Kenyan government policy alignment towards United States of America foreign aid goals for the development of healthcare infrastructure in Kenya

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ABSTRACT

Government policies imposed on USA foreign aid by different countries reflect a complex interplay of geopolitical strategies, economic interests, and humanitarian goals. Governments often utilize foreign aid as a tool for diplomacy and to strengthen bilateral relations. The moderating role of government policies is essential in determining the success of U.S. foreign aid aimed at improving healthcare infrastructure. The objective of the study was to analyze the role of Kenyan government policy alignment towards the US foreign aid goals for the development of Healthcare Infrastructure in Kenya. The study was anchored on Human development theory. This study adopted descriptive and Evaluation Research Designs. The target population was 4,212 heads of departments in health care facilities in Nairobi. A sample size of 370 was determined using Yamane (1967) formula. The study was conducted in Nairobi City County. The study utilized probability and non-probability sampling techniques. Primary data was obtained through field using various data collection instruments including the use of Questionnaires, Focused Group Discussions (FGD) Guides and Key Informant Interviews (KII) schedules. The quantitative data was analysed using SPSS version 26 to generate descriptive statistics in the form of frequencies and percentages. Qualitative data analysis was done using content and interpretive analysis and verbatim quotations. The findings revealed that a substantial majority of the respondents, 222 (74%), strongly agreed that Kenyan government policies align well with USA foreign aid goals. The study further revealed that government policies provide a conducive environment for USA foreign aid effectiveness as supported by 246 (82%) of respondents. Additionally, 225 (75%), strongly agreed that USA foreign aid programs align with Kenya's development priorities. The study concluded that there is strong alignment between Kenyan government policies and USA foreign aid objectives, indicating that the government plays a critical role in ensuring the effectiveness of aid programs. From the findings and conclusions, the study recommends that the Kenyan government should focus on improving governance, reducing corruption, and ensuring policy coherence to maximize the effectiveness of foreign aid.

Keywords: Development, Healthcare, Healthcare Infrastructure, Policies, US Foreign Aid

I. INTRODUCTION

Globally, foreign aid is one of the largest components of foreign capital flows to low-income countries. Over the past four decades, sub-Saharan African countries, including Kenya, have received foreign aid to alleviate poverty and address underdevelopment. U.S. foreign aid began in earnest during World War II (Müller, 2022). In recent years, donors have made their aid more conditional on fiscal discipline and satisfactory policies, leading them to freeze funds if governments do not comply. Many developing countries in sub-Saharan Africa, including Kenya, have become highly dependent on foreign aid. From 1970-1999, donor funds received by Kenya averaged about 9% of GDP (Njeru, 2003). This accounted for 20% of the annual budget and 80% of development expenditure. However, donor dissatisfaction with government policy resulted in two major aid freezes in 1992 and 1997 (Njeru, 2003). Thus, while annual aid has increased significantly, the flow has not been smooth. Such fluctuations complicate analysis of whether aid complements or substitutes for available domestic resources, which remains a question of much debate.

Many health services across the African continent rely heavily on overseas aid to provide essential care. International funding supports everything from vaccines and HIV treatment to maternal health programmes (Mutapi, 2025). Cuts to aid, particularly unilateral ones, can have widespread implications. For instance, about 72 million people missed out on treatment for neglected tropical diseases between 2021 and 2022 due to UK aid cuts (Mutapi, 2025).

The freeze of US aid to Africa in January 2025 is the latest in this trend. It's already having significant and wide-ranging impacts across the African continent. For example, vaccination campaigns for polio eradication and

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HIV/Aids treatment through the President's Emergency Plan for AIDS Relief (Pepfar) have been stopped. This puts millions of lives at risk. In South Africa alone, the cut of Pepfar's US$400 million a year to HIV programmes risks patients defaulting on treatment, infection rates going up and eventually a rise in deaths (Mutapi, 2025).

