

Summary

A descriptive cross-sectional micro-costing study was carried out to estimate the cost of providing screening services by the Thalassaemia Screening Programme in the North Western Province. The study was basically aimed at estimating the service providers' unit costs on blood investigation components of the Thalassaemia Screening protocol and the direct costs incurred by the user in receiving services from the daily clinic setup of the Regional Thalassaemia Screening Center at Kurunegala. The study results provided some evidence based recommendations on ways and means through which the unit cost of service provider and service receiver can be minimized.

According to the study findings, unit cost of FBC is SL Rs.137.19 (US \$ 1.10) and HPLC SL Rs.856.31 (US\$ 6.85). A green card can be issued at the cost of SL Rs. 171.80 (US \$ 1.37) and pink card at SL Rs. 1094.20 (US \$ 8.75). In addition, people at Kurunegala and Puttalam districts spend Rs. 226.35 (US \$ 1.65) and 534.41 (US \$ 3.96) respectively per each clinic visit. It was also revealed that, daily clinic expenditure in 2011 which was SL Rs. 8.33 million (US \$ 66,640) at RTSC, Kurunegala was approximately little less than in managing only 03 thalassaemia patients' for 10 years (Rs.10.5 million).

By referring to the study findings, cost for chemical reagents and emoluments for staff members are the key contributing factors in service providers' cost component. Considering an island wide mass screening programme, arranging concessionary rates on chemical reagents for thalassaemia screening will be a possibility and it may become a major cost minimization approach within the existing system. Proper human resource handling also identified as a key contributing factor for minimizing the unit costs in blood investigation components in a significant way. It is also pointed out that the necessity of developing a

simplified less complicated Thalassaemia screening protocol by NTPP with the guidance of the experts in the field.

Under future developments, introducing an integrated web based computerized system which links each and every department of RTSC as well as island wide screening network will ensure the accuracy, speedy service, minimal human resource utilization and safety of the existing data bases.

People live in Kurunegala and Puttalam districts, spend average of SL Rs. 226.35 (US \$ 1.65) and 534.41 (US \$ 3.96) respectively on travelling, accompanying person and other expenses during each clinic visit. Based on the study findings it is recommended that, make available primary prevention facilities at the community by launching systematic well established field screening setup under NTPP, will ensure checking blood in own geographical territories with minimum direct cost incurred by the service receivers. It also reduces the failure rates in completion of screening protocol which will help in minimize the unnecessary wastage of service providers' point of view.

Overall study is recommended that establishing a proper island wide administrative frame work under NTPP will ensure optimum functioning of the thalassaemia prevention activities including RTSC, Kurunegala and ultimately achieve the vision of Thalassaemia Free Sri Lanka in near future.