audit in place
2030 - 2035	Institutional Leadership Capacity developed	a. Annual Governance performance reviews b. Senior leaders trained on leadership and ethics.
2035 - 2040	Accountable and transparent governance culture institutionalized.	a. Regular stakeholder engagement mechanisms functional b. Gender and inclusion governance policies enforced c. Keprecon earns audit compliance annually
2040 - 2045	Leadership succession and sustainability planning embedded.	a. Leadership pipeline program institutionalized b. Policy on leadership rotation and renewal implemented c. Leadership exchange program established regionally
2045 - 2050	Keprecon sets regional benchmarks in institutional governance.	a. Receives international/regional governance excellence awards b. Replication of governance model in similar institutions globally c. International annual governance summit hosted by Keprecon.

Strategic Objective 2:
Enhance Organizational Systems, Structures and Processes for Operational Excellence.

By streamlining workflows, adopting efficient technologies, and embedding continuous improvement practices, the institution will strengthen institutional agility, ensure resource optimization, and deliver high-quality, timely, and impactful outcomes.

Table 3.16: Enhance Organizational Systems, Structures and Processes for Operational Excellence

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Core operational systems mapped and streamlined	a. ERP and digital document management systems in place. b. Functional and organogram reviews completed c. Policy and procedure manuals updated.
2030 - 2035	Business process optimization and digitization	a. Paperless administration in Programs / Departments b. HRMIS and financial dashboards' operational
2035 - 2040	Scalable and agile institutional systems adopted	a. Business Continuity Framework integrated b. Automated Project and Grants Management Systems. c. Interdepartmental Service Charters reviewed and aligned.
2040 - 2045	Innovation embedded in operational systems	a. AI-driven data management pilot initiated b. Decisions are informed by real-time dashboards. c. Cost-efficiency strategies reduce operational overheads.
2045 - 2050	Keprecon becomes a Regional Model of Institutional Efficiency	a. Referenced in regional best practices repositories. b. Invited to support peer institutions with system reforms. c. Recognized by MoH for excellence in institutional processes.

Strategic Objective 3:
Enhance Human Resource Capacity and Organizational Culture.

Keprecon is committed to enhancing its human resource capacity and fostering an organisational culture that promotes excellence, accountability, innovation, and inclusivity. By investing in staff development, nurturing leadership at all levels, and cultivating a values-driven work environment, the institution will build a motivated, skilled, and resilient workforce capable of advancing its mission and delivering sustainable impact.

Table 3.18: Enhance Human Resource Capacity and Organization Culture

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	HR foundations and staff policies improved	a. a) Annual staff satisfaction survey introduced and Exit Interviews. b. b) Competency-based job descriptions in place
2030 - 2035	Talent development and retention mechanisms in place	a. a) Continued staff development plans are continually operationalized. b. b) Continued annual performance appraisals conducted c. c) Continued employee recognition programs.
2035 - 2040	Institutional learning and career growth pathways strengthened.	a. Continued Staff mentorship and coaching program
2040 - 2045	Keprecon is an employer of choice in its sector	a. HR benchmarking against top regional and global institutions b. Gender, inclusion and wellness frameworks fully implemented
2045 - 2050	A values-driven, agile and resilient workforce.	a. 360-degree feedback embedded in HR practices b. Remote and flexible work systems piloted and optimized c. Global partnerships for staff exchange and capacity strengthening.

Strategic Objective 4:
Strengthen Financial Sustainability and Resource Mobilization

Keprecon will strengthen its financial sustainability and resource mobilization capacity by diversifying funding streams, enhancing financial management systems, and building strategic partnerships. This will ensure a stable and predictable flow of resources to support long-term programs, research, and innovations while reinforcing accountability and value for money in the use of resources.

Table 3.18: Strengthen Financial Sustainability and Resource Mobilization

Time Frame (Years)	Intermediate Outcomes	Key Milestones
2025 - 2030	Diversified resource mobilization portfolio developed	a. Resource Mobilization Strategy implemented by project staff and technical leads. b. Donor, Government, and Private Sector engagement frameworks created. c. Grants/Contracts secured.
2030 - 2035	Income-generation and investment strategies initiated	a. Increased domestic funding for research and innovation, b. Revenue from consulting, training and Intellectual Property launched. c. Financial reserves fund established d. Fundraising events and campaigns institutionalized.
2035 - 2040	Multi-source funding model institutionalized	a. Ratio of unrestricted to restricted funding improves. b. Alumni and corporate giving platforms scaled c. Keprecon Foundation or Endowment launched
2040 - 2045	Internal sustainability mechanisms optimized	a. Core operations are funded from internal sources b. Grants pipeline fully digitized. c. Financial risk mitigation systems embedded.
2045 - 2050	Long-term financial resilience achieved	a. Financial independence for core operations b. Partnerships with long-term strategic donors c. Climate financing and Environmental Social Governance (ESG)-aligned investment platforms are active.

1.1 Overview

The Chapter sets the foundation for the entire planning framework by outlining the rationale, context, and aspirations guiding the long-term vision of Keprecon. It provides a clear understanding of the Master Plan's purpose, the guiding principles that underpin it, and how it aligns with Kenya's national development goals,

Strategic Goal 1: Promote Equitable Access to Holistic, Rights-Based Health Services.

Table 3.19: Promote Equitable Access to Holistic, Rights-Based Health Services

Results Level	Results Statement	Examples of Key Indicators	Means of Verification
Impact	Reduced health inequities and improved health outcomes.	• Under-5 and maternal mortality rates • Mother-to-child HIV transmission rate • Proportion of population with access to essential health services within 5 km, disaggregated by rural/urban and socioeconomic status.	• KDHS, • DHIS2, • UNAIDS country reports
Outcomes	Expanded and equitable access to quality health care services	• Percent of HIV-positive. Proportion of population covered by essential health services (UHC Service Coverage Index). • Percentage reduction in financial hardship due to out-of-pocket health expenditures. • Client satisfaction rate with the quality of care received in health facilities.	• Facility reports, • DHIS2, • PMTCT registers
Outputs	• Community-based outreach services • Trained service providers on integrated health programming.	• Number of providers trained	• Training reports, • Service delivery data, • Health facility audits.

