

Healthcare Diplomacy and the Implementation of Sustainable Development Goal 3: Amref's Experience in Nairobi City County, Kenya (2015–2023)

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Abstract: Healthcare diplomacy has become an indispensable instrument for advancing sustainable development goal three (SDG 3) on good health and well-being, which aims to ensure healthy lives and promote well-being for all at all ages; and a core enabler of global health cooperation. AMREF Health Africa (AMREF) has been pivotal in the African context in promoting sustainable health systems, and taking of measures, which align with SDG 3. The general objective of this study was to assess AMREF's healthcare diplomacy and implementation of SDG 3 in Nairobi City County during the period, 2015-2023. This study was guided by three (3) specific objectives; namely, (1) to examine the contribution of AMREF's healthcare diplomacy on sustainable health outcomes. (2) to analyse the effectiveness of AMREF's healthcare diplomatic strategies and enhancement of sustainable health development. Lastly, (3) to assess the obstacles that impeded implementation of AMREF's healthcare diplomacy efforts. The study area selected was Nairobi City County and targeted population were; AMREF staff directly involved in healthcare; healthcare practitioners, community-based organizations, and government officials. The study was informed by Constructivism and Global Governance theories; adopted descriptive survey and explanatory research designs and collected data through the use of questionnaires, interviews, focus group discussions and review of secondary data. Purposive and snowballing sampling guided selection of respondents. The findings of the study revealed that AMREF has used policy advocacy, partnerships, community engagements, capacity building, digital health innovations and evidence-based solutions in its healthcare diplomacy. This has significantly contributed to among others improved maternal and child health and enhanced healthcare access particularly in informal settlements of Nairobi City County, Kenya. Obstacles highlighted were financial constraints, lack of adequate resources, bureaucratic inefficiencies and weak health data infrastructure. The study recommends: the necessity to enhance collaborative efforts between the public and private sector; a vast investment in domestic health, digital health integration and the immediate focus to address the impeding obstacles entrenched within the health systems.

Keywords: Healthcare Diplomacy, AMREF, SDG 3, Nairobi City County, Global Health Governance, Community Health initiatives.

Background

Recently, healthcare diplomacy has emerged as a key aspect of global health governance and agenda, particularly in ensuring that health concerns are incorporated into development agendas and that domestic health needs are linked to the global governance frameworks. In the case whereby the health systems in the sub-Saharan Africa remain weak, other players in the society like AMREF through advocacy, international cooperation and local participation have played significant roles in facilitating healthcare diplomacy. Similarly, in Kenya, where the health systems have been faced with numerous challenges such as communicable and non-communicable diseases burden, poverty and urbanization, innovative healthcare diplomacy is beyond doubt. Besides this, Nairobi City County which hosts diverse populations and extensive informal settlements reflects the complexity of the attainment of health equity under circumstances of inadequate infrastructure and the high pace at which urbanization is taking place. Contextually, AMREF has strategically portrayed a positive image of an African based organization, which leverages healthcare diplomacy in promoting SDG 3.

Statement of the Problem

The study stressed the gap in understanding how AMREF strategic efforts transform into tangible health outcomes and how they align to SDG 3, despite its extensive initiatives in the sphere of healthcare diplomacy. The study centered on addressing the problem of comprehending the effectiveness of AMREF healthcare diplomacy in promoting SDG 3 - ensuring healthy lives and promoting well-being for all with reference to the socio-economic and health conditions of Nairobi City County, Kenya. The missing link lies in how healthcare diplomacy strategies adapt to the institutional environment of the Nairobi City County and their substantive

implication of achieving SDG 3 targets that have not been thoroughly investigated yet. This gap poses a problem of unclear understanding of the barriers that hinder full implementation and the influence of the AMREF's healthcare diplomacy in Nairobi plus their efficiency in addressing community health issues within a sustainable development structure. Since Nairobi is strategically located as the center of economic and political life in Kenya, it is also imperative to develop effective diplomatic aspects that would culminate in the emergence of cross-sector coordination, resources mobilization and congruency of policies in the City.

