

**COST ANALYSIS OF
LABORATORY AND IMAGING SERVICES
IN SURGICAL WARD OF
YANGON GENERAL HOSPITAL**

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M.B.,B.S

Master of Hospital Administration (MHA)

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ABSTRACT

Diagnostic technologies such as laboratory and imaging services become an important corner of health care system since they provide time to time data for decision making, treatment options and choice of antibiotics. To achieve Universal Health Coverage (UHC) in Myanmar, it is mandatory to reduce out of pocket (OOP) payments for receiving health services as much as possible. Charges for laboratory investigation and imaging are one of the major OOP expenditures among all healthcare services in Myanmar. Therefore, the objective of the study was to assess the total cost of laboratory and imaging services incurred by the patients admitted at the surgical ward of Yangon General Hospital (YGH). A cross-sectional study was conducted in three surgical units of YGH. A total of 140 inpatients from surgical units of YGH who had minimum 5 days duration of hospital stay and planned to be discharged were included in this study. All laboratory tests and imaging services were categorized into YGH and private services, and then, calculated their cost separately. Government provided nearly all lab tests for FOC (free of charges) for in-patients in surgical wards of YGH. Hence, in order to predict government contribution for lab tests, cost estimation of the laboratory tests subsidized by government were calculated in this study. When comparing the frequency of tests in YGH and private, private labs constituted 32.2% which was much less offered than the YGH, 67.8% of total tests. Nonetheless, average cost per patient in surgical ward of YGH was 32,035 MMK (2,521 MMK by patient + 29,514 MMK by government) and average cost per patient in private labs was 59,467 MMK. When comparing the frequency of imaging services in YGH and private, private imaging centres constituted 31.3% which was much less offered than the YGH, 68.7% of total services. However, average cost per patient in surgical ward of YGH was 24,349 MMK (17,163 MMK by patient + 7,186 MMK by government) and average cost per patient in private imaging centres was 74,483 MMK. Hence, it could be clearly said that although government has contributed the cost for investigations up to certain proportion, the OOP expenditure was still significant. To be concluded, the Myanmar health system needs more government contributions in short term and systematic health financing system with health insurance policy in long term to reduce out of pocket expenditure and to prevent Myanmar people from catastrophic health expenditure and impoverishment.