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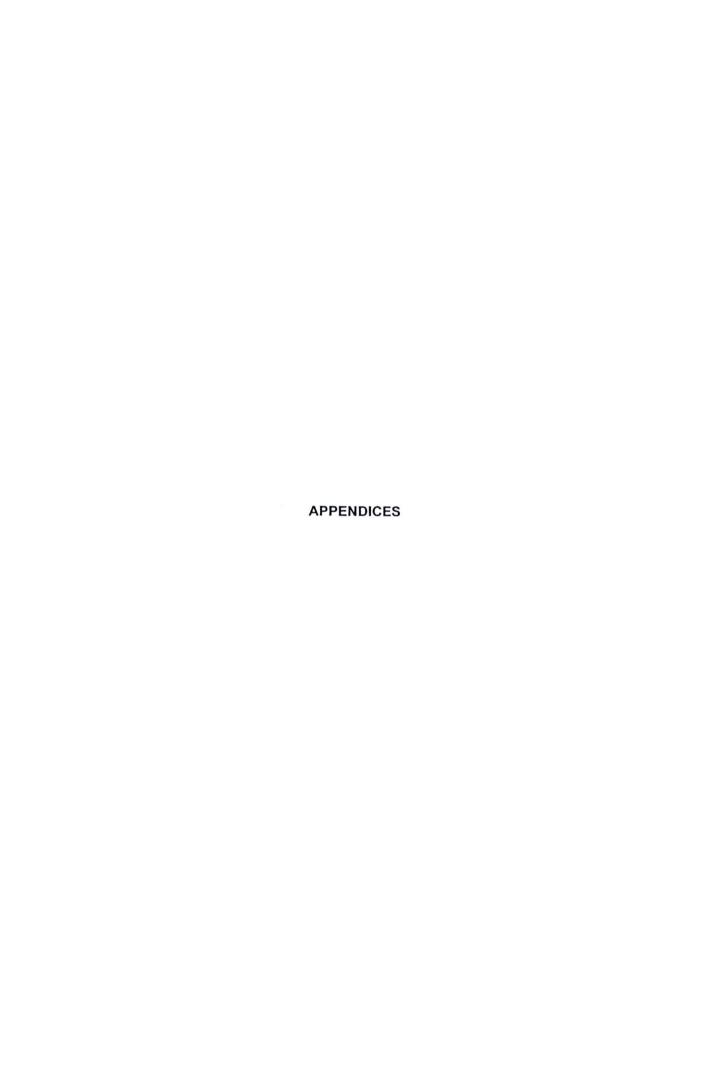
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Check List for Determining Provider Costs

Part I Check List for data collection at National level, Disease Prevention and Control Region (DPCR).

	(A)	Costs for Building	
	1.	Building price	Baht
	2.	Expected years of useful life	Years
	3.	Maintenance costs for building	Baht/Year
	4.	Number of total OPD patient	No./Year
	5.	Number of leprosy patient who were diagnosed at OPD	No./Year
	(B)	Costs for Equipment	
	6.	Equipment price	Baht
	7.	Expected years of useful life	Years
	8.	Maintenance costs for equipment	Baht/Year
	(C)	Costs for Vehicle	
	9.	Vehicle price	Baht
	10	. Expected years of useful life	Years
	11	. Maintenance costs for vehicle	Baht/Year
lealth Pe	rso	nnel ID	
Place			
	Pa	rt II Health Personnel Costs	
	1.	How much salary have you received?	Baht/month
	2.	How much fringe benefit have you got other than salar	y? Baht/year

