Abstract in English

Background: Nowadays there is rising burden of non-communicable disease and similarly cardiovascular disease burden is escalating rapidly, CVDs is leading cause of mortality and morbidity worldwide, in Sudan the incidence of cardiovascular disease is 2.5. The financial hardship associated with CVDs is devastating and the disease cost impose a substantial burden in both the patients and their families. Therefore it is the time to identify the cost of cardiovascular disease in Sudan.

Objectives: the aim of this study is to estimate the out of pocket expenditure and quantify the catastrophic expenditure and identify the coping method and cost among cardiovascular disease affected household at Khartoum state.

Materials and methods: This is a cross sectional study that took place in sudan heart center, Ahmed Gasim hospital and ashaab hospital , a detailed structured questionnaire was used to collect the data from CVDs patients or their family members, a convenience way of sampling was used to recruit 122 of CVDs patients

Results: The majority of the patients were females, almost one third of the participants were their household primary income provider, and highest level of education reached by majority of patients was the primary level, the vast majority of the patients were married, nearly half of the patients were housewives, The mean income of CVDs affected household was SDG 8071 Per month. Regarding the economic status of the patients, the majority are of low economic status. Hypertension constituted the bulk of CVDs diagnosis. There was a high insurance coverage in this study yet many reported lack of affordability of CVDs expenses reflecting the failure of health insurance to achieve universal health coverage. The annual out of pocket was found to be SDG57017 which is equal to INT$633 distributed majorly between outpatients visit cost and hospital admission cost. The OOP expenditure was found to be associated with the number of household members paid for working, economic and insurance status of the patients. Concerning the CHE it was found be experienced by 26.5% and it was higher in lowest income participants, also it was associated with marital, economic and insurance status of the patients, moreover CHE was found to be increased with higher OOP payments. The most common coping mechanism

found within the patients was borrowing, also nearly half of the participant sacrificed good and needs in order to cope with these expenses.

Conclusion: OOP expenditures was estimated to be SDG57017 which is equal to INT$950, drug cost, co-patients expenses and procedures cost were the major drivers of this number, CHE was experienced by 26.5%of the study population, borrowing was the commonest coping method used by the patient, also the majority had to sacrifice goods to pay these expenses. These findings suggest that CVDs affected household in Sudan are imposed to great financial risk.

Keywords:

Out of pocket expenditure, catastrophic health expenditure, coping cost, financial risk.