



How Much is Spent to Treat Unsafe Abortion Complications in Kenyan Public Health Facilities?

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Unsafe abortion is a global social and public health problem. In 2012, half a million induced abortions occurred in Kenya, most of which were unsafe: either carried out by persons lacking the necessary skills, in an environment lacking the minimal medical standards, or both.

Seventy-seven (77%) percent of women who received post-abortion care in health facilities that year were treated for moderately severe and severe complications such as sepsis, shock, and organ failure.

Most women suffering complications from unsafe abortion in Kenya are treated in public health facilities. In many instances, such women require extended hospital stays, intensive care, and attendance by highly skilled health providers.

This brief highlights findings from a study quantifying the costs of treating women with complications of unsafe abortion in Kenyan public health facilities. The evidence should guide policy, interventions, reduce costs to the health system, and improve women's access to high-quality comprehensive reproductive health services and post-abortion care, including counseling and family planning services at all levels of Kenya's health system.

FACTS & FIGURES

- **464,690** induced abortions occurred in Kenya in 2012*
- **119,912** of women who underwent induced abortions -- more than one in four -- sought treatment for complications*
- **75,581** of the women who underwent induced abortions and sought treatment for complications were treated in public health facilities*
- **77%** of complications were **moderate or severe***
- **Severe complications** were responsible for **35%** of the annual caseload in public health facilities but accounted for **54%** of total costs

*Incidence and Complications of Unsafe Abortion in Kenya, APHRC, 2013.

Data Sources

In this nationally representative study, costs were estimated using three data sources:

1. **Costs and time of personnel** involved in the management of typical cases of abortion complications
2. **Direct costs of medications and supplies** used in various treatment regimens for a typical patient
3. **National and regional distribution of abortion complications** by caseload and severity.

WHAT COSTS ARE EXCLUDED FROM THE STUDY?

- Facility utilities and space
- Overheads
- Cost of referrals
- Other direct and indirect costs to women and their families, such as missed days of

GLOSSARY

Unsafe Abortion

The termination of pregnancy either by persons lacking the necessary skills, in an environment lacking the minimal medical standards, or both.*

Mild Complications[‡]

The patient is stable, afebrile and has a light to moderate vaginal bleeding but no sign of life threatening conditions.

Moderate Complications[‡]

Complications which are or can quickly become life-threatening if not treated and includes conditions such as excessive vaginal bleeding, moderately febrile (temperature of 37.3° to 37.90° C), some signs of localized infection, and foul smelling vaginal discharge.

Severe Complications[‡]

Serious complications which are or can quickly become life-threatening if not treated immediately; Body temperature >37.9° C, organ or system failure, generalized peritonitis, pulse >119 beats/minute, evidence of foreign body or mechanical injury, sepsis, shock, tetanus.

Table 1. Estimated national and regional annual costs of treating unsafe abortion complications (in millions of Kenyan shillings) in public health facilities in 2012

