

IMPROVING THE QUALITY OF LIFE FOR THE VULNERABLE IN KENYA

KEHPCA- CASE FOR SUPPORT



Photo courtesy Caroline (clinician at Kimbilio Hospice) with her sister_Gladys (guest of Kimbilio Hospice)- Photo by Drew ShaferELI-Kenya

Hospice and Palliative Care gives comfort and relieves suffering to patients and families hence improving their quality of life.

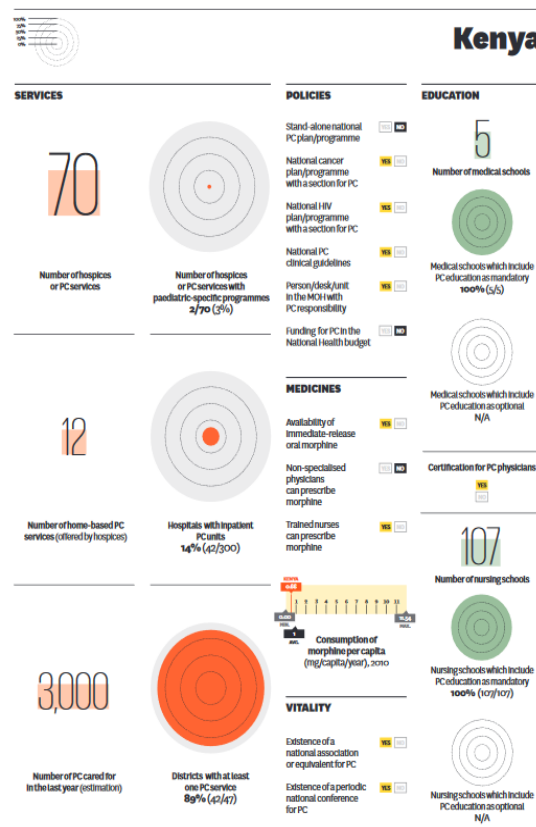
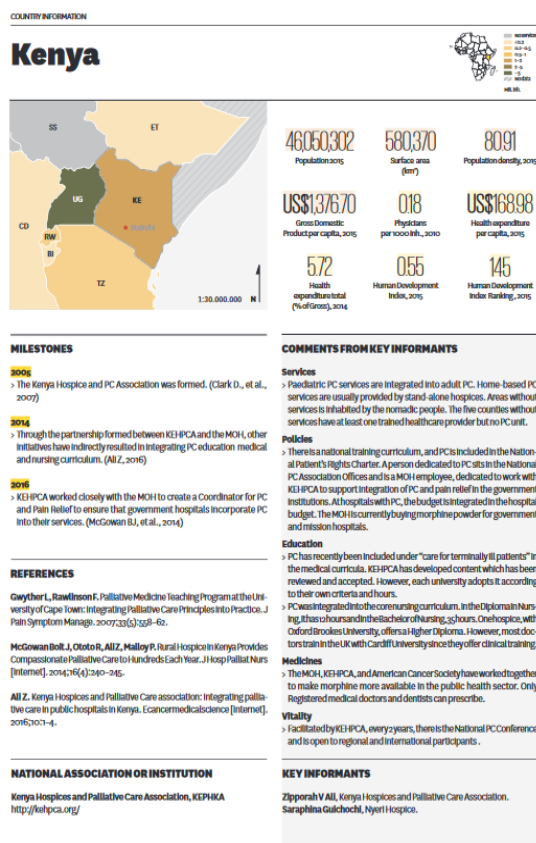
“Wanjiku, a 46 six year old breast cancer patient was in severe physical, emotional and spiritual pain; she was too poor to pay for her medical services; she became homeless when her husband threw her out of their 22 year old matrimonial home because she had lost one breast! She was desperate, had lost her hope and her dignity. Her children were suffering too. Her dreams were shattered. This all changed when she arrived at the Hospice.

