Kenya

51,986
Total population in thousands (2020)

208
Per capita current health expenditure in PPP, int$ (2019)

ORAL HEALTH COUNTRY PROFILE

ORAL DISEASE BURDEN

Prevalence of oral diseases (2019)

<table>
<thead>
<tr>
<th></th>
<th>Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)</th>
<th>Prevalence of untreated caries of permanent teeth 5+ years (%)</th>
<th>Prevalence of severe periodontal disease in people 15+ years (%)</th>
<th>Prevalence of edentulism in people 20+ years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>44.9</td>
<td>24.0</td>
<td>20.6</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Lip and oral cavity cancer, all ages (2020)

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new cases</td>
<td>369</td>
<td>390</td>
<td>759</td>
</tr>
<tr>
<td>Incidence rate (per 100,000 population)</td>
<td>2.7</td>
<td>2.9</td>
<td>2.8</td>
</tr>
</tbody>
</table>

RISK FACTORS FOR ORAL DISEASES

<table>
<thead>
<tr>
<th>Risk factors (2019)</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita availability of sugar (g/day)</td>
<td>...</td>
<td>...</td>
<td>47.3</td>
</tr>
<tr>
<td>Prevalence of current tobacco use, 15+ years (%)</td>
<td>2.9</td>
<td>20.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Per capita alcohol consumption, 15+ years (litres of pure alcohol/year)</td>
<td>0.8</td>
<td>3.5</td>
<td>2.2</td>
</tr>
</tbody>
</table>

ECONOMIC IMPACT

<table>
<thead>
<tr>
<th>Economic impact related to treatment and prevention of oral diseases (2019)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure on dental healthcare in million (US$)</td>
<td>0.03</td>
</tr>
<tr>
<td>Per capita expenditure on dental healthcare (US$)</td>
<td>0.0</td>
</tr>
<tr>
<td>Total productivity losses due to 5 oral diseases in million (US$)</td>
<td>191</td>
</tr>
<tr>
<td>Affordability of fluoride toothpaste</td>
<td>...</td>
</tr>
<tr>
<td>Number of labour days needed to buy annual supply of fluoride toothpaste per person</td>
<td>...</td>
</tr>
</tbody>
</table>

NATIONAL HEALTH SYSTEM RESPONSE

Policies, measures and resources (2021)

- Implementation of tax on sugar-sweetened beverages (SSB): yes
- Existence of a national oral health policy/strategy/action plan (operational/drafting stage): yes
- Presence of dedicated staff for oral health working on NCDs at the MoH: no
- Noma recognized as a national public health problem: no

Oral health workforce

<table>
<thead>
<tr>
<th>Data year</th>
<th>Total number</th>
<th>Per 10,000 population (2014-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>464</td>
<td>0.1</td>
</tr>
<tr>
<td>2019</td>
<td>468</td>
<td>0.1</td>
</tr>
<tr>
<td>2019</td>
<td>1,300</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Availability of procedures for detecting, managing and treating oral diseases in the primary care facilities in the public health sector (2021)

- Oral health screening for early detection of oral diseases: unavailable
- Urgent treatment for providing emergency oral care & pain relief: unavailable
- Basic restorative dental procedures to treat existing dental decay: unavailable

ECONOMIC IMPACT

NATIONAL HEALTH SYSTEM RESPONSE

Oral health interventions as part of health benefit packages (2021)

- Coverage of the largest government health financing scheme (% of the population): 17
- Routine and preventive oral health care: ...
- Essential curative oral health care: ...
- Advanced curative oral health care: ...
- Rehabilitation oral health care: ...

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RISK FACTORS FOR ORAL DISEASES

4 Risk factors (2019)
Per capita availability of sugar (g/day): The availability of sugar is based on sugar (raw equivalent) including i) raw cane or beet sugar, ii) cane sugar, centrifugal, iii) beet sugar, iv) refined sugar and v) sugar confectionery for national consumption and then computed as grams available per person and day.
(Data source: United Nations Food and Agriculture Organization. Food Balance Sheets; 2019.)

Prevalence of current tobacco use, 15+ years (%): The percentage of the population aged 15 years and older who currently use any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis (age-standardized rate).
(Data source: WHO Global Health Observatory; 2019.)

NATIONAL HEALTH SYSTEM RESPONSE

3 Policies, measures and resources (2021)
Implementation of tax on sugar-sweetened beverages (SSB): Status of implementation of taxes on sugar sweetened beverages (SSB). “Yes” responses refer to the application of excise taxes and/or special VAT/sales tax rates.

Existence of a national oral health policy/strategy/action plan (operational/drafting stage): Status of implementation of a policy, strategy or action plan for oral health. “Yes” refers to a policy, strategy, or action plan for oral health that is operational or under development, and “no” refers to a policy, strategy, or action plan for oral health that is not in effect or where no response was given.
(Data source: WHO Global Health Observatory; 2021.)

ECONOMIC IMPACT

6 Economic impact related to oral diseases, treatment and prevention (2019)
Total productivity losses due to 5 oral diseases in million (US$): Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD.
(Data source: Jevdjevic & Listl 2022.)

Affordability of fluoride toothpaste (number of labour days needed to buy annual supply of fluoride toothpaste per person): Number of labour days needed to buy the recommended annual supply of fluoride toothpaste for one person based on the daily wage of the lowest-skilled government worker. Fluoride toothpaste is categorized as affordable if one day or less (≤1) of labour is needed and as unaffordable if more than one day (>1) of labour is needed to buy the annual supply for one individual.
(Data source: WHO; 2019.)

8 Oral health workforce
Dental assistants and therapists: Dental assistants and therapists provide basic dental care services for the prevention and treatment of diseases and disorders of the teeth and mouth, according to care plans and procedures established by a dentist or other oral health professionals. The category of dental assistants and therapists also includes dental hygienists and dental nurses.
(Data source: WHO Global Health Observatory; 2019.)

Oral health interventions as part of health benefit packages (2021)
Inclusion of oral health interventions in public health Benefit Packages: The extent to which oral health interventions are included in the largest government health financing scheme. The term “largest” is defined as having the highest total population eligible to receive services, while the term “government” is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military. Interventions comprise:
• Routine and preventive oral health care.
• Essential curative oral health care (including non-surgical extraction and drainage of abscesses).
• Advanced curative oral/dental care (including resin composite and dental amalgam including crowns, complex fillings, root canal treatment).
• Rehabilitative oral health care (including crowns and bridges, dentures, orthodontics, dental implants).
(Data source: WHO Global Health Technology Assessment and Health Benefit Package Survey; 2021.)