2026

Comprehensive Master Catalogue of Presentations

6TH HEALTH SYSTEMS & LEADERSHIP CONGRESS 2026

THEME: TRANSFORMING KENYA'S HEALTH SYSTEM FOR EQUITY, RESILIENCE, AND TRUST IN A CHANGING WORLD

11th–12th June 2026

Pan Pacific Hotel, Nairobi

Theme A: Strengthening Governance, Leadership & Health Financing

1. Professionalizing Health Systems Management (PS Speech)

Guest Speaker : *Dr Angela Nyakundi on behalf of Ms. Mary Muthoni, Principal Secretary – Public Health & Professional standards (Ministry of Health, Kenya)*

Key Findings:
Professional management functions as a vital "force multiplier" for both clinical service delivery and infrastructure investments across the health system. The presentation highlights how current management structures remain largely ad hoc, with clinicians often assigned leadership roles without formal managerial training. This creates inefficiencies, weak accountability, and inconsistency in system performance. Institutionalizing a professional management cadre is therefore critical to ensuring standardized leadership competencies, improved decision-making, and sustained system-wide performance across national and county health systems.

Recommendation:
Enact an Act of Parliament to create a dedicated policy for health managers, aimed at standardizing qualifications, career progression, and compensation structures.

Full speech 🔗 https://drive.google.com/file/d/1_82dQG0CpTkS5jE1DsZS0wHqqI-0nWsT/view?usp=sharing

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2. Beyond Financing: How Governance Determines Health System Performance

Presenter: *Ezekiel Karino (Health Financing Policy Unit), Kajiado County & Strathmore University*

Key Findings:
The study establishes that governance mechanisms, particularly Public-Private Partnership Contracts (PPPCs), are central to translating financial investments into tangible improvements in healthcare quality. Rather than serving as administrative tools alone, PPPCs act as critical mediators that determine the effectiveness of innovative financing models. Empirical findings show that these governance instruments fully mediate the relationship between financing and service quality, with strong explanatory power *($R^2 = 0.52$)*. This underscores that financial inputs alone cannot deliver results without strong accountability, contracting, and oversight systems.

Recommendation:
Strengthen legal, regulatory, and operational frameworks governing PPPCs to maximize the quality-of-care outcomes from private sector investments in health.

🔗 Full Presentation:
https://docs.google.com/presentation/d/1SfWWYQlPtEO6bOc2wYZEisvcOv0zp6Hs/edit?usp=sharing&rtpof=true&sd=true

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3. Professionalizing Health Leadership in Kenya: From Policy to Statute

Presenter: *Fredrick Kimemia (Chief Executive Officer & Lecturer)*

Key Findings:
This presentation underscores the urgent need to replace fragmented and informal leadership structures with a standardized statutory framework. Focusing on approximately 4,500 health leaders across Job Groups L–S, the proposed credentialing and banding tool aims to align competencies with roles and responsibilities. By doing so, it promotes accountability, consistency, and measurable performance across all levels of health system leadership. The findings position professionalization not simply as a workforce reform, but as a foundational pillar for strengthening governance, improving service delivery, and enhancing system resilience.

Recommendation:
Adopt and institutionalize the proposed credentialing banding tool to standardize leadership competencies and performance expectations across the public health sector.

Full presentation: 🔗 https://docs.google.com/presentation/d/1QaCF4SKA3e3jlaTrQDa-InvS5aLyrciY/edit?usp=sharing&rtpof=true&sd=true

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4. Balancing Efficiency and Accountability: Financial Stewardship

Presenter: *FCS Dr. Tarus B. Kipchumba, PhD, FeHSM, Deputy Director Moi Teaching and Referral Hospital*

Key Findings:
The presentation addresses the challenge of sustaining health system functionality amid severe fiscal constraints, particularly in light of a 30% reduction in recurrent budgets. It demonstrates that strategic financial stewardship—through prioritization, efficiency optimization, and strong accountability systems—can maintain service delivery even in resource-limited environments. The findings emphasize that disciplined financial management is essential not only for cost containment but also for protecting essential services and ensuring equitable access during periods of economic stress.

Recommendation:
Implement zero-based budgeting and prioritized resource allocation frameworks to optimize resource use and sustain essential health services under fiscal constraints.

