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The Kenya cancer research and control stakeholder program: Evaluating a bilateral partnership to strengthen national cancer efforts

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ABSTRACT

Background: In response to a growing cancer burden and need for improved coordination among stakeholders in Kenya, the US National Cancer Institute and the Kenya Ministry of Health collaboratively hosted a stakeholder meeting in 2014 which identified four priority areas of need (research capacity building, pathology and cancer registries, cancer awareness and education, and health system strengthening) and developed corresponding action plans.

Methods: Surveys were conducted with participants to collect input on the progress and impact of the 2014 stakeholder meeting.

Findings: Of 69 eligible participants, 45 responded from academia, healthcare institutions, civil society, government, and international agencies. Of the four technical focus areas, three have continued to conduct working group meetings and two have conducted in-person meetings to review and update their respective action plans. Accomplishments linked to or enhanced by the meeting include: Kenyan and international support for expansion of population-based cancer registries, increased availability of prioritized diagnostic tests in selected regional referral hospitals, a greater focus on development of a national cancer research agenda, strategic planning for a community education strategy for cancer awareness, and improved coordination of partners through in-country technical assistance.

Interpretation: The Stakeholder Program has successfully united individuals and organizations to improve cancer control planning in Kenya, and has enhanced existing efforts and programs across the country. This model of partners working in parallel on prioritized track activities has supported development of long term coordination of cancer research and control activities sustainable by the Kenyan government and Kenyan institutions.

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1. Introduction

The increasing burden of non-communicable diseases (NCDs) presents a global health challenge. In particular, cancer incidence is expected to rise by 70% in the next 20 years, with a majority of cases occurring in low- and middle-income countries [1]. Consequently, countries need to begin shifting resources toward this imminent burden [2]. In Kenya, many institutions including the Ministry of Health (MoH), academia, civil society, the US Government (the US National Institutes of Health, Centers for Disease Control and Prevention, and US Agency for International Development), and international partners, have been working to address this public health issue, but more efforts are needed to increase integration with Kenya's National Cancer Control Strategy (NCCS) [3].

To improve coordination among cancer-related stakeholders in Kenya, the US National Cancer Institute (NCI)'s Center for Global Health (CGH) and the MoH hosted a two-day workshop in 2014 [4]. The meeting focused around three primary objectives: (1) to foster a network of in-country contacts; (2) to leverage infrastructure and relationships to improve alignment with the MoH and implementation of the NCCS; and (3) to integrate NCI and global cancer control efforts into MoH priorities.

Stakeholders in Kenya identified four areas critical to advancing cancer control and care, which provided the structure for grouping participants within their areas of expertise: research capacity building (Track 1), pathology and cancer registries (Track 2), cancer awareness and education (Track 3), and health system strengthening (Track 4). The program intentionally drew stakeholders from different sectors, to ensure useful dialogue and outputs that ultimately implemented the goals of the NCCS nation-wide (Table 1).

The two-day meeting has evolved into the Stakeholder Program, a bi-lateral partnership between the NCI and the Government of Kenya to accelerate implementation of the action plans of each technical working group (TWG) (Fig. 1). This has included an NCI-supported technical advisor to the MoH and the recently inaugurated National Cancer Institute of Kenya (NCI-K), as well as support for specific projects. Nearing the three-year mark of bilateral engagement, NCI initiated an evaluation of the program to gauge progress and to assess the Stakeholder Program model as a means of NCI investment toward cancer research and control in a partner country.

2. Methodology

NCI developed a set of survey questions to address the three key objectives of the meeting and the activities of the four technical tracks. Two survey instruments were used, one for Kenyan MoH participants (13 questions: 8 closed-ended, 5 open-ended) and one for non-MoH participants (27 questions: 18 closed-ended, 9 open-ended), to assess the degree of strategic alignment between the groups. Questions on both surveys addressed activities completed since the 2014 meeting, scope of partnerships formed through the program, progress on action plan implementation, alignment between MoH and non-MoH partners, and successes and challenges of the program. Both surveys were developed using Questionnaire Development System (QDS, NOVA Research, v3.0), which were administered through a web-link sent to stakeholders by email. As CGH was the primary funder of the 2014 meeting, CGH staff members were excluded from participation in the survey. Data collection took place during a five-week period, with follow-up at two, three, and four weeks. After closure of the web-based survey, a CGH staff member conducted semi-structured face-to-face and telephone interviews with non-respondents, using the same survey questions administered in the web version. Stakeholders from

the 2014 meeting who are active in at least one of the four technical tracks or currently holding positions relating to cancer were prioritized for these follow-ups.

Two CGH staff members used thematic coding to analyze responses to each open-ended question. After review, the open-ended questions were coded according to major thematic categories by using a combined inductive/deductive approach based upon the objectives of the program and common areas of interest that arose from the data. A team of reviewers examined the codes to determine the final set of themes.

3. Results

In total, 54 Kenyan (13 MoH, 41 non-MoH) and 15 international participants were eligible to be surveyed. Of those, 33 Kenyan (9 MoH, 24 non-MoH) and 12 international participants responded in the evaluation (Table 2), for an overall response rate of 65%.

3.1. Evaluation of meeting objectives

3.1.1. and 3.1.2 To foster a network of in-country contacts, and to leverage infrastructure and relationships to improve alignment with the MoH and implementation of the NCCS

Success of the first two meeting objectives was assessed in part by the number and types of new partnerships that stakeholders formed as a result of the meeting. Of the 45 respondents, 35 (77%) reported forming at least one new partnership. The partnerships described were commonly cross-sector, many being across public and private institutions. For non-MoH partners, the extent to which new relationships were formed with MoH stakeholders reflected both a stronger network and an increased alignment with the MoH. Of the 36 non-MoH respondents, 26 (72%) stated that the meeting increased their level of interaction with the MoH, reflecting both a stronger network and increased alignment with MoH priorities. Specifically, the meeting allowed the relationship with the MoH to be "more focused and intense, and more productive—less combative and more collaborative." Many participants noted that the meeting yielded a "strong synergy" between MoH and non-MoH stakeholders, with non-MoH respondents reporting that the interest and active involvement of MoH officials engendered a sense of confidence in being viewed as partners in cancer control efforts, and that the government considers cancer an important issue. The utility of the technical track structure of the program was also viewed as a success. With key guiding principles for cancer control that include "ownership, partnership, coordination, systematic and integrated approach" [3], the NCCS itself was enhanced by this stakeholders meeting and subsequent engagement of stakeholders within the technical tracks.

As cancer is addressed by multiple MoH units (NCD, Reproductive Health, Oncology, and Health Promotion), strengthening relationships within the MoH is another important aspect of fostering an effective in-country network. Redeployment within the Kenyan government is another barrier to coordination within the MoH: of the thirteen MoH participants at the 2014 meeting, five have transitioned to new positions, some outside of cancer or outside of the MoH entirely. Because of this reality, partnerships at the organizational level, not only among individuals, are crucial to the strength of the in-country network and the continuity of efforts.

"Partners (are) very important for the MoH. Over time, different partners have different strengths and different mandates, and not everyone can do (the same) thing. Consensus takes time but once you have it, you move at very fast speed."

Following the meeting, several specific projects were cited as examples of improved coordination between stakeholders and the

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