

Out-of-Pocket Costs for Patients Receiving HIV Care and Treatment in Kenya

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Background

- Kenya is experiencing a generalized HIV epidemic, with an estimated 7.1% of persons aged 15-64 years living with HIV/AIDS
- ART Cost Study funded by the CDC
- Assess program and patient costs
- Methodology is consistent with the previous cost studies conducted by CDC and ICF in 7 countries

Methods

- A random sample of 30 health facilities for program cost study.
- Selected with probabilities proportional to size (measured by ART patient volume) within strata defined by affiliation (MOH/Non-MOH)
- The frame was implicitly stratified (sorted) by geography (i.e., all Kenyan provinces) and represents all facility types (i.e., tertiary hospital, secondary hospital, primary hospital, other hospital, dispensary, health center).

Methods (cont.)

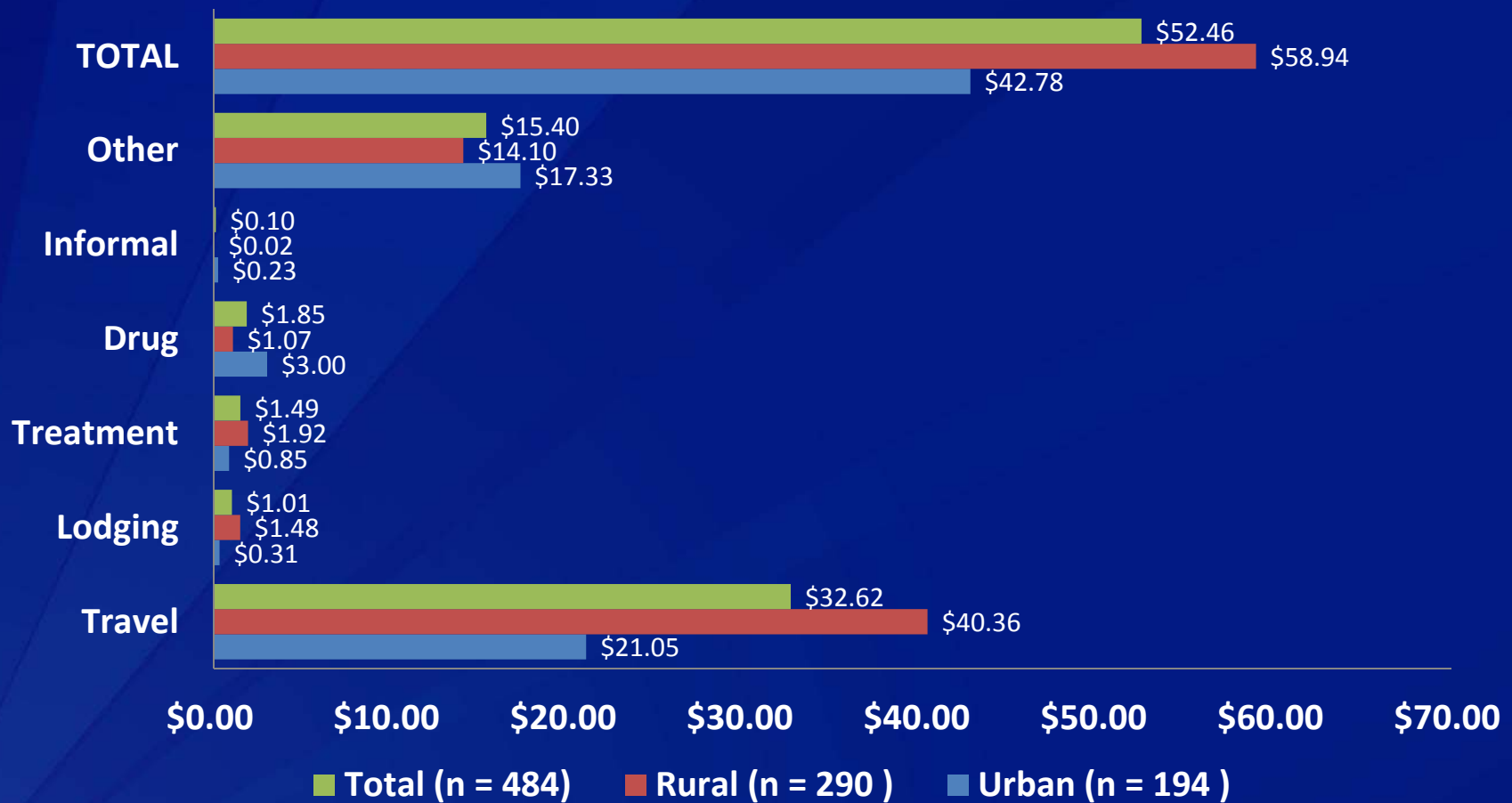
- Subset of 10 sites randomly selected to assess patient costs (PPS within strata defined by affiliation)
- Randomly selected adult patients receiving HIV care and treatment in each of 10 sites.
- Sample restricted to patients enrolled in the HIV care and treatment program at the site during the interview, aged 18 years or older, and having at least one prior appointment at the clinic.

