REPUBLIC OF KENYA

STATEMENT BY HIS EXCELLENCY HON. WILLIAM SAMOEI RUTO, PhD, C.G.H., PRESIDENT OF THE REPUBLIC OF KENYA AND COMMANDER-IN-CHIEF OF THE DEFENCE FORCES, DURING THE HIGH-LEVEL HEADS OF STATE SIDE EVENT - FROM COMMITMENT TO IMPACT: ACCELERATING MATERNAL MORTALITY REDUCTION IN AFRICA, ON THE SIDELINES OF THE 39TH AFRICAN UNION SUMMIT

FEBRUARY 14, 2026

ADDIS ABABA, ETHIOPIA

Excellencies,
Distinguished Ladies and Gentlemen,

1. In this day and age, it is unacceptable that women continue to lose their lives while giving birth. Maternal and neonatal mortality are not merely health statistics; they are a direct measure of how effectively we protect the most vulnerable and how well our systems deliver care when it matters most.

2. In Kenya, we have adopted what we call the 'Accra Reset' mindset - a shift from viewing health as a consumption cost to recognising it as a strategic investment and a foundation of national productivity and social stability.

3. To translate this principle into action, we have restructured our health financing framework. Through the new Social Health Authority, we are expanding pre-paid access to maternal care. So far, we have facilitated direct coverage for 50,000 vulnerable adolescent mothers, guaranteeing antenatal, safe delivery, and post-natal services. We are onboarding a further 38,000 mothers to ensure that cost is never the reason a young woman is denied safe childbirth.

4. Financing, however, must be matched by clinical readiness. Under our Maternal and Newborn Health Rapid Results Initiative, we are concentrating resources in 26 high-burden counties and delivering bundled medical equipment directly to last-mile facilities to strengthen emergency obstetric and newborn care.

5. We also recognise that system resilience depends on the health workforce. We have trained 721 frontline health workers and deployed 2,880 Community Health Promoters and 192 Community Health Assistants to extend coverage at the grassroots level. These teams serve as the first point of contact in our villages and are supported by 25 Primary Care Networks that link local facilities to specialised referral care.

Excellencies,

6. We must also be candid about emerging risks. Recent sharp reductions in global health financing, including support to the United Nations Population Fund (UNFPA) Supplies Partnership, threaten to reverse hard-won gains in family planning, maternal care, and birth spacing across our region.

7. Kenya's response is to strengthen supply security through domestic capacity. We are implementing a 40% local procurement requirement to reduce exposure to external shocks. We call on partners, including the Susan Thompson Buffett Foundation, to support risk-sharing and bridge financing mechanisms that can stabilise local manufacturing and commodity supply.

8. We are equally committed to strengthening health intelligence. We are moving from broad estimates to precise measurements, through the Reproductive Age Mortality Survey approach, to know exactly who is dying, where, and why.

We invite our partners to support the accurate implementation and full digitisation of this data within a National Health Intelligence Platform.

9. All these measures are anchored in Kenya's National Health Compact for 2026-2030 built on the principles of one plan, one budget, and one accountability framework. We appreciate the support of our partners, including the Susan Thompson Buffett Foundation, whose early financial support has accelerated our digital health systems rollout.

Excellencies,

10. Kenya remains firmly committed to protecting the lives and futures of women and children through sustained, system-wide health reform and accountable delivery.

I thank you.

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