

KENYA

OVERVIEW

Osteoporosis is not a health priority in Kenya, and clinical guidelines regarding osteoporosis prevention and treatment do not exist. This is against a background of rising alarm from some medical practitioners in the country. Lifestyle/non communicable diseases are on the increase and government should now embark on targeting non-communicable diseases that are prevalent, rather than solely focusing on HIV and AIDS, which has declined tremendously in recent years.

The lack of osteoporosis data in Kenya calls for an urgent initiative both in the government and the private sector for a full scale clinical research on the epidemiology of fractures in the East Africa region.

One of the major initiatives undertaken by the Kenya Osteoporosis Prevention and Age Concern (OPAC) is a national media osteoporosis awareness campaign from the year 2000 to date. The campaign has been instrumental in raising awareness of osteoporosis in Kenya and the East Africa region, where until recently it was completely unknown. Another of our major organization initiatives is the 2008 launch of the first World Osteoporosis Day (WOD), in Kenya. The organization marked a great milestone in celebrating the first World Osteoporosis Day in East and Central Africa region. The third major initiative is the efforts to bring the government on board in the fight against osteoporosis in Kenya. Today, the director of non-communicable diseases in the Ministry of Health is a member of the organization's scientific board of advisors in Kenya.

OPAC has undertaken other initiatives such as striking a collaboration with the African Medical and Research Foundation (AMREF) International in the provision of virtual courses on osteoporosis, to be incorporated with the AMREF Virtual Nursing Studies (AVNS). This is an initiative hampered by lack of donors or financing, with an aim of providing bone health literacy to about 40,000 nurses currently undertaking nursing update courses from certificate to Diploma via special internet oriented structures. The students are spread throughout the East and Central Africa region.

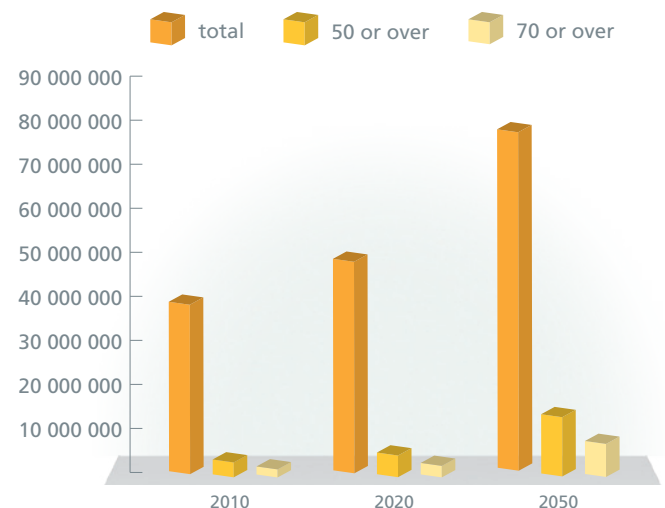
An immediate priority in Kenya involves undertaking comprehensive clinical research involving East Africa regional countries. This will form a strong baseline dataset which will be critical to elucidating the epidemiology of osteoporosis in Kenya and the East Africa region.

With assistance from the IOF Middle East and Africa office, another priority is to partner and lobby top government officials and corporate entities to support programmes on bone health research and education. This includes, in partnership with the IOF office, lobbying the government to train local physicians on the diagnosis and treatment of osteoporosis. This should move in conjunction with acquisition of DXA machines for all public hospitals in the East Africa region.

KEY FINDINGS

The present population in Kenya is estimated to be 40 million: of this 9% (3.5 million) is aged 50 or over and 5% (1.9 million) is 70 or over. By 2050, it is estimated that 17% (14 million) of the population will be 50 or over and 10% (7.8 million) will be 70 or over, while the total population will increase to 80 million (fig 1).

FIGURE 1 Population projection for Kenya until 2050



REF US Census Bureau

Older adults are increasingly playing the principal role in caring for younger adults sick with HIV and AIDS and for orphaned grandchildren. Recent research conducted in Thailand, Zimbabwe, and Uganda found that over two-thirds of elderly respondents were the main caregivers of ill adults or orphans whose parents had died of AIDS (Knodel et al.2001; WHO 2001; Ntozi and Nakayiwa, 1999). Often older people have no alternative but to provide nursing care to their ailing adult children and to become active parents again, in addition to providing for themselves.

EPIDEMIOLOGY

In Kenya, a hospital based osteoporosis study by F.O. Odawa, revealed that osteoporosis prevalence in the black female population (over 50 years) currently stands at 24.5%.

Hip fracture

No available information.

Vertebral fracture, other fragility fractures

No available information.

DIAGNOSIS

It is estimated that there is 1 ultrasound (US) machine per 60,000 people, and these are only available in urban centers. The cost of an exam is approximately USD 70. None of these exams are reimbursed by a government health plan as osteoporosis is not recognized as a high priority sector but private health care insurance does provide reimbursement.

REIMBURSEMENT POLICY

No available information.

CALCIUM AND VITAMIN D

Calcium and vitamin D supplements are available as well as fortified foods.

PREVENTION, EDUCATION, LEVEL OF AWARENESS

Osteoporosis is not recognized as a health priority in Kenya and there are no official guidelines or government

public awareness programmes regarding prevention, diagnosis and management of osteoporosis and fragility fractures. Amongst health care professionals awareness about the disease is low; it is not part of the medical school curriculum, and most practitioners, except orthopedists who are well trained, are poorly equipped and trained to diagnose and treat osteoporosis in Kenya.

Apart from organizing World Osteoporosis Day events in Kenya, the Kenyan based Osteoporosis Prevention and Age Concern (OPAC), is currently organizing and mobilizing the elderly population and voicing their concerns about their health.

Programmes in lifestyle prevention of osteoporosis are organized by the OPAC, Kenya.

RECOMMENDATIONS

Funding

The major setback in any osteoporosis initiative in Kenya is the lack of finance to support various activities. As osteoporosis is a completely new concept in Kenya and the East Africa region, it is not a traditional area of funding and therefore it is difficult to attract donors.

Government support

The government priorities concerning public health and research is another great problem. For many years now regional governments have directed large sums of public funds into HIV prevention programmes. It is now time for government to focus as well on non communicable disease prevention, in particular prevention of fractures.

Infrastructure

There is inadequate equipment to measure bone density in Kenya and even in the EA countries. This lack of facilities has greatly hampered bone health literacy in Kenya and EA region.

Information, Kenyan culture

The African perception of osteoporosis is entirely different from the scientific definition. The traditional societies understanding in witchcraft and other traditional beliefs still hamper a clear understanding of osteoporosis in Africa and especially in Kenya. For example, some people may feel that the bending spine in the elderly is associated with a bad omen or a curse in old age.