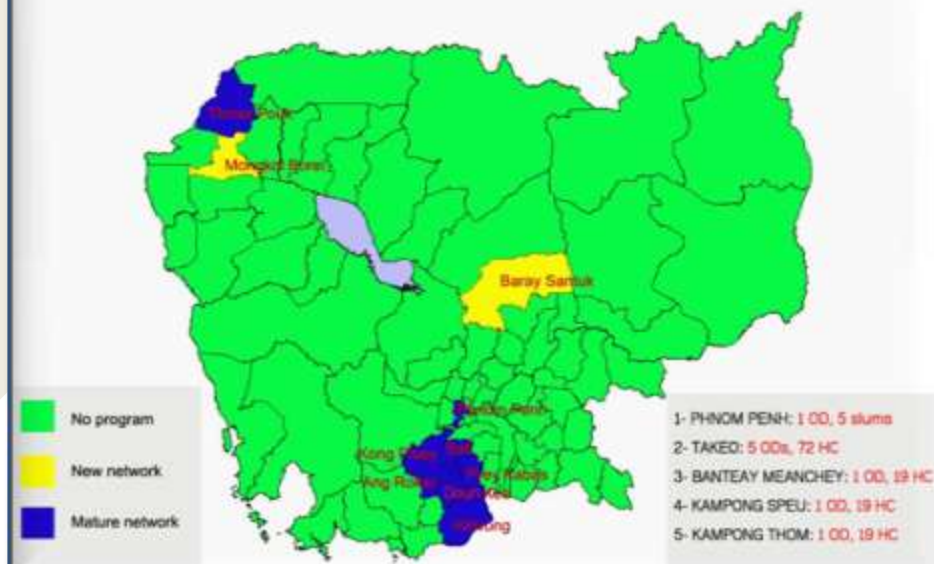


COST & FINANCING

of access to continuum of care for [Diabetes, High Blood Pressure & Dyslipidemia]

Peer Educator Networks



Content of presentation

1. How did we calculate the cost?
2. Annual expenses & cost
3. Annual cost per product or beneficiary
4. Annual cost per patient
5. Annual project cost & management
6. Who financed total costs?

Presentation by: SUY VANNAK, MBA

Chief Financial Officer, MoPoTsyo-Patient Information Centre



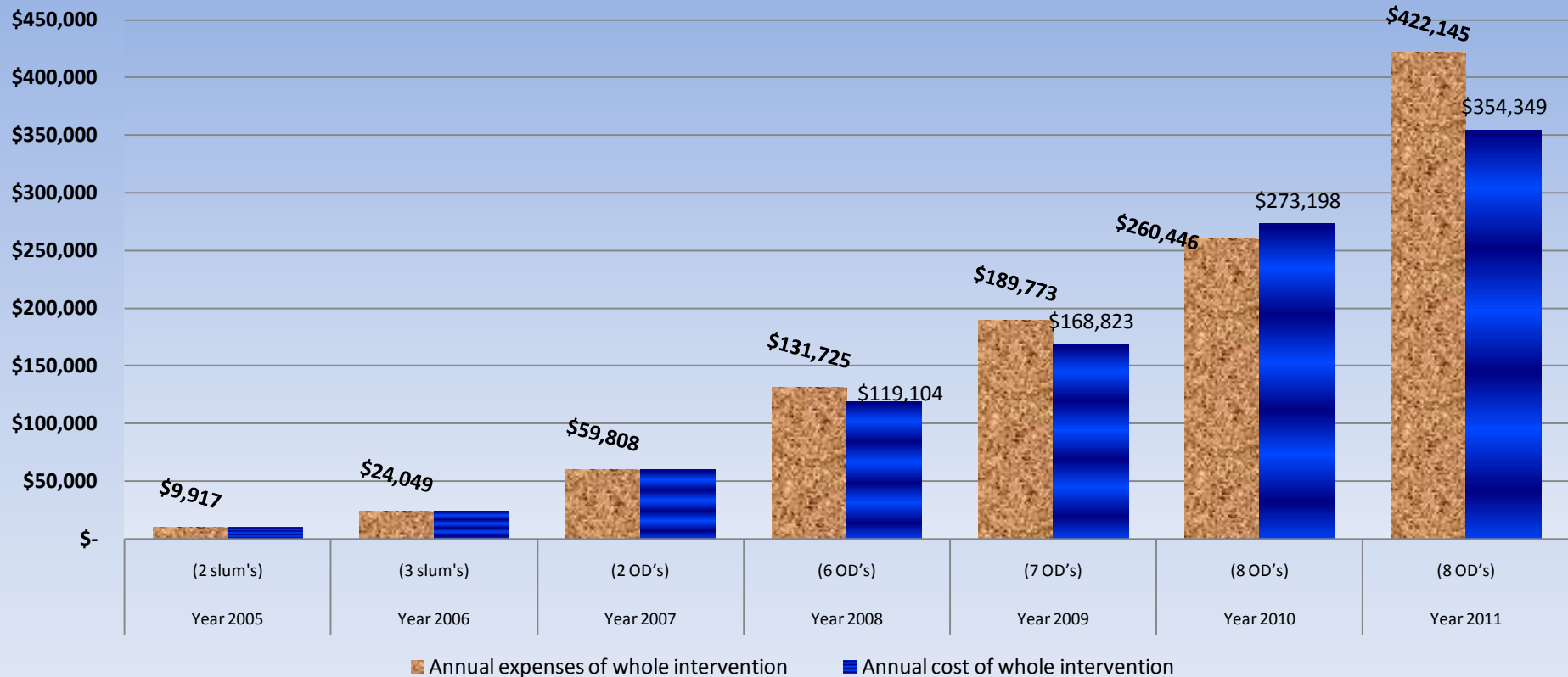
How did we calculate the cost?