3.	. How many minutes do you spend for diagnosis of leprosy			
	patient for doing PCD activities?	min./	patie	ent
4	. How many hours have you spent for doing contact examination?	hr.	/yea	r
5	. How many hours have you spent for doing school examination?	hr.	/yea	r
6	. How many hours have you spent for doing rapid village survey?	hr.	/yea	r
7	. How much traveling costs for doing contact examination activity?	Ba	ht/da	ay
8	. How many days have you done contact examination within one			
	year?	day	/s/ye	ear
9	. How much traveling costs for doing school examination within on	е		
	year?	Ba	ht/y	ear
10.	How much traveling costs for doing rapid village survey within on	е		
	year?	Ba	ht/y	ear
P	art III Material Costs			
1	. Did the patients need to be diagnosed by microscope?		[]
	(1) No			
	(2) Yes			
	If yes,			
2	. How many numbers of material used for the diagnosis of leprosy	with in or	ne	
	year?			
	2.1 Glass slide	No	o./ye	ar
	2.2 Reagent	Nc	./ye	ar
	2.3 Sterile knife .	No	o./ye	ear
3	. How many times used for diagnosis with microscope for various of	control ac	tiviti	es?
	3.1 Leprosy	tim	ies/y	/ear
	3.2 Tuberculosis	tim	es/y	ear
	3.3 Other diseases	tim	es/y	ear
4	. How many paper used for diagnosis of leprosy			
	(number of paper / patient)?	No.	/pati	ent
5	5. How many pens used for out patient clinic?	[]	
	5.1 One pen/10 patients			
	5.2 One pen/15 patients			
	5.3 One pen/20 patients			

Part IV Costs for Training program 1. Costs for per diem (person x days)Baht/Year 2. Traveling allowanceBaht/YearBaht/Year 3. Costs for training material Part V Costs for Social Mobilization 1. Costs for posters and pamphletsBaht/Year 2. Costs for giving health education about leprosyBaht/Year (i.e. cost for car rent, cost of screening for village health volunteer, etc.) 3. How much did you spend for traveling to give health education about leprosy? (personnel from control program only)Baht/year 4. How often did you give health education?times/year

Source: Aye SS.(1996)

Questionnaire for Patient Interview

Patient ID		
Interviewer's name		
Place		
I. General Information		
1. Sex	[]
(1) Male		
(2) Female		
2. Age (complete year)	[]
3. Level of education	[]
4. Occupation	[]
(1) Dependent		
(2) Manual worker		
(3) Private business		
(4) Government service personnel		
5. Distance between your residence and the clinics (in kilometer] (]
II. Costs Information		
For the patients who diagnosed by PCD method		
1. How much patients who pay for traveling to the clinic to see	k diagno	sis
of the disease?		Baht
2. How much do you have to pay for your registration		
in this clinic?		Baht
3. How much have you spent for food while you are traveling		
to the clinic and seeking diagnosis in this clinic?		Baht
4. Have you taken a leave of absence from your work?		[]
(1) No		
(2) yes		

If yes,		
5. What is your income?	Baht/	month
6. Do you go there alone or with another person accompany	ying?	[]
(1) Alone		
(2) Accompanied		
If you come with accompanying person,		
7. How much did he/she pay for traveling to the clinic?	E	3aht
8. How much did he/she spend for food while traveling to the	e clinic an	d
while you are seeking diagnosis in this clinic?		Baht
9. Did he/she take a leave of absence from his/her work?]]
(1) No		
(2) Yes		
If yes,		
10. What is his/her income?	Baht/r	nonth
11. Do you have to pay the person for accompanying with	ou for diag	gnosis
of the disease?	[]
(1) No		
(2) Yes		
If yes,		
12. How much have you spent for paying that person?	*********	Baht
For the patients who diagnosed by ACD method		
1. By which method of ACD had the patient been diagnose	ed?	[]
(1) RVS		
(2) Contact examination		
(3) School examination		
For the patients who were diagnosed by RVS		
2. How much did you spend for traveling to that area?		.Baht
3. How much did you spend for food while you were travelir	ng to that a	irea
and seeking diagnosis for the disease?		Baht
4. Had you taken a leave of absence from your work?		[]

