

# BRIDGING THE GAP

## Advancing Prostate Cancer Care in Kenya

### EXECUTIVE SUMMARY

**Kenya** faces a growing prostate cancer burden, yet the national response remains at a Maturity **Level 1 – Basic** stage. Awareness is limited, diagnosis is often late, and access to essential treatments and diagnostics is uneven—especially outside major cities. Financial barriers, workforce shortages, and lack of national guidelines continue to restrict patient outcomes.

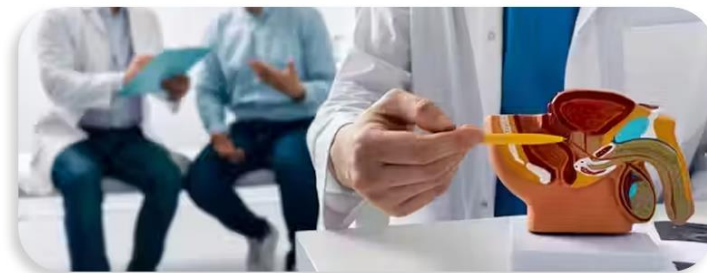
This policy brief assesses the current status of Kenya's prostate cancer care system and outlines priority reforms to move towards equitable, timely, and high-quality care.

### INTRODUCTION

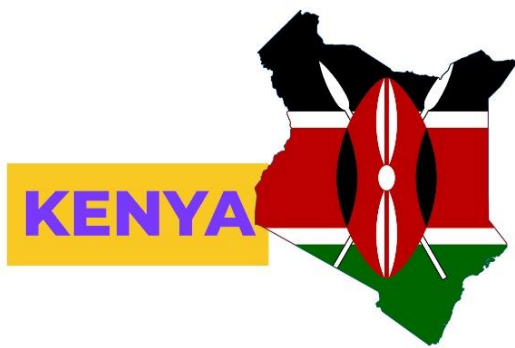
#### Rising Burden, Limited System Readiness

Prostate cancer is among the most common male cancers in Kenya, with incidence rates increasing steadily. However, most cases are detected at advanced stages due to low awareness and lack of structured screening.

While some private and urban-based facilities offer modern diagnostic and treatment options, the public system's capacity remains limited. Without a coordinated national strategy, Kenya risks widening disparities in prostate cancer outcomes.



**Kenya Ranks at Level 1 – Basic Prostate Cancer Maturity Framework**

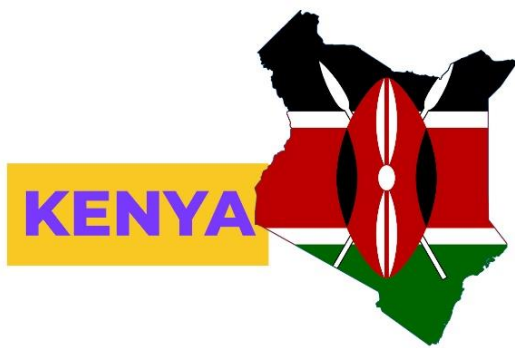


# PROSTATE CANCER IN KENYA

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening program; PSA testing and DRE offered sporadically, mostly in private/urban settings. Majority of patients present with late-stage disease.	Growing engagement from medical associations in awareness campaigns.	Develop a national awareness program and pilot targeted screening for men 50+ and high-risk groups; expand diagnostic capacity to county-level hospitals.
Biomarker & Molecular Testing	Advanced molecular testing for prostate cancer is virtually absent in public facilities; limited access in select private labs.	Existing lab networks for other cancers could be leveraged for prostate diagnostics.	Integrate basic biomarker testing (e.g., PSA, Gleason scoring) into public cancer services; explore partnerships for molecular diagnostics infrastructure.
Treatment Access	Radiotherapy, surgery, and hormone therapy are available only in select centers (e.g., Kenyatta National Hospital, Moi Teaching & Referral Hospital); access constrained by cost, geography & long waiting times.	Ongoing government gional cancer centers.	Expand treatment services to additional counties; subsidize essential medicines and hormone therapies through NHIF coverage.
Clinical Guidelines	No Kenya-specific national clinical guidelines for prostate cancer; treatment decisions vary widely.	Some facilities follow adapted international protocols.	Develop & disseminate standardized national guidelines, with training for clinicians and integration into electronic medical records.
Palliative & Survivorship Care	Palliative care is underdeveloped; morphine availability improving but still inconsistent; survivorship support limited.	Kenya Hospices and Palliative Care Association (KEHPCA) network provides a foundation for service expansion.	Strengthen community-based palliative care programs; ensure nationwide access to pain relief and psychosocial support for patients and families.





## CONCLUSION & Call to Action

Kenya's prostate cancer care system is still in its infancy, with most patients diagnosed at advanced stages and limited nationwide access to modern treatment. Achieving significant improvement will require **political will, strategic investments, and coordinated national leadership**. Integrating prostate cancer into Kenya's broader non-communicable disease strategy, expanding screening, and strengthening regional treatment hubs can rapidly improve survival rates and quality of life. Without action, the current gaps will deepen health inequities and lead to avoidable loss of life.