Wanjiku’s friend referred her to the nearby hospice where she received physical pain control, counseling, spiritual care, and legal support. She eventually reclaimed her matrimonial home and has been able to support her children. Her dignity has been restored and she has become a palliative care champion.

“A million thanks to the palliative care family. Without you I wouldn’t be the person I am today. You have truly added life into my days.” said Wanjiku.

Wanjiku is just but one of the many patients in Kenya who need palliative care services but have no access to them. No one needs to live in pain and suffering; no one should be made to feel less human.

There are several Wanjikus who cannot access palliative care...



Context analysis /problem statement:

Lack of access to palliative care and pain relief is a public health crisis in Africa. The 2017 Lancet Commission Report provides compelling evidence of the burden of palliative suffering in LMICs, with over 61.5 million people experiencing serious Health Related Suffering which could be addressed by Palliative Care (PC) yet less than 10% of those who need it receive it¹. These figures are likely to rise with population growth and aging, particularly in Africa.

A painful and distressing end of life is an unacceptable reality for too many people in Kenya. This is due to many challenges including limited access to medications for pain and other symptoms, limited health professionals trained in palliative care, few national level policies, weak government commitment, and a lack of funding for implementation. Access to palliative care is a real and neglected human right.

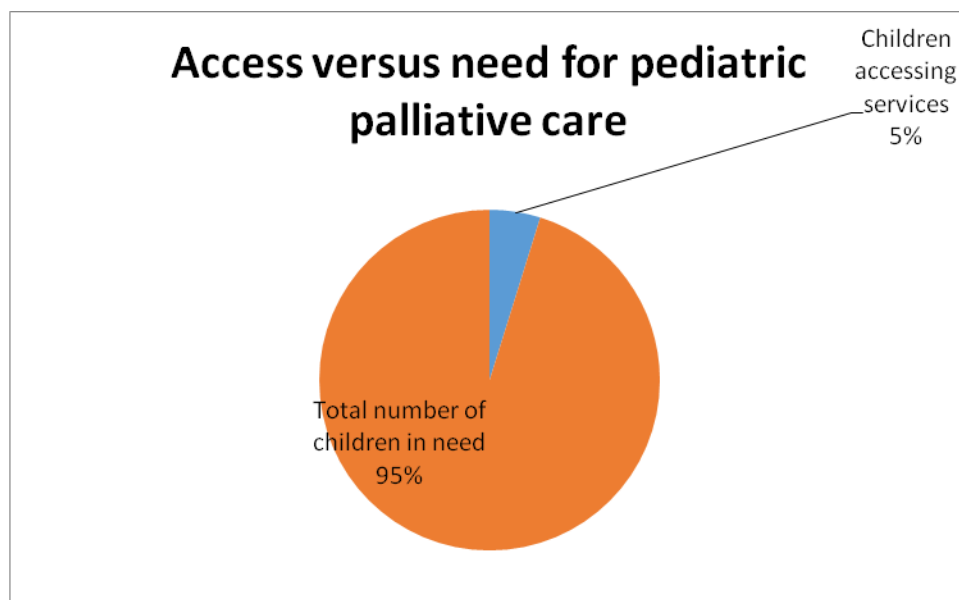
The WHO defines palliative care as, 'An approach that improves the quality of life of patients & their families facing problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual'.