	(1) No
	(2) Yes
	If yes,
	5. What is your income?Baht/month
	6. Do you go there alone or with another person accompanying?
	(1) Alone
	(2) Accompanied
	If you come with accompanying person,
	7. How much did he/she pay for traveling to the clinic?Baht
	8. How much did he/she spend for food while traveling to the clinic and
	while you are seeking diagnosis in this clinic?
	9. Did he/she take a leave of absence from his/her work? []
	(1) No
	(2) Yes
	If yes,
	10. What is his/her income?Baht/month
	11. Do you have to pay the person for accompanying with you for diagnosis
	of the disease?
	(1) No
	(2) Yes
	If yes,
	12. How much have you spent for paying that person?Baht
•	For the patients who were diagnosed by contact examination.
	13. Had you taken a leave of absence from your work? []
	(1) No
	(2) Yes
	If yes,
	14. What is your income?Baht/mont

Consent Form

(For patient)

Explanation:

My name is Weena Primkaew. I'm studying Master of Science in Health Economic at Chulalongkorn University. May I interview you about health expenditure in order to determine about "Cost-effectiveness analysis of combined active and passive versus passive leprosy case detection alone in Thailand". The information from this study will benefit to the policy maker. According to the results of the study, they can decide most efficient way of resource allocation for case detection activities in Leprosy Elimination Program.

I promise to follow these messages:

- 1. Your information, I keep it as the top secret.
- 2. You have the right to change your mind at any time which this study is operating, including after your signed this form.
- 3. I confirm that your information are not impact or risk to you.

If you have problem, contact:

Miss Weena Primkaew

Raj Pracha Samasai Institute, Department of disease control,

Muang district, Nonthaburi 11000

Phone number: 02 5903330

Confirmation of consent: Date/............

I understand the explanation about the objectives, methodology and benefit of this study.

The researcher answers the doubtful point with willingly, no hidden until I satisfied.

I joined this study voluntarily. And may terminate or withdraw from the study at any time. In any case, I will not participate or withdraw from the study of this later. It will not affect to prevention and treatment of disease.

Ensure that the research will collect information about me to disclose confidential information in a summary of research. Or disclosure of the related support functions / monitoring this study only.

I have read a description in the consent form of this study, and the researcher answered the doubtful point with willingly, no hidden until I satisfied. I understand all the reasons that it has signed and agree with satisfaction.

Signed	The consent
Signed	The researcher
Signed	Witness

I'm illiterate, the researcher explained the content of this study, including the consent form and I understand the doubtful points. I have a good understanding have all signed and assigned representatives signed a consent form willingly.

Signed	The consent/the representative
Signed	The researcher

I am immature. Dependent parents have read or the researchers, who have explained the content and the consent form of this study, agree with willingness and answer to all questions fully with understanding all and signed to agree for participating with this study willingly.

Signed	The parent/parent in law
Signed	The researcher
Signed	Witness

Consent Form

(For health provider)

Explanation:

My name is Weena Primkaew. I'm studying Master of science in Health Economic at Chulalongkorn University. May I interview you about costs of leprosy case finding activities in order to determine about "Cost-effectiveness analysis of combined active and passive versus passive leprosy case detection alone in Thailand". The information from this study will benefit to the policy maker. According to the results of the study, they can decide most efficient way of resource allocation for case detection activities in Leprosy Elimination Program.

I promise to follow these messages:

- 1. Your information, I keep it as the top secret.
- 2. You have the right to change your mind at any time which this study is operating, including after your signed this form.
- 3. I confirm that your information is not impact or risk to you.

If you have problem, contact:

Miss Weena Primkaew

Raj Pracha Samasai Institute, Department of disease control,

Muang district, Nonthaburi 11000

Phone number: 02 5903330

Confirmation of consent: Date///	
----------------------------------	--

I understand the explanation about the objectives, methodology and benefit of this study.

The researcher answers the doubtful point with willingly, no hidden until I satisfied.

I joined this study voluntarily. And may terminate or withdraw from the study at any time. In any case, I will not participate or withdraw from the study of this later. It will not affect on me any.

Ensure that the research will collect information about me to disclose confidential information in a summary of research. Or disclosure of the related support functions / monitoring this study only.

I have read a description in the consent form of this study, and the researcher answers the doubtful point with willingly, no hidden until I satisfied. I understand all the reasons that it has signed and agree with satisfaction.

