Support Systems for Paediatric Oncology in Kenya

KPA 16TH ANNUAL SCIENTIFIC CONFERENCE,
26 -29TH APRIL 2016, BOMA INN, ELDORET, KENYA

Prof. Jessie Githanga
University of Nairobi
Scope

Background

Factors contributing to poor Rx outcomes

Kenyan context

Current Interventions

Conclusions
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

<table>
<thead>
<tr>
<th>PUBLIC FACILITIES</th>
<th>PRIVATE FACILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNH*</td>
<td>AKUH*</td>
</tr>
<tr>
<td>MTRH</td>
<td>GCH</td>
</tr>
<tr>
<td>JOOTRH</td>
<td>MP Shah*</td>
</tr>
<tr>
<td>CGPH</td>
<td>Nbi Hospital*</td>
</tr>
<tr>
<td>Others with limited services</td>
<td>Others with limited services</td>
</tr>
</tbody>
</table>

* 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
REPUBLIC OF KENYA

MINISTRY OF PUBLIC HEALTH AND SANITATION AND MINISTRY OF MEDICAL SERVICES

NATIONAL CANCER CONTROL STRATEGY 2011-2016

Table of Contents

1 Introduction
2 Global Burden of Cancer
3 Cancer Situation in Kenya
4 The National Cancer Control Strategy
5 Principles of Cancer Prevention and Control
6 Primary Prevention
7 Early Detection
8 Cancer Diagnosis and Treatment
9 Support and Rehabilitation
10 Relrovement Care
11 Cancer Surveillance and Research
12 Implementation

Executive Summary
Acknowledgements

Section 1

Section 2

Strategic Framework
Mission
Vision
Guiding Principles of the Cancer Control Strategy

References

References
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.

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 trials
- 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!