¹ <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2818%2930082-2>

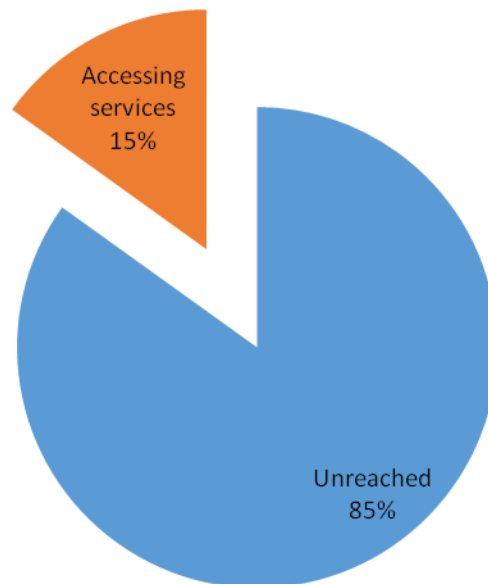
Statistics

- It is estimated that 1 million Kenyans require palliative care yet, less than 3% of adults and Less than 1% of pediatric patients have access.
- Kenya is facing an increasing burden of both communicable and non-communicable diseases (NCDs).
- In Kenya, NCDs accounts for more than 50% of total hospital admissions and over 55% of hospital deaths.
- Cancer is a significant cause of morbidity and mortality worldwide with approximately 18.1 million new cases diagnosed in 2018 and 9.6 million deaths.
- It is the 3rd leading cause of death after infectious and cardiovascular diseases in Kenya. In 2018, there were estimated 47,887 new cancer cases and 32,987 cancer deaths.

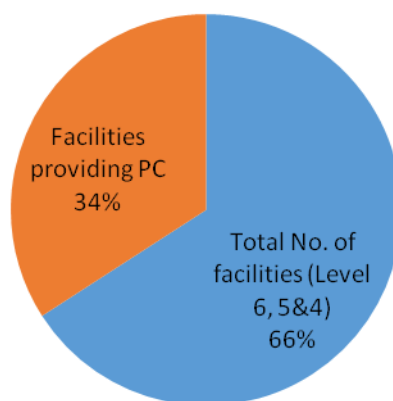
Lack of access to palliative care creates poverty, which in turn contributes to poor health and suffering. The greatest burden is borne by women and children. We envision a Kenya where affordable health care including palliation is accessible to all, where people have access to improved quality palliative care, controlled symptoms including pain.

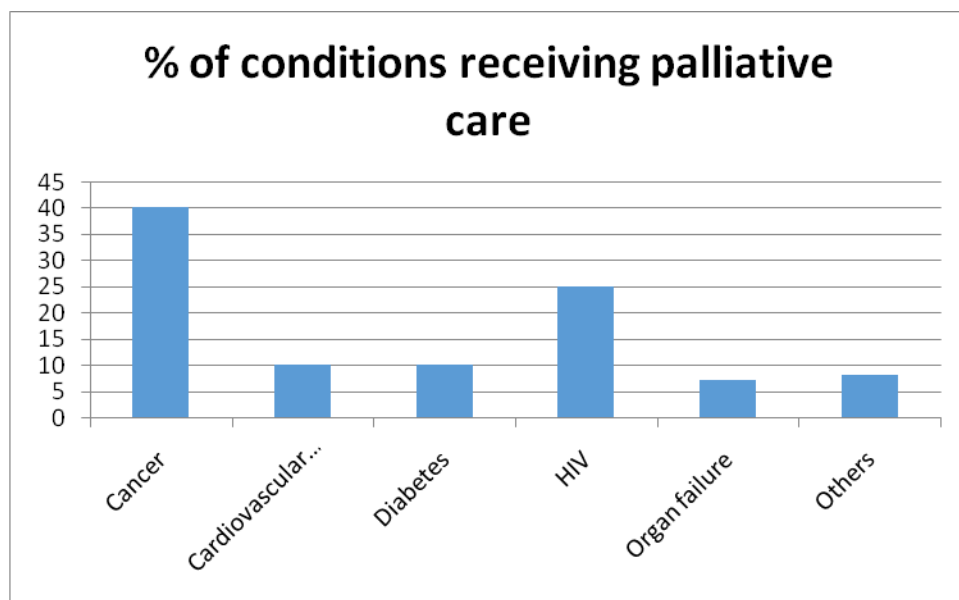
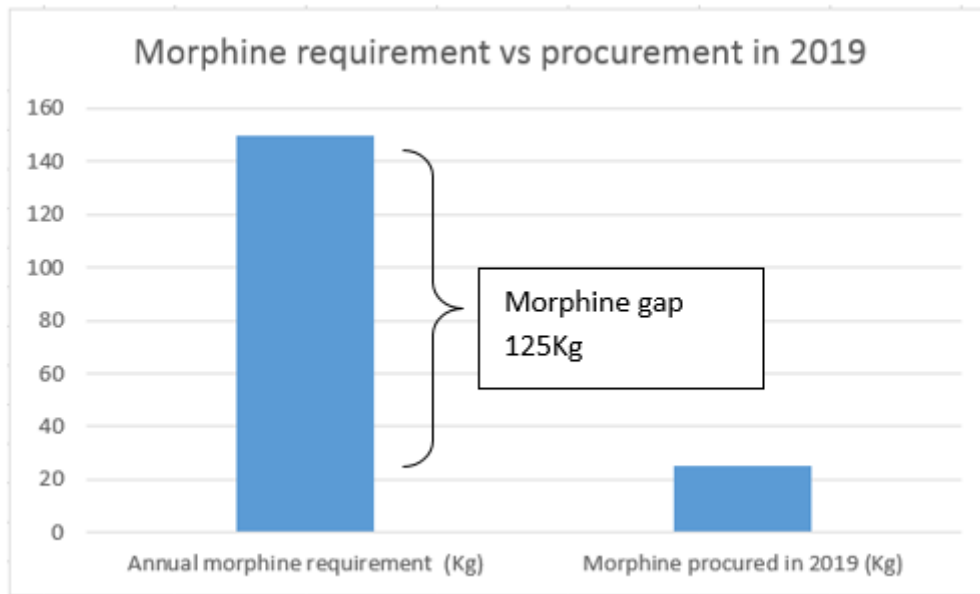