Signed	The consent
Signed	The researcher
Signed	Witness

Calculation of costs for each method of case finding activity (Provider perspective)

The total costs for each method of case finding activity are calculated by equation explained in Chapter 4. The total provider costs for combined ACD and PCD, and PCD alone are found out by using equation 7 and 8 respectively. In this study, we calculated only the recurrent costs, because of time constraint and limitation of data available.

Personnel Costs for doing combined ACD and PCD

This cost item is calculated from equation 1 which is explained in Chapter 4. The total annual income of health personnel got from summation of annual salary fringe benefit (received salaries and fringe benefit from the government). The data for annual salary available from secondary data source. For fringe benefit primary data source. The number of health personnel got from manpower list in that area.

In combined ACD and PCD method, there are two activities, one is ACD and another one is PCD. In this case, the calculated time spent is following:

The proportion time spent on doing ACD is calculated by following

Total working hour for one year 6 hours*22 days* 12 month = 1584 hours

For RVS.

DPCR4: The health personnel (everybody) spent only 12 hours per year. They have also done this activity only once per year.

p = Proportion time spent on doing ACD



DPCR8: The health personnel spent only 20 hours per year. They have also done this activity only once per year.

p = Proportion time spent on doing ACD

DPCR11: The health personnel spent only 18 hours per year. They have also done this activity only once per year.

p = Proportion time spent on doing ACD

DPCR5: The health personnel spent only 48 hours per year. They have also done this activity only once per year.

p = Proportion time spent on doing ACD

DPCR6: The health personnel spent only 6 hours per year. They have also done this activity only once per year.

p = Proportion time spent on doing ACD

DPCR7: The health personnel spent 3 hours per year for first phase and 6 hours per year for second phase. They have also done this activity only once per year.

p = Proportion time spent on doing ACD

DPCR10: The health personnel spent only 9 hours per year. They have also done this activity only once per year.

p = Proportion time spent on doing ACD

Personnel costs for doing PCD

The method of cost calculation is same as ACD. Calculation for proportion of time spent (q) is following.

For provincial hospital:

The health personnel open the clinic every day and assumed that they used 2 hour per day for OPD activity.

q = Proportion time spent on doing PCD

For community hospital:

The health personnel open the clinic 3 day per week and assumed that they used 2 hour per day for OPD activity.

6 hours * 3 days * 4 weeks *12 months = 288 hours

q = Proportion time spent on doing PCD

Total costs for material supplies

This cost item contained costs for glass slide, reagent, disposable knife for slit skin smear, paper and pen.

The routine program, there are 100% need to confirm the diagnosis by slit skin smear.

	Combined ACD and PCD	PCD alone
Non-endemic:		
DPCR 4	2 cases * 100% = 2	2 cases * 100% = 2
DPCR 8	9 cases * 100% = 9	3 cases * 100% = 3
DPCR 11	5 cases * 100% = 5	3 cases * 100% = 3
Endemic:	·	
DPCR 5	4 cases * 100% = 4	4 cases * 100% = 4
DPCF. 6	0 case * 100% = 0	0 case * 100% = 0
DPCR 7	8 cases * 100% = 8	3 cases * 100% = 3
DPCR 10	7 cases * 100% = 7	1 case * 100% = 1

For calculation of paper cost, they used 3 pieces of paper per 1 patient to fill up the registered form, Prevention of disability recording form.

For pen, they used roughly 1 piece per 20 patients.

Total cots for training program/ workshop and meeting

This costs item contained per diem cost, traveling allowance and costs for training material from RPSI (national level), DPCR (regional level), and provincial level.

Total cost for training program/ workshop/ meeting

Area	Training	Cost for ACD+PCD	Cost for PCD alone
	program	(baht)	(baht)
DPCR 4:	- by RPSI	6,870	6,870
a a	- by DPCR*	-	-
Total		6,870	6,870
DPCR 8:	- by RPSI	3,751	3,751
× <u>ä</u>	- by DPCR	23,533	10,533
Total		27,284	14,284
DPCR11:	- by RPSI	3,232	3,232
	- by DPCR*	-	-
Total		3,232	3,232
DPCR 5:	- by RPSI	1,899	1,899
	- by DPCR	251	4,428
Total		2,150	6,327
DPCR 6:	- by RPSI	2,385	2,385
	- by DPCR*	-	· -
Total	¥	2,385	2,385
DPCR7:	- by RPSI	466	466
	- by DPCR	9,332	9,332
Total		9,798	9,798
DPCR10:	- by RPSI	17,522	17,522
	- by provincial	7,161	7,161
Total		24,683	24,683

^{*} In 2006, DPCR 4, 6, and 11, no provided the budget for leprosy training/workshop/meeting.