Descriptive Characteristics

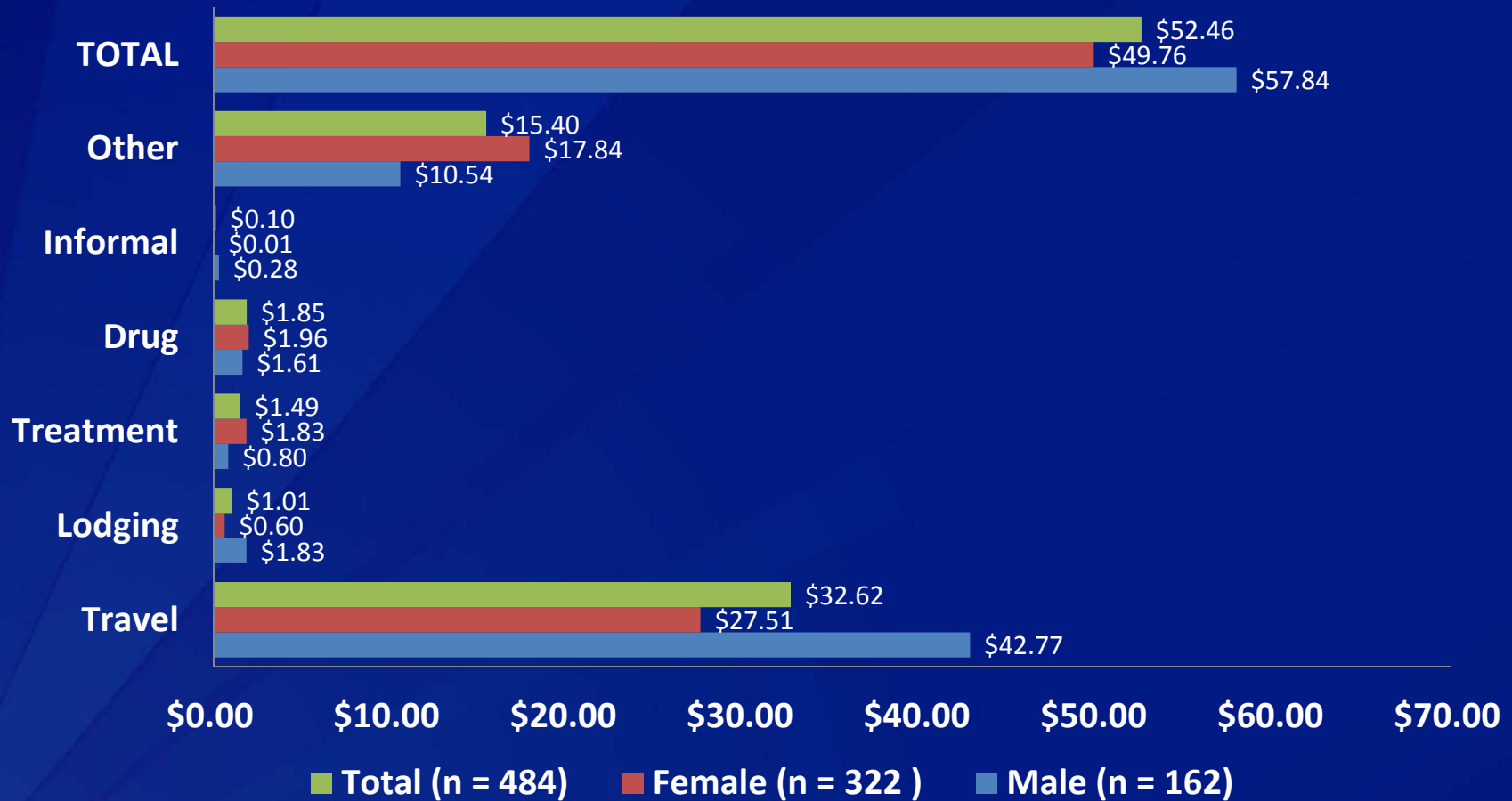
- Two-thirds of the respondents were female.
- Median age was 39.
- Approximately 41% had at least some secondary education
- Almost 60% lived in rural areas.
- Approximately 90% were taking ARV drugs as part of TX.