Adults accessing PC services in Kenya



Facilities providing PC (Level 6,5 & 4)



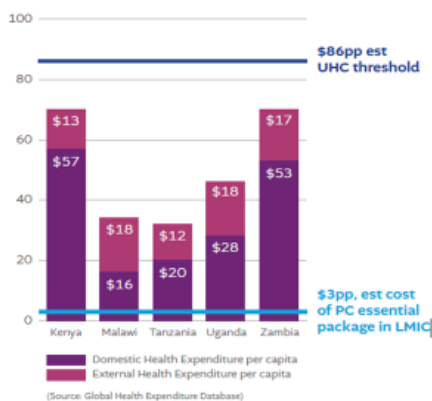


Huge need but modest cost for delivering PC in Africa

Countries across Africa have enormous but unrealised opportunities to improve the health and welfare of poor people at modest cost.

1. Countries in Africa failing to meeting basic health care spending needs

Total health expenditure per capita per year (by source in USD)



2. \$176bn financing gap for UHC by 2030



3. Resulting in:



4. However, UHC and palliative care essential package of care can be made universally accessible at low cost – at \$86 and \$3 / per person



Palliative care has potential to be a significant low cost contribution to achieving UHC in Africa

UHC and PC need and potential in Africa

Our Organization

Kenya Hospices and Palliative Care Association (KEHPCA) was registered in October 2005 as a nonprofit organization to represent all hospice and palliative care service providers in Kenya. The association is governed by a Board of Directors, and managed by a strong secretariat with an outstanding track record on governance, financial & beneficiary accountability and impactful programming.

The network mobilizes health advocates working towards a common strategy to hold Kenyan government and health institutions accountable and provides a vital platform for dialogue between civil society and the Government. As a result, the number of hospice and palliative care providers in Kenya has grown from seven (7) in 2007 to seventy (70) in 2019, reaching over 30,000 patients and families each year.

KEHPCA supports in the delivery and scale up of palliative care services through advocacy, creating awareness, education & teaching, policy & strategy formulation, research and setting up services. We are Kenya's only recognized palliative care civil society network with a range of health experts working to promote and improve palliative care and pain relief access. We strongly believe that the Government of Kenya and Kenyan stakeholders should play a leading role in realizing the right to health for all.

