

ADVANCING HER2-POSITIVE BREAST CANCER CARE IN KENYA

Bridging the Gaps in an Emerging System

EXECUTIVE SUMMARY

Kenya is making important strides in strengthening its response to breast cancer, including growing public awareness, increased investment in oncology infrastructure, and a dedicated national cancer strategy. However, HER2-positive breast cancer care remains significantly underdeveloped. Access to HER2 diagnostics and therapies is limited, mostly concentrated in urban referral centers, and remains unaffordable for many. As the global oncology field evolves with HER2-targeted innovations, Kenya must urgently address equity gaps in diagnosis, treatment access, and survivorship services. With foundational elements in place, Kenya is currently at an **Emerging (Level 2)** stage of system maturity. Advancing from this stage requires focused policy actions that translate cancer plans into local delivery—ensuring timely, affordable, and equitable care across all counties.

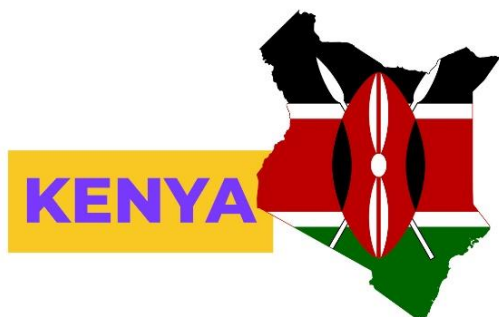
CURRENT SITUATION

Kenya's cancer care ecosystem is a mix of public referral hospitals, private sector facilities, NGO programs, and regional county hospitals. Facilities such as Kenyatta National Hospital, Moi Teaching and Referral Hospital, and Aga Khan University Hospital have oncology services and HER2 testing capacity. The National Hospital Insurance Fund (NHIF) covers some chemotherapy and radiotherapy services, but coverage for biologics like trastuzumab is partial and often requires co-payments or private top-up insurance.

HER2 testing is available in urban centers using immunohistochemistry (IHC) and occasionally FISH, but remains unaffordable for many patients—often costing between \$100–150 USD out-of-pocket. There is no standard reimbursement mechanism for HER2 testing, and quality assurance programs are limited. Breast cancer screening is not yet nationally scaled; only a few counties have integrated clinical breast exams or mobile outreach into primary care, and mammography access is extremely limited. National cancer registry efforts are underway, but HER2-specific data is not routinely collected. Kenya is classified at **Maturity Level 2 – Emerging**, reflecting the presence of foundational policies, referral centers, and public cancer awareness, but significant gaps in diagnostics, treatment affordability, rural access, and survivorship services. Closing these gaps is critical for equitable and effective HER2-positive breast cancer care.

INTRODUCTION

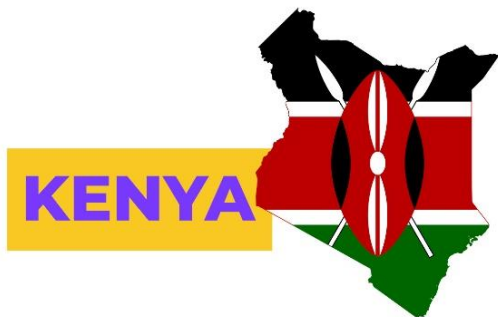
Breast cancer is the most common cancer among women in Kenya and a leading cause of cancer-related mortality. The burden is rising, with late diagnosis and access barriers contributing to poor outcomes. Approximately 15–20% of breast cancer cases are estimated to be HER2-positive, a subtype with aggressive biology but proven benefit from targeted therapies such as trastuzumab. However, HER2 testing is not routine in Kenya, and access to HER2 therapies remains limited. Trastuzumab is available in some public and private facilities but is often unaffordable for uninsured or low-income patients. Kenya's National Cancer Control Strategy (2021–2026) provides a framework to expand screening and treatment, but implementation is uneven. As new HER2 classifications (e.g., HER2-low) and survivorship needs emerge globally, Kenya must act now to strengthen the building blocks of personalized cancer care.