But Africa's health systems are not sufficiently resourced. They're not able to provide appropriate, accessible and affordable healthcare to address these challenges. African governments spend less than 10% of their GDP on health, amounting to capital expenditure of US$4.5 billion (Mutapi, 2025). This falls short of the estimated US$26 billion annual investment needed to meet evolving health needs. Aid goes towards filling this funding gap. For example, in 2021, half of sub-Saharan African countries relied on external financing, such as grants and loans, for more than one-third of their health expenditures (Mutapi, 2025). Foreign aid has helped. But it clearly leaves African countries vulnerable to the political mood swings among funders.

According to Amref Health Africa (2026) Stronger primary healthcare systems are essential to improving access to services, strengthening disease surveillance and preparing communities for public health emergencies. Amref has emphasized the that effective health security begins at the community level, where outbreaks are first detected and where access to reliable information, routine immunization and essential services can determine the scale of an emergency.

Kenya is facing donor concentration within its health ODA landscape. McDade *et al,* (2021) opined that in 2017, four donors (out of a total of 35 for that year) made up 89% of all health ODA: The United States (US) (62%), the Global Fund (18%), the United Kingdom (5%), and Gavi (4%). The US has been and continues to be the dominant ODA provider in Kenya across all sectors, and in particular, the health sector. In 2017, the US made up 29% of all ODA, 62% of all health ODA, and 84% of health ODA focused on the control of sexually transmitted diseases (STDs), inclusive of HIV. This makes the US the biggest donor to Kenya's healthcare sector. This study therefore seeks to put into perspective the how Kenyan government policy aligns with the USA foreign aid in the healthcare sector.

1.1 Statement of the Problem

US government plays an outsized role in financing Kenya's health system, particularly its HIV response. As such, shifts in US policy, which can be difficult to predict, are a key concern for Kenya. It is concerning that key US agencies such as PEPFAR neither have an explicit transition policy nor make projections about when a country may no longer be supported (McDade et al, (2021). Foreign aid to Kenya has been very volatile. Based on OECD-DAC data, the volatility of total aid was 24.1 percent compared to 17.2 percent for Africa and 13.9 percent for all developing countries during 1980-2006. This shows that volatility is higher in Kenya than in the rest of Africa and other developing countries (Müller, 2022). Addressing inefficiencies in Kenya's health financing system will ensure available resources are better used and potentially free up additional resources for the system (McDade et al, (2021). This study therefore seeks to put into perspective the interplay between Kenya's government policies US aid priorities to deal with inefficiencies that may exacerbate existing health system inefficiencies.

1.2 Research Objective

The objective of the study was to analyze the role of Kenyan government policy alignment towards US foreign aid goals for the development of Healthcare Infrastructure in Kenya.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Human Development Theory

The study was anchored on the theory of Human development by Amartya Sen. According to Sen Human development is an approach, that is concerned with the basic development idea: namely, advancing the richness of human life, rather than the richness of the economy in which human beings live, which is only a part of it. That is, the basic focus of the human development approach (Shaikh, 2004). The UNDP's Human Development Reports are based on Sen's approach and characterise human development in terms of the expansion of valuable human capabilities. The Human Development Index captures the importance of three critical human capabilities – achieving knowledge, longevity and a decent standard of living (Vizard, 2001). Based on the argument by this theory it is important to point out that the impact of USA foreign aid on Kenya's development can be assessed beyond the economy but rather should include improvements in the overall well-being of the Kenyan population. In this regard the theory suggests that foreign aid focuses on enhancing human capital by investing in health, education, and other social services that contribute to individuals' ability to lead fulfilling lives.

2.2 Empirical Review

The USA has traditionally been the largest donor to health programmes in low-income and middle-income countries (LMICs). In January 2025, almost all such funding was stopped and prospects for its resumption are uncertain.