Strategic Goal 2: Advance Transformational Research for Health Impact

Table 3.20: Advance Transformational Research for Health Impact

Results Level	Results Statement	Examples of Key Indicators	Means of Verification
Impact	Evidence-Informed Health Policy and Practice	• Number of policies influenced by research • Uptake rate of research innovations	• Policy briefs • MoH documentation
Outcomes	Increased production and utilization of high-quality research	• Number of peer-reviewed publications • Number of citations and policy mentions	• Academic databases • Policy reviews
Outputs	• Research grants secured • Collaborations established • Research capacity built	• Number of grants, • Number of MOUs, • Number of trainings	• Grant agreements • Training reports •

Strategic Goal 3:
Strengthen Health Systems through Capacity Strengthening, Innovation, and Research Translation

Table 3.21: Strengthen Health Systems through Capacity Strengthening, Innovation, and Research Translation

Results Level	Results Statement	Examples of Key Indicators	Means of Verification
Impact	Resilient and responsive health systems	• Health System Performance Index (HSPI)	• MoH performance reviews, • HFA tools
Outcomes	Improved workforce capacity, infrastructure and service delivery models	• Number of skilled professionals; • Per cent improvement in service readiness	• HRIS, • Facility Surveys
Outputs	• Capacity strengthening programs • Digital innovations piloted • Research translated into practice	• Number of HRH trained, • Number of Digital Innovations pilots, • Number of policy briefs	• Training logs, • Pilot evaluation reports

Strategic Goal 4:
Build a High-Performing, Accountable, and Resilient Institution

Table 3.22: Build a High-Performing, Accountable and Resilient Institution

Results Level	Results Statement	Examples of Key Indicators	Means of Verification
Impact	Keprecon is a benchmark regional health institution	Recognition by national and regional stakeholders	• Evaluation by MoH, • Strategic Partners
Outcomes	Efficient systems, Strong leadership and a motivated workforce	• Employee Satisfaction, • Audit compliance	• Staff Surveys • Audit reports

Results Level	Results Statement	Examples of Key Indicators	Means of Verification
Outputs	• Governance Structures Operational • HR Systems Digitized • Strategy Reviews conducted	• HRIS, • Board Minutes, • Review Reports	• Internal records • Dashboards

Strategic Goal 5: Deepen Strategic Partnerships and Collaborative Platforms for Impact at Scale

Table 3.23: Deepen Strategic Partnerships and Collaborative Platforms for Impact at Scale

Results Level	Results Statement	Examples of Key Indicators	Means of Verification
Impact	Scaled and sustainable health solutions across regions	• Percentage of initiatives scaled; • Percentage of co-funded projects	• Strategic partnership reports, • Donor reviews
Outcomes	Strengthened multi-sectoral and cross-border partnerships	• Number of joint programs; • Number of MOUs signed	• MOUs, • Joint work plans
Outputs	• Partnerships formalized • Knowledge exchange facilitated • Joint advocacy campaigns	• Number of events, • Number of advocacy campaigns	• Event Reports, • Media Logs

4.0 Implementation Approach

HPV Sensitization Meeting with North Eastern Religious Leaders

4.0 Implementation Approach

4.1 Overview

The Implementation Approach chapter outlines the guiding principles, structures, and processes that will steer the effective execution of the 25-Year Keprecon Master Plan. It translates strategic goals into actionable priorities and provides a clear roadmap for operationalizing the vision through phased activities, partnerships, and adaptive management.

The Implementation Approach ultimately serves as the bridge between aspiration and realization, ensuring Keprecon's strategic intent is converted into measurable and sustainable health and development outcomes over the next quarter-century

4.2 Phased Implementation Strategy

To realize the long-term strategic goals, Keprecon will adopt a phased implementation strategy divided into five distinct 5-year intervals. Each phase builds on the achievements and lessons of the previous one while aligning with national and global development cycles, including Kenya Vision 2030, the United Nations Sustainable Development Goals (SDGs), and the AU Agenda 2063.

Phase I: Foundation & Alignment (2025 - 2030)

Focus: Institutional strengthening, baseline assessments and foundational program expansion.

1. Establish core governance and operational frameworks for the Master Plan.
2. Conduct baseline surveys and mapping to define benchmarks and service gaps.
3. Scale up ongoing programs in RMNCAH and all the other Family Health programs.
4. Invest in digital infrastructure, data systems and organizational capacity.
5. Initiate partnerships with key government bodies, academia and donors.
6. Align institutional objectives with Kenya Health Policy and UHC priorities.

Key Outcomes:

1. Strengthened institutional governance and management systems.
2. Enhanced visibility and stakeholder engagement at a national level.
3. Strategic plan is implemented fully cascaded to departments and operational units.

Phase II: Programmatic Consolidation & Innovation (2030 - 2035)

Focus: Scaling evidence-based models and advancing transformational research.

1. Expand Research and Knowledge Translation Platforms.
2. Scale up successful interventions.
3. Introduce innovations in health system delivery and community engagement.
4. Deepen the integration of health systems strengthening and population health Programs.
5. Strengthen monitoring, evaluation and adaptive learning systems.

Key Outcomes:

1. Operational research and innovation centres expanded.
2. Improved service delivery and program efficiency across priority areas.
3. Evidence-based models are adopted by county and national stakeholders.

Phase III: Acceleration & Regional Engagement (2035–2040)

Focus: Scaling for health impact and positioning Keprecon regionally.

1. Expand technical assistance and experience exchange across the African region.
2. Promote South-South collaboration in health systems strengthening and population health.
3. Leverage digital health platforms and AI for scalable solutions.
4. Formalize regional training programs and policy advisory functions.

