Abstract

Chronic kidney disease (CKD) is an increasing global public health challenge that often requires long-term renal replacement therapy such as hemodialysis. While dialysis services are provided free of charge in government hospitals in Sri Lanka, patients still incur substantial out-of-pocket expenses (OOPE) to access treatment. This study aims to assess the extent, components, and financial burden of out-of-pocket expenditure among patients receiving hemodialysis in Vavuniya district, Sri Lanka.

A hospital-based descriptive cross-sectional study was conducted among patients undergoing maintenance hemodialysis at District General Hospital Vavuniya and Base Hospital Cheddikulam. Data was collected from 156 patients using a pretested interviewer-administered questionnaire that captured sociodemographic characteristics, treatment-related expenditures, and household income. OOPE was categorised into direct medical, direct non-medical, and indirect costs, and catastrophic health expenditure was assessed using standard income-based thresholds.

The study population was mainly male (80.13%) with a median age of 57. Most lived in rural areas and had low education attainment. After the onset of illness, 77.6% stopped working. Despite free hemodialysis, patients faced significant OOPE costs, mainly for transportation, food, and income loss. The average OOPE per session was LKR 3983, and the mean monthly OOPE was LKR 27,010. Direct medical costs were low, so most of the expenses were direct non-medical and indirect. Transport costs made up nearly half of OOPE, and bystander income loss exceeded patient loss, showing dialysis's wider economic impact.

Catastrophic health expenditure was assessed using standard income-based thresholds. 92.3% of households exceeded the 10% income threshold. 57.7% exceeded the 25% threshold, and 35.3% surpassed the 40% threshold. Lower income households were disproportionately affected. Patients receiving dialysis at District General Hospital Vavuniya incurred higher OOPE than those treated at the base hospital Cheddikulam, indicating that geographical accessibility significantly influences the financial burden related to treatment.

Although Sri Lanka offers free hemodialysis, CKD patients still face financial hardship due to transportation, food, and income loss. To protect them, policies should decentralise services, improve access, and provide targeted transport or income support mechanisms.

Keywords: chronic kidney disease, hemodialysis, out-of-pocket expenditure, catastrophic health expenditure, financial burden, Vavuniya, Sri Lanka.