Cost of accessing diabetic care services in Iganga district, Eastern Uganda.

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Abstract

Introduction: Patients in low income countries often incur high costs when accessing health services. This may influence adherence to treatment among diabetic pateints leading to poor blood glucose control.

Aim:

This study aimed at estimating the economic cost of diabetic care from the patient’s perspective.

Methods: An ingredients approach was used to estimate direct and indirect costs. The data was collected through exit interviews with 130 diabetic patients during 10 clinic visits. A cost analysis was undertaken using descriptive statistics.

Results. The average annual cost of diabetic care per pateint was 280 USD. The main cost driver was medication. Eighty six percent (113) of the respondents reported to have paid some money at the diabetic clinic mainly for blood glucose tests (84%). Mean distance to the clinic was 12.6 km. Seventy three percent of the respondents regularly purchase additional medication for their diabetic treatment from pharmacies. The main source of funding for meeting diabetic care costs were mainly personal savings (47.7%) and family members (66%). Sixty two percent reported that they had ever failed to take their diabetic medication in the past three months.

Conclusions. Patients incur high costs in the process of seeking diabetic care. The main factors that hinder access to care include the high cost of diabetic medication and long distances to the diabetic clinic.

Recommendations. Government should reduce out of pocket expenditure on diabetes by increasing the quantity of diabetic drugs and blood glucose test kits to health facilities and providing diabetic medication at lower level facilities.