

## Training Initiative to Improve Palliative Care Accessibility in Western Kenya

Submitted by: Indiana University School of Medicine; Moi University School of Medicine; Icahn School of Medicine at Mount Sinai; Dell Medical School, The University of Texas at Austin; Ascension St. Vincent Hospital; Living Room International; and Duke University School of Medicine

**Gold Winner**

Category: Reaching the Patients in Need

### Overview

The vast majority of Kenyans lack access to hospice and palliative care services, and the need is predicted to grow significantly in the next decade. To address this important population health challenge, the [AMPATH](#) consortium has identified the limited number of palliative care specialists as a major impediment to providing quality symptom management and end of life care. AMPATH seeks to increase access to palliative care in Western Kenya by developing palliative care training programs for health care professionals and Community Health Volunteers.

To meet this need, the consortium has been developing training programs for nurses, clinical officers, and physicians. They have also been developing an innovative training program for Community Health Volunteers (CHV) to identify, provide care, and refer patients to palliative care providers. This program will imbed specialists throughout the health care system, thus providing care to those with little to no access. Training will include management, advocacy, and research skills to prepare graduates for roles in administration, government, or academia. Our estimated budget for the program is \$300,000.

### Impact

The World Health Organization notes, "The global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of noncommunicable diseases and some communicable diseases"<sup>1</sup> Palliative Care has been stated as an important goal in the 2020 Kenya Ministry of Health Strategic Plans for Population Health and Cancer,<sup>2</sup> and was previously stated in the Kenyan Ministry of Health Guidelines for Palliative Care.<sup>3</sup> Additional publications outline the need for systemic access to palliative care but implementation of these recommendations has been hampered by the paucity of providers with formal palliative care training.<sup>4-10</sup> Currently there are no physician training programs in Palliative Medicine, no board-certified specialists practicing in Western Kenya, and no degree granting programs for nurses and clinical officers. Moreover, Community Health Volunteers (CHV), who are the most frequent interface between the health care system and Kenyans living in rural and impoverished areas, receive little to no training in palliative care.<sup>11</sup> They are often unaware of how palliative care can help people with serious illnesses and when and where to make referrals.

Our initiative seeks to improve systemic access to palliative care by filling the unmet need for specialized training programs.<sup>10,11</sup> From a population health perspective, we hypothesize that training physicians, clinical officers, nurses, and CHV, will impact care in all levels of the 6-tiered Kenyan health care system (Figure 1 in Attachment 1). By embedding the program within the public education system, the training program can be sustained by tuition fees and national funding of higher education, thus ensuring sustainability. Inclusion of CHV in our initiative also focuses efforts on reaching underserved rural populations that currently have limited to no access to palliative care.

Our Initiative was developed within AMPATH (Academic Model Providing Access to Healthcare), a consortium of Kenyan Partners (Moi University School of Medicine, the Moi Teaching and Referral Hospital- MTRH, the MTRH College, and Webuye District Hospital) and twelve North American Medical Schools and Universities (Attachment 2). We also engaged Living Room International (LRI), an NGO that operates two hospices providing inpatient and outpatient services in Western Kenya (Attachment 3). Together, our initiative brings together a rich expertise in palliative care knowledge and active clinical sites for educational experiences. The unique component of our programs is the intense clinical exposure. Students will rotate through a major tertiary hospital and cancer center, a rural district hospital, and inpatient and outpatient hospice programs. We believe this hands on clinical exposure will provide an important level of confidence and skill that cannot be easily obtained through online learning.

The five major goals of our initiative are to: (1) assist Moi University School of Medicine in recruiting its first faculty dedicated to Palliative Medicine (2) create a higher diploma program in palliative care for clinical officers; (3) create a higher diploma program in palliative care for nurses; (4) pilot a training program in palliative care for Community Health Volunteers; and (5) develop the first fellowship in Palliative Medicine in Kenya.

## Evidence-Base

We are midway through implementation of our initiative. In addition to the literature referenced above, the evidence for focusing on training is informed by World Health Organization resolution and document statements including:

- Each year, an estimated 40 million people are in need of palliative care; 78% of them people live in low- and middle-income countries<sup>1</sup>
- For children, 98% of those needing palliative care live in low- and middle-income countries with almost half of them living in Africa<sup>1</sup>
- Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access<sup>1</sup>
- Cancer has become one of the major health care challenges for Africa with the number of new cases predicted to increase by 70% over the next two decades.<sup>12,13</sup>

The current status of our 5 goals are as follows:

(1) Assist Moi University School of Medicine in recruiting its first faculty dedicated to Palliative Medicine. With financial assistance from AMPATH, Dr. Hussein Elias was appointed as Adjunct Professor of Family Medicine. He is the first and only faculty with a focus on palliative care. He created and now oversees the CHV Training Program and manages curriculum implementation.