Key Outcomes:

1. Regional footprint established through training, research and technical partnerships.
2. Increased uptake of Keprecon-developed innovations and frameworks.
3. Keprecon is recognised as a Regional Centre of Excellence in health systems strengthening and population health.

Phase IV: Institutionalization & Global Contribution (2040–2045)

Focus: Sustaining impact and contributing to global knowledge and practice.

1. Institutionalize proven models in government, regionally and globally.
2. Influence global and continental health agendas and standards.
3. Expand partnerships with global academic institutions and donors.
4. Participate in international health diplomacy and global research consortia.

Key Outcomes:

1. Keprecon's methodologies are integrated into national health policies.
2. Contribution to global research, policies, and innovations in health systems strengthening and population health.
3. Sustainable funding models are in place through diversified income stream**s.**

Phase V: Legacy, Transition & Sustainability (2045–2050)

Focus: Embedding sustainability and preparing for the next 25 years.

1. Undertake impact evaluations and synthesis of long-term results.
2. Institutionalize knowledge management and leadership succession planning.
3. Develop the next Master Plan based on future health trends and foresight studies.
4. Strengthen environmental sustainability and climate resilience in all programs.

Key Outcomes:

1. Demonstrable long-term impact on health outcomes in Kenya and beyond.
2. Leadership and institutional legacy sustained through strong systems.
3. Keprecon is positioned for transition into the next generation of strategic planning.

4.3 Strategic Partnerships and Collaborative Models

Strategic partnerships and collaborative models are at the heart of Keprecon's long-term vision to scale impact, enhance innovation, and ensure sustainability. Recognizing that complex population health challenges such as maternal and child mortality, adolescent well-being, HIV/AIDS, and health system inequities cannot be addressed in isolation. Keprecon seeks to foster strong, multi-sectoral collaborations that leverage complementary expertise, resources, and networks.

4.3.1 Guiding Principles for Partnerships

Keprecon's partnership approach is guided by the following principles:

1. **Mutual Value Creation:** Ensuring all parties derive tangible and strategic value.
2. **Shared Vision and Goals:** Aligning efforts to common health and development objectives.
3. **Equity and Inclusivity:** Empowering community voices, particularly marginalized groups.
4. **Transparency and Accountability:** Upholding trust and governance in engagements.
5. **Sustainability and Impact:** Prioritizing long-term, systemic change over short-term gains.

4.3.2 Collaborative Models

Keprecon adopts inclusive and multi-stakeholder collaborative models that leverage the strengths of diverse partners ranging from government agencies, academic institutions, civil society, international organizations, and the private sector. These models emphasize co-creation, mutual accountability, knowledge exchange, and joint resource mobilization to deliver impactful, scalable, and sustainable health solutions. Through strategic alliances and consortium-based implementation, Keprecon fosters synergy across disciplines and sectors to advance shared goals in health systems strengthening and population health research.

Table 4.1: Collaborative Models

No	Model	Description
1	Public-Private Partnerships (PPP)	Joint projects with government and private entities for infrastructure, technology, or service delivery.
2	Research Consortia	Multi-institutional research collaborations generating evidence for policy and programming.
3	Policy and Technical Advisory Hubs	Forums where experts and stakeholders guide national and county health priorities.
4	Community Health Platforms	Partnerships with community groups to co-design and deliver health interventions.
5	South-South Collaboration	Shared learning and best practices with peer institutions in the Global South.
6	Innovation Ecosystem Engagement	Working with start-ups, accelerators and innovators to pilot and scale health solutions.

4.4 Institutional Structures for Execution

Effective execution of Keprecon's 25-year Master Plan hinges on robust, adaptive, and well-aligned institutional structures. These structures will ensure coherent leadership, facilitate coordinated action across strategic goals, promote accountability, and embed resilience and agility in program delivery. The institutional framework also provides clear roles, decision-making hierarchies, and mechanisms for stakeholder engagement.

4.4.1 Keprecon Board of Directors

Role: Provide overall strategic oversight, fiduciary accountability and policy direction.

Functions:

1. Approve the Strategic And Master Plan.
2. Monitors organizational performance and risk.
3. Facilitates high-level stakeholder engagement and resource mobilization.

4.4.2 Strategic Planning and Execution Committee

Composition: Selected Board Members, Chief Executive and Research Director (CED), Senior Management.

Role: Serve as the Apex oversight body for the implementation of the Master Plan.

Functions:

1. Monitor implementation milestones and timelines.
2. Provide technical and strategic guidance.
3. Ensure alignment between short-term strategic plans and the long-term Master Plan.

4.4.3 Chief Executive and Research Director (CED)

Role: Lead day-to-day execution and institutional representation.

Functions:

1. Operationalize strategic goals and oversee program delivery.
2. Foster partnerships and institutional visibility.
3. Provide leadership to secretariat teams and ensure resource alignment.

4.4.4 Secretariat and Technical Divisions

The Secretariat is the operational engine of Keprecon and will be structured into strategic units aligned to the goals of the Master Plan as follows:

Table 4.2: Secretariat and Technical Divisions

No	Division	Core Mandate
1	Research and Knowledge Translation Division	Lead design and implementation of research programs on population health and health systems research.
2	Health Systems Strengthening Division	Coordinate capacity strengthening, quality improvement, and policy support initiatives.
3	Programs and Community Engagement Division.	Support the implementation of field-level interventions across health systems strengthening and population health.
4	Monitoring, Evaluation & Learning (MEL) Division	Track performance, ensure adaptive learning, and support evidence-based planning.
5	Partnerships and Resource Mobilization Office	Build collaborations, pursue funding opportunities and maintain partner relations.
6	Finance and Administration	Ensure prudent resource management and operational support.
7	Communications and Advocacy Division.	Manage strategic communication, public engagement, and policy advocacy efforts.

4.4.5 Advisory Councils and Stakeholder Forums

Purpose: Institutionalize regular consultation with academia, civil society, private sector, youth and community representatives to ensure that the Master Plan reflects dynamic stakeholder priorities and emerging health needs.