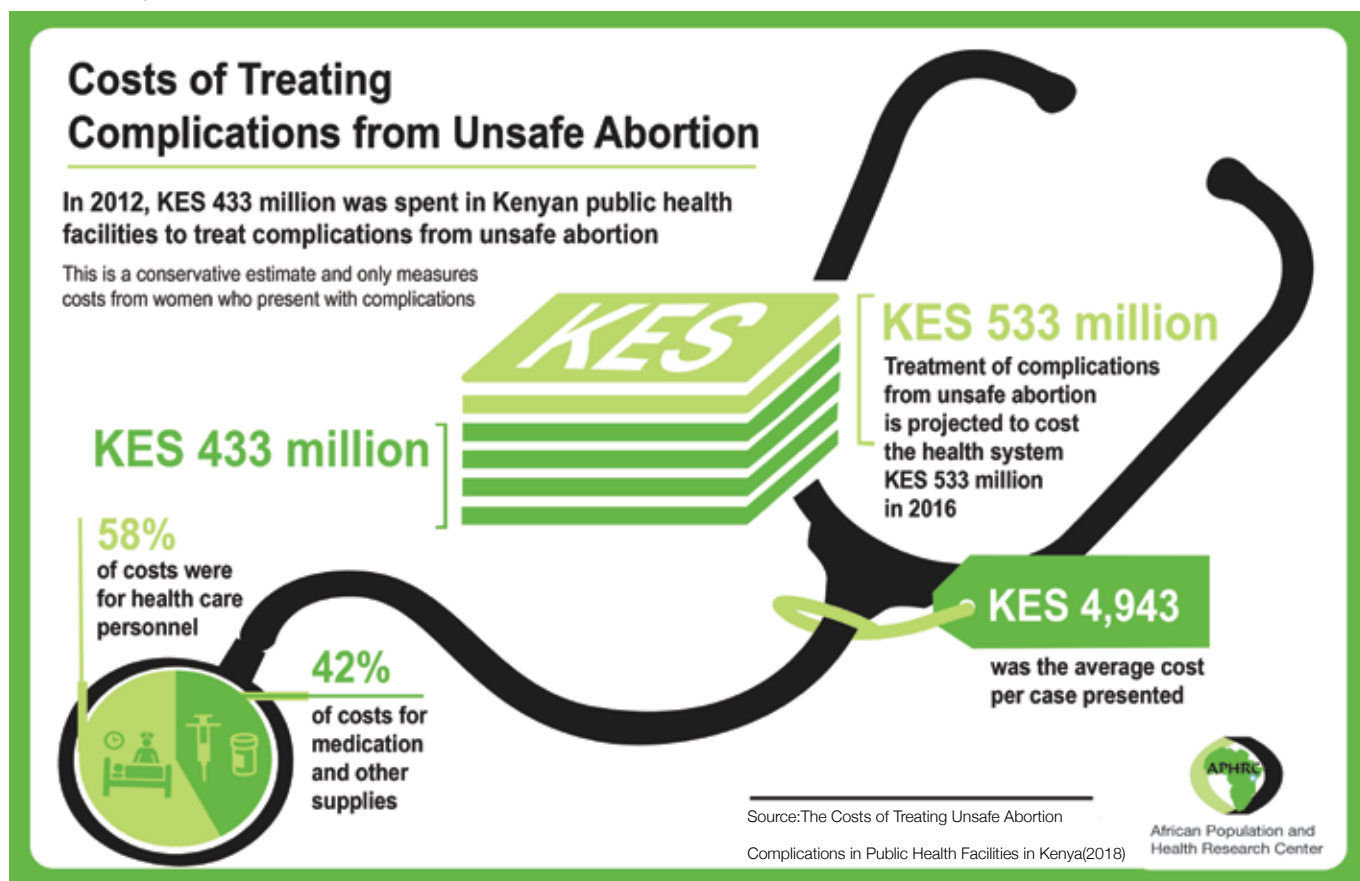
	Cost for mild complications	Cost for moderate complications	Cost for severe complications	Total average
National	54.6	145.7	232.4	432.7
Central	6.4	16.2	22.2	44.9
Coast	4.2	20.3	14.3	38.9
Eastern	7.6	8.1	24.1	39.8
Nairobi	5.2	9.2	26.4	40.8
North Eastern	4.9	5.7	9.7	20.5
Nyanza	9.4	18.8	24.9	53.2
Rift Valley	11.7	34.2	65.6	111.6
Western	4.9	33.1	45.0	83.0

*World Health Organization, 2011

[‡] adapted from Jewkes et al., 2005

Cost of Treating of Unsafe Abortion Complications in Public Health Facilities in Kenya: Main Findings

