PAN-AFRICAN ENVIRONMENT, CLIMATE CHANGE, AND HEALTH ACTION NETWORK (PECHAN)

AFRICA RESEARCH & IMPACT NETWORK

LANCET COUNTDOWN: TRACKING PROGRESS ON HEALTH AND CLIMATE CHANGE

In collaboration with Wellcome

A decade tracking progress on health and climate change

2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR KENYA

This document summarises key priority areas of focus for Kenya, supported by evidence from indicators in the 2026 Report of the Lancet Countdown.

1 STRENGTHEN HEAT-HEALTH PROTECTION IN AFFORDABLE HOUSING AND INFORMAL-SETTLEMENT UPGRADING

Require affordable housing projects to demonstrate measures that reduce indoor heat exposure through ventilation, shading and passive cooling. Prioritise heat-risk reduction in informal-settlement upgrading under the National Slum Upgrading and Prevention Strategy, directing investments towards shade, vegetation and cooling infrastructure to protect vulnerable residents from extreme heat.

Heat exposure is increasing in Kenya, raising heat-health risks, particularly among infants and older adults. Between 2021 and 2025, infants and adults aged over 65 experienced 5.14 and 5.13 heatwave days per year, respectively, increases of 298% and 350% from the 1986-2005 baseline (Indicator 1.1.1). This exposure has substantial health and economic consequences: from 2020-2024, the economic value of heat-related mortality among people aged 65+ was US$500 million, equivalent to 27,500 average Kenyan incomes (Indicator 4.1.2).

Housing and settlement conditions can intensify heat exposure. Evidence from Kenyan informal settlements found indoor temperatures up to 9°C higher than outdoors, while in Kisumu, over 70% of indoor environments exceeded 30°C with more than 10% exceeding 35°C. Residents reported heat stress, fatigue, respiratory symptoms and disrupted sleep.[1,2]

Kenya's National Building Code 2024[3] and Affordable Housing Programme design guidance[4] include provisions for building orientation, natural cooling and ventilation, and measures to limit solar heat gain. Establishing indoor heat protection as an explicit requirement in affordable housing project design and approval would strengthen the application of these measures to reduce heat-related health risks.

For informal settlements, the National Slum Upgrading and Prevention Strategy 2024–2034[5] provides an implementation framework, while the Second Kenya Informal Settlements Improvement Project (KISIP2)[6] supports its implementation through infrastructure investments and institutional capacity-building. Prioritising heat-health risks in the selection and design of projects would help direct shading, vegetation and other cooling measures towards communities facing high heat exposure.

2 FINANCE AFFORDABLE ACCESS TO RENEWABLE AND ZERO-EMISSION HOUSEHOLD ENERGY

Build on the financing and access measures in the Kenya National Cooking Transition Strategy, prioritising renewable and zero-emission household energy. Provide affordable consumer finance and targeted support to low-income households for the adoption of clean renewable energy reducing reliance on polluting fuels and associated household air pollution.

Reliance on polluting cooking fuels remains widespread in Kenya, exposing households to harmful levels of indoor air pollution.[7] In 2023, 93.8% of household energy came from solid biofuels, while electricity accounted for only 2.6% (Indicator 3.1.2). This contrasts with Kenya's electricity system, where renewable sources supplied 67.2% of generation in 2023 (Indicator 3.1.1).

Burning solid biomass with polluting fuels and technologies generates household air pollution, increasing risks of stroke, ischaemic heart disease, chronic obstructive pulmonary disease, lung cancer and acute lower respiratory infections. Kenya's National Cooking Transition Strategy 2024-2028[8] estimates that household air pollution contributes to approximately 22,283 deaths and 889,402 disability-adjusted life years annually. The strategy identifies affordability, financing and supply-chain constraints as barriers to access to clean cooking solutions. The Strategy also proposes measures to address these barriers, including targeted consumer support, concessional finance and engagement with financial institutions. However, the strategy's proposed 2028 fuel mix includes substantial expansion of LPG which while cleaner than biomass in particulate matter air pollution, is still a polluting fuel and contributes to climate change. Prioritising renewable and zero-emission technologies within these financing and access mechanisms would reduce household air pollution without further entrenching fossil-fuel dependence, and supporting access to an affordable, cleaner energy technology, which can be made available off-grid and implemented locally.

Directing domestic public resources and development finance towards these measures can address the affordability barriers that continue to constrain household uptake. Prioritising targeted financial support for low-income households can expand access among populations facing the greatest barriers to adoption.

3 INTEGRATE COUNTY-LEVEL CLIMATE AND HEALTH INFORMATION INTO HEALTH PLANNING AND EMERGENCY PREPAREDNESS

Integrate climate information into health planning and delivery. This includes using and regularly updating county-level climate-health vulnerability profiles to inform Ministry of Health and county department of health planning; and embedding climate information into health surveillance, forecasts and early warnings, linking forecasts and warnings to predefined health-protective responses during droughts, floods and other climate-related hazards.

Droughts and floods are increasingly exposing people in Kenya to health risks, including by disrupting access to healthcare. Between 2021 to 2025, an average of 59% of Kenya's land area experienced at least one month of extreme drought annually, compared with 10% in 1981-1990 (Indicator 1.2.2). Drought can reduce access to safe water and food, increasing risks of undernutrition and water-related disease. Floods can similarly increase disease risks while restricting access to healthcare, as demonstrated by Kenya's 2024 floods.[9,10]

Reducing the impacts of extreme weather events requires anticipatory health action, for which Kenya already has strong foundations. Climate information is provided to the health sector (Indicator 2.2.1). The Kenya Climate Change and Health Strategy 2024–2029[11] sets out actions to strengthen climate-health risk assessment, integrate climate information into disease surveillance and early-warning systems, and maintain continuity of essential health services during climate-related emergencies.

Kenya has also developed county-level climate-health vulnerability profiles. Using and regularly updating these profiles can help identify populations, services and locations most vulnerable to climate hazards, and inform health planning that strengthens preparedness before emergencies occur. The integration of climate and health data is also key to climate-sensitive health surveillance, forecasts and early warnings. Linking surveillance, forecasts and early warnings to predefined actions, including community outreach, supply planning and measures to maintain essential health services, can then support earlier and more locally targeted responses as risks emerge.

Call for Action

Evidence from Kenya points to opportunities to protect health through stronger heat-health protection in affordable housing and informal-settlement upgrading, affordable access to renewable and zero-emission household energy, and greater use of existing climate-health information in health planning and preparedness. Coordinated implementation across national and county governments and health, housing, energy, meteorological and finance institutions can reduce heat exposure and household air pollution, enable earlier and more targeted action on climate-related health risks, and strengthen continuity of essential health services.

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For more of the latest data on health and climate change, you can find country data sheets by scanning the QR code.

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