

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
11,800	13,600	Yes	Population-based	83%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Kenya has taken a number of important actions to improve cancer control including:

- Development of cancer specific policies, such as the 2012 National Cancer Prevention and Control Act, which led to the establishment of the National Cancer Institute¹
- Creating a National Hospital Insurance Fund that now covers cancer and other NCDs for low-income patients. This has significantly increased the number of patients who are able to seek treatment nationally and overseas
- Devolution of healthcare services, which has enabled services to be tailored to the regional context. It has also facilitated advocacy for NCDs and resulted in increased oncology services at the county level.
- The Ministry of Health has engaged Gavi in an effort to include HPV in the list of regular vaccines as a preventive measure for cervical cancer
- The provision of further oncology training by the Aga Khan University Hospital², including a higher diploma for clinical officers, and plans for an 18-month diploma for oncology nurses.



Key successes

Kenya now has policies in place to support cancer care³ that are driven and monitored by the National Cancer Institute. For example, the 2012 review of the tobacco control policy identified key policy weaknesses and public support for further measures^{4,5,6}. Kenya has also developed cancer registries covering Nairobi, Eldoret, and Mombasa.

Public-private partnerships have improved access to oncology medicines by negotiating a lower purchasing price for medicines and exemptions from import taxes; while the government is helping to ensure effective distribution networks.

Key challenges

A key priority is the strengthening of the health system to ensure that the equipment and personnel are available to meet patient demand. This requires further work as the country currently has six radiation, six medical, and two gynaecological oncologists. The existing medical schools do not currently train oncologists, however the five leading institutions are developing oncology curricula.

The Kenya Cancer Association (KENCASA) would like to see further policy development and enforcement to reduce exposure to cancer risk factors, especially from industrial sources, as there has been little action on this to date.



UICC Member's achievements

Through concerted advocacy work, KENCASA has helped to ensure the integration of cancer into existing national NCD programmes. This work has focused on the need to ensure wider access to cancer and NCD education and screening services, as well as to develop an evidence-based strategy to integrate NCD services into existing health structures, specifically those for HIV/AIDS.

In 2011, KENCASA also organised the first media training workshops for 70 journalists from the leading media houses in Kenya. These workshops were focused on how to communicate messages about cancer, and resulted in a collaboration to develop several awareness campaigns around breast and cervical cancer screening free of charge.

KENCASA has helped to foster a public-private partnership to improve access to oncology services for all sections of the population. The partners include civil society organisations, private-sector oncology centres and pharmaceutical companies. By bringing these groups together, KENCASA has been able to subsidise the costs of cancer medicines and thereby help to improve access.

Footnotes:

1. www.ipccr.net/pdfs/Kenya-National-Cancer-Control-strategy.pdf
2. www.aku.edu/admissions/undergraduate/dip-oncology-nursing-kenya/Pages/home.aspx
3. www.kehpc.org/wp-content/uploads/national-cancer-treatment
4. www.who.int/cts/reporting/party_reports/ken/en/index.html
5. www.itcproject.org/countries/kenya
6. www.msh.org