

IMPROVING ACCESS TO CANCER CARE THROUGH PURCHASE OF SOCIAL INSURANCE FOR NEEDY PATIENTS. A SUSTAINABLE CASE OF THE MERU BLUEPRINT FOR INNOVATIVE HEALTHCARE ACCESS PROGRAM, KENYA

Munene D¹, Chite F¹, Odoyo E¹, Musau H², Mosoti N²

¹ International Cancer Institute, Kenya

² Meru Teaching and Referral Hospital, Kenya

OBJECTIVE

The cancer continuum of care can be expensive for patients in low- and medium-income countries since it involves multimodality and a multidisciplinary approach which the poor and vulnerable cannot meet the out-of-pocket cost. The hospital waiver system is usually long and unsustainable. In Kenya, the National Hospital Insurance Fund (NHIF) offers an oncology package that self-contributing patients can access for a premium of USD 60 per annum. Affordability is a major challenge for patients from low social-economic backgrounds hence missing out on the much-needed care. The program aims to improve access to cancer care through the purchase of social insurance for needy patients.

METHODS

The program works with Clinicians and the Hospital Medical Social Worker in identifying the poor and the vulnerable cancer patients for need assessment. Purchase of NHIF coverage for an average of USD 60 per year is done from the initial encounter assisting patients in accessing the care needed promptly. Eligible members of the patient's family can also access primary care and variable levels of sub-specialty care including cancer screening and treatments.

RESULTS

A total of 42 Cancer patients have benefited through the program and among them, the females account for 83.3% (n=35) and males 16.7% (n=7). Patients with Cancer of the Breast (64.3%) formed the largest beneficiaries followed by lymphoma (7.2%) and Kaposi's Sarcoma 7.1% respectively. The amount spent is USD 3,000 with 73.8% (n=31) purchased coverage of USD 60, 21.4% (n=9) USD 120 and 4.8% (n=2) USD 30 respectively.

CONCLUSIONS

The program has maintained social protection of cancer patients by ensuring the poor and other vulnerable patients have access to needed cancer services, and that paying for care does not result in financial catastrophe and this is more sustainable than the hospital waiver system or out-of-pocket payments.