Tutorial session P9

The aims of this tutorial session are to:

* Practice in using a unit costing tool
* Understanding different cost categories and drivers

You are asked to **work in groups**. The session will last for **45 minutes**, including a brief report-back from your group to present conclusions to the other participants.

**Groups:**

1. Diabetes care 3. TB care
2. HIV (treatment) 4. Hypertension

**Task: Use the provided excel tool to come up with unit costs and annual costs, based on ingredients costing. Based on the exercise, answer Q1-Q4.**

* Make quick and broad assumptions on individual component costs based on your experience/best judgement (this exercise is not about precise costs but about general principles).
* Use the following salary ratios: A specialist’s monthly salary is 25% greater than a Family doctor’s monthly salary. A PHC nurse earns half the salary of a family doctor. A Community health worker receives an allowance which is 60% of a nurse’s salary level.
* Where indicated, assume different modalities (a, b, c) which represent task-shifting and decentralization using different health cadres/care levels. You can also use modalities drawing on mHealth (such as SMS for treatment adherence support) or facilitators of patient self-management (like diary for treatment support).
* In drug treatment, the modality might also be associated with different treatment regimens and their differential costs (i.e. simple regimen, complex regimen)
* Make notes in column J as needed.

**Q1: What observations can you make on the unit costs of different modalities?**

**Q2: Comment on implementation efficiency and quality – what could the trade-offs be between reducing annual costs per patients, and achieving best clinical outcomes?**

**Q3: What are some of the challenges in ingredients costing? (go back to the slide presentation for clues)**

**Q4: Comment on upstream and downstream costs excluded at the patient level (“upstream” relating to primary prevention, “downstream” relating to medical complications of patients lacking effective treatment)**