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Cancer Education for Primary Healthcare Professionals in Kenya

Takeda

Submitted as part of Access Accelerated

Contents

Program Description	3
Program Overview	4
Program Strategies & Activities	5
Companies, Partners & Stakeholders	6
Local Context, Equity & Sustainability	7
Additional Program Information	9
Resources	10
Program Indicators	11
List of indicator data	12
Value of resources	13
Number of people trained	14
Health provider knowledge	15
Appendix	16

The information in this report has been submitted by the company concerned to the Access Observatory at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Takeda, Cancer Education for Primary Healthcare Professionals in Kenya (2019), Access Observatory, Boston, US 2019 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Cancer Education for Primary Healthcare Professionals in Kenya

2 Diseases program aims to address

- Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Low income, rural, urban population

4 Countries

- Kenya

5 Program start date

July 1, 2016

6 Anticipated program completion date

Not specified

7 Contact person

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8 Program summary

The objective of the Cancer Education for Primary Healthcare Professionals in Kenya Program is to significantly improve cancer care by increasing the number of healthcare professionals who can undertake cancer screening, and provide practical and specific knowledge that will translate into more timely diagnosis and referral, and more effective management of cancer patients in Kenya.

This program provides three day workshops in cancer control and cancer care for primary healthcare professionals, including medical officers, clinical officers, and nurses selected by county governments in Kenya. These professionals receive very little training in cancer diagnosis, control or prevention.

The training is provided by Elewa Foundation based on a curriculum provided by the American Society of Clinical Oncologists (ASCO).

The program has trained 100 primary healthcare professionals (as at November 2017) since it started in July 2016, and will train over 1,200 people in total.

URL: <https://accessaccelerated.org/initiative/cancer-education-primary-healthcare-professionals-kenya/>

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Providing oncology education programs to primary care health professionals in Kenya.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	Kenya

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Planning, monitoring, and evaluating the program in partnership with Elewa Cancer Foundation, and funding the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Elewa Foundation	Design and provision of education programs in partnership with Takeda and the American Society of Clinical Oncology (ASCO). https://elewacancerfoundation.org/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Elewa Foundation	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Non-governmental organization (NGO)	We are engaging with Elewa Foundation on strengthening cancer care in sub-Saharan Africa by providing cancer education to primary healthcare professionals.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: Yes

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Cancer is the third leading cause of death in Kenya after infectious and cardiovascular diseases. In 2012 there was an estimated 37,000 new cancer cases, and 28,500 cancer deaths in Kenya.¹

There is an enormous deficit in the capacity for cancer management in Kenya. In 2012 Kenya only had six medical oncologists, four radiation oncologists, and three oncology nurses serving a population of 45 million people.²

With the rise of cancer in countries such as Kenya with a very small oncology community, it is critical that cancer control and care are strengthened at all levels of the healthcare system.

In addition to the infrastructure challenges, the current training curriculum for primary health care professionals does not have specific modules in cancer management such as cancer screening, early diagnosis, timely referral and palliative care.

By training primary health care professionals in the community this program will positively impact early detection, early referrals, cancer screening, and continuous patient education. It will also impact on patient follow up during and after cancer treatment, especially for the majority of patients that live in rural areas.

a How needs were assessed

Through on the ground investigation and our local partner investigations, we identified this gap.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

The majority of cancer specialists in Kenya work in private facilities in Nairobi. Unfortunately these facilities are unaffordable and inaccessible for the majority of patients in Kenya. Providing primary healthcare professionals in the counties that can be put into daily practice will lead to better outcomes for patients with low incomes and patients in rural areas.

Local Context, Equity & Sustainability

17 Local policies, practices, and laws considered during program design

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	[No response provided.]	
Procurement procedures	[No response provided.]	
Standard treatment guidelines	Yes	This program addresses a specific gap in the current training curriculum for primary healthcare professionals in Kenya. The training curriculum was designed in collaboration with local oncologists and is in line with local procedures for diagnosis, management, and referral of cancer patients.
Quality and safety requirements	[No response provided.]	
Remuneration scales and hiring practices	[No response provided.]	