Full Presentation: 📎
https://docs.google.com/presentation/d/1BBrhv0dlubvncl0vVtec7YoDwbjN2law/edit?usp=sharing&rtpof=true&sd=true

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5. Challenges in Health Insurance Claims Management

Presenter: Dr *Sheryl Nam (South Coast Referral Hospital – SCRH)*

Key Findings:
The study identifies critical inefficiencies in claims management processes that directly impact health service delivery. With approximately 6% annual financial losses due to claim rejections and reimbursement delays of up to three months, facilities are forced to ration care and delay critical interventions. These findings demonstrate that administrative inefficiencies are not merely financial issues but have direct consequences on patient access, quality of care, and overall system sustainability.

Recommendation:
Streamline electronic claims management systems, improve documentation accuracy, and reduce reimbursement turnaround times to ensure continuity of care and financial stability of health facilities.

Full Presentation: 📎
https://docs.google.com/presentation/d/1QGtg9pna8Kk08nNLl4GhQFstW23KmjXc/edit?usp=sharing&rtpof=true&sd=true

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6. Leading Health Systems Through Crisis

Presenter: *Dr. Abdulrazaq Yusuf Ahmed (Demartino Hospital) & Director General National Health Insurance Agency, Somalia*

Key Findings:
Drawing from the COVID-19 response, the presentation demonstrates that rapid expansion and adaptation are achievable under crisis conditions when leadership is decisive and flexible. The scaling of Demartino Hospital from 20 to 375 beds, while managing over 32,000 cases, illustrates the importance of agile leadership, coordinated execution, and effective resource mobilization. The findings reinforce that resilience in

health systems is largely determined by leadership capacity rather than resource availability alone.

Recommendation:
Develop and institutionalize modular crisis-response frameworks that enable rapid scaling of infrastructure, workforce, and service delivery during public health emergencies.

Full Presentation: 📎
https://docs.google.com/presentation/d/1KY1QdMahb5taHfME0TkB_itbO_l2by52/edit?usp=sharing&rtpof=true&sd=true

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Theme B: Building Inclusive, People-Centered & Community-Powered Systems

1. Operationalizing Suicide Prevention in Fragile Settings

Presenter: *Ali Hussein (Mental Health Advocacy Lead), Wajir County Government*

Key Findings:
The research highlights systemic gaps in the integration of mental health within primary healthcare systems, particularly in fragile contexts. The high rate of late-stage hypertension presentation (87%) reflects deeper psychosocial determinants that remain unaddressed by current siloed approaches. The findings call for a paradigm shift toward integrated care models that recognize the interconnectedness of mental and physical health, especially in vulnerable populations.

Recommendation:
Integrate mental health screening, early intervention, and psychosocial support services directly into primary healthcare and non-communicable disease clinics.

Find attached📎
https://docs.google.com/presentation/d/1S5_bk9fG7NSWzxoPleSJ4o_shsniJUvh/edit?usp=sharing&rtpof=true&sd=true

Theme B: Building Inclusive, People-Centered & Community-Powered Systems

2. The Burden of Cancer: A Community-Based Study in Wajir County

Presenter: Mohamed Abdirahman Ahmed (Wajir County Health Department)

Key Findings:
A cross-sectional community-based study conducted in Wajir County reveals a significant and under-recognized cancer burden, with a household prevalence of 3.22%, which is considerably high for a predominantly rural and underserved region. The findings point to a critical systemic gap in early detection and access to care, with 86.7% of patients diagnosed at advanced stages (Stage III and IV). This late presentation contributes to an alarming mortality rate of 80%, underscoring severe limitations in screening programs, referral pathways, and availability of oncology services. The evidence highlights a structural inequity in cancer care access, particularly affecting marginalized populations in remote settings.

Recommendation:
Decentralize oncology diagnostic, screening, and palliative care services to lower-level health facilities and community platforms to improve early detection, reduce delays in treatment, and enhance survival outcomes.

Find full presentation here 🖇 https://docs.google.com/presentation/d/1PK71iY59-y0C-6EWiFauB79GRkobp7ZK/edit?usp=sharing&ouid=108447936748375579859&rtpof=true&sd=true

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3. Institutional Drivers of Multisectoral Collaboration for AYFS

Presenter: Lillian Njoki Nyaga (Adolescent Health Program Manager), Migori County Government

Key Findings:
The study demonstrates that well-structured multisectoral collaboration significantly enhances the effectiveness of Adolescent and Youth-Friendly Services (AYFS). Evidence shows that targeted capacity-building interventions result in a strong likelihood of effective service delivery *(OR = 10.2)*, indicating that institutional strengthening is a key determinant of performance. Additionally, pooled financing mechanisms are shown to increase service uptake by two to three times, highlighting the importance of coordinated resource mobilization. The findings emphasize that fragmented efforts across sectors limit impact, while integrated approaches improve accessibility, efficiency, and health outcomes for adolescents and young people.