<u>Total costs for social mobilization</u> (Raj Pracha Samasai week or National leprosy awareness week)

This costs item contained costs for transporting educational material and costs for providing health education by leprosy control personnel from RPSI (national level), DPCR (regional level), provincial level and district level.

Area	item	Cost for ACD&PCD (baht)	Cost for PCD alone (baht)
DPCR 4:	-media	1,734	2,034
	-transp. media	59.	59
	-provi. health ed.		2,000
Total		1,793	4,093
DPCR 8:	-media	1,177	1,177
	-transp. media	38	38
	-provi. health ed.	8,200	4,100
Total	MAT	9,415	5,315
DPCR11	-media	846	846
:	-transp. media	29	29
	-provi. health ed.	48,322	6,500
Total		49,147	7,375
DPCR 5:	-media	600	600
	-transp. media	24	24
	-provi. health ed.	8,163	3,018
Total		8,787	3,642
DPCR 6:	-media	774	774
	-transp. media	29	29
	-provi. health ed.	10,000	-
Total		10,803	803
DPCR7:	-media	691	691
	-transp. media	22	22
	-provi. health ed.	806	10,806
Total		1,519	11,519
DPCR10	-media	619	619
:	-transp. media	21	21

	-provi. health ed.	500	12,000
Total		1,140	12,640

Total cost for RVS implementation

Area	item	Cost for ACD+PCD (baht)
DPCR 4:	-advocacy meeting	900
	-fuel	1,600
	-per diem of mobile team	1,176
	-drug	1,520
Total		5,196
DPCR 8:	-advocacy meeting	1,626
	-fuel	1,500
	-per diem of mobile team	5,624
	-drug	-
Total		8,750
DPCR11:	-advocacy meeting	25,822
	-fuel	5,600
	-per diem of mobile team	10,152
	-drug	-
Total		41,574
DPCR 5:	-advocacy meeting	18,036
	-fuel	9,000
	-per diem of mobile team	10,224
	-drug	-
Total		37,260
DPCR 6:	-advocacy meeting	6,538
	-fuel	4,200
	-per diem of mobile team	5,096
	-drug	-
Total		15,834
DPCR7:	-advocacy meeting	13,448
	-fuel	1,500

	-per diem of mobile team	1,884
	-drug	1,000
Total		17,832
DPCR10:	-advocacy meeting	26,800
	-fuel	2,765
	-per diem of mobile team	7,300
	-drug	-
Total		36,865

Personnel costs for case detection activities

Combined ACD	and PCD	: ACD (n=	46)			
Area	No. of	Annual	Fringe	Total	р	TC
	provider	salary	benefit			ACD
DPCR 4:						
Bang Len	4	1,194,240	129,434	1,323,674	0.0076	10,061
DPCR 8:						
Banphot Phisai	6	1,703,880	155,245	1,859,125	0.0126	23,425
DPCR11:						
Phrasaeng	9	2,314,680	111,636	2,426,313	0.0114	27,660
DPCR 5:						
Sateuk	5	969,960	98,504	1,068,464	0.0303	32,374
DPCR 6:						
Bueng Kan	7	1,626,840	223,250	1,850,090	0.0038	7,030
DPCR7:						
Uthumphon Phisai	10	2,560,480	171,228	2,731,708	0.0057	15,571
DPCR10:						
Fang	5	1,176,016	166,913	1,342,929	0.0057	7,655

