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# **A Comparative Study of Barriers to Palliative Care Access for Cancer Patients in Nairobi's Public Health System**

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## | Abstract

Cancer incidence is rising in Kenya, but palliative care integration within the public health system is limited. A clear understanding of the obstacles patients face is necessary for service and policy development. This study aimed to identify and compare the primary barriers to accessing palliative care for cancer patients across three major public hospitals in Nairobi. A comparative, cross-sectional study was conducted. Data were collected via semi-structured interviews with cancer patients (n=45), focus group discussions with their primary caregivers (n=30), and key informant interviews with healthcare providers (n=15). Thematic analysis was used to analyse the qualitative data. Four key barrier themes were identified across all sites: systemic (e.g., drug stock-outs and limited specialist staff), financial (catastrophic out-of-pocket costs), knowledge (lack of patient and provider awareness), and socio-cultural (stigma and beliefs about cancer). A predominant finding was that most patients cited transport costs and loss of income as the most immediate barrier to attending appointments. Barriers to palliative care access in Nairobi's public system are multifaceted and consistent across institutions. Financial constraints are the most pervasive and acute, highlighting a critical gap between service availability and patients' ability to utilise them. Develop a targeted patient transport and income support scheme. Integrate palliative care training into core curricula for healthcare workers. Advocate for reliable funding and supply

chains for essential palliative medicines within the public system. palliative care, health services accessibility, neoplasms, health systems, Kenya, comparative study This study provides a direct comparison of patient and caregiver experiences across multiple public hospitals, offering a nuanced evidence base for designing context-specific interventions to improve palliative care delivery in urban African settings.

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