HER2 BREAST CANCER IN KENYA

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Kenya has established oncology units in major hospitals such as Kenyatta and Moi Referral...	...but HER2 testing and multidisciplinary services are not available in most counties.	Expand HER2 testing infrastructure and pathology services through regional hubs and national lab networks.
Access to Treatment	Trastuzumab is on the Essential Medicines List and available in select centers...	...but cost remains a major barrier and NHIF coverage is insufficient for many patients.	Include full HER2 therapy coverage in NHIF and implement pooled procurement strategies to reduce prices.
Research & Innovation	Local institutions participate in some research programs (e.g., AMPATH, academic trials)...	...but HER2-specific data and real-world evidence are lacking.	Establish HER2 registries and invest in outcome tracking through national cancer surveillance.
Awareness & Education	Breast cancer awareness is increasing through campaigns like Pink October...	...but HER2 subtypes & treatment pathways are not widely understood by patients or general practitioners.	Train healthcare providers on HER2 diagnosis and management; incorporate HER2 content into public awareness campaigns.
Survival Rates	Estimated 5-year survival for breast cancer is below 50% due to late diagnosis and limited access...	...and HER2-positive survival outcomes are not separately monitored.	Launch early detection programs and disaggregate survival data by HER2 status.
Early Detection & Palliative Care	Screening via clinical breast exams is available in select counties, and palliative care is supported by NGOs...	...but mammography access is limited and palliative care coverage is inconsistent.	Expand breast screening using community health workers and increase palliative care funding in underserved counties.
Biomarker	Some urban hospitals offer HER2 IHC/FISH testing...	...but cost and availability prevent scale-up, and quality control is lacking.	Subsidize HER2 testing in public hospitals and standardize testing protocols with QA mechanisms.
Clinical Guidelines	Kenya follows adapted NCCN-based breast cancer guidelines...	...but HER2-specific protocols (e.g., re-testing, HER2-low inclusion) are not widely implemented.	Update guidelines to mandate HER2 testing at diagnosis and integrate HER2-low treatment considerations.
Reimbursement	NHIF covers a portion of chemotherapy and radiotherapy...	...but biologics like trastuzumab often require large out-of-pocket payments.	Ensure full reimbursement of HER2-targeted therapies in public insurance and consider cost-sharing waivers for low-income patients.
Screening	Clinical breast exams are performed in some outreach programs...	...but there is no organized national screening program and awareness remains low in rural areas.	Launch a national breast screening initiative with mobile units and culturally tailored education campaigns.



CONCLUSION

Kenya has laid important groundwork in breast cancer care—but HER2-positive diagnosis and treatment remain deeply inequitable. The country's current status as an **Emerging system** highlights both progress and persistent gaps. Diagnostic infrastructure, affordability, regional access, and data reporting must all improve to keep pace with global advances. Addressing HER2 care gaps offers a high-impact opportunity to build broader cancer system resilience and equity. With targeted investments and coordination, Kenya can move toward a future where every woman—regardless of income or location—has access to timely, personalized breast cancer care.



KEY POLICY MESSAGES

- 1 Kenya has foundational infrastructure for cancer care, but HER2 testing and treatment access remain limited and uneven.
- 2 Public awareness and provider knowledge of HER2 subtypes are insufficient and must be strengthened.
- 3 NHIF must be reformed to provide full financial protection for HER2-positive patients, especially for biologics.
- 4 National data collection should include HER2-specific outcomes to guide equitable and evidence-based policies.

CALL TO ACTION

- **Subsidize and decentralize HER2 testing** through regional laboratories and national procurement programs.
- **Integrate trastuzumab and future HER2 therapies into NHIF with full reimbursement**, especially for vulnerable populations.
- **Train frontline health workers and general practitioners** in HER2 diagnostics, referrals, and patient navigation.
- **Launch a HER2-positive outcomes registry** to inform policy decisions and monitor equity of care delivery.
- **Expand national screening efforts** through mobile outreach and integration into community-based care platforms.