Annual expense is not same as annual cost:

- Calculated from perspective of organiser of the care (NGO MoPoTsyo); perspective of patient is in RDF presentation
- Both are expressed in USD
- Expenses are based on (audit) book keeping
- Costs calculation involves fair judgment & estimations
- Cost of consumption of essential medicines and some medical materials (pre-financing bulk orders for following year) by members is possible thanks to closed cycle of RDF
- Very little large equipment (some lab, no cars)

Annual expenses & Annual costs of whole intervention

EXPENSES categories	Year 2005	Year 2006	Year 2007	Year 2008	Year 2009	Year 2010	Year 2011
1- Earlier Diagnosis & awareness of Risk Factor	179	3,500	11,268	13,139	31,380	37,872	29,739
2- Capacity of Peer Educators & their networks	0	566	5,591	10,899	19,002	24,446	34,595
3- Organising & Delivery of Continuum of Care	500	4,217	12,217	29,422	58,835	90,382	207,551
4- Equity Fund Provision	1,002	3,808	4,037	7,481	3,933	3,185	3,139
5- HQ cost	8,236	11,958	26,696	70,784	76,623	104,560	147,120
Annual expenses of whole intervention	\$9,917	\$24,049	\$59,808	\$131,725	\$189,773	\$260,446	\$422,145

