



Minet is a trusted Pan-African advisor dedicated to addressing the uncertainties of tomorrow by delivering comprehensive risk and human capital solutions today. As the largest Aon Global Network Correspondent, Minet benefits from access to a global network of over 50,000 colleagues across 120 countries, along with proprietary data, research, and analytics. This unique combination enables us to anticipate and manage risks effectively, providing our clients with a distinct and unrivaled advantage. For more information, visit [www.minet.com](http://www.minet.com), or connect with us on our social media channels:



## CEREBRAL PALSY INCLUSION WILL BEGIN WITH AWARENESS

April 14<sup>th</sup>, 2026



October marks Cerebral Palsy (CP) Awareness Month, a calendar moment that rarely receives the national reflection it warrants. While Kenya continues to make commendable strides in health infrastructure and policy, CP remains largely invisible in the national health dialogue, tucked into the margins of disability policy and parental silence. However, it is time to reframe our understanding of this condition as both a social and public health concern that warrants targeted investment, research, and reform.

CP is the most common motor disability in childhood globally. It is a lifelong neurological condition that primarily affects movement and posture, often accompanied by visual, auditory, and cognitive impairments. The global prevalence is estimated at 1-4 children per 1,000 live births. In Sub-Saharan Africa, the burden is higher, with prevalence rates estimated to reach up to 10 per 1,000 births in certain regions, according to the African Child Neurology Association.

Kenya, unfortunately, does not yet have comprehensive national data on CP. However, extrapolations based on global and regional data suggest that thousands of children in the country are born with or develop CP every year. Many of these children will never be diagnosed, and of those who are, few will receive the long-term, multidisciplinary care they require.

The reasons for this are manifold, but most notably, CP is not a single disease; rather, it is a group of disorders resulting from brain injury or abnormal development, often occurring before, during, or shortly after birth. In Kenya, contributing factors include birth asphyxia, neonatal infections, low birth weight, and limited access to prenatal and emergency obstetric care. While these are medical problems, they are also systemic and reflective of poorly resourced public health systems, a lack of trained personnel in neonatal intensive care, and fragmented disability services.

For families, the diagnosis often triggers a second wave of hardship. Rehabilitation services, which include physiotherapy, occupational therapy, speech therapy, and assistive technologies, are chronically underfunded. In private institutions, these services are prohibitively expensive, while in



public ones, they are scarce and often staffed by overwhelmed practitioners. The result is that care falls disproportionately on the shoulders of mothers, many of whom are forced to abandon work, face social stigma, and navigate a labyrinth of institutions that were never designed with them in mind.

It is against this backdrop that partnerships between the private sector and civil society are beginning to shape alternative models of care. At Minet, we sought to partner with the Cerebral Palsy Society of Kenya (CPSK) in sponsoring 30 children through rehabilitation support. By 2024, the initiative had already reached 60 beneficiaries, indicating the scale of need and the possibilities of sustained investment.

We are now preparing for the 2025 edition of the "A Mile for Good" fun run, scheduled for November at the Karura Forest, with the hope of deepening engagement and expanding impact. Last year, we raised an impressive KSh3 million through a similar event. These resources went toward therapies that are often considered optional in the public system but are, in fact, essential to long-term development outcomes for children with CP. Yet even as the partnership continues to make an impact, we remain critically aware that the future of CP care in Kenya cannot rely solely on charitable models and must move upstream into policy, insurance, and education.

Healthcare financing remains a pivotal challenge, mainly because most insurance schemes in Kenya do not adequately cover long-term rehabilitative care, especially for developmental conditions. For children with CP, this means limited to no access to ongoing therapies that could improve mobility, communication, and quality of life. Insurers, policymakers, and the healthcare sector must rethink the definition of essential services, shifting away from curative medicine and leaning heavily towards functional capacity and dignity.

There is also a need for better early detection and intervention systems. The earlier a child with CP is identified and provided with supportive therapies, the greater the improvement in outcomes. Kenya's growing network of community health volunteers could be instrumental in identifying at-risk children early, provided they are trained to recognise the signs and empowered to refer families into care networks.

Finally, we are in dire need of a cultural reckoning, with stigma being one of the most corrosive barriers for children with CP and their families. Public discourse is still saturated with misconceptions about the causes of the condition, often rooted in superstition or misinformation. Changing this requires more than visibility, leadership, and open conversations in schools, clinics, media, and the workplace.

If sustained, collaborative efforts that link finance, health, and education into a coherent support system would most certainly create an environment where children with CP are empowered to reach their full developmental potential and to participate meaningfully in society.

**Judith Atieno** | Customer Experience and Relationship Manager | Minet Kenya