“KEHPCA is a leader in palliative care and our key partner in integrating palliative care services in Kenya.” remarked Dr. Kibachio - Ministry of Health, Kenya.

Our Vision



Quality Palliative Care for all in Kenya.



Our Mission

To promote and support acceptable, accessible and affordable quality Palliative Care for individuals and families by creating networks of informed and empowered institutions in Kenya



Our goal

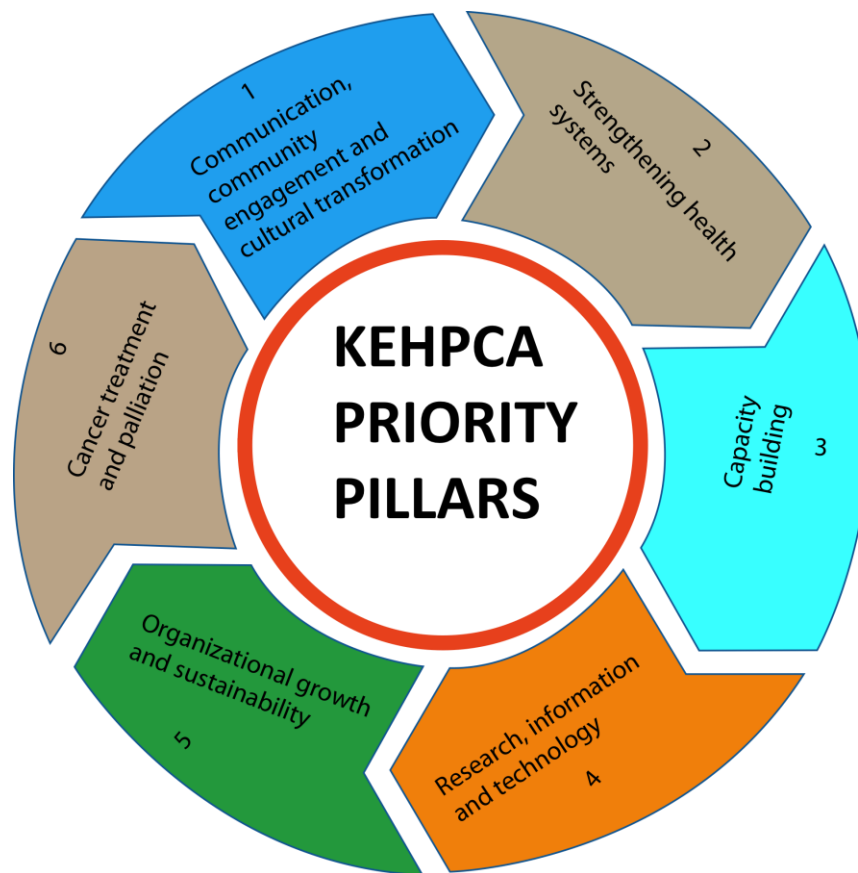
To enhance provision of palliative care and improve the quality of life for persons affected with life threatening illnesses and their families



Our Values

Excellence, Compassion, Accountability, Ethics & Team work

KEHPCA has innovative goals guided by the following key 6 priority strategic pillars leveraging on Universal Health Coverage (UHC)



We have an established track record with demonstrable success in raising the profile of equitable palliative care in Kenya and across Africa at the highest institutional levels, reflected in our strong relationship and partnerships with the Government of Kenya (GOK), the Ministry of Health (MOH), County governments, the wider Kenyan, African and international civil society working on palliative care and UHC. We utilize these relationships and our broad reach across Kenya to influence positive actions on palliative care access at a policy, political and MOH level as well as with local civil society and donors. Through targeted policy messaging and advocacy, we have influenced the Kenyan agenda on palliative care, UHC and cross-cutting health priorities since 2007. We have a successful history of working with our palliative care & hospice networks persons living with palliative care needs and advocates, with examples of real success and leadership including:

