Title: Using a public private partnership approach to build oncology human resource capacity in Kenya: a case of the Chemosafe Project

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Introduction/Background

- Disease burden (Globocan 2018)
  - Incidence: 47887
  - Mortality: 32987
  - Risk of developing cancer before age 75 years is 18%; risk of dying from cancer at 14%.
Introduction/Background

• Treatment for majority of cancers relies on chemotherapeutic agents; toxic agents, potentially harmful to patients and workers
• Limited opportunities for health care workers providing oncology care to get adequate training on safe chemotherapy handling, administration and disposal
• Chemo Safe Project
  – Initiative by Ministry of Health with the support of the American Cancer Society (ACS); collaborating with KEHPCA
  – Aims to improve the capacity of health workers to safely handle, administer and dispose chemotherapy across all cancer treatment centres in the country.
Methodology

Establishment of chemosafe steering committee

- Convened by the National Cancer Institute
- Membership: Hospitals (public, private, faith-based); academia; civil society
- Defined TORs
- Developed work plan with specific timelines
- Worked through sub-committees: curriculum; SOPs development
Methodology

Stakeholder engagement

• Half-day meeting to generate consensus on local training curriculum

• Dinner with key stakeholders during the first TOT training
Methodology

Development of a local curriculum

• Dedicated curriculum adaptation committee

• Multi-disciplinary with a mix from public and private sector
  – Nursing: 10
  – Pharmacy: 2
  – Clinicians: 4

• Support from ONS (curriculum content, E-books, 3 visiting lecturers)
Results/Findings

- **7th-11th** May 2018: Nairobi Hospital (Private)
- Faculty ratio: 80:20
- 26 participants
  - Nurses: 16
  - Pharmacy: 5
  - Clinicians: 5
- Participating hospitals
  - Public: 5
  - Faith-based: 1
  - Private: 5
Results/Findings

• 21st-25th May 2018: Moi Teaching & Referral Hospital (Public)
• Faculty: 100% Kenyan
• 26 participants
  – Nurses: 13
  – Pharmacy: 9
  – Clinicians: 4
• Participating hospitals
  – Public: 6
  – Faith-based: 1
  – Private: 2
Results/Findings

Distribution of training participants by cadre

- Nurses: 29
- M.O/C.O: 9
- Pharmacy: 14
Results/Findings

Facilities involved in training by ownership type

- Public: 55
- Private: 35
- Faith-based: 10

Legend:
- Public
- Private
- Faith-based
From knowledge to practice…..
Conclusions/Recommendations

• Public private partnerships can be effective in building HR capacity for cancer care
• There’s existing local expertise to build the required HR capacity
• Partnerships ensure that patients and health care providers across all sectors benefit from this initiative
• Government leadership is key to the success of such initiatives
Thank You!!