Source: From primary data, author's calculation

Combined ACD a	nd PCD: F	PCD				
Area	No. of	Annual	Fringe	Total	q	TC
	provider	salary	benefit			
DPCR 4:	8					
Bang Len	2	612,000	183,000	795,000	0.14	111,300.00
DPCR 8:						
Banphot Phisai	2	492,000	197,800	689,800	0.14	96,572.00
DPCR11:						
Phrasaeng	2	587,760	255,200	842,960	0.14	118,014.40
DPCR 5:		12				
Sateuk	2	458,360	426,460	884,820	0.14	123,874.80
DPCR 6:						
Bueng Kan	2	648,000	250,200	898,200	0.14	125,748.00

DPCR7:						
UthumphonPhisai	2	524,040	480,000	1,004,040	0.14	140,565.60
DPCR10:						
Fang	2	459,840	473,304	933,144	0.14	130,640.16

Source: From primary data, author's calculation

PCD alone						
	No. of	Annual	Fringe	Total	q	тс
	provider	salary	benefit			
DPCR 4:						
Muang	2	756,000	29,500	785,500	0.33	259,215.00
NakhonPathom						
DPCR 8:						
Phaisali	2 .	315,840	363,000	678,840	0.14	95,037.60
DPCR11:						
Muang	2	777,960	292,000	1,069,960	0.33	353,086.80
SuratThani		×.				
DPCR 5:						
Prakhon Chai	2	597,480	400,000	997,480	0.14	139,647.20
DPCR 6:						
Si Chiang Mai	2	504,000	370,200	874,200	0.14	122,388.00
DPCR 7:				SR1		
Kantharalak	2	588,000	456,800	1,044,800	0.14	146,272.00
DPCR10:						
Chiang Dao	2	291,840	600,000	891,840	0.14	124,857.60

Source: From primary data, author's calculation

Total personnel cost for doing combined ACD and PCD, and PCD alone method

Area	Total personnel cost for	Total personnel cost for
	Combined ACD and PCD	PCD alone
Non-endemic:		
DPCR 4:	269,276.00	259,215.00
DPCR 8:	119,997.00	95,037.60
DPCR11:	145,674.40	353,086.80*
Total	534,947.40	707,339.40
Endemic:		7
DPCR 5:	156,248.80	139,647.20
DPCR 6:	132,778.00	122,388.00
DPCR 7:	156,136.60	146,272.00
DPCR10:	138,295.16	124,857.00
Total	583,458.56	533,164.20

^{*} Total personnel cost for **PCD alone** of DPCR 11 is highest; depend on the personnel cost of staffs (different level of salary and fringe benefit) that higher than those of the other regions and different of time spent between a provincial and community hospital.

Total cost for material supplies

Area	item	Unit	No. of	No. of	Total	Total
		cost	ACD+PCD	PCD	ACD+	PCD
à		(baht)		alone	P.CD	alone
DPCR 4:	-glass slide	.50	2	2	1	1
	- reagent	.50	2	2	1	1
¥	- disp. Knife	5.00	2	2	10	10
	- paper	10.50	2	2	21	21
	- pen	.50	2	2	1	1
Total					34.00	34.00
DPCR 8:	-glass slide	.50	9	3	4.50	1.50
	- reagent	.50	9	3	4.50	1.50
	- disp. Knife	5.00	9	3	45.00	15.00
	- paper	10.50	9	3	94.50	31.50
	- pen	.50	9	3	4.50	1.50

Total					150.00	51.00
DPCR11:	-glass slide	.50	5	3	2.50	1.50
	- reagent	.50	5	3	2.50	1.50
	- disp. Knife	5.00	5	3	25.00	15.00
	- paper	10.50	5	. 3	52.50	31.50
	- pen	.50	5	3	2.50	1.50
Total					85.00	51.00
DPCR 5:	-glass slide	.50	4	4	2.00	2.00
	- reagent	.50	4	4	2.00	2.00
,	- disp. Knife	5.00	4	4	20.00	20.00
*	- paper	10.50	4	4	42.00	42.00
	- pen	.50	4	4	2.00	2.00
Total					68.00	68.00
DPCR 6:	-glass slide	.50	0	0	0	0
	- reagent	.50	0	0	0	0
	- disp. Knife	5.00	0	0	0	0
	- paper	10.50	0	0	0	0
	- pen	.50	0	0	0	0
Total					0	0
DPCR7:	-glass slide	.50	8	3	4.00	1.50
	- reagent	.50	8	3	4.00	1.50
	- disp. Knife	5.00	8	3	40.00	15.00
e e	- paper	10.50	8	3	84.00	31.50
	- pen	.50	8	3	4.00	1.50
Total					136.00	51.00
DPCR10:	-glass slide	.50	7	1	3.50	.50
	- reagent	.50	7	1	3.50	.50
	- disp. Knife	5.00	7	1	35.00	5.00
	- paper	10.50	7	1	73.50	10.50
	- pen	.50	7	1	3.50	.50
Total				-	119.00	17.00