a) KEHPCA awards

KEHPCA is a winner of the prestigious Red Ribbon Award 2012 (**UNAIDS**). The association was also recognized globally as a leading palliative care organization by

the **International Palliative Care Leadership Development Initiative** in the same year. Due to sustained advocacy for palliative care at national, regional and global levels, KEHPCA was recognized as a leader and innovator in the sustainable development of hospice and palliative care in 2018 by the **Global Partners in Care**. The association has also been certified with distinction through the source program of the **American Cancer Society**, under the strengthening organizations for a united response to the cancer epidemic 2019.

b) Achievements

- Inclusion of PC in the UHC agenda in Kenya, this includes a budget line for essential palliative care medicines and supplies. This has improved access to palliative care services in the counties hence patients like Wanjiku (above) benefiting.
- Strengthening of the health care system through integration and scaling up of palliative care services in the public, faith based and private facilities.
- Promoting access to essential medicines including opioids up to the sub-county levels of care
- Continuous capacity building of health care professionals and volunteers through training and mentorship
- Integration of palliative care in various curricula of training
- Promoting evidence based practices through research and innovation



Looking at the Horizons...

Since inception, KEHPCA's work has been supported and funded by a few but consistent development partners over the years. We have a small but dedicated staff covering a range of specialties including clinical, research, programming, advocacy, finance and communication. We are actively exploring new partnerships and investment opportunities to ensure we are positioned and fully resourced to lead the Kenyan palliative care sector in holding to account GOK / MOH. This will ensure that the World Health Assembly (WHA) resolution on palliative care is realized in the next 5 years.

The main focus of our investment strategy is to build organizational and partner capacity to guarantee delivery of an optimal palliative care advocacy and communications strategy and direct programme coverage benefiting children and adults living with palliative care needs, especially in Kenya.

We are having real success in policy change, however additional funding and investment is needed.

It is time to fill this funding gap, to develop and roll out palliative care programming that is cost effective and demonstrates real impact and ultimately contributes towards reaching Kenyans living with serious health suffering like Wanjiku.

KEHPCA ASKS;

1. **Advocacy on PC and UHC** - KEHPCA requires funding to support communication, community engagement and cultural transformation in UHC implementing 10 counties in Kenya. This entails sensitization of county health committees on palliative care and training champions on; advocacy, budget tracking, community sensitization and media engagement.
2. **Service delivery** - To promote access to services, there is need to scale up the number of facilities providing cancer treatment and palliation. This includes supporting 5 county referral hospitals to provide chemotherapy treatment safely and 10 sub county hospitals to integrate palliative care services and pain relief.
3. **Core costs** – To achieve the above there is need to fund the organization's administrative costs. Funds will cater for staff salaries, utilities, rent, equipment and communication.

We are looking for funding support for the following activities over the next 24 months:

\$24,000 will support a situation analysis study for palliative care in Kenya that will:

- Identify gaps/challenges faced in the provision of PC services and highlight future opportunities.
- Influence and inform policy ideas
- Inform educators when reviewing PC training curricula
- Inform the review of PC standards/guidelines
- Guide future research

\$9,800 will convene, empower 20 palliative care champions in a county and build county government partnerships that will ensure PC services are available, accessible and affordable to PLWPCN

\$1,035 will ensure that 15% of 6000 patients seen in a year by a trained palliative care health care professional are guaranteed of quality PC services

\$6,100 will empower 20 Community Health Volunteers (CHVs) in providing psychosocial support to PLWPCN and each sensitize a community unit of 50 households thus creating a demand for screening services.

\$4,300 will set-up a much needed functioning Palliative care unit (PCU) fully equipped and stocked with personal protective equipment (PPE) thus ensuring safety and comfort for both health care workers (HCW) and PLWPCN in marginalized areas.

These are ambitious asks, yes, but with your support and our expertise, we will achieve.