5.0

Monitoring, Evaluation & Learning

Keprecon Team during the Devolution Conference 2025

5.0 Monitoring, Evaluation & Learning

5.1 Overview

This chapter presents Keprecon's comprehensive approach to Monitoring, Evaluation & Learning (MEL) as an integral component of the 25-year Master Plan. It underscores the importance of using real-time evidence, data-driven insights, and continuous learning to guide implementation, measure results, enhance accountability, and inform strategic decisions.

The MEL framework is designed to foster a culture of performance, reflection, and responsiveness, ensuring that Keprecon interventions remain relevant, impactful, and aligned with evolving health priorities and contextual dynamics. It lays out mechanisms for tracking progress against defined goals, strategic objectives, and key performance indicators (KPIs) while enabling timely course correction and adaptive management.

5.2 MEL Strategy and Framework

To realize the long-term strategic goals, Keprecon will adopt a phased implementation strategy divided into five distinct 5-year intervals. Each phase builds on the achievements and lessons of the previous one while aligning with national and global development cycles, including Kenya Vision 2030, the United Nations Sustainable Development Goals (SDGs), and the AU Agenda 2063.

5.2.1 Development of a Results Framework
A results framework will link strategic goals to specific outcomes, indicators, baselines, and targets. This will guide performance measurement and ensure clarity in expected results across the planning horizon.

5.2.2 Digital Monitoring Systems
Leverage digital platforms and health information systems to collect, manage, and analyze data in real-time, improving responsiveness and reducing reporting burdens.

5.2.3 Participatory Monitoring and Evaluation
Engage stakeholders including communities, healthcare workers, and partners, in co-designing M&E tools and interpreting findings to enhance ownership and accountability.

5.2.4 Learning and Knowledge Management
Establish knowledge hubs, learning and dissemination forums, and communities of practice for cross-program and partner learning. Regular reflection workshops and reviews will facilitate organizational learning.

5.2.5 Adaptive Planning
Embed flexibility in work plans and budgets to accommodate iterative improvements, policy shifts, and innovative approaches based on MEL insights.

5.3 Institutional Arrangements for MEL

1. Keprecon M&E Unit will lead coordination, technical support and quality assurance for all MEL activities.
2. Strategic Oversight Committees will provide governance and guidance, ensuring alignment with institutional priorities.
3. Program Leads and Implementers will have defined M&E roles and responsibilities within their respective domains.
4. External Evaluators may be engaged periodically for objectivity and technical rigour.

5.4 High-Level Key Performance Indicators

Table 5.1: High-Level Key Performance Indicators

No	Strategic Goal	KPI Examples	Frequency
1	Promote Equitable Access to Health Services	Improved population health and health system strengthening indicators.	Annual
2	Advance Transformational Research	Number of peer-reviewed publications and policy briefs produced	Bi-annual
3	Strengthen Health Systems	Percent of facilities meeting defined quality standards	Annual
4	Build Institutional Resilience	Percent increase in diversified funding portfolio	Annual
5	Deepen Partnerships	Number of functional MOUs with national and global institutions	Annual

5.5 Feedback and Reporting Mechanisms

1. Quarterly and Annual Performance Reports will be shared with the Board and key stakeholders.
2. Dashboards and Scorecards will enable real-time visualization of progress.
3. Annual Review Meetings will align Stakeholders on the strategic direction and lessons learned.

6.0

Resource Mobilization and Financial Sustainability

Keprecon Team during the Quarterly Consultative Meeting with CECM Members for Health

6.0 Resource Mobilization and Financial Sustainability

6.1 Overview

This chapter outlines the strategic approaches for securing and sustaining the financial and non-financial resources required to achieve the institution's long-term goals. Recognizing the need for predictable and diversified funding, the chapter highlights a blended resource mobilization strategy encompassing government support, development partner contributions, private sector collaboration, philanthropic giving, and innovative financing models.

6.2 Long-Term Financial Requirements

The successful implementation of Keprecon's 25-year Master Plan will require sustained and strategic investment in key priority areas aligned with its long-term vision. These financial requirements are projected based on programmatic expansion, infrastructure development, research and innovation, systems strengthening, human capital growth, and integration of environmental sustainability and climate resilience across all interventions.

The Key components of long-term financial needs include:

1. **Programmatic Investments:** Continuous funding to support scale-up of population health and health system strengthening interventions, including innovative delivery models and outreach.
2. **Research and Innovation:** Resources to support a robust research ecosystem, including funding for long-term research agendas, data systems, partnerships with academic institutions, and translation of research into policy and practice.
3. **Infrastructure Development:** Capital investments in physical and digital infrastructure such as health centres, data hubs, training institutions, laboratories, and environmentally sustainable facilities.
4. **Human Capital and Capacity Strengthening:** Long-term funding for recruitment, training, and retention of skilled personnel, including health workers, researchers, and program managers, aligned with leadership and institutional development.
5. **Technology and Digital Health:** Financial support for the adoption and maintenance of digital tools, health information systems, telemedicine platforms, and AI-driven innovations to enhance service delivery and operational efficiency.
6. **Environmental Sustainability:** Investment in green health technologies, renewable energy integration, waste management systems, and climate adaptation infrastructure.
7. **Monitoring, Evaluation & Learning (MEL):** Resources to operationalize a comprehensive MEL framework, performance tracking systems, real-time data analysis, and feedback loops for adaptive programming.
8. **Risk Management and Governance Systems:** Sustained investment in institutional governance, compliance, enterprise risk mitigation, internal audits, and financial transparency systems.
9. **Strategic Partnerships and Advocacy:** Financial support for partnerships, stakeholder engagement, advocacy platforms, and communications that sustain visibility, influence, and leverage for resource mobilization.

These requirements will be refined periodically based on strategic reviews, implementation performance, and evolving national and global health priorities.

