Sickle cell disease (SCD) is the most common hemoglobinopathy encountered in Kenya. In the western part of the country, about 4.5% and 18% of children are born with SCD and sickle cell trait respectively. SCD has significantly contributed to the under-5 mortality rate, primarily due to late diagnosis, educational gaps, and lack of access to appropriate treatment. AMPATH, a hospital located in the western part of Kenya, has been on the forefront of bridging this discrepancy, by partnering with local authorities to help improve comprehensive SCD care. AMPATH is a collaboration between Moi Teaching and Referral Hospital, Moi University, and Indiana University (including Indiana Hemophilia and Thrombosis Center).

**Objectives**

- To improve diagnosis of SCD
- To train clinicians and other healthcare providers on management of SCD
- To improve access to treatment for persons living with SCD
- To create partnerships with stakeholders involved in care of persons living with SCD

**Methods**

Between 2012 and 2019 a comprehensive SCD care program was started at AMPATH and was gradually extended to eight other counties in the western part of the country. The main pillars used to facilitate the expansion include:

1. Training and mentorship of clinicians in the satellite facilities (See Figure 1)
2. Meetings with local authorities to communicate the needs of persons with SCD
3. Educating patients and families about the importance of timely diagnosis and treatment
4. Formation of patient support groups for advocacy and facilitating regular meetings twice every year (See Figure 2)
5. Provision of affordable diagnostic services and treatment through setting up a revolving fund and partnering with donors

**Introduction**

**Results**

- More than 25,000 children were screened for SCD using isoelectric focusing, and of those found to have SCD approximately 75% have been successfully contacted and started on treatment.
- 1559 clinicians and other healthcare providers have been trained on how to manage sickle cell disease (See Table 1).
- County authorities have worked together with advocacy groups as well as clinicians in an effort to improve access to care and close the gap in knowledge within communities (See Figure 3).
- Over 2,800 patients with SCD have been seen in hematology clinic (See Fig. 4.5 & 6).
- Patients have also been able to access their medication through donations and a revolving fund set up to subsidize the cost of treatment.

**Discussion and Conclusion**

While comprehensive SCD care for persons with the disease remains a challenge in western Kenya, efforts being made to improve the situation have been successful. Our experience has highlighted the positive impact of working closely with the affected communities and their leaders to improve awareness and overall care. Political goodwill has yet to transform into meaningful changes in health policy, but with consistent advocacy, change is possible.

We hypothesize that with supportive data demystifying the prevalence and quantifying the healthcare costs associated with SCD, the government may increase their support for SCD care. Further efforts will be focused on creating a registry and evaluating the impact of the disease in the society through quality of life assessment for the patients and their families.

**Disclosures**

Authors have no conflicts of interest to declare.