Total Annual Average Patient Cost

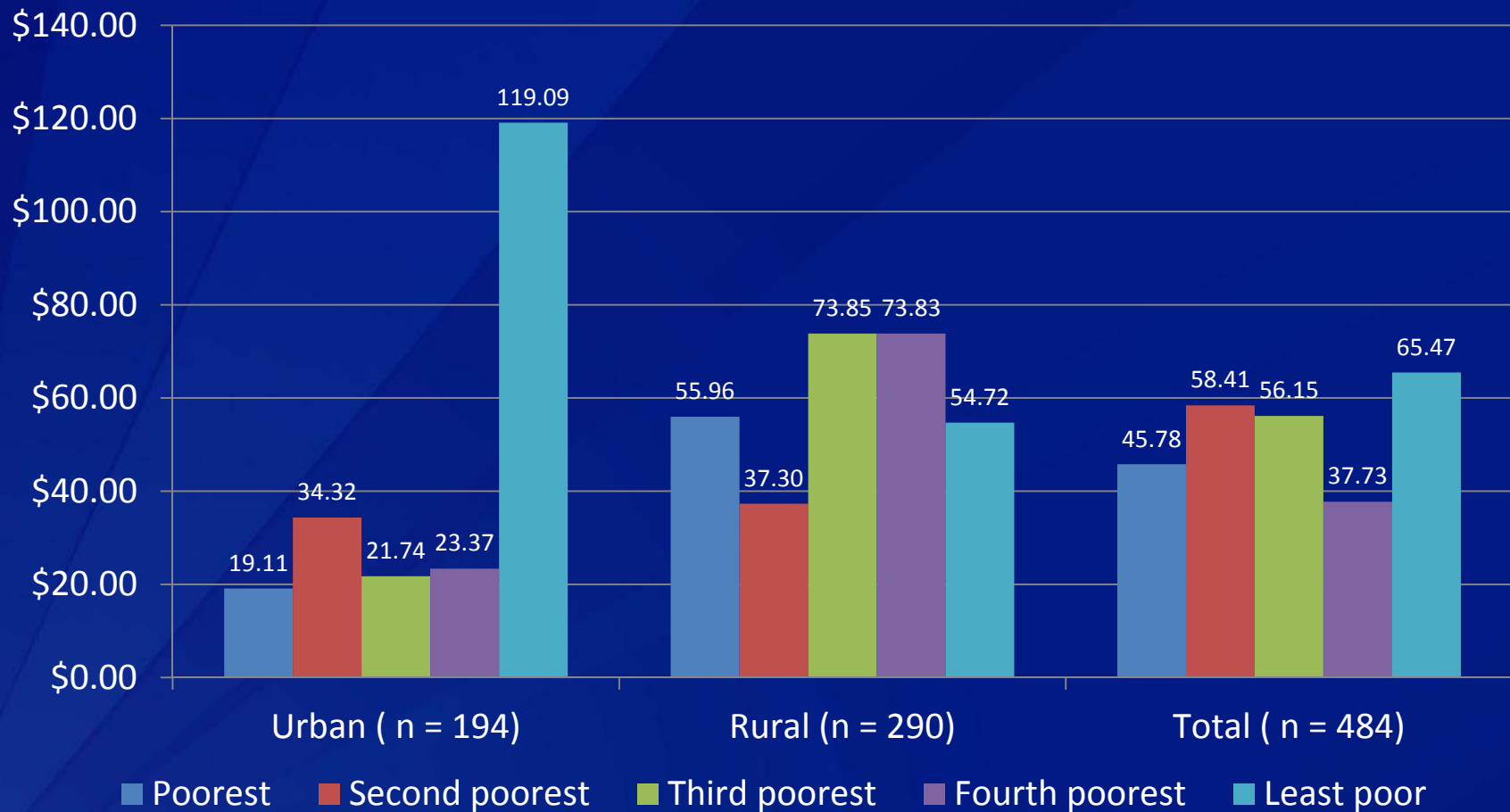
by place of residence (USD 2011)