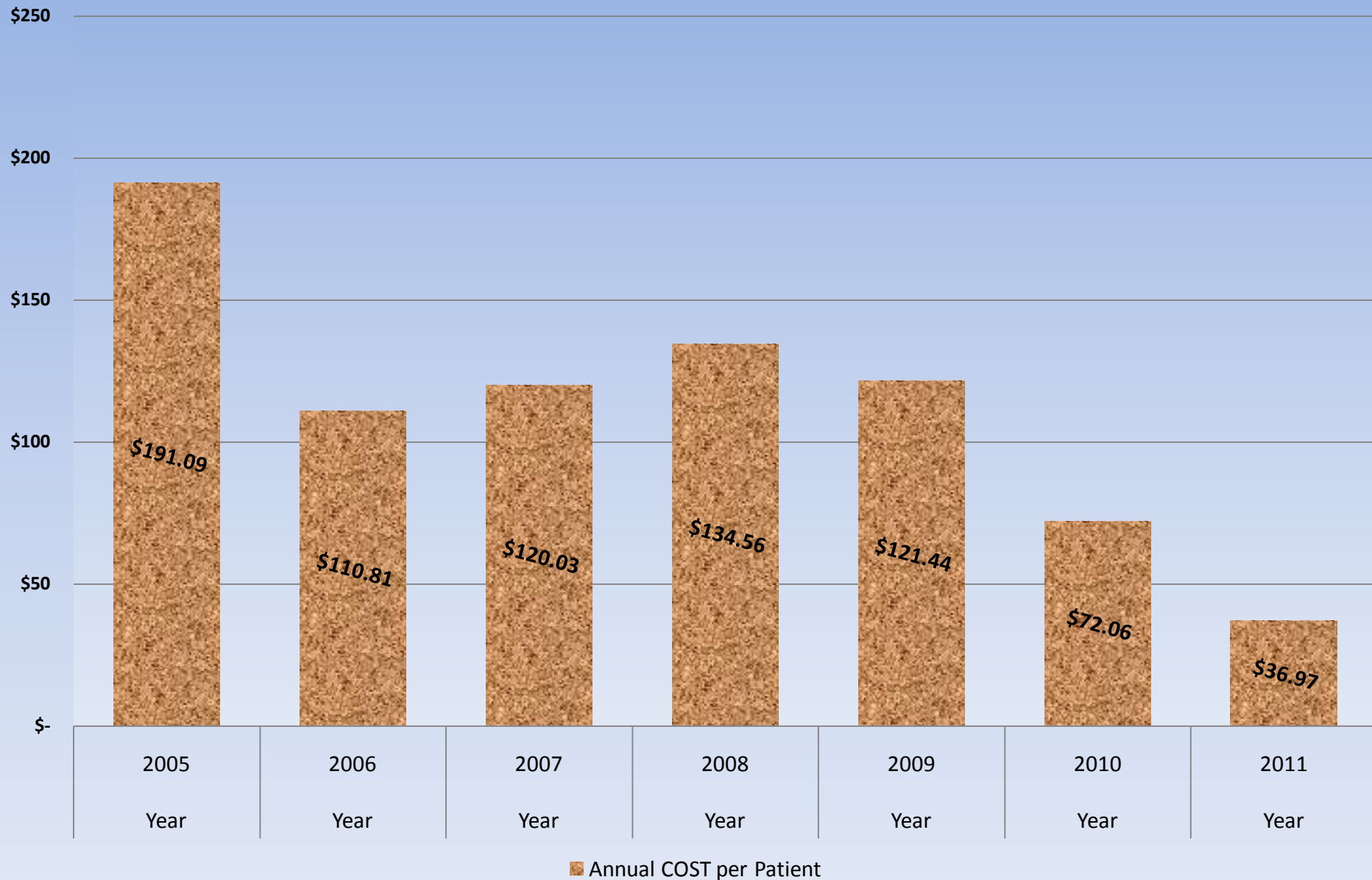


Annual production & Cost per product or beneficiary excluding HQ Cost

	2005	2006	2007	2008	2009	2010	2011
Number of products and beneficiaries							
Number of Peer Educators trained (1)	2	3	11	17	29	58	74
Early diagnosis/ People who have self-screened for DM (2)	2,479	5,505	21,351	41,994	42,766	42,766	83,690
Early diagnosis/ People who have self-screened for HBP (3)	521	1,156	4,484	8,819	8,981	8,981	17,575
Commune leaders exposed to primary prevention (4)							445
School teachers exposed to primary prevention (5)						161	202
Village High Blood Pressure Group (VHBPG) created (6)							384
Members registered/counseled/trained for DM (7)	60	199	359	525	722	695	1,397
Member registered follow up for DM (8)	52	217	498	885	1,390	3,791	6,063
Members registered/counseled/trained for HBP (9)						2,298	1,821
Member registered follow up for HBP (10)							3,521
Members receiving monthly HEF (11)							130
Members receiving lab test (12)					70	1,481	968
Members receiving Medical Consultation (13)			26	85	284	687	2,593
Members buying prescription medication (14)				180	652	1,334(?)	3,365
Cost per type of PRODUCT or BENEFICIARY (US\$) (without on charge of MoPoTsyo headquarter cost)							
Number of Peer Educators trained (1)			\$73.29	\$117.06	\$110.49	\$69.51	\$32.59
Early diagnosis/ People who have self-screened for DM (2)	\$0.03	\$0.27	\$0.10	\$0.07	\$0.16	\$0.24	\$0.07
Early diagnosis/ People who have self-screened for HBP (3)	\$0.05	\$0.17	\$0.09	\$0.04	\$0.15	\$0.17	\$0.06
Commune leaders exposed to primary prevention (4)							\$10.44
School teachers exposed to primary prevention (5)							
Village High Blood Pressure Group (VHBPG) created (6)							
Members registered/counseled/trained for DM (7)	\$0.45	\$3.22	\$2.67	\$2.40	\$4.05	\$6.36	\$1.81
Member registered follow up for DM (8)	\$9.63	\$19.43	\$25.07	\$23.22	\$18.88	\$9.35	\$8.27
Members registered/counseled/trained for HBP (9)						\$0.46	\$0.39
Member registered follow up for HBP (10)							\$0.50
Members receiving monthly HEF (11)							\$24.15
Members receiving lab test (12)					\$13.46	\$21.57	\$19.54
Members receiving Medical Consultation (13)			\$124.42	\$51.75	\$14.28	\$15.98	\$7.50
Members buying prescription medication (14)				\$38.41	\$18.13	\$42.60(?)	\$27.34