Significance

The timeliness of this study is of significant to healthcare stakeholders, practitioners and professionals as it presents feasible data on the relevance of collaborative efforts, strategic partnerships as well as equitable allocation of resources. The insights obtained from this study therefore, might help in pursuing the impeding health challenges in society like infectious diseases, maternal mortality, and access to quality healthcare. Therefore, the insights from this study can contribute positively to the design of health programs, coordination and collaboration mechanisms by key actors.

Further, the study provides a report of empirical explanation of how local health intervention programs could be utilized to facilitate the international health objectives therefore contributing to the emergent literature in the field of global healthcare diplomacy academically. Also, the study enriches the understanding of how community health priorities influence or are influenced by policy implementation, and the mechanisms of global health governance. Finally, this study illuminates on the radical contribution made by AMREF and also indicates on the relevance of partnership-based interventions that would aid in achieving sustainable and inclusive health outcomes as per SDG 3.

Literature Review

The AMREF's Healthcare Diplomacy and Sustainable Health Outcomes in Nairobi City County

The study sought to determine the contribution of AMREF's healthcare diplomacy efforts to the improvement of equitable and sustainable health outcomes in Kenya. Kickbusch and Buss, (2011) stressed on the importance of integrating the role international health organizations, like the World Health Organization (WHO) to coordinate efforts in addressing public health inequities and aligning initiatives with SDG 3. AMREF, an epitome of good healthcare diplomacy has demonstrated this through its grassroots engagement and policy advocacy evident through its effort to advance maternal and child health, immunization and improvement healthcare service delivery to the community. Studies by Smith, (2019); Moyo and Nkrumah, (2021) suggested that, AMREF partnership with the local communities, governments as well as other national and international organizations has led to health systems strengthening particularly, Africa. Mwangi, (2020) argued that integration of Community Health Volunteers (CHVs) in the national health policies has led to improved Primary Health Care (PHC) in underserved communities; hence, a great contribution to sustainable health outcomes.

In addition, AMREF's policy advocacy on the necessity of prioritizing community health strategies has also changed the scaling up of CHVs in other counties (Kimani, 2019); what Ochieng, (2020) refers to as the backbone to the delivery of PHC especially to remote and underserved regions. Additionally, Ndirangu, (2019) indicated that the beneficial shift in some health indicators, namely, maternal mortality and immunization coverage, justifies AMREF's contribution to maternal and child health situation, and primarily in rural and marginalized populations. Comprehensively, the AMREF model of healthcare diplomacy reveals that advocacy on healthcare and collaboration is significant in the delivery of sustainable health outcomes in Kenya.

Effectiveness of AMREF's Healthcare Diplomatic Strategies and Sustainable Health Development in Nairobi City County

The study discussed the effectiveness of the healthcare diplomacy adopted by AMREF to pursue sustainable healthcare results. AMREF uses

(1) policy advocacy and lobbying to shape the health policy and provide a process of advocacy to its healthcare diplomacy efforts at the county and national levels in Kenya. In their study, Okeyo and Wamai (2022) identified that AMREF has actively worked towards shaping health policies as part of their advocacy and calling upon increased investment in health care and support of policies that enable equity and access to good health care services; this is core in ensuring sustainable health intervention that addresses the underlying causes of inequality in health.

(2) Partnership and collaborations have enabled AMREF to strengthen health systems, transform health policies and enhance quality health care access, particularly in remote areas in Kenya. This has been very successful where communities, governments and international agencies have been unified to common health objectives as witnessed in conferences like Africa Health Agenda International Conference (AHAIC) by AMREF. Karanja et al., (2022) noted AMREF's partnership has contributed to successful implementation of the

'*Afya Timiza*' program, that emanates from its partnership with the USAID purposively to address maternal, neonatal and child health, thus improving access to quality healthcare services.

(3) One of the cornerstones to AMREF's healthcare diplomacy as identified lies in its commitment to offer capacity building and technical assistance aimed at strengthening health systems and achieving sustainable health outcomes. AMREF has consistently provided technical expertise, trainings and mentorship to both public and private sector to enhance human capital. Besides this, its partnerships with local institutions, for instance, the Kenya Medical Training College (KMTC) and county health departments has enabled the alignment of training with national standards and ensured that knowledge imparted is both locally relevant and technically sound. Besides, AMREF consistent investment in capacity building has yielded a skilled, motivated, and context-aware health workforce and has cultivated a pipeline of capable of sustaining services and adapting to emerging health challenges. As pointed out by Mboya et al., (2020) training health workers is crucial as it addresses the gap between healthcare providers and delivery of quality healthcare services, particularly in underserved areas.