6.3 Resource Mobilization Strategies

The following strategies outline the pathways through which financial, technical and material resources will be secured and optimized to sustainably implement the 25-year Master Plan:

6.3.1 Strategic Donor Engagement and Partnerships

Keprecon will actively cultivate and maintain relationships with bilateral and multilateral donors, philanthropic foundations, UN agencies, and development partners. Emphasis will be placed on long-term programmatic funding, co-financing arrangements and aligning donor interests with Keprecon's thematic priorities.

6.3.2 Government Collaboration and Public Sector Financing

Leveraging national and county government mechanisms, Keprecon will align its programs with public health priorities to attract budgetary support, technical collaboration, and inclusion in national development plans and health sector strategies.

6.3.3 Private Sector Engagement and Corporate Social Responsibility (CSR)

Keprecon will engage with corporations, industry leaders, and business coalitions to harness CSR funding, establish public-private partnerships, and drive shared-value initiatives that align health goals with business impact.

6.3.4 Research Grants and Innovation Funds

Competitive bidding for regional and global research grants, fellowships, and innovation challenges will form a key component of the resource strategy. This includes targeting funding opportunities from institutions such as the NIH, Wellcome Trust, Gates Foundation, and Horizon Europe.

6.3.5 Income-Generating Programs and Social Enterprise Models

Keprecon will explore innovative income streams such as consultancy services, training and capacity-building programs, and fee-for-service models in areas like research, knowledge management, and laboratory services. Proceeds will be reinvested in priority health interventions.

6.3.6 South-South and Triangular Cooperation

Leveraging collaboration with regional partners and emerging economies, Keprecon will tap into shared resources, technologies, and expertise through structured South-South and Triangular Cooperation frameworks.

6.3.7 Community-Based Financing and Local Philanthropy

Engagement with community networks, religious organizations, and local philanthropists will be strengthened to support grassroots-level interventions and promote local ownership of health programs.

6.3.8 Blended Finance and Impact Investing

Keprecon will explore innovative financing mechanisms including blended finance (combining grants, concessional loans, and private capital) and impact investment platforms that fund health programs while ensuring social returns.

6.3.9 Digital Fundraising and Crowdsourcing

Adoption of digital platforms for individual giving, campaigns, and crowdsourcing initiatives will be scaled, particularly targeting diaspora networks and global supporters of health systems strengthening and population health.

6.4 Donor Engagement and Investment Models

To ensure consistent and scalable support for the successful implementation of its 25-Year Master Plan, Keprecon will adopt a proactive, structured, and value-driven approach to donor engagement and investment models as follows:

6.4.1 Donor Segmentation and Profiling

Keprecon will segment donors into key categories: bilateral agencies, multilateral institutions, private foundations, philanthropic trusts, High-Net-Worth Individuals (HNWIs), and corporate donors. Each category will be profiled to understand its strategic priorities, preferred funding modalities, geographic focus, and reporting requirements. This segmentation will guide targeted engagement strategies.

6.4.2 Strategic Alignment and Co-Creation

Donor engagement will be anchored on aligning Keprecon's thematic priorities with donors' strategic areas of interest. Co-creation of proposals and programs will be encouraged to increase ownership, relevance, and commitment. Joint results frameworks and collaborative logic will be used to harmonize expectations.

6.4.3 Multi-Year Programmatic Funding

Keprecon will prioritize long-term programmatic and basket funding models over short-term project-based grants. This provides financial predictability, facilitates scaling of impact, and strengthens institutional planning. Donors will be encouraged to invest in multi-year thematic areas such as adolescent health, systems research, or innovation incubators.

6.4.4 Results-Based and Performance-Linked Funding

Investment models will include Results-Based Financing (RBF) mechanisms where disbursements are linked to the achievement of pre-agreed outcomes and KPIs. Keprecon will develop robust monitoring systems to support transparent reporting and evidence generation, which reinforces accountability and builds donor confidence.

6.4.5 Pooled and Consortium Funding Models

To reduce duplication and streamline coordination, Keprecon will participate in and/or lead consortia and pool funding arrangements with like-minded institutions. This approach fosters collective impact, leverages comparative advantages, and increases donor appeal.

6.4.6 Matching Fund and Leveraging Mechanisms

Keprecon will explore matching fund models, where it commits seed funding to attract complementary investments from donors or partners. This includes leveraging institutional resources (in-kind, human capital) or previous grants to mobilize additional resources.

6.4.7 Flexible and Core Support Investments

Recognizing the importance of institutional sustainability, donors will be encouraged to provide core funding and flexible investments to support Keprecon's governance, infrastructure, talent development, and organizational resilience.

6.5 Environmental and Climate Financing Integration

As part of Keprecon's long-term sustainability and health systems transformation agenda, integrating environmental and climate financing is a strategic imperative. Climate change is increasingly recognized as a major threat to health outcomes, disproportionately affecting vulnerable populations, especially children, adolescents, and mothers. Keprecon seeks to mainstream climate resilience and environmental sustainability across its programs through dedicated financing mechanisms, strategic partnerships, and innovative funding models.

6.5.1 Mainstreaming Climate and Environmental Financing into Health Programming

Keprecon will integrate environmental and climate-sensitive budgeting into its project design and institutional planning. This includes the allocation of dedicated budgets for interventions such as green infrastructure in health facilities, clean energy adoption, climate-resilient supply chains, and waste management systems. Climate risk assessments will be embedded in program cycles to ensure adaptive responses to emerging environmental threats.

6.5.2 Mobilizing Climate-Specific Donor and Development Partner Funding

Keprecon will actively engage with climate finance mechanisms and donors that prioritize the health-environment nexus. These include:

1. The Green Climate Fund (GCF)
2. Global Environment Facility (GEF)
3. Adaptation Fund
4. UN agencies supporting climate-resilient health systems (e.g., WHO, UNEP, UNDP)

Proposals will be developed to demonstrate how health investments reduce climate vulnerabilities and enhance community resilience.