18 How diversion of resources from other public health priorities are avoided

This is a training program to upskill primary healthcare physicians working in local public health facilities to be able to better address public health priorities.

We have explored and recently implemented AMREF Health Africa's e-learning and m-learning platforms to deliver this training program, and so Health Care Professionals in these clinics will require less time away from their clinic.

19 Program provides health technologies (medical devices, medicines, and vaccines)

No.

20 Health technology(ies) are part of local standard treatment guidelines

Not applicable.

21 Health technologies are covered by local health insurance schemes

Not applicable.

22 Program provides medicines listed on the National Essential Medicines List

Not applicable.

23 Sustainability plan

This program has evolved and now forms part of our Integrated Cancer Care Curriculum Program. Please see relevant information as to the sustainability of this program.

Additional Program Information

24 Additional program information

This program has evolved and now forms part of the Integrated Cancer Care Curriculum Program.

a Potential conflict of interest discussed with government entity

No

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

Resources

- 1 Ministry of Health, Kenya. National Cancer Control Strategy 2017-2022. Nairobi, June 2017
- 2 ASCO. Making an Impact: Cancer Control in Primary Care Course in Kenya. <https://am.asco.org/making-impact-cancer-control-primary-care-course-kenya>. Accessed 31 Oct 2017

Program Indicators

PROGRAM NAME

Cancer Education for Primary Healthcare Professionals in Kenya

27 List of indicator data to be reported into Access Observatory database

INDICATOR	TYPE	STRATEGY	2017	2018
1 Value of resources	Input	All Program Strategies	---	---
2 Number of people trained	Output	Health Service Strengthening	---	---
3 Health provider knowledge	Outcome	Health Service Strengthening	---	---

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

ITEM	DESCRIPTION
Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program.
Method of measurement	<p>Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time.</p> <p>CALCULATION</p> <p>Sum of expenditures (e.g., staff, materials) on program in US\$</p>
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company	Data are collected from finance and accounting department expenditure records. A member of the program team submits invoices to finance and accounting to be paid. Finance makes the payments and keeps records of payments.	Once per year
31 Data processing	Company	A member of the local Project Team (my company) produces a financial report based on the Program administrative and accounting records. The expenses for the year are summed at the end of the year.	Once per year
32 Data validation		Financial reports are audited based on program receipts.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
1 Value of resources	---	---

Comments: N/A

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

2

ITEM	DESCRIPTION
Definition	Number of trainees.
Method of measurement	Counting of people who completed all training requirements. CALCULATION Sum of the number of people trained.
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company	The healthcare professionals who attend the trainings sign their name on an attendance form during each of the trainings.	Once per year
31 Data processing	Company	A member of the program team reviews the number of attendees per training session and sums up the total number of people who attended each type of training over the past one year.	Once per year
32 Data validation		Staffs working on this program conduct a sanity check once the data is submitted by our implementation partner.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
2 Number of people trained	---	---

Comments: N/A

ITEM	DESCRIPTION
Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards.
Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo. CALCULATION Number of providers who pass the assessment? Number of providers trained
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company	A knowledge questionnaire is completed before and after each training session by each health provider attending the training. The questionnaire is marked by a member of the local team based on the correct answers provided by the specialists. The scores are then recorded.	Once per year
31 Data processing	Company	The staff responsible for the program review the post-training survey scores and note the number of participants who scored above a pre-determined pass mark. The proportion of participants who scored above the pass mark is then calculated.	Once per year
32 Data validation		Staffs who are responsible for the program conduct a sanity check once the data is reported by our implementation partner to the Takeda Access to Medicines office.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR

2017

2018

3 Health provider knowledge	---	---
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Comments: N/A

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

- b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

- a How were needs assessed
- b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.)*

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION**24 Additional program information**

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