(4) AMREF healthcare diplomacy is also founded on research and evidence-based interventions to ensure that such interventions are grounded on facts and best practices. Evidence-based approach offers that the interventions are targeted and sustainable and are aligned with the broad development agenda (Kichumba & Kiplagat, 2020). Mwangi et al., (2019) highlighted that AMREF reliance on local evidence in making decisions has contributed to the development of health interventions based on the special needs of that particular community.

Finally, (5) innovative health solution and digital health is another strategy adopted by AMREF to portray its healthcare diplomacy initiatives; manifested through adoption of mobile health (mHealth) apps, mobile clinics, telemedicine and the Leap mHealth platform. Muriithi and Maina, (2023) asserted that, through the Leap mHealth program, AMREF has enabled the community health workers to be trained on reporting and sharing health information effectively and efficiently; this has enhanced service delivery in informal settlements in Nairobi besides the contribution towards sustainable development. The healthcare diplomacy initiatives by AMREF have, therefore, led to sustainable health outcomes, improved health access and institutionalized healthcare reforms.

Obstacles to the Implementation of AMREF's Healthcare Diplomacy and Sustainable Health Outcomes in Nairobi City County.

Literature outlines numerous hurdles which hamper SDG 3 objectives and sustainable health outcomes. As noted by Mutua et al. (2022), weak governance structures and bureaucratization are barriers to programs approvals; and hinder the implementation of healthcare programs. Reliance on donor funding as well as financial limitations also limits sustainability since there is no consistency in the sources of funds (Kimathi, 2020). Moreover, weak health infrastructure and inequalities in healthcare service access are also a threat to the healthcare diplomacy initiatives. As pointed out by Mugo et al., (2023), disparities in health care are constructed as a result of inequality in accessing healthcare facilities and availability of these facilities in rural areas versus urban areas. Concurrently, the insufficiency of equipment and technologies involved in healthcare facilities affects the effectiveness of health interventions (Ndung'u & Otieno, 2022). Additionally, Wambui et al., (2019) argued that due to lack of coordination and absence of collaboration, there is duplication of efforts and inadequate use of resources. All these issues contribute to the need of still even more collaboration, domestic investment into the health sector, policy adjustments, adoption of new digital health solutions, capacity building and trainings that will enable AMREF to achieve its potential in healthcare diplomacy and the role of advancing SDG 3 implementation in Nairobi City County, Kenya.

Theoretical Framework

This study anchored on assessing the role played by AMREF healthcare diplomacy in ensuring sustainable health outcomes. This was informed by Constructivism theory by Alexander Wendt (1992) which emphasizes on the idea of shared norms, values and interaction that influence states and non-state actors' behavior. Global Governance theory given by Anne-Marie Slaughter (2004) also informed the study as it explains that global governance entails multiple actors who collaborate in addressing global health concerns. The application of these theories in this study, they serve as a contributor to the idea that the practice of healthcare diplomacy can be improved through collaboration that would internalize the values and needs of the intended community. The study highlights the fact that healthcare diplomacy is, therefore, not only about technical health delivery but also about the process of building trust, influencing perceptions and aligning stakeholders to shared health priorities.

Research Methodology

The study employed explanatory research design and descriptive survey design in order to collect in depth data and other pertinent information. The Nairobi City County, Kenya was selected as the study area as it provides a broad range of healthcare interventions, and broad areas of informal settlements as well as large-scale healthcare intervention by AMREF. The sample population included AMREF staff, who advocated policies, partnerships, those involved in community engagement and project execution; Nairobi City County health officials who included sub-county medical officers and residents along with the development and donor partners. The sample of 120 respondents was identified through purposive and snowballing sampling techniques. Questionnaires, focus groups discussion and interviews were used as the data collection tools. Triangulation and pilot testing assured validity and reliability of the study. Data obtained was analyzed in both quantitative and qualitative data analysis whereby SPSS was applied in quantitative data and themes interpretation in qualitative data. Throughout the entire study period ethical considerations such as informed consent, confidentiality, and integrity were strictly observed at all times.

