Costs of hospital care for HIV-positive and HIV-negative patients at Kenyatta National Hospital, Nairobi, Kenya.

Abstract:

To record the costs of hospital care for HIV-positive and -negative patients in Nairobi, and identify costs paid by patients per admission. DESIGN: cost data were collected on inpatients enrolled in a linked clinical study using standardized costing methods. SETTING: Kenyatta National Hospital, Nairobi's main district hospital. PATIENTS: Consecutive adult medical admissions to one ward over 14 weeks who consented to enrollment; tertiary referrals were excluded. MAIN OUTCOME MEASURE: Average length of stay and cost per patient admission. RESULTS: The hospital costs of 398 patients (163 HIV positive; 33 with clinical AIDS) were analysed. The mean length of stay was 9.3 days and the mean cost per patient admission was US$163. There was no significant difference in costs or mean lengths of stay between HIV-positive and -negative groups, nor were the costs and lengths of stay for clinical AIDS patients significantly different to those for HIV-positive patients without AIDS. The patient charges paid to the hospital per admission, recorded for 344 patients, were on average US$61; and did not differ by HIV status. CONCLUSION: The similar cost patterns for inpatient care irrespective of HIV status or clinical AIDS probably reflects the limited provision of care beyond basic clinical services. Length of stay rather than differing treatment regimes thus appears to be the main cost driver. Private costs of medical care were high and were likely to pressurize households. When resources are limited, the introduction of new, more costly therapies needs careful planning. The study provides cost information for planning care services in resource-poor settings.