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The suddenness of the funding cuts makes it difficult for national health programmes in LMICs to adapt (Stover et al, 2025). Study by Qian and Yanagizawa-Drott (2021) examines the "political economy" of foreign aid, revealing how geopolitical interests of donor countries can sometimes overshadow the policy quality of recipient nations. This research argues that foreign aid often flows to strategically important countries regardless of their governance quality, highlighting a disconnect between aid allocation and actual development needs. Similarly, the role of conditionality in aid agreements, showing that donors increasingly use policy conditions to ensure aid effectiveness. This approach, however, has been met with mixed results, as overly stringent conditions can lead to domestic pushback and reduced policy ownership by recipient governments.

A comprehensive study by Easterly (2014) critiques the efficacy of foreign aid by examining cases where aid did not lead to significant policy reforms or development outcomes. Their findings suggest that while aid can provide temporary relief, it often fails to induce long-term policy changes without strong domestic institutions and political will. Meanwhile, a study by Radelet (2015) explores the success stories where foreign aid has positively influenced policy environments. This research highlights countries like Ghana and Rwanda, where aid has been effectively integrated into national development plans, leading to substantial improvements in governance and economic performance.

Substantial progress has been made in improving global health in the past few decades. This progress has strengthened hope in reaching global development goals. However, the recent funding cuts threaten to change these trajectories and could lead to sharp increases in avoidable mortality for the poorest countries. Even a partial restoration of US funding would combat the most severe effects and provide time for countries that have received substantial US foreign assistance to adjust to the new funding landscape (Stover *et al*, 2025). The role of government policies in moderating the effectiveness of U.S. foreign aid towards healthcare infrastructure cannot be overstated. While U.S. aid provides crucial funding, expertise, and resources, the success of these initiatives often hinges on how effectively national governments create, implement, and adjust policies that align with these foreign contributions. In many cases, the impact of foreign aid is amplified or hindered by national policies that regulate healthcare, manage aid inflows, and set priorities for the sector.

III. METHODOLOGY

3.1 Research Design

This study adopted descriptive and Evaluation Research Designs. Descriptive research design depicts a precise profile of situations, events and people Kothari & Garg (2014). Evaluation Research design on the other hand is used to assess the effectiveness or impact of a program or policy evaluation research provides a means of doing so (Leavy, 2017). Evaluation is a systematic process that produces a trustworthy account of what was attempted and why; through the examination of results the outcomes of intervention programs.

3.2 Study area

The study was conducted in Nairobi City County which is the capital and largest city of Kenya. The city and its surrounding area constitute the Nairobi City County, earmarked as the 47th County in Kenya.

3.3 Study Population

The study targeted various health facilities to establish the extent to which USA foreign aid has helped in the improvement of Heath care infrastructure in various healthcare facilities. According to the County Government of Nairobi there are 324 healthcare facilities in Nairobi County. The hospitals include 12 faith-based facilities, 208 private hospitals and 104 public hospitals. Among the public hospitals there are three National and Referral facilities namely National Spinal Injury Referral Hospital, Kenyatta National Hospital and Mathare National Teaching and Referral Hospital and Kenyatta University Teaching and Referral Hospital. The study targeted the following thirteen departments in the healthcare facilities in order to establish how foreign aid has helped the facilities with infrastructural development within the departments. The target departments included: Casualty department, Operating theatre, Intensive care unit (ICU), Gynecology, Pediatrics department, Oncology department, Orthopedic department, Psychiatry department, Inpatient Department (IPD), Nephrology department, Comprehensive Care Clinic (CCC), and Outpatient Department (OPD) and Nursing Department.