Findings and Discussion

The AMREF's Healthcare Diplomacy and Sustainable Health Outcomes in Nairobi City County

The findings of the study on objective one showed AMREF's healthcare diplomacy strategy has showed a significant influence on sustainable health outcomes in Nairobi City County, Kenya. The study examined five broad thematic areas that were identified in the findings: (1) Policy advocacy and influence, (2) multi-stakeholder partnerships, (3) Community-based interventions, (4) Capacity building and (5) Data-driven planning that AMREF has implemented effectively to bridge the divide between community health needs and global policy agendas and SDG 3 in this case. AMREF has influenced the development of key policies, such as Community Health Strategy (2020) and Maternal Health Guidelines (2021); that helped secure the recognition and financing of CHWs, and improved the delivery of PHC in informal settlements.

AMREF made sure that health policies were being implemented in conjunction with grass roots evidence and community needs, its diplomatic role of convener and technical advisor led not only to having access and coverage to healthcare but also to an increase in the number of maternal check-ups and immunization coverage. The fact that AMREF has trained over 1,600 health personnel during the year 2019-2023 is a good step of robust health workforce; besides the employment of digital health tools has assisted in evidence-based planning. Collectively, the AMREF healthcare diplomacy reveals an image of transforming community health systems into equitable, inclusive, and sustainable healthcare programs within the informal settlements, in Nairobi City County, Kenya.

Effectiveness of AMREF's Healthcare Diplomatic Strategies and Sustainable Health Development in Nairobi City County

The outcomes of objective two demonstrated that AMREF has positioned itself as a diplomatic player and a service provider between the national health policies and health needs gap in the grassroots. AMREF has helped in planning, governance, and healthcare service provision of some of the most under-privileged informal settlements in Nairobi, City County through its healthcare diplomatic strategies. AMREF's partnerships and collaboration with the ministry of health in Kenya and county government of Nairobi City County has led to improvement in coordination, accountability and inclusivity in healthcare delivery. It was also discovered from the research that the majority of the stakeholders (88 percent) view AMREF as highly and moderately effective in aligning healthcare services delivery and mobilization of various actors as illustrated below:

Stakeholder Perceptions of AMREF's Engagement Effectiveness

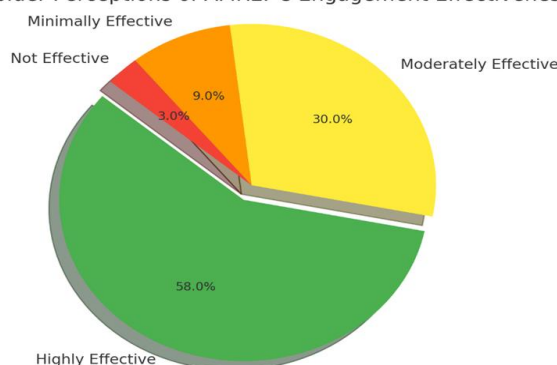


Figure 1: stakeholder perceptions of AMREF's engagement effectiveness

Source: Field data, 2025

In addition, the contribution of AMREF to for instance, the Kenya Community Health Policy (2020) and Nairobi WASH Strategic Plan (2021) illustrates how health systems can be transformed through technical expertise and policy advocacy. Besides that, AMREF's healthcare diplomacy has also been anchored on digital health innovation that can be considered in the LeapmHealth digital platform and mobile clinics that have resulted in monitoring diseases, coverage of health services, and the accuracy of data. Meanwhile, the efforts of AMREF's capacity building and training programs have also succeeded in ensuring that Nairobi's informal settlements are resilient in terms of health systems; a perfect example is AMREF training over 3,000 health workers that has led to rise in human capital across maternal health, digital reporting services and emergency services.

