HERU
HEALTH ECONOMICS RESEARCH UNIT

KEMRI | Wellcome Trust
POLICY BRIEF
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Improving Patient Access to Hypertension Care: Lessons from Rural Coastal Kenya

KEY MESSAGES:

- Low awareness means many people do not get screened for hypertension early and often begin treatment only after complications develop.
- Inadequate patient counselling at diagnosis and strained patient-provider relationships influence how people engage with care and whether they view treatment as acceptable.
- Unavailability of medicines, diagnostic tools, and inaccessible health facilities erode trust in the health system and disrupt continuity of care.
- Unaffordable care and low health insurance coverage makes it difficult for many patients to sustain hypertension management.
- Family caregivers play a critical role in supporting and enabling access to older patients and those with complications.
- Strengthening primary care, expanding financial protection, and improving community-level hypertension awareness are essential to improve equitable access to hypertension services in rural Kenya

INTRODUCTION

Hypertension is a major modifiable risk factor for cardiovascular diseases and the leading cause of preventable morbidity and mortality. Globally, the prevalence of hypertension in adults doubled from 650 million in 1990 to 1.3 billion in 2019 [1]. Low- and middle-income countries (LMICs), including countries in sub-Saharan Africa (SSA), bear a disproportionate burden of hypertension. In 2019, approximately 700,000 deaths in SSA were attributed to hypertension, double the number seen in 1990 [2]. The estimated prevalence of hypertension among adults in Kenya is 33%, with the majority (73.1%) of people living with hypertension not on treatment and nearly half (48%) of those on treatment not attaining blood pressure control [3, 4].

Effective and patient-centred responses to hypertension care require an understanding of patient and health system-related factors acting at each stage of the patient journey-from awareness, screening, diagnosis, treatment, follow-up, and control. Previous studies have broadly explored patient experiences with hypertension care or at other times focused on one stage of the care cascade. To overcome this knowledge gap, KEMRI-Wellcome Trust, in collaboration with Medical Research Council, the Gambia and the London School of Hygiene and Tropical Medicine conducted a qualitative study to explore patient access experiences for hypertension services in rural Kilifi in Coastal Kenya. The findings shed light on individual, communal, and health system enablers and barriers that shape health-seeking behaviours and inform opportunities for strengthening patient-centred hypertension care within Kenya's rural Wprimary healthcare system.

STUDY APPROACH

We conducted a cross-sectional qualitative study using five focus group discussions (n=30) and 24 in-depth interviews with adults living with hypertension and, where possible, their family caregivers. We recruited participants at various stages of the hypertension journey, including those who are newly diagnosed, have complications, have defaulted from care or have more than one chronic condition. Participants were recruited purposively from five health facilities (Dispensaries n =2, health centres n=2, and a hospital n=1) in Kilifi North and South sub-counties of Kilifi County. Data were audio-recorded, transcribed, translated, and analysed using a framework approach. Interpretation of findings was guided by Levesque framework of access (Figure 1).

