

REPUBLIC OF KENYA



MINISTRY OF HEALTH



African Population and Health Research Center

Financial Cost of Maternal Near-Miss and Potentially Life Threatening Complications in Kenya

Despite commitment to achieve Universal Health Coverage (UHC) by 2022 in Kenya. Evidence suggests that progress towards financial protection and service coverage have been limited. Women who develop severe obstetrics complications such as maternal near-miss (MNM) conditions may experience catastrophic health spending or worse, be pushed into poverty. Many Kenyans still pay out-of-pocket for healthcare, and the risk of catastrophic

out-of-pocket expenditures may cause delays in accessing life-saving interventions. This brief presents data from a prospective study of women admitted to 54 referral hospitals in 27 counties in Kenya in 2018 with potentially life-threatening conditions (PLTC) during pregnancy and childbirth or within 42 days of delivery or termination of pregnancy. We compared the cost of treating MNM cases and that of treating women with other PLTCs.

Key Findings

Total direct cost of treating MNM and PLTCs

- The financial burden of treating an MNM case is high: the median total cost of treatment for an MNM event was estimated at KES 7,135 (IQR: 50-271,068) (~US\$ 71) compared to KES 2,690 (IQR: 50-68,293) (US\$ 27) for other PLTCs.
- A significant share of the total costs of treating MNM was attributed to direct medical costs, median cost, KES 4,000 (e.g. for medicines, laboratory tests, x-rays, etc.) compared to non-medical costs KES 1,600 (e.g., for transport and food).
- There were considerable regional disparities in the total median cost of treating near-miss episodes with highest median costs recorded in Nairobi and Central region (KES 22,220 (IQR: 570-135,612) and Rift Valley region (KES 12,395 (IQR: 500-235,133)), while the lowest median costs were in Nyanza and Western regions, KES 1400 (IQR: 50-38,890) (Figure 1).
- Considering just the median costs by region, the cost was higher for MNM patients compared to that of PLTCs across all regions, with the exception of Eastern region.

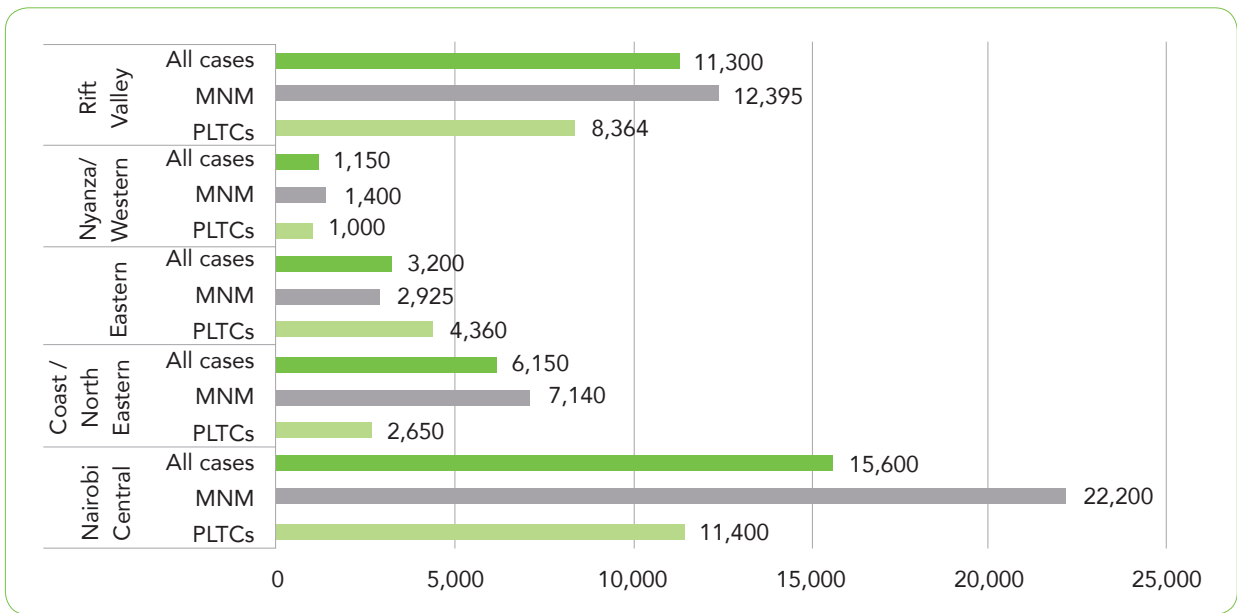


Figure 1: Total median cost by regions in Kenya (in Kenyan Shillings)

Total direct cost of treatment by underlying cause of complication

- Disaggregating costs by complication, highest median costs were seen in patients with ectopic complications KES 7,000 (IQR: 400-48,932), pregnancy-related infections (KES 3,000; IQR: 400-167,434), and medical, surgical or neurological complications (KES 2,600; IQR: 200-17,240).
- The lowest median cost was reported among patients with hypertensive disorders KES 1,400 (IQR: 50-194,175), and among those with obstetric hemorrhage (KES 1,500; IQR: 50-120,916).

