

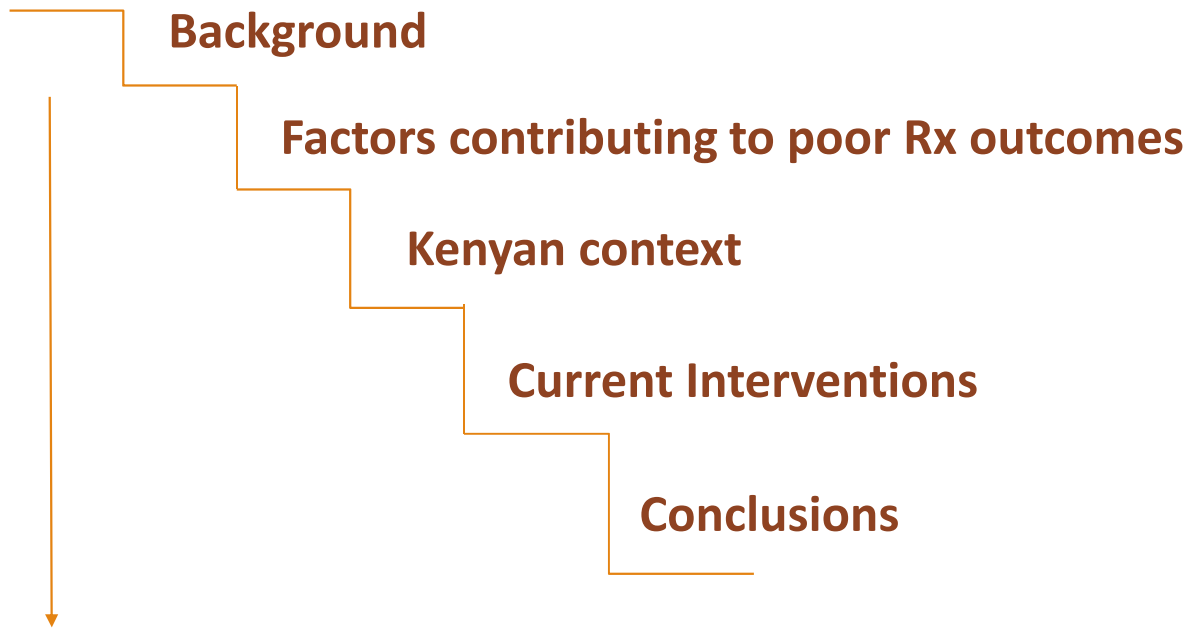


Support Systems for Paediatric Oncology in Kenya

KPA 16TH ANNUAL SCIENTIFIC CONFERENCE,
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Scope




Background:


- Cure rates for paediatric cancers in Kenya (LMIC) < than in HIC:
 - HIC survival is in range of >80%
 - In Kenya estimated 30% overall
 - Figures from various tertiary health institutions are higher
 - Many patients are still misdiagnosed/under-diagnosed
 - Lack of consolidated harmonised data

- LMIC have <5% of world resources, yet over 85% of the childhood cancers occur in this group

Factors contributing to poor Rx outcome

- Policy gaps for a coordinated country-wide approach to paediatric cancer care
 - Late presentation
 - Inadequate diagnostic facilities
 - Lack a population-based cancer registry
- 

Poor outcomes: Contributing factors contd.

- Inadequate infrastructure for treatment (facilities, personnel, medications, supportive care etc.)
 - Loss to follow-up
 - Inadequate local research in paediatric cancer
- 

Kenyan Context: Paediatric treatment centres

PUBLIC FACILITIES

KNH*

MTRH

JOOTRH

CGPH

Others with limited services

PRIVATE FACILITIES

AKUH*

GCH

MP Shah*

Nbi Hospital*

Others with limited services

* Provide radiotherapy services

Interventions

- Cancer Control and Prevention ACT (2012)
 - National Cancer Control Strategy
 - National Guidelines for cancer management
- Ministry of Health
 - National Cancer Institute – Kenya
 - Department of Non-Communicable diseases (Oncology Program)
 - Collaborations for cancer research and control - MOH/NCI (USA)
- Regional centres are being established

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REPUBLIC OF KENYA



MINISTRY OF PUBLIC HEALTH AND SANITATION
AND
MINISTRY OF MEDICAL SERVICES

**NATIONAL CANCER CONTROL
STRATEGY**

2011-2016

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Cancer Registries – Paediatric databases

- Nairobi and Eldoret cancer registries have paediatric cancer databases
- Need to expand to have population based registries
 - Consolidation of data-bases maintained at hospitals eg at KNH, Embu, other hospitals

Pathology support

Key in paediatric cancer management is accurate diagnosis

- Accurate diagnosis requires pathologists/haematologists
 - Even where no physical pathology services present need networks allowing for diagnosis with acceptable TAT
 - Treatment requires clinical pathology services (haematology, chemical pathology, microbiology)
- 

Pathology support

Leveraging on the following projects:

- National Oncology Reference Laboratory
- East African Public Health Laboratories Network - World Bank funded project
 - Cancer screening and diagnosis
- MOH/Partner Initiatives:
 - MOH/NCI programme for early cancer diagnosis by FNA/BM examination Example of PPP



MOH/NCI Kenya Cancer Research and Control
Workshop – Pathology Working Sub- Group