3.4 Sampling Strategy

The sample size for this study was determined using Yamane (1967) formula as shown in Table 3.2. Since the study population has been established at 4,212 heads of departments in health care facilities in Nairobi, the researcher determined the sample size based on Yamane (1967). In this regard according to this formula, for a population of 4,212 respondents with a sample precision set at ± 5, confidence level set at 95% and the p-value set at 0.05, the recommended sample size is 370. tratified proportionate sampling was used to distribute the sample size of 370 across based on the

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categorization of hospitals as either faith based, public or private. In order to pick specific hospitals for the study, the researcher utilized simple random sampling and systematic sampling techniques for the study. Table 1 shows the sample distribution for heads of departments in hospitals sampled as well as the corresponding number of hospitals.

Table 1

Sample size Distribution for Target Heads of Hospital Departments

Types of Hospital	Target Heads of Hospital Departments	Proportionate Sample Size
Faith based	156	13
Private	2,704	238
Public	1,352	119
Total	**4,212**	**370**

For Key informants, the study utilized purposive sampling for the following government officials; the Director of Medical Services (1), Secretary Foreign Service Administration and Management in the Ministry of Foreign and Diaspora Affairs(1), The Chairperson National Assembly Defense, Intelligence and Foreign Relations Committee (1), The CEO Kenya Investment Authority (1), Director Donor Relations at Treasury (1) and Director Investor Relations in the National Treasury and Economic Planning (1).

Purposive sampling was also used to sample The Chief Executive Officers of the following National Teaching and Referral Hospitals in Nairobi County (National Spinal Injury Referral Hospital (1) Kenyatta National Hospital (1), Mathare National Teaching and Referral Hospital and Kenyatta University Teaching and Referral Hospital(1)), the study purposively sampled Principal KMTC Nairobi Campus(1). Convenience sampling was used to sample a senior officer from the Kenya Medical Practitioners and Dentists Board (1), a senior officer for donor coordination at the USA Embassy in Kenya (1) and In-charge USAID Head office in Kenya (1).

3.4 Data Collection and Study Instruments

Primary data was obtained through field using various data collection instruments including the use of Questionnaires, FGD Guides and KII schedules. Questionnaire for heads of departments in hospitals**:** The study employed pre-tested structured questionnaires to get information from heads of departments in hospitals. The questionnaires were administered directly to the respondents through face-to-face interviews by the researcher and the research assistants. Key Informant Interview Schedule: The Key Informant Interview Schedule (KII) was used to obtain qualitative data from key informants. Focus Group Discussion Guide**:** A Focus Group Discussion Guide was used to collect qualitative data from groups of respondents in Nairobi County

3.5 Data Analysis and Presentation

Data analysis involved both qualitative and quantitative techniques. The quantitative data was analysed using SPSS version 27 to generate descriptive statistics in the form of frequencies and percentages. Qualitative data analysis was done using content and interpretive analysis and verbatim quotations. Qualitative data were transcribed before coding into categories and then organised into thematic areas related to the research objectives. Generalizations of the findings from the various data collection instruments was conducted. Quantitative data were presented in the form of tables. Qualitative data was presented in narrative form and through verbatim quotations of respondents.

3.6 Ethical Consideration

The key ethical principles that guided this study include respect for people, beneficence, non-maleficence, and justice. Respect for people involved acknowledging the autonomy and dignity of participants. Beneficence required maximizing potential benefits while minimizing possible harms. Non-maleficence emphasizes the obligation to not inflict harm intentionally, and justice involves ensuring fairness in the distribution of research benefits and burdens Bhattacherjee, (2019).

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IV. FINDINGS & DISCUSSION

4.1 Findings

The study sought to establish Kenya's Policy alignment with USA foreign aid goals and development agenda. The findings were as shown in table 2

Table 2

Kenya Government Policy alignment with USA foreign aid goals and development agenda

	SD	D	N	A	SA
Government policies in Kenya align well with USA foreign aid goals.	6 (2%)	3 (1%)	18 (6%)	51 (17%)	222 (74%)
Government policies in Kenya create a favorable environment for USA foreign aid to achieve its intended goals.	3 (1%)	3 (1%)	9 (3%)	39 (13%)	246 (82%)
USA foreign aid programs in Kenya are often aligned with the government's development agenda.	6 (2%)	6 (2%)	21 (7%)	42 (14%)	225 (75%)