6.5.3 Establishing Strategic Partnerships for Environmental Financing

Through collaboration with environmental organizations, think tanks, and sustainability-focused investors, Keprecon will tap into interdisciplinary funding pools. Partnerships with academic institutions and green innovation hubs will help position Keprecon as a knowledge leader in climate-health integration.

6.5.4 Carbon Financing and Offsetting Mechanisms

Keprecon will explore participation in carbon markets and offsetting schemes. By greening its infrastructure and reducing emissions (e.g., through solar-powered clinics and eco-friendly waste systems), it can quantify carbon savings and potentially monetize them through verified carbon credits, contributing to operational costs or reinvestment in climate programs.

6.5.5 Blended and Innovative Financing Models

Innovative approaches such as blended finance, impact bonds, and climate-health investment funds will be explored. These models bring together public and private sector funding, enabling shared risk and greater leverage of capital for climate-resilient health initiatives.

6.5.6 Tracking Environmental Expenditure and Impact

Keprecon will develop an internal tracking mechanism for climate-related expenditures across its operations. This will be supported by the integration of green Key Performance Indicators (KPIs) and environmental impact assessments within its Monitoring, Evaluation, and Learning (MEL) systems.

6.5.7 Community-Based Climate Financing Models

To ensure sustainability and equity, Keprecon will support community-based environmental health initiatives that are eligible for local climate adaptation grants. Community Health Units will be engaged to co-design solutions and access grassroots funding streams.

7.0

Environmental Sustainability and Climate Change Integration

Keprecon Team during the NGOs Awards Ceremony 2024

7.0 Environmental Sustainability and Climate Change Integration

7.1 Overview

This chapter presents Keprecon's commitment to integrating Environmental Sustainability and Climate Change Resilience across its programs, operations and infrastructure. Recognizing the impact of climate change on health, Keprecon aims to adopt environmentally responsible practices, including sustainable infrastructure, green procurement and climate-smart health systems.

7.2 Green Health Systems and Practices

As the global health sector increasingly recognizes the interdependence between planetary health and human well-being, Keprecon commits to advancing green health systems and practices that align healthcare delivery with environmental sustainability.

7.2.1 Environmentally Responsible Procurement

Green procurement policies will guide the acquisition of medical equipment, pharmaceuticals, and office supplies, favouring products that are energy-efficient, recyclable, and certified as environmentally friendly. Keprecon will work with suppliers to establish sustainable supply chain standards and minimize packaging waste.

7.2.2 Capacity Strengthening and Cultural Shift

Environmental sustainability will be mainstreamed into training curricula, organizational culture and community education. Health professionals and administrative staff will receive capacity building on green practices, while public campaigns will promote environmentally conscious behaviours in healthcare settings. Keprecon will develop climate and health literacy modules, ensuring that sustainability becomes a shared value and competency across the health system.

7.2.3 Monitoring, Metrics and Reporting

To ensure accountability, Keprecon will integrate environmental performance indicators into its monitoring and evaluation systems. Metrics will track reductions in energy and water consumption, carbon emissions, and healthcare waste volumes, as well as progress in adopting renewable energy and green infrastructure. Annual sustainability reports will highlight achievements and lessons learned.

7.2.4 Alignment with National and Global Commitments

Keprecon's green health initiatives align with Kenya's National Climate Change Action Plan (NCCAP) 2023-2027, Kenya Vision 2030 and Green Economy Strategy, as well as international frameworks such as the Paris Agreement, the Global Green and Healthy Hospitals Agenda and the Sustainable Development Goals (especially SDG 3, 6, 7, 12, and 13)

7.3 Climate-Resilient Health Interventions

Keprecon recognizes the intersectionality of climate and health and is committed to developing and scaling interventions that strengthen the capacity of communities and health systems to cope with climate-induced risks.

7.3.1 Early Warning Systems and Climate-Responsive Surveillance

Keprecon will collaborate with meteorological agencies and health information systems to enhance climate-informed disease surveillance. These systems will provide timely alerts on outbreaks related to climate-sensitive diseases such as malaria, cholera, dengue, and respiratory illnesses, enabling rapid response and resource mobilization. Integration of GIS and predictive analytics will support risk mapping and hotspot identification.

7.3.2 Strengthening Climate-Sensitive Health Services

Health services must be reoriented to address both direct (e.g., heat stress, injuries from extreme weather events) and indirect (vector-borne diseases, malnutrition) impacts of climate change. Keprecon will:

1. Enhance health services with climate-sensitive planning.
2. Expand nutrition programs to counter climate-induced food insecurity.
3. Provide mental health support in response to climate-related displacement, trauma and stress.

7.3.3 Infrastructure Adaptation and Service Continuity

To ensure uninterrupted service delivery, Keprecon will invest in:

1. Flood-resilient facility designs, elevated structures and weatherproof infrastructure.
2. Water storage and filtration systems to maintain access to clean water during droughts or floods.
3. Alternative transportation networks (e.g., motorbikes, boats, drones) for supply chain continuity in inaccessible areas.

7.3.4 Climate-Resilient Supply Chains

Disruptions to medical supply chains due to extreme weather or logistical challenges can cripple health service delivery. Keprecon will build redundant, climate-proofed supply chain systems with localized stockpiling, diversified distribution routes and solar-powered cold chains to maintain vaccine integrity.

7.3.5 Community-Based Adaptation and Risk Communication

Empowering communities is vital for building climate resilience. Interventions will include:

1. Training of Community Health Promoters (CHPs) on climate-health risks.
2. Mobilizing youth and women-led groups to monitor local climate indicators and respond to early warnings.
3. Disseminating risk communication messages on heat safety, water conservation, vector control, and disease prevention.

7.3.6 Integration of WASH and Environmental Health

WASH interventions will be climate-proofed to maintain hygiene standards in emergencies:

1. Rainwater harvesting systems, latrine designs that withstand floods, and eco-friendly sanitation solutions will be prioritized.
2. Interventions will target schools, healthcare facilities and public spaces to reduce vulnerability to waterborne diseases.

