**Examining the affordability of hypertension care in Kenyan hospitals: a cost analysis from the patient’s perspective**

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**Abstract**

**Objective:** The burden of non-communicable diseases is significant in Kenya and other low and middle-income countries (LMIC). However, little is known about the associated costs that may be incurred by hypertensive patients. We conducted this study to examine the costs of obtaining medical care for hypertension in seeking primary care in Kenyan hospitals (direct medical and non-medical costs), the costs associated with being unable to work (indirect costs) and the magnitude of these costs in relation to household income.

**Methods:** Responses gathered from hypertensive patients above 18 years of age attending a specialised outpatient clinic at a primary care hospital with at least six months of treatment and signed informed consent form were double entered and analysed. Patients were asked to report care seeking behaviour and expenditure related to accessing hypertension care. Family socio-economic status was assessed through reported household incomes.

**Results:** A total of 212 patients were interviewed. Eighty eight percent of patients reported incurring costs to access care for any hypertension service or intervention. The mean annual direct cost was US$ 304.8(95% CI, 235.7–374.0) while the mean annual indirect cost was US$ 267.7(95%CI,238.6-296.8). The three highest direct cost categories were medicines (annual mean, US$ 168.9; 95%CI, 132.5–205.4), transport (US$ 126.7; 95% CI, 77.6–175.9) and user charges (US$ 57.7; 95% CI, 43.7–71.6) making up 42%, 38% and 17% of total direct costs, respectively. Costs of hypertension care were greater than 10% of annual household income for 59% (95%CI,52.1.6-65.4) of patients interviewed. A greater cost burden was experienced by households with lower socio-economic status with a concentration index of -0.51 (p < 0.001).

**Conclusions:** Our findings show that patients seeking hypertension care incur substantial direct and indirect costs. The out-of-pocket costs associated with obtaining care for hypertension impose significant barriers to access, particularly for patients in the lowest wealth quintile. This illustrates the urgency of improving financial risk protection for these patients and strengthening primary care for non-communicable diseases to prevent and manage hypertension illness.