Total provider's cost of combined ACD and PCD method in each area:	ACD and PCD r	nethod in each	area:				
Items		Non-endemic	0		End	Endemic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	25,422	856	749	276	9,516	23,099
- Social mobilization	1,793	9,415	49,147	8,787	10,803	1,519	1,140
(Raj Pracha Samasai week)				•			
- Material supply	34	150	85	68	0 .	136	119
- RVS implementation	5,196	8,750	41,574	37,260	15,834	17,832	36,865
- personnel cost	269,276.00	119,997.00	145,674.40	156,248.80	132,778.00	156,136.60	138,295.16
Total provider cost	279,268.00	163,734.00	237,336.40	203,113.07	159,691.00	185,139.60	199,518.16
Newly detected case	2	6	5	4	0	8	7
Cost-effectiveness Ratio (Baht)	139,634.00	18,192.67	47,467.28	50,778.27		23,142.45	28,502.59
\$SN	3,518.12	458.37	1,195.95	1,279.37	,	583.08	718.13

Total provider's cost of PCD alone method in each area:	ne method in e	each area:					
Items		Non-endemic			E	Endemic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	12,422	856	4,926	276	9,516	23,099
- Social mobilization	4,093	5,315	7,375	3,642	803	11,519	12,640
(Raj Pracha Samasai week)							
- Material supply	34	51	51	68	0	51	17
- personnel cost	259,215.00	95,037.60	353,086.80	139,647.20 122,388.00	122,388.00	146,272.00	124,857.60
Total provider cost	266,311.00	112,825.60	361,368.80	148,283.20 123,467.00	123,467.00	167.358.00	160,613.60
Newly detected case	2	3	3	4	0	3	-
Cost-effectiveness Ratio (Baht)	133,155.50	37,608.53	120,456.20	37,070.80		55,786.00	160,613.60
\$\$0	3,354.89	947.56	3,034.92	934.01		1,405.54	4,046.70

Calculation of total costs for patient perspective

For combined ACD and PCD

There are two activities, one is active case detection (most of RVS activity) and another one is passive case detection activity.

For PCD alone

The direct costs contained traveling cost and time costs for patient. The time costs are calculated from their average wages (Only who leave and absenteeism).

Indirect costs contained traveling costs and time costs for relative who accompany with patient.

In combined ACD and PCD, 71.43 % of the patients are from ACD, and 28.57 % of the patients are from PCD (self reporting) according to primary data and secondary data from annual report of leprosy control program. The detailed calculation is the following:

Total cost for patient's perspective

DPCR 4:

Combined ACD and PCD

- Direct cost ACD patient's time cost	=	1,000	baht
- Direct cost ACD patient's traveling cost	=	0	baht
- Direct cost PCD patient's time cost	=	100	baht
- Direct cost PCD patient's traveling cost	=	120	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	- =	1,220	baht
No. of patient interviewed	=	2	cases
C/ E ratio	=	610	baht