Recommendation:
Institutionalize pooled financing models and strengthen interdepartmental collaboration frameworks to sustain and scale youth-friendly health services.

Find full presentation here 🖇
https://docs.google.com/presentation/d/1ZJAQsRyTzP2SEOErkqRkAFpkRDbszWGG/edit?usp=sharing&rtpof=true&sd=true

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4. Silent Gaps in HIV Care

Presenter: Dr. Edna Nyanchama (Public Health Specialist, & Lecturer Mama Ngina University College

Key Findings:
This mixed-methods study reveals a substantial gap in the integration of mental health services within HIV care programs for adolescents and young people. Findings show that 88% of health facilities lack adequate mental health service capacity, which directly correlates with a fourfold increase in mental health challenges among affected populations. Critically, 92.1% of patients who require mental health support are never referred for specialized care, indicating a breakdown in referral systems and service integration. The study highlights how these "silent gaps" undermine treatment adherence, outcomes, and overall quality of care for adolescents living with HIV.

Recommendation:
Mandate the integration and co-location of mental health and HIV services within health facilities to ensure comprehensive, continuous, and patient-centered care.

Find link presentation 🖇
https://docs.google.com/presentation/d/150t90pV3I3aMgQFN4wuM0aWyI3PJIAhJ/edit?usp=sharing&rtpof=true&sd=true

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Theme C: Digital Health, AI & Integrated Platforms

1. Reimagining Surgical Training: Telepresence for Workforce Resilience

Presenter: Dr. Stanley Aruyaru (Surgical Specialty Board) and Medical Director, PCEA Kikuyu Hospital

Key Findings:
The use of telepresence technology in surgical training has proven highly effective in strengthening workforce capacity and resilience, particularly in underserved and remote settings. By enabling real-time remote mentorship, supervision, and collaboration, the initiative successfully facilitated 184 surgical cases across 13 distinct specialties in 2025. This demonstrates that digital innovations can bridge specialist shortages, improve clinical outcomes, and expand access to high-quality surgical care. The model presents a scalable and cost-effective approach to addressing workforce constraints in low-resource environments.

Recommendation:
Invest in telepresence infrastructure and integrate it into national workforce development strategies to support continuous training and specialist outreach in underserved regions.

Find full presentation 📎 https://docs.google.com/presentation/d/1e7Un0-BDGTcETzXsUzR3EwO87vGuO_AQ/edit?usp=sharing&rtpof=true&sd=true

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2. From Data to Decisions: Unlocking the Power of LMIS

Presenter: Julius Orwaru Onchong'a (Health Informatics Division) Mandera County Government

Key Findings:
The study identifies a heavy reliance on paper-based systems (86%), which severely limits efficiency, accuracy, and timeliness of health system decision-making. Statistical analysis reveals a strong positive correlation $(r = 0.879, p < 0.001)$ between data processing quality and care management outcomes, underscoring the importance of robust data systems. The findings highlight that poor data quality and delayed reporting hinder effective planning, procurement, and service delivery. Transitioning to digital Logistics Management Information Systems (LMIS) is therefore critical to unlocking the full value of health data.

Recommendation:
Prioritize nationwide digitization of LMIS platforms to enable real-time data access, strengthen supply chain management, and support evidence-based decision-making.

Find full presentation🖇
https://docs.google.com/presentation/d/1QTXFJQ3PKJilvIWkQUF-iaPZeTFHbad7/edit?usp=sharing&rtpof=true&sd=true

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Theme D: Climate-Resilient & Planetary Health

1. The Nandi Paradox: DTR & Predictive Cardiovascular Care

Presenter: Adrian Kuloba (Nandi County Health Research)

Key Findings:
The study identifies a critical link between climate variability and cardiovascular health outcomes, highlighting a Diurnal Temperature Range (DTR) threshold exceeding 14°C as a predictive marker for cardiovascular events. This provides a 72-hour advance warning window, enabling proactive clinical interventions. The statistically significant association *($r = 0.38$, $p < 0.001$)* underscores the growing importance of integrating environmental data into healthcare planning. These findings illustrate the need for climate-sensitive health systems that can anticipate and respond to environmental health risks.

