

PROGRAM ENDED - NO END DATE PROVIDED

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# Oncology Nursing Education in Kenya

Takeda

Submitted as part of Access Accelerated

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to [www.accessobservatory.org](http://www.accessobservatory.org)

The information contained in this report is in the public domain and should be cited as: Takeda Oncology Nursing Education in Kenya (2020), Access Observatory Boston, US 2020 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)

# Program Description

# Program Overview

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## 1 Program Name

Oncology Nursing Education in Kenya

## 2 Diseases program aims to address

- Cancer: General

## 3 Beneficiary population

Age group: All ages

Gender: All genders

Special Population: Low income, rural, urban population

## 4 Countries

- Kenya

## 5 Program start date

July 25, 2017

## 6 Anticipated program completion date

Completion date not specified

## 7 Contact person

Yosuke Sugiyama (yosuke.sugiyama@takeda.com)

## 8 Program summary

The Oncology Nursing Education program in Kenya was established by Takeda in partnership with the Access to Innovative Care Foundation to provide essential training to oncology nurses, as there is a critical need for these trained nurses in Sub-Saharan Africa.

This introductory oncology nursing program was specifically developed for nurses working in Africa and other developing countries to support the unique challenges associated with working in those countries. The program first began in Kenya and is planned to expand to Nigeria, Ghana, and Ethiopia.

The training curriculum in Kenya is consistent with Kenya's training regulations for nurses as well as the standards of the National Nurses' Association, which includes understanding the basics of the disease, the cancer care continuum from prevention and screening to supporting patients and an introduction to palliative care. The program also provides resources such as nursing care plans, care and maintenance of central venous access devices, and the theoretical and practical knowledge needed to provide care in a cancer unit safely and effectively.

In addition, the program also offers a 'train the trainer' program for nurses showing aptitude and leadership skills and annual assessments to ensure that competency levels are maintained with the option to participate in an online or paper-based assessment (for nurses without internet access), testing knowledge across pharmacology and the safe administration of chemotherapy.

The goal of the program is to regularly hold workshops twice a year in each country with additional follow-up sessions for support and monitoring progress. The curriculum will be reviewed as the program expands and is currently under review for use in Ethiopia.

Takeda recognises the urgency and need to advance cancer training in sub-Saharan Africa. In order to do this effectively and sustainably, we have brought together a number of existing initiatives into the National Integrated Cancer Care Curriculum, which includes the Oncology Nursing Training initiative.

URL: <https://accessaccelerated.org/initiative/oncology-nursing-education-sub-saharan-africa/>

# Program Strategies & Activities

## 9 Strategies and activities

### Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Developing training content and resources and providing training in oncology nursing to nurses in Kenya and eventually across sub-Saharan Africa.

## 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 the Access to Innovative Care Foundation (AICF), and funding the program.

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Access to Innovative Care Foundation (AICF)	Design and delivery of induction programs including workshops, learner resource manuals, e-learning platforms, ongoing support for trainers and learners during the training period, assessment, and the 'train the trainer' component.  <a href="http://aicf.org.za">http://aicf.org.za</a>	Voluntary.

## 13 Funding and implementing partners by country

PARTNER	COUNTRY
Access to Innovative Care Foundation (AICF)	Kenya

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
NGO	We are engaging with the Access to Innovative Care Foundation (AICF) on planning (based on a needs analysis of the cancer care ecosystem in Kenya) and implementation of this program.	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

Nurses play an important role in cancer treatment delivery, symptom and pain management, and provide patients with information and much needed psychological support. There is a shortage of well-trained and qualified nurses in sub-Saharan Africa in both private and public sectors, and especially in oncology. The most recently published National Guidelines for Cancer Management stated there were only three trained oncology nurses in the country at that time (Office of the Director of Medical Services, Ministry of Health, Kenya. National Guidelines for Cancer Management Kenya, Nairobi, August 2013).

### a How were needs assessed

Needs were assessed through on the ground research undertaken by Takeda's Access to Medicines Office.

### b Formal needs assessment conducted

Yes.

## 16 Social inequity addressed

This program addressed inequities in cancer care in Kenya and sub-Saharan Africa by bridging the gap in cancer care between sub-Saharan Africa and developed countries.

## 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]	[No response provided.]
Procurement Procedures	[No response provided]	[No response provided.]
Standard Treatment Guidelines	[No response provided]	This introductory oncology nursing program was specifically developed for nurses working in Africa and other developing countries with the unique challenges this brings. The training curriculum in Kenya is consistent with Kenya's training regulations for nurses and / or standards of the National Nurses' Association.
Quality and Safety Requirements	[No response provided]	[No response provided.]
Remuneration scales and hiring practices	[No response provided]	[No response provided.]

## 18 How diversion of resources from other public health priorities is avoided

Our oncology nurses training program now forms part of the Intergrated National Cancer Curriculum program we are delivering.

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

No.

# Local Context, Equity & Sustainability

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

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

23 Sustainability plan

The oncology nurses training program now forms part of our Integrated Cancer Curriculum training program. Please review this program related to sustainability.



# Additional Program Information

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## 24 Additional program information

We are no longer collecting data on this program as it forms part of the Integrated Cancer Curriculum. In order to strengthen programs we are looking to integrate some of the existing activity into one over-arching program. Once such example is the Integrated Cancer Curriculum.

### a Potential conflict of interest discussed with government entity

[No response provided]

## 25 Access Accelerated Initiative participant

Yes.

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

Yes.

# Resources

1. Office of the Director of Medical Services, Ministry of Health, Kenya. National Guidelines for Cancer Management Kenya, Nairobi, August 2013

# Program Indicators

Not yet available for this program

# 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 you 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 is 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)

## Program Indicators

### INDICATOR DESCRIPTION

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

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

**28** Data source

For this indicator, please select the data source(s) you will rely on.

**29** Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

**30** Data collection

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

**31** Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
- Data processing — Frequency: What is the frequency with which this data is processed?

**32** Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

**33** Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.