(2) Create a higher diploma program in palliative care for clinical officers; The MTRH College paid the accreditation fees in 2020, leading to the final site visit by the Clinical Officers Council in early 2021. Accreditation was granted on February 23, 2021. Student applications are now being accepted (subject to delay due to COVID-19).

(3) Create a higher diploma program in palliative care for nurses. The curriculum has been reviewed and awaits a site visit by the Nursing Council before final approval. The MTRH College has included the accreditation fees for the Nursing Council in their 2021 budget and the program is on track to begin classes in the fall of 2021.

(4) Pilot a training program in palliative care for Community Health Volunteers. This three-day training course provides CHV with an understanding of palliative care tenants, the skill to recognize individuals in need of palliative care services, and the resources to conduct home visits and refer patients to palliative care providers. Training began in early 2020 and the last of the 10 training programs were held in April of 2021. We are currently in the data collection phase of the program. To date, 110 CHV participated and 1,100 patients have been assessed in the community with 111 patients referred to our palliative care clinics.

(5) Develop the first fellowship in palliative medicine in Kenya. Dr. Cornetta (Indiana University) has received a Fulbright Award and will spend 5 months in Kenya working with the Dr. Jeremiah Lakahbi (Professor of Family Medicine at Moi University) in developing the palliative care fellowship. Due to COVID-19, the trip has been delayed until August of 2021.

## Feasibility

Our initiative began in May of 2018 when AMPATH and LRI members met with local clinicians and educators and proposed a curriculum that combined classroom learning along with rotations at Moi Teaching and Referral Hospital, Webuye District Hospital, and the LRI hospices. This led to a series of Stakeholders meeting over the next year that included additional clinicians, local and national educators, representatives from the Kenyan Hospice and Palliative Care Association, and Hospice Care Africa - Uganda. While we initially envisioned a one year certificate program for nurses, clinical officers and physicians, we were encouraged to apply for a "Higher Diploma" program that would qualify graduates as specialists by their respective national accrediting bodies (with their licenses reflecting their specialty training). The nursing council agreed with a one-year program, and the clinical officers council required an 18-month program. The medical school invited us to develop a formal sub-specialty fellowship program for physicians. Developing the palliative care curriculum for nurses and clinical officers became an iterative process given the North American partners were not familiar with the curriculum requirements in Kenya, and the Kenyans did not have a comparable training program in palliative care to assess course content and competencies.

For training programs, performance on oral and written exams will reflect the competence of the student, and the ability of the faculty to teach. Specific objective for monitoring the training programs include:

1. Clinical Officer Higher Diploma Program and the Nursing Higher Diploma Program: Enroll and graduate 10-20 students per class. Completion of research project by all graduates. Assess knowledge prior and after training, show competency in symptom management and communication. Placement of graduates in positions that require palliative care skills.

2. Train 100 CHV in palliative care skills. Assess knowledge prior and after training. Evaluate confidence in skills prior to and at the conclusion of training, and at interval after training. Assess barriers to palliative care assessment and access to care barriers encountered by CHV. Monitor the number of patients assessed and number referred for palliative care after training and compare with historic referral patterns.
3. Fellowship in Palliative Medicine. Beyond monitoring the background of our trainees, we will assess our ability to train board certified specialists. Monitoring their placement and longevity in palliative care will also be a long-term measure of success.

The initiative has overcome a variety of challenges, including misconceptions that palliative care was limited to oncology and end-of-life care. COVID-19 delayed implementation Clinical Officer and Nursing training, these programs will now begin in 2021. A remaining challenge will be defining the curriculum for the Palliative Care fellowship. Palliative Medicine is recognized by the Kenyan Medical Council as a sub-specialty but there is currently no training program in country. We will also need to help define the parameters for board certification as Kenyan certification examinations are typically oral exams conducted by subject specialists.

## Scalability

One scalability goal will be to increase our class size. In training clinical officers and nurses, we are starting with a class of 10-20 each, given the limited number of clinical sites available. We anticipate that as our trainees graduate and take positions in sites outside our current program, we can expand our class size.

A second goal will be to make our curriculum available to others. We will be collecting data on the effectiveness of our training and intend to publish the program design, educational goals and outcomes. All palliative care training tools, lectures, and other components from the curriculum will be made available online. We are open to sharing our model, curriculum, and training materials with groups in Kenya and other LMIC.