Recommendation:
Integrate meteorological data, particularly DTR indicators, into clinical decision-support and public health alert systems to enable proactive, preventive cardiovascular care.

Find full presentation🖇
https://docs.google.com/presentation/d/1rZmSfKN66AEhbHhJ0yDwAECUS9v8t08b/edit?usp=drive_link&rtpof=true&sd=true

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Theme E: Transforming Health Workforce Capacity & Culture

1. Training for Impact: Rethinking Clinical Skills Development

Presenters: Sarah C. Koech, Principal Director, Kenya Medical Training College

Key Findings:
The implementation of blended learning models has demonstrated measurable improvements in clinical competency, with a 9.5% increase in OSCE performance scores. The study identifies learner engagement as the primary driver of these improvements, supported by a statistically significant regression coefficient *(b = 0.300)*. These findings suggest that traditional training models are insufficient to meet evolving healthcare demands, and that technology-enabled, interactive learning approaches are essential for building a competent health workforce.

Recommendation:
Scale blended and digital learning models across health training institutions to strengthen both theoretical knowledge and practical clinical skills.

Find full presentation here🖇
https://docs.google.com/presentation/d/1kxPeM0Hh1PcV21mW45r38uP0hNCgub92/edit?usp=drive_link&rtpof=true&sd=true

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2. Leadership and Management Skills Gaps Among PHC Workers

Presenter: Dr. Mildred Wamalwa (Primary Healthcare Reform Secretariat) and Amref University

Key Findings:
The study reveals a consistent and systemic gap between knowledge acquired during formal training and actual competency demonstrated in real-world practice across all 13 PHC cadres assessed. This disconnect points to limitations in existing training models, which emphasize theory over application. The findings suggest that without structured mentorship, supervision, and practical exposure, workforce capacity remains underutilized, ultimately affecting service delivery outcomes.

Recommendation:
Redesign PHC training curricula to emphasize competency-based, practice-oriented learning supported by mentorship and continuous professional development.

Find full presentation here🖇
https://docs.google.com/presentation/d/1o0E9O6_vKD2ppUNaDoM3P82R9Zqj6LAL/edit?usp=sharing&rtpof=true&sd=true

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3. Virtual Mentorship for Health Systems Leadership: KMTC Principals' Programme

Presenter: Dr. Everlyn Nyamai (Principal KMTC)

Key Findings:
The 12-week virtual mentorship program demonstrates that structured digital learning platforms can significantly enhance leadership and governance competencies among institutional leaders. Participants reported improved decision-making, coordination, and accountability, leading to better service delivery outcomes. The findings confirm that virtual mentorship is an effective, scalable, and cost-efficient model for strengthening leadership capacity across geographically dispersed health systems.

Recommendation:
Institutionalize virtual mentorship programs as a standard component of leadership development across public health institutions nationwide.

Find full presentation here 📎
https://docs.google.com/presentation/d/1LTul2i68Vb8BF0sVN4luyrNKAL3QcAN0/edit?usp=sharing&rtpof=true&sd=true

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Theme F: Metrics, Performance & Knowledge Translation

1. Reimagining Metrics and Knowledge Translation

Presenter: Diana Chebet (Monitoring & Evaluation Unit, Kenyatta National Hospital)

Key Findings:
The study critiques the pervasive "high-volume data, low-impact decision-making" cycle within health systems, where large amounts of data are collected but not effectively translated into actionable insights. It introduces the "Three Pillars Framework" as a structured approach to bridge this gap, emphasizing relevance, usability, and accountability. The findings highlight that without effective knowledge translation mechanisms, data remains underutilized, limiting its potential to drive system improvements.

Recommendation:
Adopt and institutionalize the "Three Pillars Framework" to ensure that data collection is directly linked to decision-making processes, accountability, and improved system performance.

Find link here🔗
https://docs.google.com/presentation/d/1MsUrO_0EYr29re0QBVe4H8GiqAnrMo8e/edit?usp=sharing&rtpof=true&sd=true

Special recognition to abstract/case study Reviewers

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