Financial sources for treatment

- Fifty-six percent of MNM patients and 65% of patients with PLTCs paid out-of-pocket for treatment of their complications.
- Only one in four (26%) of near-miss patients were covered by some form of insurance scheme including the National Hospital Insurance Fund (NHIF), community health insurance schemes and private health insurance.
- Similarly, one in four (27%) patients had their medical bills waived (or they were exempted from paying) as shown in the figure 2.

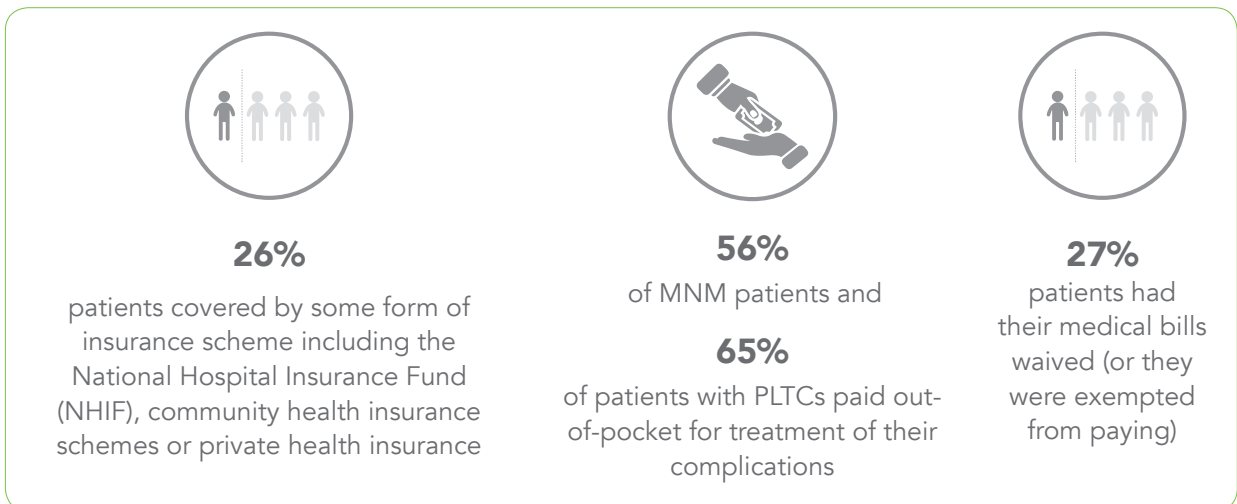


Figure 2: Sources of finance for treatment

Proportion of households with catastrophic expenditures

In defining catastrophic expenditures for only those who paid out-of-pocket, two sets of thresholds were applied - out-of-pocket over 10% of the total household expenditure budget and out-of-pocket over 40% of non-food expenditure.

- Basing on health care expenditures that were 40% over non-food expenditures, more than one in three (33%) households experienced catastrophic expenditure.
- On the other hand, about one-quarter of patients (26.4%) incurred catastrophic expenditures using 10% over total household expenditure threshold

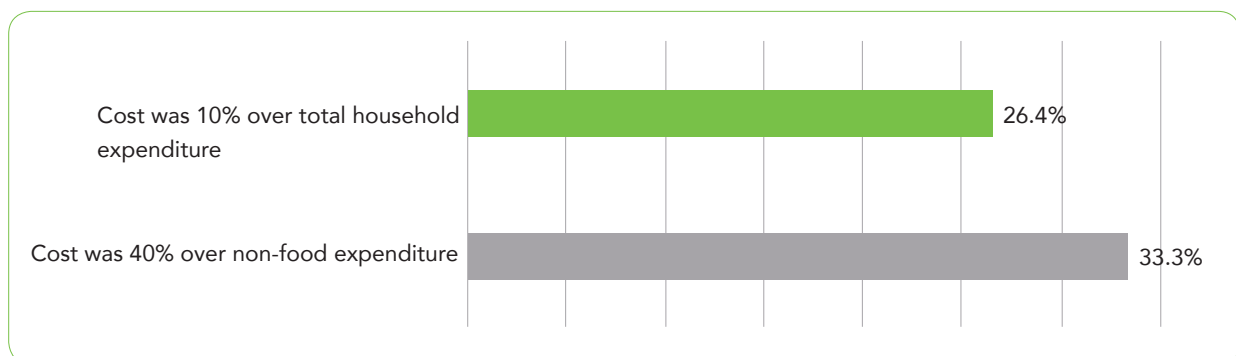


Figure 3: Proportion of households that experiences catastrophic expenditures

Conclusion and Recommendation

The cost of treating MNM is considerably high, leading to significant number of households incurring catastrophic spending. There is compelling need to accelerate existing attempts to implement UHC that comprehensively covers maternal healthcare needs, guarantees financial protection to all and ensures timely and quality access to maternal healthcare services.

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**African Population and
Health Research Center**



APHRC CAMPUS, KITISIRU, NAIROBI, KENYA



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