



POPULATION, HEALTH AND NUTRITION IN KENYA

Introduction

Access to quality healthcare is key to the well-being of Kenyan citizens and to the country’s economic prosperity, supporting national development priorities. However, rapid population growth continues to exert intense pressure on Kenya’s health system, reducing both the supply of services and commodities, and the **ability of people to obtain high-quality care**. Findings from the SDG-RAPID model demonstrate that fertility trends significantly shape and strain the future demand for healthcare services, and can outstrip service capacity.

However, slower population growth – enabled by key investments in health, education, and empowerment – will support the sector to gain the fiscal space to improve the availability, accessibility, and quality of services. The SDG-RAPID “family planning + enabling factors scenario” shows how reaching Kenya’s health policy ambitions – including increasing the percent of women who attend four or more antenatal care appointments (ANC 4+) from 66% (KDHS 2022) to 70% - creates a self-reinforcing positive cycle between population, health sector needs, and health outcomes.

The interrelationship between population and health

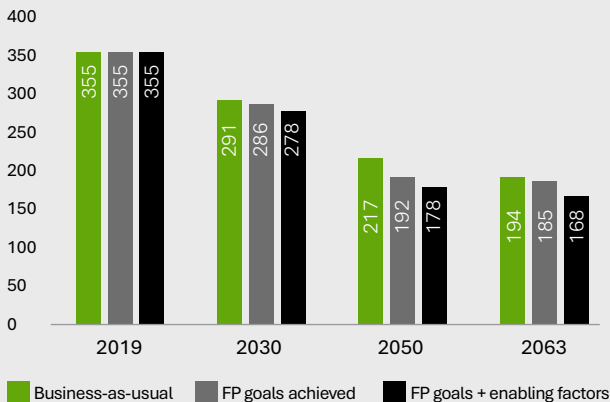
Rapid population growth challenges health systems, and stretched health systems keep family sizes above desired levels

- Demand for healthcare typically rises faster than service capacity, leading to overstretched health systems.
- Per capita spending on health declines even when budgets increase; population growth often outstrips fiscal expansion.
- A rapidly growing population requires a proportional increase in health workers, but hiring and training rarely keep pace.
- When health systems are weak, social norms around large family sizes remain, and women are unable to access and use the family planning services they desire, creating more population pressure.

KEY FINDINGS

Maternal Mortality

3.1.1 Maternal mortality ratio



The maternal mortality ratio (MMR) is the number of maternal deaths per 100,000 live births per year, SDG indicator 3.1.1. Kenya’s target is to reduce MMR to below 70 per 100,000 live births by 2030, compared to the current level of 355 – **that’s a 80% reduction in just four years**.

When communities have strong health systems, including reliable ANC and access to family planning, children survive, and maternal deaths fall. Until then, Kenya’s high MMR carries adverse implications on family sizes – parents often choose to have more children than they ideally want when mortality is high – as well as life expectancy for women, and economic productivity.

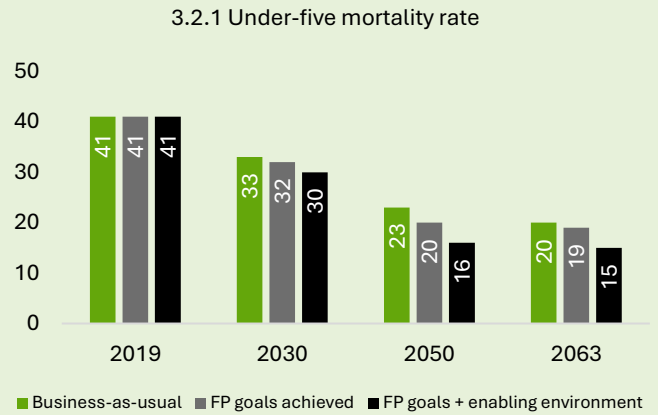
The model projections show MMR decreasing slightly by 2030, and falling by 53% by 2063 in the scenario with improvements in enabling factors. This implies that, to achieve the MMR target of 70 deaths per 100,000, **heavy investment is needed to strengthen the healthcare system to enhance access to provision of quality essential maternal and child health services**.

Child Mortality

Under-five mortality (SDG indicator 3.2.1, death of a child before reaching its fifth birthday, per 1,000) is a key indicator of a country's health system performance – including maternal healthcare service quality, socioeconomic development, and nutrition and environmental conditions. Neonatal mortality (death within the first 28 days of life) accounts for over half of U5MR in Kenya.

U5MR and population growth are linked through a reinforcing cycle in which high child mortality contributes to higher fertility—and higher fertility then accelerates population growth, which further strains systems and sustains high mortality.

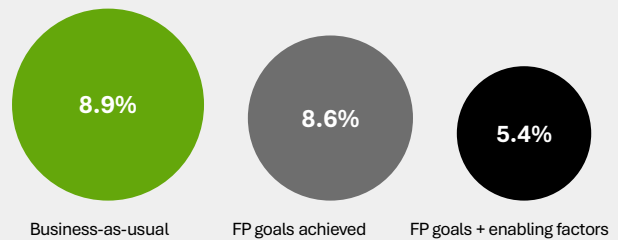
Kenya has committed to reduce neonatal mortality and U5MR further to 12 and 25 by 2030, respectively. **The SDG-RAPID model shows that increased FP and ANC access can goal achievement significantly.**



Child Nutrition

Childhood stunting – SDG indicator 2.2.1 – refers to chronic- undernutrition in young children, and reflects long-term inadequate nutrition and repeated infections, leading to impaired physical growth. In Kenya, more than 2 million children (18%) under-five are stunted.

2.2.1 Prevalence of stunting among children under 5 by 2063



Rapid population growth increases pressure on households, health services, food systems, and public budgets—conditions that raise the risk of chronic undernutrition. In turn, widespread stunting weakens human capital, constraining economic growth and contributing to long term demographic pressures. **The SDG-RAPID model shows that increased FP and ANC access can accelerate Kenya's reduction of stunting prevalence.**

Health Workers Needed

In 2021, Kenya's health active workforce was estimated at around 190,000 across key cadres including nurses, midwives, doctors and others. Kenya is increasing its health workforce but the pace of supply lags behind the expanding need.

Rapid population growth overwhelms health services, reduces per capita availability of care, and stretches human resources beyond capacity. Investments in family planning and maternal services can reverse this, shifting the system from a cycle of overload to one of stability and improved outcomes. **By 2063, 9,700 additional health workers would be needed in the business-as-usual scenario compared with the FP goals + enabling factors scenario.**

IN SUMMARY

Kenya's rapid population growth is putting intense pressure on health systems, driving higher maternal and child mortality, stunting, and widening gaps in the health workforce.

The SDG RAPID modelling shows that **scaling access to family planning, ANC, and other essential services can trigger a self reinforcing positive cycle**—improving survival, reducing fertility, and easing long term system strain.

With these investments, Kenya can meet its health targets faster, strengthen human capital, and reduce future fiscal and workforce burdens.