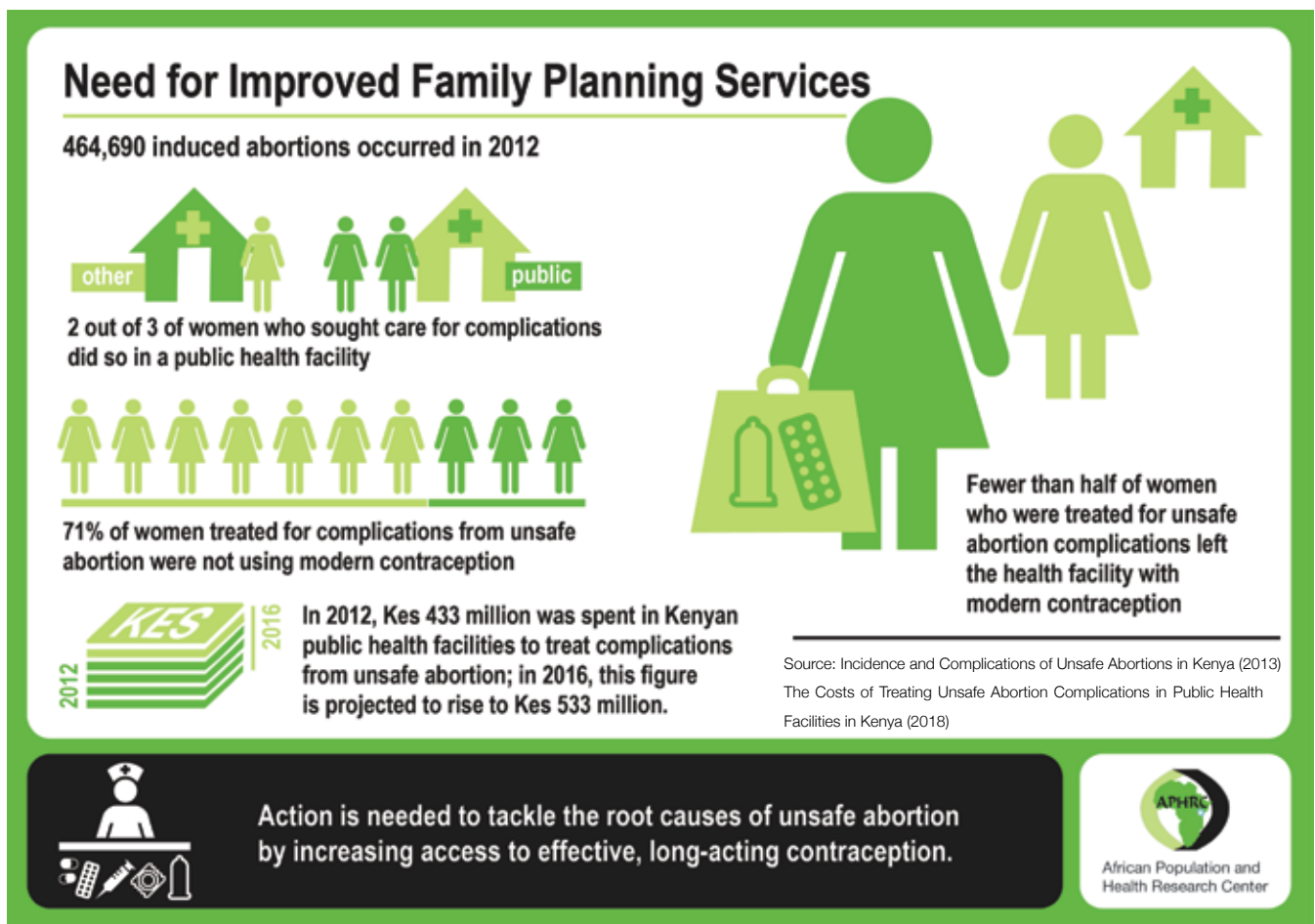
- The estimated cost of treating complications of unsafe abortion in public facilities in Kenya in 2012 was Ksh 432.7 million, or US \$5.1 million.** (Table 1). This is a conservative estimate based only on the caseload of 75,581 women who were treated in public health facilities in 2012.
- An estimated Ksh 533 million will be spent in 2016 in the treatment of unsafe abortion complications in public health facilities.**
- The total average cost of treating a typical patient with unsafe abortion complications in public health facilities was Ksh 4,943.** The components below factor into this total:
 - Personnel time: The treatment and care of a typical patient presenting with complications of unsafe abortion in public facilities in Kenya required 7.4 hours of health care personnel time.
 - Personnel cost: The average health personnel cost of treating a typical patient with complications of unsafe abortion was Ksh 2,848. The cost for mild complications was Ksh 1,930; moderate complications was Ksh 2,353; severe complications was Ksh 5,653.
 - Medications and other supplies cost: The treatment of a typical patient with unsafe abortion complications used medications and medical supplies worth Ksh 2,426. The cost for mild complications was Ksh 1,484; moderate complications was Ksh 2,204; severe complications was Ksh 4,663.
- Severe complications were responsible for 35% of the annual caseload in public health facilities but accounted for more than half (54%) of total costs.**
- Ksh 83 million was spent in Level 3 facilities to treat complications of unsafe abortion; Ksh 221 million in Level 4 facilities; and Ksh 65 million in Level 5 facilities.
- The greatest amounts were spent in Rift Valley (Ksh 112 million) and Western (Ksh 83 million). The two regions also had the greatest number of women admitted to public facilities for complications from unsafe abortions in 2012.



Recommendations

The findings highlight the significant financial burden of unsafe abortion. Combating unsafe abortion and addressing its impact on Kenya's public health system will require increased political will and strategic action to:

1. Tackling the root causes of unsafe abortion in the country by expanding budgetary allocation for family planning services and contraceptive choices
2. Implementing short- and long-term measures to save costs and lives, including:
 - Expanding access to cost-effective, high-quality post abortion care with the use of appropriate uterine evacuation technologies, including mifepristone, misoprostol and vacuum aspiration
 - Training health care providers, particularly mid-level cadres, to offer quality post abortion care and family planning services
3. Promoting task shifting in the context of post abortion care
4. Ensuring active implementation of existing sexual and reproductive health and rights policies including the National Reproductive Health Policy, the National Adolescent Sexual and Reproductive Health Policy, the National Guidelines for Quality Obstetrics and Perinatal Care, and the National Post-abortion Care Guidelines.
5. Strengthening the capacity of governmental institutions and agencies mandated to protect health to implement programs aimed at improving health outcomes among women.
6. Educating health providers, women, and communities about women's rights to contraception, prevention of unsafe abortion, and post-abortion care.



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For more details, see Ministry of Health, African Population and Health Research Center and Ipas, 2018. The Costs of Treating Unsafe Abortion Complications in Public Health Facilities in Kenya. Nairobi, APHRC, Kenya. Available at www.aphrc.org