4.1.1 Whether Government Policies in Kenya Align Well with USA Foreign Aid Goals

The study sought to establish respondents' views on whether government policies in Kenya align well with USA foreign aid goals. The findings shown in Table 2 revealed that a substantial majority of the respondents, 222 (74%), strongly agreed that Kenyan government policies align well with USA foreign aid goals, while 51 (17%) agreed with the statement. In contrast, 3 (1%) of the respondents disagreed and 6 (2%) strongly disagreed, indicating minimal dissent. Additionally, 18 (6%) of the respondents neither agreed nor disagreed, suggesting some uncertainty regarding the extent of policy alignment between the Kenyan government and USA foreign aid objectives. In this regard a total of over 90% of the respondents expressed agreement, with only a small minority expressing dissent. This high level of agreement signals strong perceptions among respondents that Kenya's policy framework is compatible with the strategic aims of USA foreign aid. The findings were supported by Director of Medical Services who stated that:

> *"U.S. foreign aid is clearly shaped by Kenya's national policy frameworks, particularly those aligned with universal health coverage and health system strengthening. Programs supported by USAID tend to mirror the priorities set out in the Kenya Health Policy and related strategic plans. Where government policy is explicit, donor interventions are easier to align and implement. In my view, policy coherence at the national level provides a predictable environment that allows U.S.-supported health programs to scale and deliver measurable outcomes"* (Interview with Director of Medical Services at Afya House on 15th September 2025)."

The findings are in line with the Kenya Health Policy 2014–2030 which provides the broad foundation for the country's health sector by emphasizing equity, access, quality, efficiency, accountability, and the right to the highest attainable standard of health (Ministry of Health, 2014). The policy is aligned with the Constitution of Kenya 2010, Vision 2030, and global health commitments, and it seeks to improve the overall health status of the population through preventive, promotive, curative, rehabilitative, and palliative services (Ministry of Health, 2014; Government of Kenya, 2022). This policy direction is significant because it mirrors the priorities of U.S. foreign health assistance, which has historically focused on strengthening health systems, controlling communicable diseases, improving maternal and child health, expanding access to family planning, and supporting health commodity security.

A major area of convergence between Kenya's healthcare policies and U.S. foreign aid requirements is the commitment to universal health coverage. Kenya's recent health reforms, particularly the Social Health Insurance Act of 2023, seek to establish a more inclusive health financing model through the Social Health Authority (SHA). The Act provides a framework for social health insurance and gives effect to Article 43(1)(a) of the Constitution, which guarantees every person the right to the highest attainable standard of health, including healthcare services (Ministry of Health, 2023). This shift is consistent with the U.S. foreign aid principle of country ownership and sustainability. In recent years, U.S. global health policy has increasingly emphasized that partner countries should increase domestic resource mobilization and reduce long-term dependence on external assistance. The five-year U.S.–Kenya Health Cooperation Framework signed in December 2025 illustrates this shift, with the United States committing up to US$1.6 billion to Kenya's priority health programmes while Kenya pledged to increase its own health spending by US$850 million over the same period (U.S. Department of State, 2025). This indicates that Kenya's financing reforms align with U.S. expectations that aid-recipient countries progressively assume greater responsibility for sustaining health services.

Primary healthcare is another important point of alignment. Kenya's Primary Health Care Act of 2023 provides a legal and institutional framework for the delivery, management, and access to primary healthcare services (Ministry of Health, 2023). The Act reinforces community-level healthcare, prevention, referral systems, and access to essential services. This corresponds closely with U.S. foreign aid priorities, especially in relation to lifesaving services such as

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HIV prevention and treatment, tuberculosis control, malaria prevention, maternal and child health, nutrition, immunization, and outbreak preparedness. U.S. health assistance has traditionally supported these areas through programmes such as the President's Emergency Plan for AIDS Relief, the President's Malaria Initiative, and other health systems strengthening interventions. The focus on primary healthcare is therefore not only a domestic policy priority for Kenya but also a practical mechanism through which donor-supported programmes can be integrated into routine service delivery.

