

ASSESSING THE DIRECT MEDICAL COST OF TREATING PATIENTS WITH CANCER IN KENYA: A PILOT STUDY- FINDINGS AND IMPLICATIONS FOR THE FUTURE

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Abstract

Background. The economic burden of cancer is a major issue across countries with the majority of cancer deaths in middle-income and low-income countries where there are appreciable concerns with funding of care. In Kenya, most patients pay out of pocket, and even those who are insured are not properly covered to cover the full costs of cancer treatment, placing a considerable burden on the family if members develop cancer. However, the actual cost of cancer treatment in Kenya has not been enumerated before. This is essential to inform future government as the health system evolves in Kenya. Objectives: To evaluate the economic burden of the treatment of cancer patients in a leading hospital in Kenya. Method: Descriptive cross-sectional cost of illness study over a one year period (2016) in the leading teaching and referral hospital in Kenya, with data collected from hospital files of randomly sampled adult patients between January and March 2017. Outcomes included direct medical costs for managing cancer (chemotherapy, surgery, radiotherapy). Results. The cost of cancer therapy is highly dependent on the cancer modality. Of the 412 patients included, most cancer patients had surgery (25.4%), followed by chemotherapy (4.6%) and palliative care (21.7%). The most prevalent male cancer were prostate cancer (9.7%, n=40) and colon cancer (2.9%, n=12); while female cancers were mostly cervical cancer (23.78%, n=98) and breast cancer (7.28%, n=30). The cost of cancer therapy varied with the type of cancer and its stage. Patients on chemotherapy alone cost an average of KES 138,206 (1US\$ = KES 100) for the year; while those treated with surgery only cost an average of KES 128,207, and those on radiotherapy alone used KES 119,035. Some patients had a combination of all three costing on average KES 333,462 per patient. Conclusion: The cost of cancer treatment in Kenya depends on the type of cancer, the modality, cost of medicines and the type of inpatient admission. The greatest contributors to the cost of cancer care are the cost of medicines and inpatient admissions. Pressure needs to be applied to the Government and insurance companies to ease out-of-pocket payments especially for medicins.