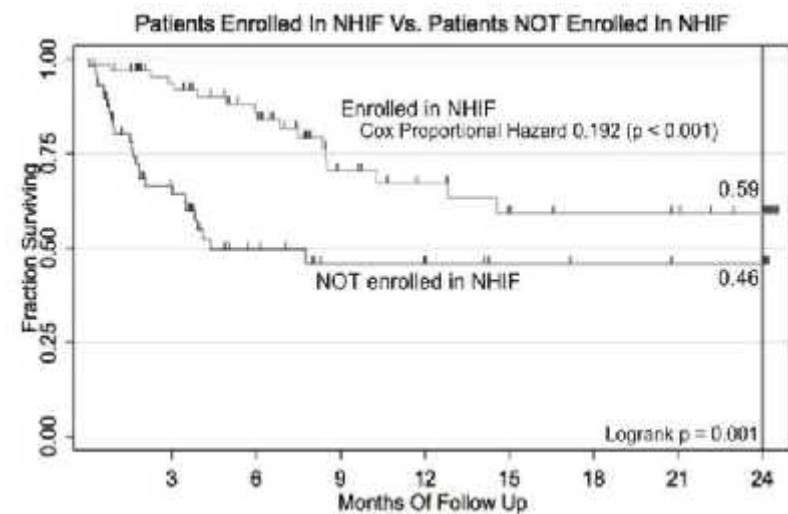
Resident-driven FNA and Bone marrow examination training (Nyeri 2016)

Organisations/Programs

- Kenya Network of Cancer Organisations (KenCo)
 - Representation by organisations working in Childhood Cancers
 - Kenya Childhood Cancer Trust
 - Childhood Cancer Consortium
 - Childhood Cancer initiative
- Programs
 - Kenya National Retinoblastoma Strategy (KNRbS)
 - Kenya Wilms Tumour Research Group

Financing Paediatric Cancer Costs

- National Hospital Insurance Fund
 - Covers costs for inpatient care
 - Patients who have NHIF cover have longer survival as compared to those who do not.



(Axt J et al. Wilms Tumor Survival in Kenya
J Pediatr Surg 2013;48(6):1254-1262)

Financing Paediatric Cancer Costs

- Limitations of NHIF:
 - Cost of diagnosis not covered (outpatients)
 - Outpatient care/clinic visits limited cover – causes patients to be admitted when not necessary
 - Needs 3 months to mature
- Other health insurances – expensive for average Kenyan, exclusions
- Provide subsidized travel and housing for patients

Treatment

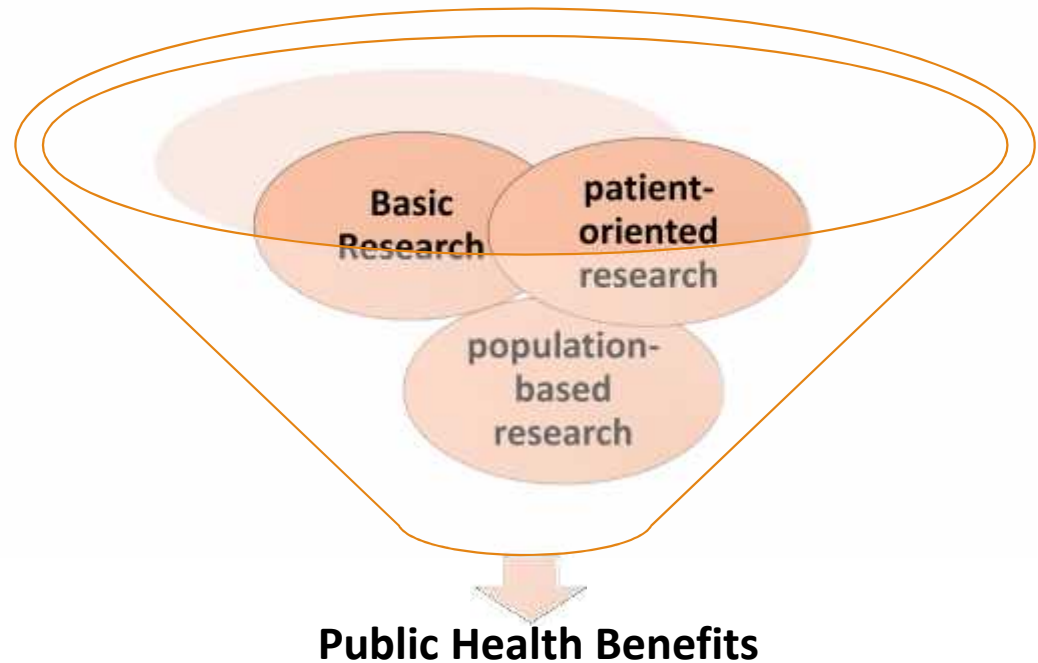
- Protocol-based therapy
 - MoH is working with stakeholders is working on paed cancer protocols
 - Kenya Essential Medicines List being updated, including cancer drugs
 - Multidisciplinary healthcare team approach
- Need for Radiotherapy facilities to be specified for paediatric cancers
- More collaboration between centres
 - Need to develop treatment evidence-based protocols adapted to local conditions
- Supportive care

Health Professional Training

- Local training programmes for health personnel
 - MTRH - paediatricians
 - UoN – oncology nursing
 - AMPATH Oncology Institute (AOI) – partnerships with collaborators
- Still need more for paed oncology specialists: oncologists, pathologists, surgeons, radio-oncologists, etc

Research

- Most on Burkitt lymphoma
- Other research is hospital based
- Scanty clinical trails
- More capacity building and collaborative work needed
- More translational research



CONCLUSION:

Building strong support systems for paediatric oncology:

- **Advocacy** with Policy makers, health financiers, others
- **Identification** of local needs
- **Mobilization** of the community
- **Multidisciplinary** health care team
- **Supportive care** improvements
- **Treatment protocols** adapted to local conditions
- **Partnerships** with collaborators/established centres





ASANTE SANA!