Kenya's health policies also align with U.S. foreign aid requirements through disease-specific programming, particularly in HIV, tuberculosis, and malaria. Kenya remains one of the major beneficiaries of international health assistance for these conditions, with U.S. agencies and global partners playing a central role in financing prevention, treatment, diagnostics, commodities, and health workforce support. The Global Fund's 2024–2026 grants to Kenya, amounting to US$407 million, focus on sustaining progress against AIDS, tuberculosis, and malaria while strengthening health and community systems (Global Fund, 2024). These priorities are also consistent with U.S. global health programming, which continues to support HIV/AIDS, malaria, tuberculosis, maternal and child health, global health security, family planning, and other lifesaving interventions (Stover *et al*., 2021). Kenya's commitment to integrating HIV, TB, and malaria services into mainstream healthcare further supports donor expectations for efficiency, sustainability, and reduced fragmentation of vertical health programmes.

Digital health is another area where Kenya's policy direction corresponds with U.S. foreign aid conditions. The Digital Health Act of 2023 establishes the Digital Health Agency and provides a framework for digital health services, health information systems, and data governance (Ministry of Health, 2023). This is important because U.S. foreign aid requires strong monitoring, evaluation, reporting, and accountability systems. Health donors increasingly demand reliable data on service delivery, commodities, patient outcomes, and financial flows. Kenya's digital health reforms therefore support the production of verifiable evidence needed for results-based financing and donor reporting. However, this area also presents emerging tensions. In December 2025, a Kenyan court temporarily suspended parts of the U.S.–Kenya health pact following concerns about health data privacy, transparency, and public participation. This suggests that while Kenya's digital health reforms align with donor accountability requirements, they must also comply with constitutional safeguards, data protection laws, and citizen expectations regarding privacy and sovereignty over health information.

From a theoretical standpoint, scholars have long debated the importance of policy alignment between donor and recipient countries in ensuring aid effectiveness. One significant body of literature supports the notion that alignment of domestic policies with foreign aid goals improves the likelihood of achieving intended developmental outcomes (Organisation for Economic Co-operation and Development, 2005). According to the Paris Declaration on Aid Effectiveness (Organisation for Economic Co-operation and Development, 2005), one of the key principles for ensuring aid effectiveness is aligning development policies with the priorities of the recipient country. In Kenya's case, the substantial alignment of policies with USA foreign aid goals could be a result of this broader international framework, which encourages both donors and recipient governments to work together toward shared objectives.

However, some scholars argue that the political and institutional dynamics in developing countries can sometimes create barriers to genuine policy alignment. For instance, Helleiner (2002) suggests that aid can often be driven more by the geopolitical interests of the donor country than the developmental needs of the recipient country, which can lead to tensions between national policies and aid programs. In Kenya, where foreign aid is a significant part of the national budget, it is crucial to understand whether the alignment is genuine or shaped by the need to secure funding from donors. The perception of policy alignment in this study may reflect a pragmatic understanding that aligning with USA foreign aid goals may be an essential strategy for securing aid, rather than a true, deep-rooted alignment of national priorities with USA's development goals.

Moreover, the overwhelming support for alignment may suggest that respondents perceive the Kenyan government as a key partner in realizing the objectives of USA foreign aid, particularly in areas such as health, education, and infrastructure. This perception is consistent with literature that highlights the importance of strong partnerships between the government of the recipient country and foreign aid agencies to ensure that aid programs are not only well-coordinated but also tailored to the recipient country's specific needs (Easterly, 2014). The evidence that Kenyan policies are largely seen to align with USA foreign aid goals indicates that there is a recognition of shared interests and mutual objectives, even if those objectives are sometimes influenced by the larger strategic interests of the donor.