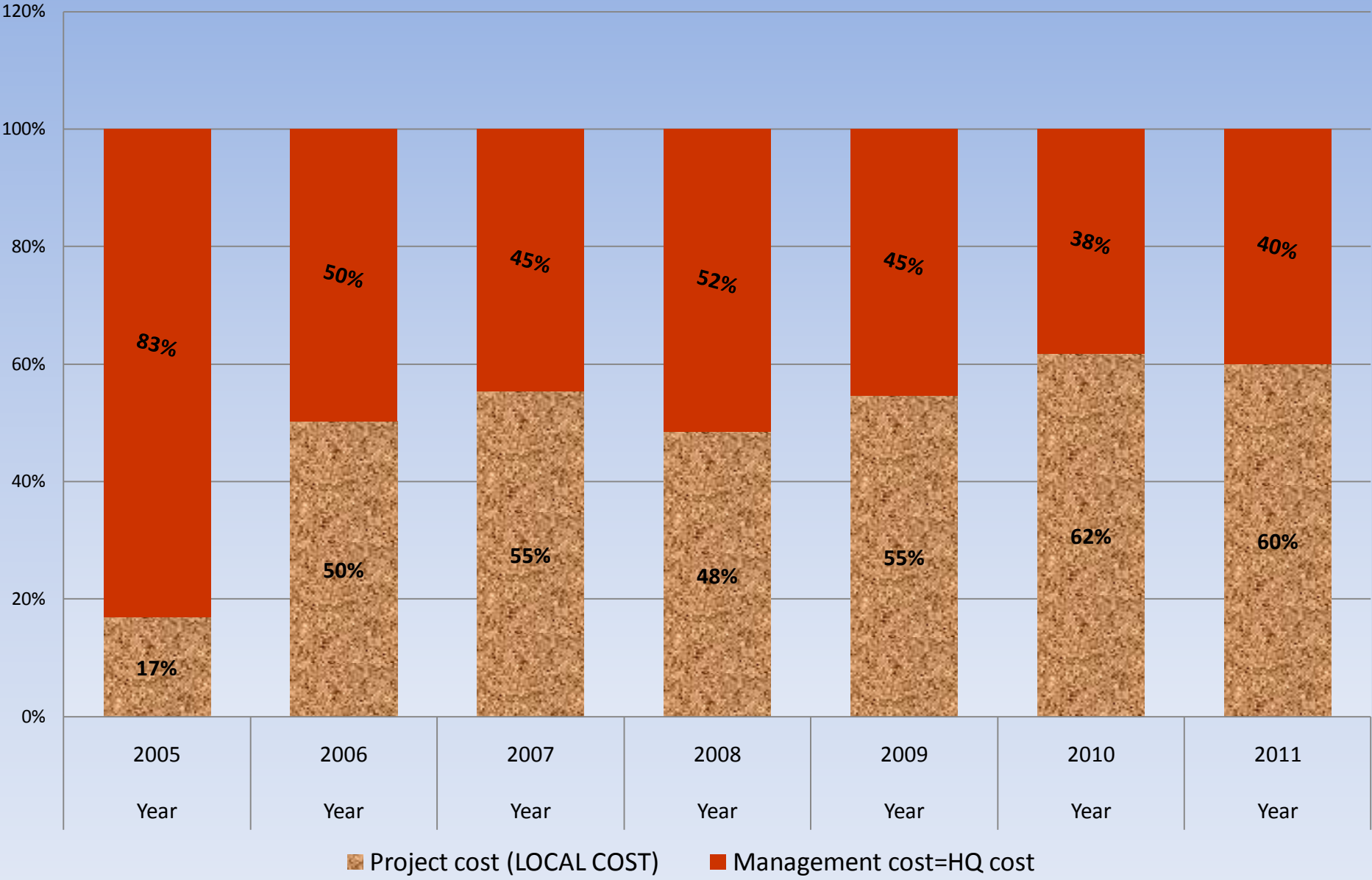
Annual COST per patient in PEN-follow-up

(total cost of access to the care including HQ cost)