The AMREF's healthcare diplomatic strategies in the achievement of SDG 3, which has impacted sustainability in healthcare systems of Nairobi City County, amplified grassroots voices, institutional reforms and evidence-based practice has proven the power of soft diplomacy. Besides that, AMREF's healthcare diplomacy strategy also reveals how the community-based healthcare diplomacy can be effective in bridging the gap between community health requirements and the international systems of health governance.

Obstacles to the Implementation of AMREF's Healthcare Diplomacy and Sustainable Health Outcomes in Nairobi City County.

Findings of the research undertaken in objective three showed that in Kenya healthcare systems face persistent challenges despite the immense efforts AMREF has put in place. Some of the obstacles identified include funding constraints, weak policy coordination, bureaucracy that derails approvals, inadequate government collaboration and lack of fragmentation of governments. A study by Muturi, Wambugu, and Kanja, (2019) identified that the health sector in Kenya is characterized by fragmentation of coordination and bureaucratic bottlenecks that slows down programs and in particular the implementation of the projects funded by donors. Long approvals and operational setbacks delay health programs thereby affecting speed of community-based interventions implementation. Moreover, Were et al., (2021) noted that county level approvals slowed training of CHVs, which led to pushing back the distribution and information campaigns of PPEs in informal settlements.

The matter of ineffective integration of health programs at the community level has led to parallelism which frustrates long term plans of developing a strong and government owned health systems. Despite the success of AMREF in effective data collection and community-level interventions, there is the unproductiveness of institutionalizing this data within the official health information systems that produce the breakdown of utilizing the data to prove policy and resource allocation when making evidence-based decisions. The healthcare diplomacy and health outcomes sustainability in the Nairobi City County are limited by certain constraints and crises, which include financial and resource limitations, health workforce shortages, funding shortage, and heavy staffing. It is also associated with limited funds and reliance on donor funding; this hinders domestic resource mobilization with many health programs operating on shoestring budgets; this limits the operational capacity and the strengthening of health system in the long-term perspective. Also, inadequate compensation of health workforce, staff burn out, subsequent high turnover rates, migration of medical workers to other health services offering higher wages and finally failure to deliver and sustain health services poses a challenge to achieving sustainable health outcomes.

Others include poor monitoring system and inadequate data infrastructure which impacts the advocacy of evidence-based policies which in turn negatively impact proper planning and accountability ascribed to unreliable reporting and malformed flow of information. All these challenges adversely affect the success of AMREF in operations, its diplomatic capability as well as sustainability of health development in Kenya.

Conclusion

In conclusion, the practice of healthcare diplomacy at AMREF has been both extremely important and significant in advancing SDG 3 development in the Nairobi City County, Kenya. AMREF has achieved this through its efforts to ensure that it participates in supporting global health agenda with community health needs. It is observed that healthcare diplomacy leads to the ability to achieve sustainable health outcomes by means of policy advocacy, strategic partnerships and collaborations, capacity building, community health interventions, and digital health innovation which is witnessed in AMREF. Nonetheless, in its endeavours, it still faces certain systemic problems such as financial lack, ineffective coordination of policies, ineffective government coordination, dependence on donor funding and shortages of health workers that should undergo systemic reforms. These barriers are critical to the full realization of the potential of AMREF's healthcare diplomacy to support the sustainable development within the healthcare system and achieving the SDG 3.

Recommendations

The study recommends that the government should incorporate nationally and county government-specific strategies to improve on the role of AMREF in healthcare diplomacy to achieve Sustainable Development Goal Three (SDG 3) on good health and well-being.

1. The study necessitates the need for a strengthened cooperation between the private and public sector to make the interventions in improving the sustainability of health interventions. This will help to align with SDG 3 goals, reduce delays approvals, bureaucracy as well as help to enhance AMREF local health interventions.
2. Possess more policy advocacy and power over to influence the county and national health policies to ensure that the interests of health are encompassed in the legislation, budgetary allocations, and national health policies. Meanwhile, a substantial investment in the domestic health system, the establishment of effective health data systems, and the improvement of the health workforce is an absolutely necessary decision to make the healthcare delivery in Kenya more resilient and responsive.
3. The rationale is to address implementation challenges that could be encountered to attain SDG 3 goals and sustainable health in Kenya.

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