

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Kenya

EXECUTIVE SUMMARY

Kenya's colorectal cancer (CRC) system is at an early stage of development **Maturity Level 1**. Clinical services are highly centralised, public awareness of CRC and screening is low, population-level screening is absent, and access to diagnostics and comprehensive treatment is limited outside a few urban centres. Basic palliative and survivorship services exist in pockets but are not widely available.

Immediate, foundational actions are needed to build basic detection, diagnostic and treatment capacity and to create the governance, data and financing platforms required for later-scale improvements.

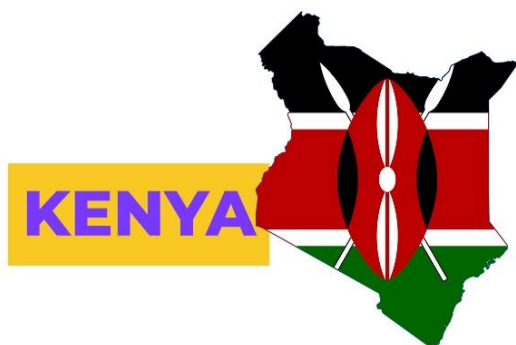
INTRODUCTION

Foundational gaps and the opportunity to build

Kenya faces competing health priorities and limited resources, which means CRC has received little systematic attention to date. A nascent clinical and policy foundation exists through tertiary hospitals and NGOs, offering a starting point.

With targeted investments in awareness, primary-care referral pathways, basic diagnostic capacity and workforce training, Kenya can begin to establish organised early detection and essential treatment services that form the backbone of future system strengthening.

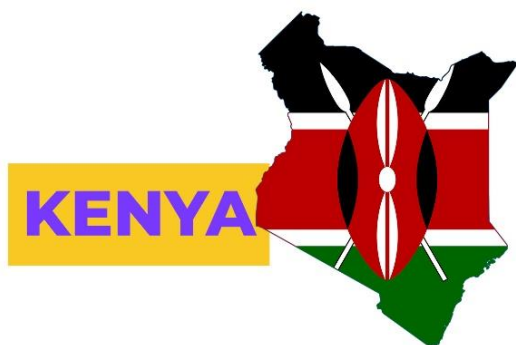




COLORECTAL CANCER IN KENYA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organised CRC screening; most cases present symptomatically and late; low public awareness	Primary care network exists and some NGO awareness activities offer entry points	Start awareness campaigns targeted at high-risk groups; pilot FIT/FOBT screening in selected counties; create basic referral pathways from primary care to diagnostic centres.
Biomarker & Molecular Testing	Virtually no routine public-sector molecular testing for CRC; testing confined to private or academic labs (very limited).	A few university/teaching hospitals with laboratory capacity that could be developed.	Identify essential minimal diagnostics (histopathology) as priority; plan phased introduction of MSI/MMR and RAS testing via referral/hub model; secure partnerships for capacity building.
Treatment Access	Surgery and basic chemotherapy available only in tertiary urban hospitals; radiotherapy and advanced systemic therapies largely inaccessible to most patients.	Skilled surgeons and oncologists concentrated in Nairobi/Mombasa teach hospitals.	Ensure basic surgical and chemotherapy services in regional referral hospitals; create referral networks; develop protocols for safe, resource-appropriate treatment regimens.
Clinical Guidelines & Quality Standards	No national CRC clinical pathway or standardised protocols implemented at scale.	Existing national NCD frameworks could incorporate CRC pathways.	Develop simple, resource-adapted national CRC guidelines (diagnosis > referral > basic treatment > palliative care); disseminate and train clinicians at county-level hospitals.
Palliative & Survivorship Care	Palliative care limited and patchy; survivorship and rehabilitation services nearly absent outside NGOs and selected centres.	Some palliative initiatives and hospice NGOs provide models of community care.	Integrate basic palliative care into primary and county hospitals; train staff in pain management and basic stoma care; ensure opioid policy allows appropriate access.



CONCLUSION & Call to Action

Kenya's CRC care is at an early stage, with the focus on building core, equitable services—awareness, referrals, pathology, regional surgery and chemotherapy, and palliative care. A targeted national effort now will lay the groundwork for future expansion. The Ministry of Health, counties, hospitals, civil society, and partners should collaborate on a time-bound package that quickly improves access and outcomes.



CONCLUSION

At **Maturity Level 1**, Kenya should prioritise foundational actions that deliver immediate benefit and create the plumbing for later advances: awareness, basic diagnostics, essential treatment availability, and palliative care. These steps will markedly improve early detection and care equity and set the country on a realistic, staged path towards higher CRC maturity.