4.1.2 Whether Government policies in Kenya create a favourable environment for USA foreign aid to achieve its intended goals

The study sought to establish respondents' views on whether government policies in Kenya create a favorable environment for USA foreign aid to achieve its intended goals. The findings shown in Table 2 revealed that an overwhelming majority of the respondents, 246 (82%), strongly agreed that government policies provide a conducive environment for USA foreign aid effectiveness, while 39 (13%) agreed with the statement. In contrast, only 3 (1%) of

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the respondents disagreed and a similar proportion, 3 (1%), strongly disagreed, indicating minimal opposition. Additionally, 9 (3%) of the respondents neither agreed nor disagreed, suggesting limited uncertainty regarding the role of government policies in facilitating the successful implementation of USA foreign aid in Kenya. The findings were supported by an official from the USA Embassy in Kenya who stated that:

> *"There is substantial alignment between Kenyan government policies and U.S. foreign aid objectives, particularly in areas such as health, education, governance, and security. Our assistance programs are designed to support Kenya's own development agenda as articulated in national blueprints. While alignment is not automatic, continuous policy dialogue helps ensure that U.S. support complements government priorities and strengthens institutions rather than substituting them. This alignment is central to sustaining long-term development impact (Interview with Official from the USA Embassy in Nairobi on 28th August 2025)."*

These finding suggests that Kenyan respondents perceive the government's role in supporting aid programs as essential for their success. A strong, conducive policy environment is vital for the proper functioning of foreign aid programs, ensuring that they are implemented in ways that promote sustainable development. Government policies provide a legal, institutional, and programmatic framework that supports health system strengthening, accountability, and sustainable development. For instance, Kenya health policy (2014-2030) is anchored in the Constitution of Kenya 2010, which recognizes access to the highest attainable standard of health as a fundamental right (Ministry of Health, 2014). This constitutional commitment provides a strong basis for donor-supported interventions because it demonstrates national ownership of health as a public good. In addition, the emphasizes equity, efficiency, quality, accountability, and people-centered healthcare, which are also key principles in U.S. foreign assistance programming. The alignment between Kenya's policy priorities and U.S. aid objectives is particularly evident in areas such as HIV/AIDS prevention and treatment, tuberculosis control, malaria prevention, maternal and child health, nutrition, health commodities, and health systems strengthening.

Reforms in the healthcare sector in Keny have further strengthened this favourable policy environment. The Social Health Insurance Act, the Primary Health Care Act, and the Digital Health Act of 2023 demonstrate Kenya's commitment to universal health coverage, community-based healthcare, domestic health financing, and digital health information systems. These reforms support the goals of U.S. foreign aid because they promote sustainability, measurable results, improved service delivery, and stronger accountability. For example, the emphasis on primary healthcare enables donor-funded programmes to reach vulnerable populations at the community level, while digital health reforms improve data collection, monitoring, reporting, and evaluation. Similarly, the shift toward social health insurance supports the U.S. foreign aid requirement that partner countries progressively increase domestic resource mobilization and reduce long-term dependence on external assistance.

According to the World Bank (2011), the role of policy in enhancing aid effectiveness cannot be understated. When government policies are supportive, they can lead to better coordination between the recipient country and the donor, reducing duplication of efforts, and ensuring that aid funds are directed toward the most urgent areas. The positive responses from Kenyan respondents align with this broader literature, which emphasizes the importance of sound governance, institutional capacity, and policy coherence in fostering an environment conducive to aid success (Gottenhuber, 2026).

However, a deeper analysis might question whether this positive view is reflective of reality. While the majority of respondents believe that the government creates a supportive environment, there is always the possibility that domestic policies do not fully facilitate the aid process. In practice, implementing foreign aid can be hindered by bureaucratic inefficiencies, corruption, or inconsistent policy enforcement (Devarajan *et al*., 2009). Though the data suggests strong alignment, it is important to explore the underlying mechanisms within Kenya's policy framework that might impact the overall effectiveness of foreign aid programs. In particular, examining the capacity of local institutions to absorb and effectively utilize foreign aid is a crucial area of research.

