

# ROADMAP FOR ADOPTION & DEPLOYMENT OF AI POCUS IN KENYA

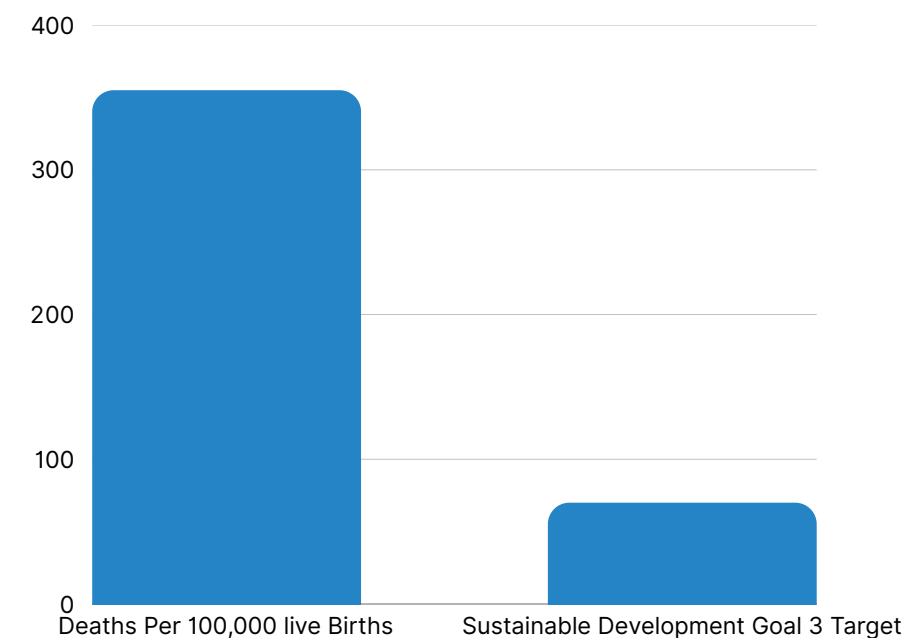
## Introduction

Artificial Intelligence (AI)-powered tools such as point-of-care diagnostics and predictive analytics are transforming healthcare by improving early detection, personalized care, and clinical decision-making. Yet, in Kenya, AI integration into Maternal, Newborn, Child, and Nutrition Health (MNCNH) services remains limited due to policy and regulatory gaps.

Although Kenya has advanced digital health through the Kenya Digital Health Strategy (2019–2023) and the National eHealth Policy (2016), challenges in infrastructure, financing, and human resource capacity continue to hinder large-scale AI adoption.

To address this, the Center for Public Health and Development (CPHD), with support from the Gates Foundation, conducted a study involving pregnant women and ANC-centric policy makers and stakeholders, including the Ministry of Health and the Digital Health Agency. The study aimed to assess Kenya's policy readiness, identify strengths and gaps, and provide recommendations for enhancing AI integration in healthcare, including applications such as AI-assisted point-of-care ultrasound (AI-POCUS).

Maternal mortality per 100,000 live births VS the SDG Goals



## Discussion

**AI can greatly enhance healthcare delivery, diagnostics, and patient outcomes in Kenya.**

**Existing policies (Health Act 2017, Data Protection Act 2019, UHC Roadmap 2020–2027) provide a foundation but leave regulatory and ethical gaps.**

**Strengthening AI policies, data protection, and capacity-building is key for responsible adoption.**

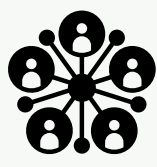
**Building trust, reducing bias, and fostering collaboration in financing and implementation will help Kenya realize AI's full potential in healthcare.**

## Methods



### Qualitative Approach

Engaged 198 ANC healthcare workers, 209 pregnant women, and key stakeholders across 18 counties.



### Key Informant Interviews

Individuals and organizations influencing antenatal care policy, guidelines, practice, and technology adoption



### Participatory Workshop

Collaborative discussions professional associations, regulatory bodies, societies among others.

## Results



### Policy & Regulatory framework gaps

No dedicated AI healthcare framework; lack of standards for validation & monitoring



### Ethical concerns

Limited guidance on data privacy, bias mitigation, and informed consent for AI systems.



### Infrastructure challenges

Unreliable power, poor connectivity, and limited digital equipment at primary care level.



### Public-private Collaboration needs

Unstructured public-private partnerships reduce sustainability and scale-up potential.



### Financing and Sustainability Barriers

Insufficient investment in R&D and implementation for AI solutions at scale.



### Workforce Challenges

Low digital literacy and limited AI training among health workers.

## CPHD Interventions

### O-POCUS Training Package

Supported MOH in the development of the O-POCUS training package

### National Guidelines

Participated in the development of the O-POCUS National Guidelines

### Advocacy

Accelerated national and county level advocacy on O-POCUS integration

### AI Guidelines

Supported the development of AI Guidelines for MNCH in Kenya

### Technical Working Group

Convened the O-POCUS technical working group to provide a coordinated mechanism for POCUS implementation

## Call To Action

### Smarter Tools for Safer Pregnancies.

#### Policymakers

Prioritize the development of a dedicated AI in Healthcare Policy and invest in digital infrastructure.

#### Development Partners & Private Sector

Foster sustainable Public-Private Partnerships for financing, innovation, and scaling.

#### Healthcare Leaders

Champion the scale-up of proven AI-enabled solutions like POCUS to rural and underserved areas.