

CANCER BURDEN IN THE COUNTRY

In Kenya cancer as a disease ranks third as a cause of death in the country after infectious and cardiovascular diseases. Data availability is scanty and is mainly hospital based. Therefore the true burden is unclear. It was reported that in 2005 approximately 18,000 deaths were due to cancer most of them being under the age of 70. The leading causes of cancer in women are the cancers of the cervix and breast while in men are cancers of the oesophagus, head, neck and prostate. In children, the commonest cancers are blood cancers (leukaemia) and lymphomas. Cancer of the digestive tract such as that of stomach, liver, colon and rectum are also on the increase.

What Kenyan Government is currently doing to prevent cancer

The Kenyan Government has identified provision of cancer services as a priority area needing urgent intervention. It has thus put in place a National Task Force for Cancer while the National Cancer Policy and Strategic Plan is at advanced stage and a draft Cancer Bill is due to be tabled in Parliament after Cabinet approval. A comprehensive Tobacco Control Act and the National Alcohol Control Act have now become operational having been signed into law. Cancer awareness campaigns are ongoing and there is a robust HIV prevention program in place to try and limit HIV-associated cancers. Hepatitis B vaccine is part of routine immunization in children while vaccine for Human Papilloma Virus is available.

Cancer Screening, Diagnosis and Treatment

In Kenya, Cancer patients have to travel from across the country, some as far as 600 KM away to access treatment. Diagnostic services (laboratory and radiological) are available mainly in the capital and large cities but are limited in capacity. There is only one public and one private health facility providing radiotherapy services in the country with three Cobalt 60 machines covering a population of over 38 million. Other modalities of treatment such as surgery, chemotherapy are available but limited. The available radiotherapy centres handle 3,800 patients in a year which is far away below the needs for the country. Patients referred from other periphery hospitals have to wait for months before they can access services at our national referral hospital leading to a majority of patients presenting themselves while at the late stage.

Other challenges include inadequate legal framework that specifically address cancer prevention, low level of awareness on cancer among the public, inadequate resources for cancer including human capacity, infrastructure and funding for prevention, interventions and inadequate research on cancer in Kenya.

Infrastructural and human capacity development

In terms of infrastructural and human capacity development, Kenya has made tremendous strides in ensuring availability of required facilities and capacity for Cancer Management. Our national referral hospital is in the process of acquiring a Cobalt

unit at a cost of USD 1,350,000.00. which is expected to be commissioned in February 2011. Medical Doctors from Provincial Hospitals have been seconded to our national hospital for training as Radiation Oncologists while other technical staff in the field of Medical Physics, Therapy Technologists have been recruited to raise the number of specialized oncology personnel who will then be seconded to other peripheral cancer care centres . In addition, The Government of Kenya intends to decentralize Cancer treatment to the Provincial Hospitals. To show commitment to this, a satellite Oncology Clinic in one of the earmarked regions for expansion of Radiotherapy services has been established and is fully functional. Other centers will be developed in due course.

In the proposed Country Programme Framework, Kenya has prioritized cancer as the disease requiring most attention and resources in order to address the increasing burden. In this regard, we urge IAEA to support the Government in its integrated programme of building capacity, infrastructure and equipping all our earmarked centres that will provide Cancer Services.

Potential areas of partnership and collaborations

The areas of potential of partnership and collaborations include:

1. Manpower development – training cancer specialists in all fields of cancer, especially specialists in cancer diagnosis and management.

2. Cancer prevention – Awareness and advocacy by setting up screening services for common and treatable cancers, promotion of diet and physical activity to promote health.
3. Acquiring diagnosis equipment—such as CT scans, MRI, ultrasound, radio-isotope scans and setting up cancer diagnostic laboratories.
4. Treatment – This includes development of centres of excellence nationally and in the regions that will cater for the wider population. In addition, there is need to have adequate pharmaceutical supplies and establish palliative care centres.
5. Cancer Registry and Surveillance – Development of National cancer registry is a priority in determining cancer burden. Routine surveillance to identify emerging trends in cancer will be necessary.
6. Research – joint programme will enhance knowledge among all stakeholders in the field of cancer.
7. Strengthening of Private Public Partnership in development of cancer programmes.

The overall beneficiary of this collaboration will be the Kenyan public since hospitals will be provided with diagnostic and treatment facilities and the staff working in these institutions will be better equipped to care for their patients. The establishment of training opportunities and exchange programmes will make it possible to develop reference centres in our national hospital for

sustainability. In view of the trained manpower and training infrastructure in place, the country will have the capacity to provide training for future generation of specialists in cancer management.

Programmes of Actions on Cancer Therapy (PACT),

With regard to the Programmes of Actions on Cancer Therapy (PACT), Kenya commends IAEA for its role in establishing comprehensive Cancer Control Programmes in the six demonstration sites, one of which is in Africa. However, in view of the catastrophic nature of Cancer, I wish to urge the Agency to consider establishing more demonstration sites especially in Africa. Kenya, which is experiencing increased cases of Cancer, would greatly appreciate to be earmarked as one of the sites. Further, I wish to thank IAEA for accepting our request by sending a PACT team to Kenya to assess the Cancer situation. We are confident this team will come up with a report that will assist Kenya to realize its goal of improving these services.

We also wish to record our appreciation for the support IAEA has continued to provide to Kenya towards improvement of radiotherapy services and we look forward to continued partnership.