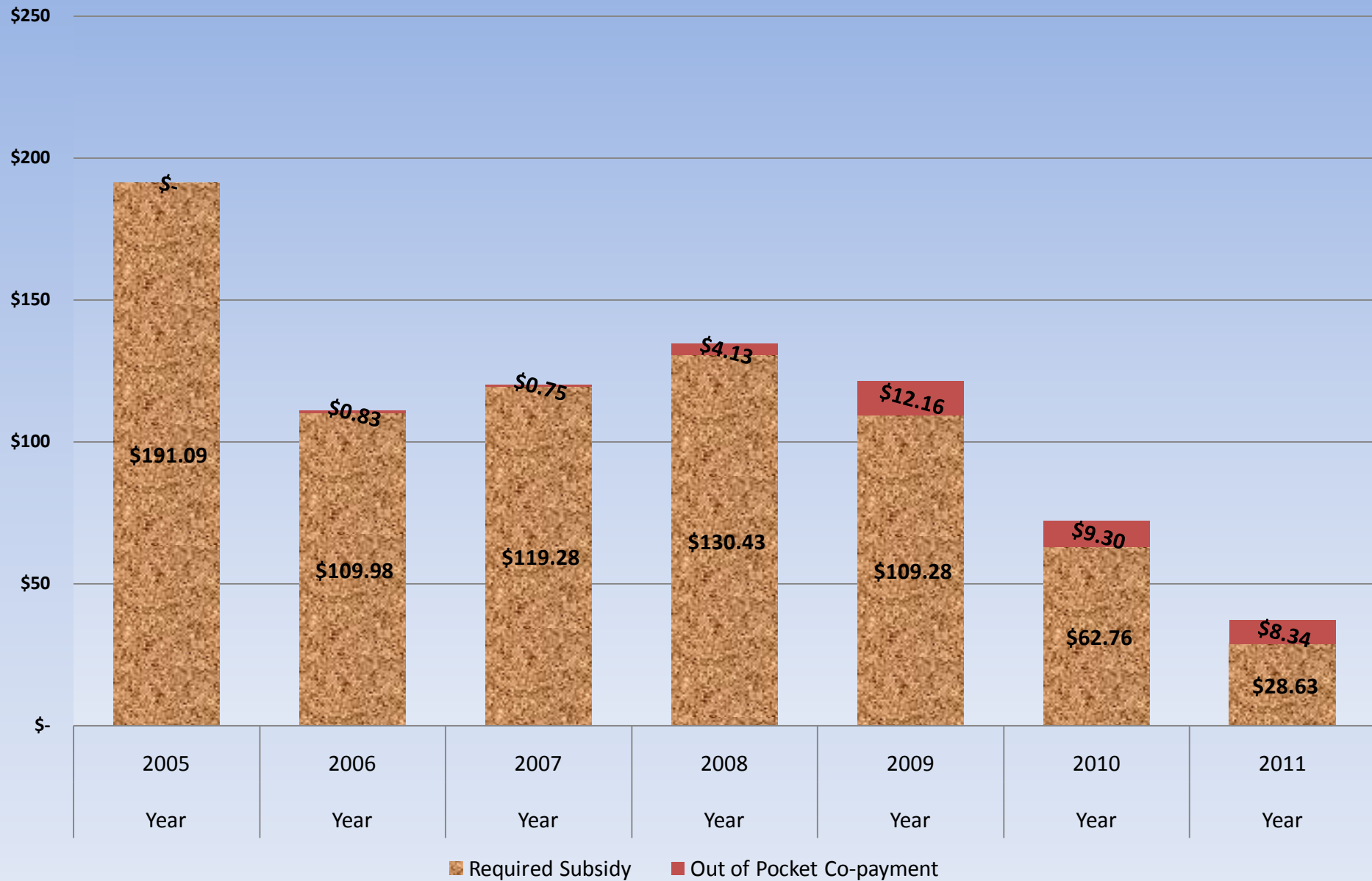
Annual HQ COST as % total annual cost

(amounts are same as slide annual cost per patient)