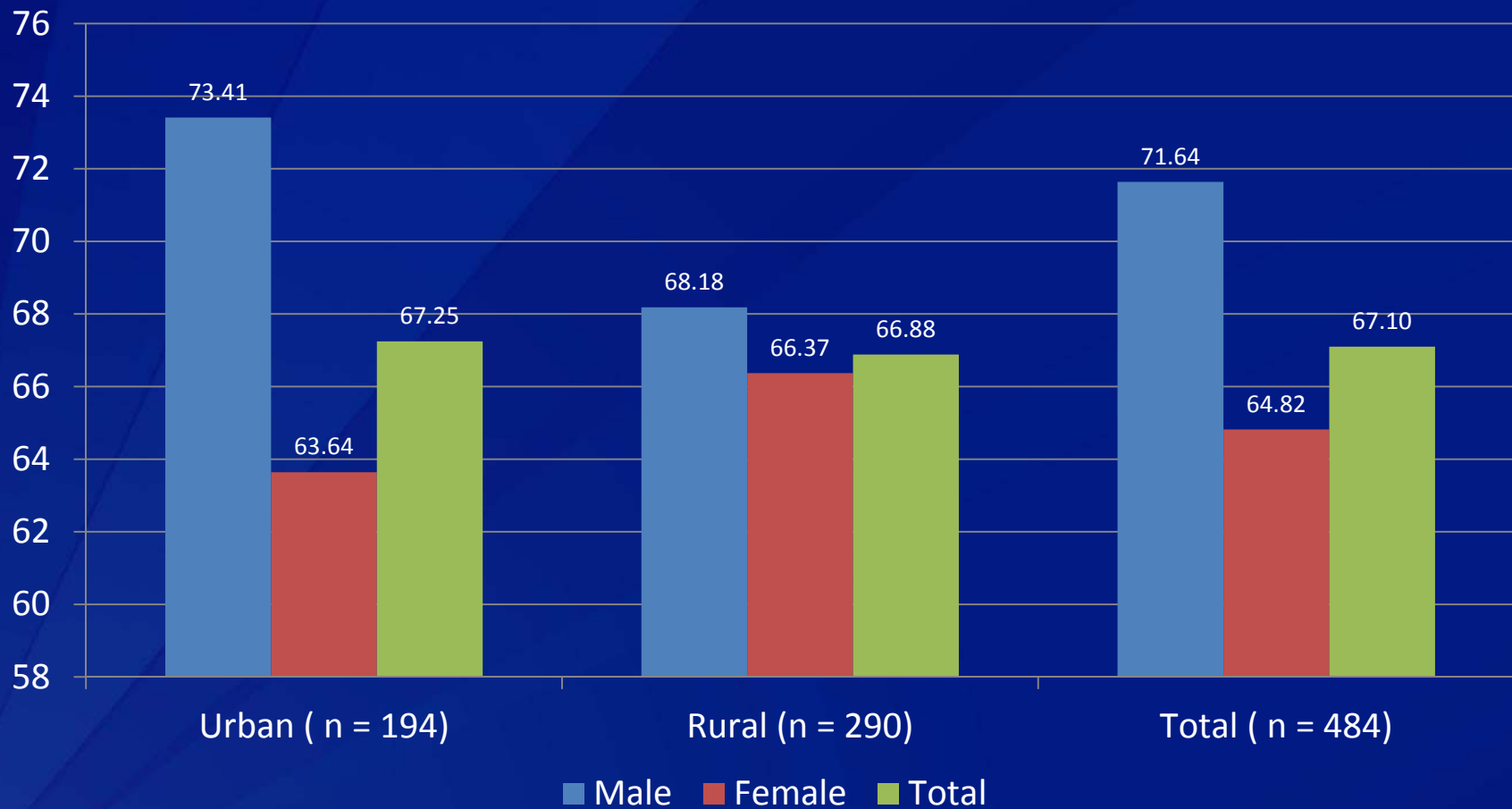
Total Annual Average Patient Cost by gender (USD 2011)



