

Request for Proposals - Assessment of Nairobi Out of Pocket Expenditure on Breast Cancer

About City Cancer Challenge Foundation

City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care.

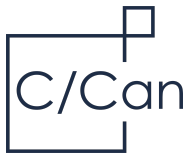
The approach is built on the core principle that cities can drive impact at national level by crafting data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context.

C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. It was established as a standalone Swiss Foundation in January 2019, and is now active in 15 cities around the world.

Rationale of the Project

Cancer is among Kenya's healthcare system's top three leading causes of death. Informed by the trends, there has been a steep increase in cancer diagnoses and care initiatives noted in private and public agencies. As per GLOBOCAN 2018, the estimated annual incidence of cancer was 47,887 cases, with breast, cervical, oesophagus, prostate, and colorectal being the leading types of cancer cases. The top three contributors of the annual cancer mortality of 32,987 were oesophagus, cervical, and breast cancers. Despite the glaring statistics, Kenya's situation stands out, given the detrimental effects of cancer and cancer care's economic, social, and emotional effects.

Expenditure on non-communicable diseases (NCDs) in Kenya stood at 6.2% of total health expenditure, which was 0.4% of the total gross domestic product of the country in 2016/17. Households affected by NCDs have a relatively higher chance of



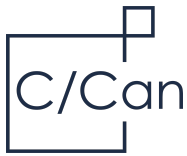
incurring catastrophic expenditure and being impoverished. While general ailments reduce household income by 13.63%, NCDs reduce household income by 28.64%.

The cost of medicines and inpatient admissions are currently the greatest cost components in the treatment of patients with cancer in Kenya. Chemotherapy is the key driver of treatment costs. The government has made some effort to prioritize cancer medication given that 93.4% of the WHO Essential Medicines List (EML) cancer medicines were listed on the 2019 Kenya National Essential Medicines List (NEML). Specifically for Breast cancer care in tertiary facilities under the, a previous study showed that the proportion of patients paying OOP was highest for diagnostic services and the related costs limited access to care. Approximately 30%-32% of breast cancer patients in Kenya paid OOP for cancer diagnostics (Laboratory: 28-32%; Imaging: 21-48%). 8%-20% paid OOP for cancer treatment (Surgery: 17-20%; Chemo-Radiotherapy: 8-18%). Among patients receiving HER2-targeted therapy, the average number of cycles was five for those paying out of pocket (OOP) only versus fourteen for those with some health insurance coverage.

Ever since, the healthcare financing space in Kenya has evolved, with the Social Health Authority (SHA) replacing the National Health Insurance Fund (NHIF). The new fund promises improved benefits for cancer care and has even put in place a chronic disease fund to support patients who exhaust their allocated benefits. This is expected to improve the coverage of cancer care and reduce OOP expenditure. However, even after the commencement of the SHA, most cancer patients still complain of high OOP expenditures. As such, there is a need to assess the OOP expenditures on cancer care in light of the current coverage offered by SHA. This would provide the evidence needed to institute the necessary changes to its benefit package to improve breast cancer care coverage.

Summary of the RFP.

C/Can is currently seeking an academic institution to support Nairobi city's efforts in conducting an assessment on OOP expenditure on breast cancer for patients covered by the Social Health Authority (SHA). The project, lasting 12 months, starting in August 2025 aims to generate evidence of OOP expenditure on breast cancer needed to design interventions including revision of SHA benefit packages for cancer care. The project is expected to quantify OOP expenditures (both medical and non-medical) incurred by breast cancer patients covered by the SHA in Nairobi. This will contribute



to efforts towards reducing out-of-pocket expenditure on breast cancer care in Nairobi.

Responsibilities of the Academic Institution

The academic institution is expected to support local stakeholders with the following:

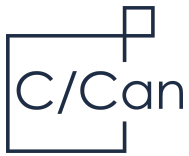
1. Developing the research protocol and data collection instruments (A template for the research protocol and data collection tool with relevant cost categories will be provided)
2. Ethical approval process of the research protocol
3. Pilot of the data collection tool and recommend any changes where necessary
4. Collection, cleaning and analysis of OOP expenditure data from breast cancer patients
5. Drafting and publication of the research manuscript
6. Engagement of other stakeholders including government authorities and hospitals where data collection will be done
7. Dissemination of the findings of the study.

Deliverables

1. Approved research protocol.
2. Raw data on OOP Expenditure on breast cancer in Nairobi.
3. Publication on OOP Expenditure on Breast Cancer in Nairobi.

Selection Criteria

- Academic Institution registered in Kenya
- Faculty research experience in Health Economic Studies. Experience in OOP expenditure studies will be an added advantage.
- Evidence of publications in reputable scientific journals.



- Availability of administrative support for research.
- Willingness to work collaboratively with other researchers.

How to apply

Applicants should send a proposal indicating the study methodology, the proposed timelines and budget to gone@citycancerchallenge.org.

Applications will be reviewed on a rolling basis.