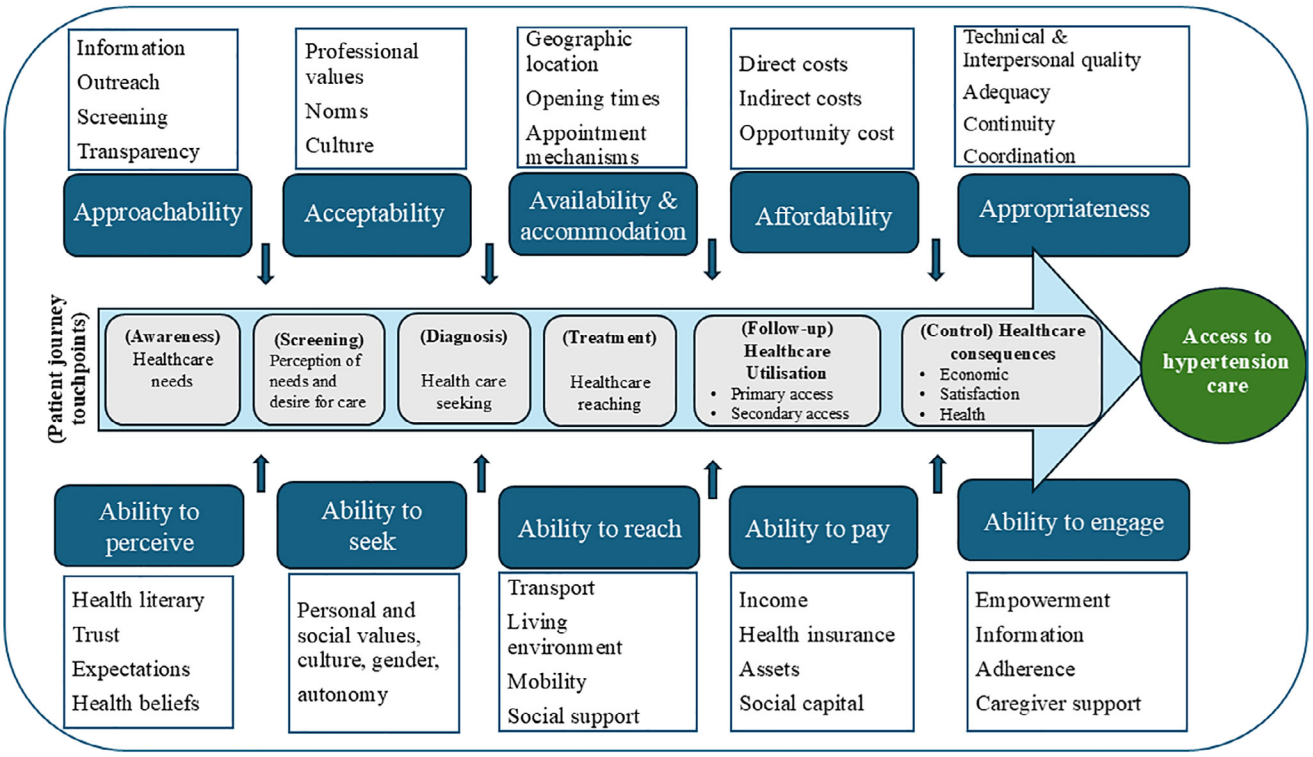

Figure 1: Accessibility framework along the patient journey for hypertension care (Adapted from [5])

FINDINGS:

- **Low awareness of hypertension limits early detection and delays care initiation.** Many respondents did not understand hypertension causes, risk factors, or the benefits of treatment, leading to late diagnosis and preventable complications.
- **Hypertension screening services were not perceived as approachable.** Perceived inadequate health facility capacity for hypertension screening and inadequate counselling at diagnosis, contributed to low demand for screening, denial of diagnosis results, and discouraged timely initiation of treatment.
- **Acceptability of hypertension treatment was undermined by strained patient-provider relationship and communication gaps.** Perceived disrespectful provider behaviour, fears about long-term medication use, and frustration with poor blood pressure control despite medication use led some respondents to abandon treatment or turn to herbal and faith-based alternatives.
- **Persistent medicine stock-outs and poor-quality drugs in the private sector created major barriers to effective treatment.** Unavailability of antihypertensive medicines in public facilities forced patients to buy costly or sometimes poor-quality drugs from private pharmacies, eroding confidence in the health system.
- **Health facility infrastructure and service organisation limited access, especially for older patients and those with disability.** Broken equipment, long queues, overcrowding, unpredictable clinic opening hours, and lack of assistive devices made clinic attendance difficult and discouraged follow-up.
- **High out-of-pocket costs and unaffordable insurance premiums restricted continuity of care.** Unaffordable transport, medication, and diagnostic test costs undermined access to care. Having health insurance expanded access. However, majority of respondents did not have a cover.

POLICY RECOMMENDATIONS:

1. **Strengthen community-level hypertension awareness and screening demand.** The county government of Kilifi should expand mass media campaigns and empower community health promoters to provide accurate, culturally relevant education on hypertension causes, symptoms, and the need for lifelong treatment to address widespread knowledge gaps.
2. **Strengthen health workers' supervision and oversight of private pharmacies and herbal practitioners.** The county government of Kilifi should invest in training for frontline health workers and ensure adequate staffing. Additionally, there is need to strengthen oversight mechanisms for private pharmacies and herbal practitioners to ensure safe and efficacious hypertension treatment options.
3. **Enhance primary care readiness for hypertension management.** The county government of Kilifi should increase budgetary allocation to health to ensure availability of hypertension services, while initiating mechanisms to involve family caregivers into care processes to support older patients or those with dissabilities.
4. **Reduce financial barriers by expanding affordable prepayment mechanisms.** The national government should consider expanding population health insurance coverage and increasing excise taxes on tobacco, alcohol, and sugary drinks to mobilize domestic revenues for health to finance NCDs.

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