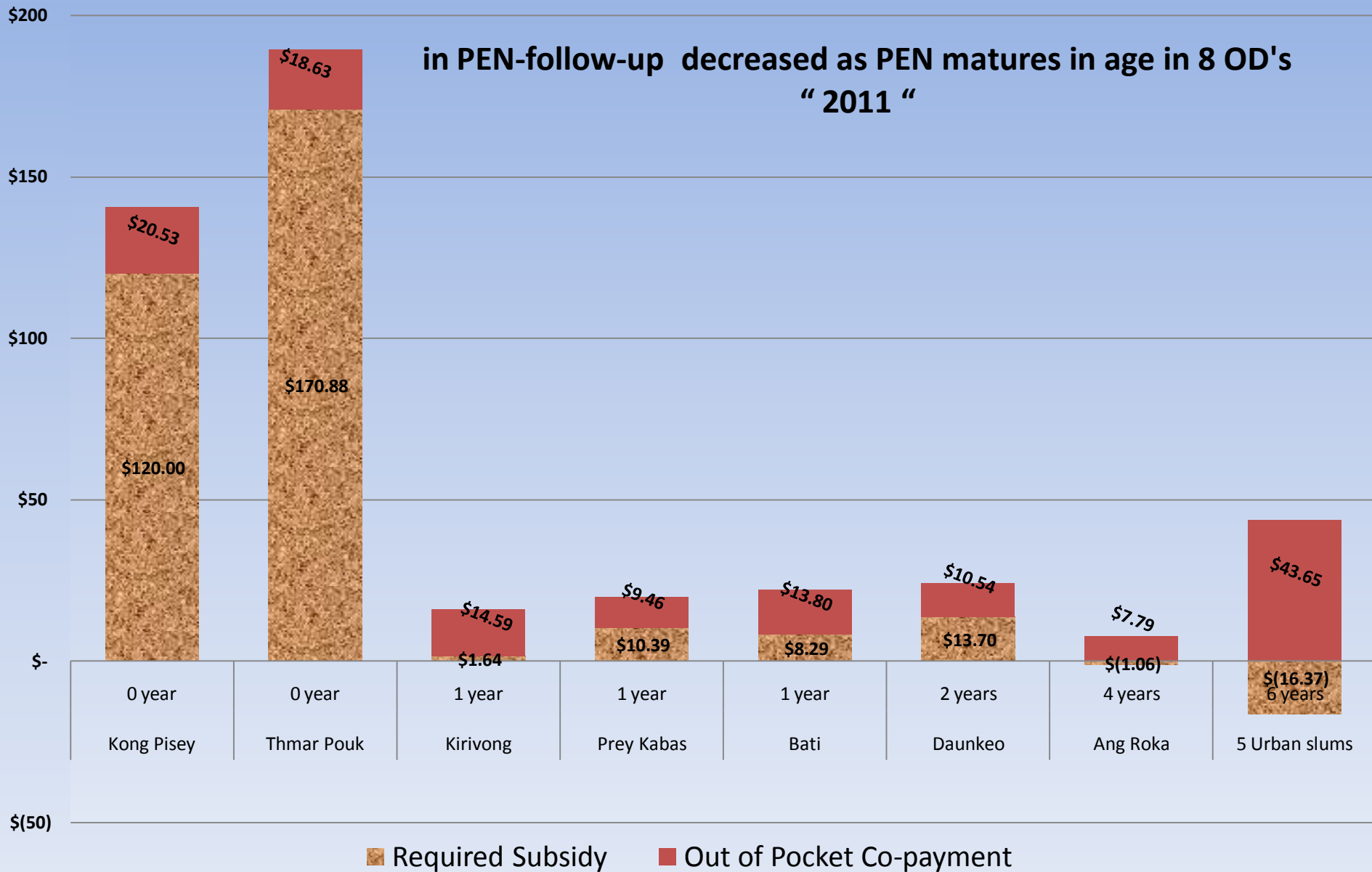


Who financed total costs?

FFL, MH, ICCO, DVN, CHP, AFF, MiCADO, AusAID, SRC, FSD, IFL, WDF, MSF-B, ICCO-KIA, LD...etc



Who has paid? Of average **USD 37** total annual **COST** per **PATIENT** 2011 (external donors paid most for the intervention in **NEW** areas + HQ)



For discussion

- good health outcomes despite few users of medicine suggests effective lifestyle changes (see later presentation on adherence to prescription);
- still some poor want and need medication so somebody should help by financing through vouchers (see voucher system presentation later);
- if more patients use services, then "average cost of care per patient in follow up" should go up. Because it includes patients who are not using the medical services. Now not enough patients have prescription and not all patients with prescription buy their medication every month;
- who should pay for Early Diagnosis screening, for prevention, for outreach, for Management/HQ...? We cannot and we will not try to charge patients for this. So, the product nr 1 to nr 10 are priority cost-effective public health care issues;
- Several years of pre-financing (investment) to create healthy demand for cost effective services seems to work well.

Thank you..!