7.3.7 Climate-Health Policy Advocacy and Research

Keprecon will actively engage in policy dialogue to influence the integration of climate resilience in national health strategies. It will:

1. Conduct operational research on the health impacts of climate change.
2. Generate evidence to inform adaptation planning, financing, and resource allocation.
3. Contribute to the National Climate Change Action Plan and health sector adaptation strategies.

7.3.8 Health Workforce Training and Capacity Development

1. A climate-resilient health system requires well-prepared Human Resources. Keprecon will:
2. Incorporate climate and health modules into medical and public health curricula.
3. Provide Continuous Professional Development for health workers on climate change, Disaster Risk Reduction (DRR) and emergency preparedness.

7.3.9 Financing Climate-Resilient Health Systems

Keprecon will leverage funding from climate adaptation funds, development partners, and green financing mechanisms to support resilient health programming. Advocacy for the inclusion of health in climate finance dialogues will be a key strategic focus.

7.4 Sustainability Benchmarks and Metrics

To ensure that Keprecon's long-term strategic goals translate into measurable, enduring impact, clearly defined sustainability benchmarks and metrics will be used to assess progress across financial, environmental, institutional and programmatic domains.

7.4.1 Financial Sustainability Metrics

These assess the institution's ability to secure, manage, and diversify resources to ensure long-term operational and programmatic continuity.

Table 7.1: Financial Sustainability Metrics

No	Benchmark	Metric/Indicator
1	Revenue Diversification	Percentage of the total budget from non-donor sources
2	Funding Stability	Annual variance in funding inflows
3	Return on Investment	Ratio of programmatic impact to investment
4	Cost Recovery	Percentage of operational costs recovered through internal income generation.
5	Endowment and Reserve Funds	Reserve fund adequacy (months of operating costs covered)

7.4.2 Environmental Sustainability Metrics

These measures reduce Keprecon's ecological footprint and align with green health system principles.

Table 7.2: Environmental Sustainability Metrics

No	Benchmark	Metric/Indicator
1	Green Infrastructure Adoption	Percentage of new projects with climate-resilient infrastructure

7.4.3 Programmatic Sustainability Metrics

These track the continuity, reach, and impact of health programs over time.

Table 7.3: Programmatic Sustainability Metrics

No	Benchmark	Metric/Indicator
1	Program Continuity	Percentage of flagship programs operational beyond the initial funding
2	Coverage Expansion	Geographic coverage of Keprecon programs
3	Research Translation	Percentage of research projects influencing policy/practice

7.4.3 Programmatic Sustainability Metrics

These track the continuity, reach, and impact of health programs over time.

Table 7.4: Institutional and Governance Metrics

No	Benchmark	Metric/Indicator
1	Leadership & Governance	Percentage of board compliance with governance best practices
2	Staff Retention and Development	Staff turnover rate
3	Capacity Strengthening	Percentage of staff trained on key institutional competencies
4	Transparency and Accountability	Timely financial and progress reporting
5	Innovation Index	Number of new scalable innovations piloted per year

8.0

Risk Management and Compliance Framework

Knowledge sharing engagement with the Members of the National Assembly Committee for Health

8.0 Risk Management and Compliance Framework

8.1 Overview

As Keprecon embarks on the implementation of its long-term strategic vision, managing risk and ensuring compliance are essential to sustaining impact, protecting resources, and enhancing institutional credibility. This outlines the principles, systems, structures, and processes that will guide the identification, assessment, mitigation and monitoring of risks.

8.2 Risk Management Guiding Principles

As the global health sector increasingly recognizes the interdependence between planetary health and human well-being, Keprecon commits to advancing green health systems and practices that align healthcare delivery with environmental sustainability.

1. **Integration:** Risk management and compliance are embedded into all levels of planning, execution, and governance.
2. **Responsiveness:** Risk responses and controls are agile and tailored to the dynamic operating environment.
3. **Transparency:** All risks and compliance breaches are reported openly and addressed promptly.
4. **Continuous Improvement:** Learning from risk events and compliance assessments informs future actions and policies.

8.3 The Risk Universe

Keprecon's Risk Universe outlines the broad categories of risk that the organization may face. These include:

Table 8.1: Risk Universe

No	Risk Category	Scope
1	Strategic Risks	Uncertainties affecting long-term goals, reputation and partnerships
2	Financial Risks	Budget shortfalls, fraud, donor dependence, and financial mismanagement
3	Legal and Regulatory Risks	Breaches of national/international laws, non-compliance with policies
4	Operational Risks	Failures in program delivery, logistics, or service quality
5	Technological Risks	Cybersecurity threats, ICT failures, and data privacy issues
6	Governance and Compliance Risks	Weak internal controls, board-level lapses and conflicts of interest
7	Environmental and Climate Risks	Natural disasters, unsustainable practices, and climate vulnerabilities
8	Social Risks	Community opposition, inequity in service delivery, stakeholder disengagement
9	Human Resource Risks	Talent attrition, skills mismatch, labour disputes

8.4 Risk Management Process

Keprecon will adopt a four-stage risk management cycle:

1. Risk Identification: Using workshops, audits, stakeholder engagement, and data reviews to uncover potential risks.
2. Risk Assessment: Rating risks based on likelihood and impact, and prioritizing mitigation.
3. Risk Mitigation and Response: Developing and implementing controls and contingency plans.
4. Risk Monitoring and Reporting: Periodic tracking of risk indicators and adaptation of controls.