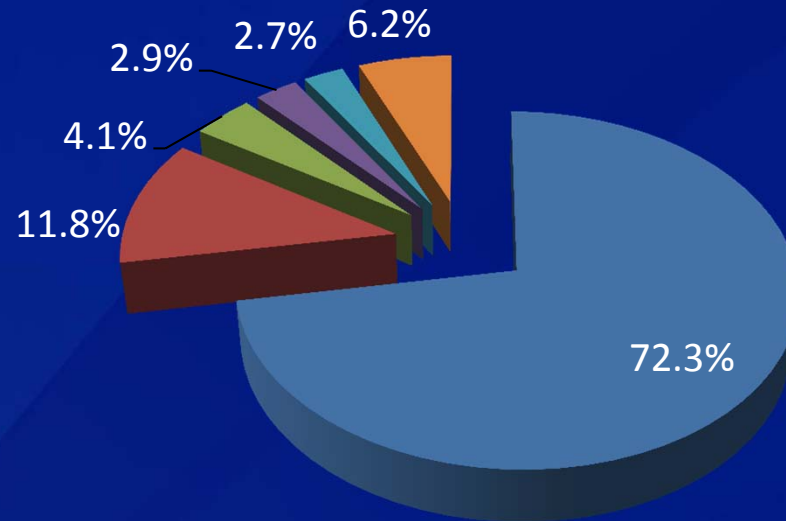
Total Average Patient Cost *by place of residence and SES (USD 2011)*



Annual Average Hours Spent on Clinic Visits



Patients Transportation



- Bus
- Walk less than 1 hour
- Walk more than 1 hour
- Bicycle
- Car or motorbike/scooter
- Other

Summary

- Adult patients spent an average of \$52 (USD, 2011) per year on care and treatment.
- The largest spending component is travel.
- Patients living in rural areas are significantly more likely to incur costs ($p = 0.000$) and spent significantly more ($p = 0.000$) than those living in urban areas.
- Relationship between SES and costs is not linear; “least poor” tend to spend more, but differences are only marginally significant.

Summary (cont.)

- Relationship between SES and costs is not linear; “least poor” tend to spend more, but differences are only marginally significant.
- The annual patients’ opportunity cost of the total time spent for treatment is \$46.45 (June 2011); 5% of the annual national minimum wage.
- No significant gender or place of residence differences in opportunity costs of the total time spent for treatment

Conclusions

- This study investigates the out-of-pocket payments associated with HIV treatment and care.
- Patient burden is not equal across demographic groups.
- Findings in Kenya are very similar to that in Tanzania despite differences in facility sampling (random sample in Kenya and convenience sample in Tanzania)

Thank you