The third goal is to develop sister programs at other health care universities. AMPATH is in negotiation with two new sites, one in Ghana and the other in Mexico. The lead for AMPATH Kenya will remain Indiana University, while New York University and Dell Medical Schools will be the lead partners for AMPATH Ghana and Mexico, respectively. Dr. Cornetta (Indiana University), Dr. Dow (Mount Sinai School of Medicine), and Dr. Johnston (Dell School of Medicine) will take responsibility for overseeing the programs at each of these sites.

For the CHV training program, we see this as a unique opportunity to begin a research program to link rural CHV and palliative care specialists using telecommunication. We hope in the next year to finalize analysis of our current program and seek funding to expand the program and support research efforts. The data collected in our current program will be important preliminary data for this pursuit.

The fellowship in Palliative Medicine will be one of the few program in Africa. As with programs noted above, we would seek to partner with other Medical Schools located in LMIC who wish to develop a similar program.

In January of 2021, we began a monthly ECHO conference for palliative care in Western Kenya. It allows the few palliative care centers in the area to present cases and receive continuing education from educators and clinicians within and outside AMPATH.

Finally, ongoing effectiveness is built into our educational programs. The education programs will receive ongoing evaluation and site visits from the national accreditation boards. While it is beyond the scope of our initiative, a number of important research questions can be explored as students graduate. For example, morphine availability is very limited in many areas of Western Kenya. Will our graduates advocate for and improve morphine use in these areas? Will our graduates increase the number of palliative care clinics and inpatient hospital services? Will our graduates help raise awareness about the importance of palliative care in serious and life limiting illnesses within the healthcare system? Ultimately, our goal is to positively impact the pressing population health challenge of providing access to effective palliative care no matter where care is provided.

## Sustainability

For the past 20 years, AMPATH has continued to grow in size and impact. The initiative described in this document stems from a self-assessment and was further developed through Stakeholder meetings. These meetings confirmed the support of our Kenyan and North American leadership. They also provided confirmation that our efforts would catalyze training programs that can be sustained through student tuition. Post-graduate tuition and living expenses in Kenya are typically paid for by local health ministries. Graduates are required to work within their local community for an agreed upon period of time after graduation as a condition for tuition coverage. Given the Kenyan Government goals for improved palliative care services, there is already an incentive for local health ministries to send individuals for training. Ultimately, the graduates from our program will sustain the impact of our investment by increasing awareness, inspiring new trainees, and expanding clinical services in palliative care. The impact will be both short- and long- term.

The preliminary data from our CHV program shows feasibility and is clearly leading to patient referral. We are also documenting the challenges CHV and their patients face in accessing care. The data collection phase will conclude in July of 2021. We will meet with local health official who oversee CHVs to find a way forward in expanding the program.

Our estimated budget for this initiative appears sufficient as we are halfway through the objectives and are on track to meet our goals.

AMPATH Palliative Care has support from a growing number of North American palliative specialists active in this initiative, should one leave other members within the consortium can continue the work. Our Kenyan colleagues are based within the Department of Family Medicine at Moi University with three faculty currently active in this initiative. The project was developed with institutional support from the MTRH College and Moi University who see the new programs as important parts of their educational mission. Our colleagues at Living Room International have had a close relationship with AMPATH since they opened their first hospice in 2011. We continue to share clinical resources, educational goals, and research projects. Our ability to sustain our efforts through COVID-19 speaks to the strength of our infrastructure and resilience of our team members.

In summary, our Initiative has identified the limited workforce as a major impediment to delivering palliative care services throughout the healthcare system in Western Kenya. There are a number of unique components of our training program, which we believe will help meet the Kenyan Ministry of Health palliative care goals. They include an intense clinical experience not available in Western Kenya; providing a higher diploma program that will list specialty in palliative care on the graduates license; and connecting palliative care specialist with individuals in underserved areas through CHV training. Embedding the program within the public education system impacts both the Health Ministry and national workforce development goals and fosters sustainability.

## Project Team

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## About the Challenge

The John A. Hartford Foundation Tipping Point Challenge is a national competition to catalyze the spread of skills, ideas, and solutions that will improve health care delivery for all people living with a serious illness. It is sponsored by the [Center to Advance Palliative Care](#) and [The John A. Hartford Foundation](#).

For more information, visit [tippingpointchallenge.capc.org](http://tippingpointchallenge.capc.org).