8.5 Roles and Responsibilities

Table 8.2: Roles and Responsibilities

No	Entity	Responsibility
1	Board Audit and Risk Committee	Oversight of institutional risk strategy and compliance governance
2	Executive Management	Policy enforcement and resource allocation for risk mitigation
3	Risk and Compliance Unit	Day-to-day risk tracking, compliance audits, and reporting
4	Program Managers	Departmental risk identification and mitigation implementation
5	All Staff	Risk awareness, reporting incidents, and adhering to compliance norms

8.6 Long-Term Risk Mitigation Measures

Effective risk mitigation over a 25-year planning horizon requires proactive, adaptive, and integrated strategies that align with Keprecon's Strategic Vision, institutional growth trajectory and evolving operational environment. The following long-term mitigation strategies are organized under key risk domains, with cross-cutting approaches embedded throughout

8.6.1 Strategic Risks

Examples: Misalignment with national/global priorities, reputational damage, ineffective strategic execution.

Mitigation Strategies:

a. Institutionalize periodic strategic reviews (every 5 years) to align with shifting policy, donor, and community landscapes.
b. Develop a Strategic Intelligence Unit to scan and interpret emerging trends and advise leadership.
c. Strengthen stakeholder engagement platforms to ensure buy-in, relevance, and legitimacy of strategic direction.
d. Build a diverse and agile Board to guide long-term visioning and governance adaptability.

8.6.2 Financial Risks

Examples: Donor fatigue, overreliance on limited funding streams, inflation, and currency instability.

Mitigation Strategies:
a. Diversify revenue through a mixed-financing model: grants, endowments, service revenues, and public-private partnerships.
b. Establish a Financial Resilience Fund to buffer against shocks and downturns.
c. Develop a multi-year financial planning and forecasting framework aligned to long-term goals.
d. Strengthen financial governance with automated systems, regular audits, and capacity building.

8.6.3 Legal and Regulatory Risks

Examples: Non-compliance with evolving laws, contractual disputes, and licensing lapses.

Mitigation Strategies:

a. Maintain a Legal and Compliance Advisory Unit for ongoing regulatory analysis and adaptation.
b. Regular compliance audits and policy updates to reflect legal changes.
c. Invest in legal capacity building for staff and institutional partners.
d. Build strong contractual and intellectual property management systems.

8.6.4 Operational Risks

Examples: Disruptions in service delivery, inefficiencies, and supply chain breakdowns.

Mitigation Strategies:

a. Establish redundant systems and contingency plans across mission-critical operations.
b. Strengthen supply chain resilience through long-term vendor relationships, e-procurement, and local sourcing.
c. Promote Lean and Agile operational models for flexibility and efficiency.
d. Institutionalize a Quality Management System (QMS) aligned with ISO or other best practices.

8.6.5 Technological Risks

Examples: Cyberattacks, system failures, obsolescence, data breaches.

Mitigation Strategies:

a. Implement a robust ICT Security Policy and Disaster Recovery Plan.
b. Transition to cloud-based, scalable digital infrastructure.
c. Conduct annual cybersecurity assessments and penetration testing.
d. Upskill staff through continuous digital literacy and innovation training.

8.6.6 Environmental and Climate Risks

Examples: Climate-related disasters, resource degradation and non-compliance with environmental laws.

Mitigation Strategies:
a. Integrate climate-smart planning into program design and infrastructure development.
b. Develop sustainability guidelines for procurement, energy use and waste management.
c. Partner with environmental agencies for risk mapping and climate adaptation planning.
d. Build climate resilience into infrastructure and health systems programming.

8.6.7 Social and Community Risks

Examples: Community resistance, cultural barriers, inequities, misinformation, etc.

Mitigation Strategies:

a. Build robust community engagement frameworks and participatory feedback loops.
b. Institutionalize inclusive programming that reflects diversity and equity.
c. Develop social risk assessments as part of project planning and monitoring.
d. Leverage Communication for Development (C4D) strategies to manage misinformation.

8.6.8 Human Resource and Institutional Risks

Examples: Staff turnover, skills gaps, leadership vacuum, burnout.

Mitigation Strategies:

a. Develop a talent pipeline strategy, including mentorship, scholarships and leadership succession planning.
b. Invest in Continuous Professional Development and performance-based career progression.
c. Maintain a flexible, hybrid workforce model to attract top talent.
d. Foster a values-driven organizational culture rooted in accountability, wellness, and innovation.

8.6.9 Governance and Compliance Risks
Examples: Weak Oversight, Internal Fraud, Unethical Behaviour.

Mitigation Strategies:
a. Implement a comprehensive Governance Charter and Board Competency Matrix.
b. Strengthen Internal Controls and Enterprise Risk Management Systems.
c. Operationalize a Whistleblower Policy and Anonymous Reporting Tools.
d. Conduct Periodic Ethics and Integrity Training for all stakeholders.

9.0 References

Malezi Bora Week in Nyandarua County

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"**The future depends on what we do in the present.**" — Mahatma Gandhi

Keprecon presents this 25-Year Master Plan (2025–2050) at a critical moment for health systems in Kenya, Africa, and globally. The recent global health crises, including the COVID-19 pandemic, have exposed structural weaknesses in health systems but also emphasized the urgent need for research-driven solutions, innovation and resilient institutions to protect the health and well-being of populations.

Globally, there is growing recognition that health cannot be addressed in isolation. The Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), and evolving global health governance frameworks have called for more integrated, people-centred, and rights-based approaches to health. Research, innovation, and effective translation of evidence into policy and practice have become central pillars in achieving health equity and improving health outcomes worldwide.

At the continental level, the African Union's New Public Health Order, championed by Africa CDC, represents Africa's renewed commitment to strengthening health institutions, building regional health security, and prioritizing African-led research and innovation. This bold agenda focuses on empowering African institutions to drive health solutions, strengthen workforce capacity, expand local manufacturing, and foster a resilient health ecosystem that can withstand current and future challenges.

This Master Plan aligns Keprecon with both global and continental priorities while marking the organization's transition to a broader, more inclusive Family Health agenda. By integrating research, innovation, capacity building, and health system strengthening, Keprecon seeks to advance equitable access to holistic, rights-based health services for families, catalyze research translation, and contribute meaningfully to Kenya's health transformation and Africa's New Public Health Order.

With determination and shared purpose, we shall make it a reality.

Keprecon
Health Systems Performance Catalysts