Furthermore, some scholars argue that an over-reliance on donor-driven programs can lead to policy dependency, which may limit the government's long-term development ownership. Easterly (2014) contends that policies influenced heavily by foreign aid priorities often fail to reflect the true needs and aspirations of the local population. While Kenyan government policies may create a favorable environment for USA foreign aid, they may also inadvertently prioritize donor-driven goals over domestic priorities, particularly if the government is heavily dependent on foreign aid to fund national development programs.

4.1.3 Whether USA Foreign Aid Programs in Kenya are Often Aligned with the Government's Development Agenda

The study sought to establish respondents' views on whether USA foreign aid programs in Kenya are often aligned with the government's development agenda. The findings shown in Table 2 revealed that a clear majority of the respondents, 225 (75%), strongly agreed that USA foreign aid programs align with Kenya's development priorities,

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while 42 (14%) agreed with the statement. In contrast, 6 (2%) of the respondents disagreed and a similar proportion, 6 (2%), strongly disagreed, indicating limited dissent. Additionally, 21 (7%) of the respondents neither agreed nor disagreed, suggesting some uncertainty regarding the consistency of alignment between USA foreign aid programs and the government's development agenda. This finding echoes the broader principle of donor-recipient alignment, where foreign aid programs are expected to support and complement national development strategies.

This view is supported by numerous studies in development economics, which stress the importance of aligning foreign aid interventions with the recipient country's development priorities (Riddell, 2025). Aid effectiveness is enhanced when programs are integrated into national development frameworks, ensuring that foreign assistance addresses the most critical needs of the recipient country. In Kenya, sectors such as health, education, and infrastructure development are central to both the government's agenda and USA foreign aid priorities. The alignment between these two areas could be seen as a positive outcome of a mutually beneficial partnership.

However, there are potential critiques to this view. Some scholars suggest that USA foreign aid programs in Kenya may sometimes be shaped more by the strategic interests of the USA than by the real development needs of the country. For instance, aid programs related to security, governance, and trade may be more aligned with USA's national interests rather than Kenya's pressing developmental challenges. As noted by Moyo (2009), aid programs often prioritize geopolitical interests, which can sometimes result in a misalignment between donor goals and recipient needs. Thus, while the findings from the study suggest a high level of alignment, further inquiry into the underlying motivations of foreign aid programs is necessary to fully understand the dynamics of this relationship.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

The study concludes that there is strong alignment between Kenyan government policies and USA foreign aid objectives, indicating that the government plays a critical role in ensuring the effectiveness of aid programs. While there are challenges related to bureaucratic inefficiencies and policy inconsistencies, the overall environment created by Kenyan policies is conducive to the success of foreign aid initiatives. The alignment of foreign aid programs with national development priorities, such as healthcare, education, and infrastructure, helps ensure that USA foreign aid has a meaningful and lasting impact on Kenya's development. However, continued efforts to improve governance, reduce corruption, and enhance policy coherence are necessary to maximize the effectiveness of foreign aid and ensure that it supports Kenya's long-term development goals.

5.2 Recommendations

The Kenyan government to focus on improving governance, reducing corruption, and ensuring policy coherence to maximize the effectiveness of foreign aid. There must be an ongoing commitment to aligning national health policies with the objectives of USA foreign aid programs to ensure that aid interventions are in sync with Kenya's long-term development priorities. Efforts to address bureaucratic inefficiencies and policy inconsistencies will enhance the implementation of healthcare initiatives and ensure that foreign aid has a meaningful, lasting impact on Kenya's healthcare system.

Declaration of Interest

The authors declare that they do not have any known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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