PCD alone			
- Direct cost PCD patient's time cost	=	200	baht
- Direct cost PCD patient's traveling cost	= 1	160	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	160	baht
Total	=	520	baht
No. of patient interviewed	=	1	cases
C/ E ratio	= -	520	baht
DPCR 8:			
Combined ACD and PCD			
- Direct cost ACD patient's time cost	=	766	baht
- Direct cost ACD patient's traveling cost	=	110	baht
- Direct cost PCD patient's time cost	=	- 0	baht
- Direct cost PCD patient's traveling cost	=	100	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	=	976	baht
No. of patient interviewed	=	8	cases
C/ E ratio	=	122	baht
PCD alone			
- Direct cost PCD patient's time cost	=	66	baht
- Direct cost PCD patient's traveling cost	=	830	baht
- Indirect cost PCD relative's time cost	=	200	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	=	1,096	baht
No. of patient interviewed	=	3	cases
C/ E ratio	=	365.33	baht
DPCR 11:			
Combined ACD and PCD			
- Direct cost ACD patient's time cost	=	333	baht

	- Direct cost ACD patient's traveling cost	=	182	baht
	- Direct cost PCD patient's time cost	=	667	baht
	- Direct cost PCD patient's traveling cost	=	1,800	baht
	- Indirect cost PCD relative's time cost	, =	167	baht
	- Indirect cost PCD relative's traveling cost	=	0	baht
	Total	=	3,149	baht
	No. of patient interviewed	=	5	cases
	C/ E ratio	=	629.80	baht
•	PCD alone			
	- Direct cost PCD patient's time cost	=	1,200	baht
	- Direct cost PCD patient's traveling cost	=	180	baht
	- Indirect cost PCD relative's time cost	=	0	baht
	- Indirect cost PCD relative's traveling cost	=	0	baht
	Total	=	1,380	baht
	No. of patient interviewed	=	3	cases
	C/ E ratio	=	460	baht
D	PCR 5:			
•	Combined ACD and PCD			
	- Direct cost ACD patient's time cost	=	0	baht
	- Direct cost ACD patient's traveling cost	= .	0	baht
	- Direct cost PCD patient's time cost	=	0	baht
	- Direct cost PCD patient's traveling cost	=	60	baht
	- Indirect cost PCD relative's time cost	=	0	baht
	- Indirect cost PCD relative's traveling cost	=	0	baht
	Total	=	60	baht
	No. of patient interviewed	=	2	cases
	C/ E ratio	=	30	baht
			2-	
•	PCD alone			
	- Direct cost PCD patient's time cost	=	350	baht
	- Direct cost PCD patient's traveling cost	=	1,524	baht

- Indirect cost PCD relative's time cost	=	84	baht
- Indirect cost PCD relative's traveling cost	=	150	baht
Total	=	2,108	baht
No. of patient interviewed	=	3	cases
C/ E ratio	=	702.67	baht
DPCR 6:			
Combined ACD and PCD			
- Direct cost ACD patient's time cost	=	0	baht
- Direct cost ACD patient's traveling cost	=	0	baht
- Direct cost PCD patient's time cost	=	0	baht
- Direct cost PCD patient's traveling cost	=	0	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
PCD alone			
- Direct cost PCD patient's time cost	=	0	baht
- Direct cost PCD patient's traveling cost	=	0	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	=	0	baht
No. of patient interviewed	=	0	cases
C/ E ratio	=	. 0	baht
•			
DPCR 7:			
Combined ACD and PCD			
- Direct cost ACD patient's time cost	=	0	baht
- Direct cost ACD patient's traveling cost	=	0	baht
- Direct cost PCD patient's time cost	=	0	baht
- Direct cost PCD patient's traveling cost	=	160	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	=	160	baht

No. of patient interviewed	=	6	cases
C/ E ratio	=	26.67	baht
PCD alone			
- Direct cost PCD patient's time cost	=	0	baht
- Direct cost PCD patient's traveling cost	=	340	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	=	340	baht
No. of patient interviewed	=	3	cases
C/ E ratio	=	113.33	baht
DDCD 40.			
DPCR 10:			
 Combined ACD and PCD 			
- Direct cost ACD patient's time cost	=	0	baht
- Direct cost ACD patient's traveling cost	=	0	baht
- Direct cost PCD patient's time cost	=	100	baht
- Direct cost PCD patient's traveling cost	=	341	baht
- Indirect cost PCD relative's time cost	=	267	baht
- Indirect cost PCD relative's traveling cost	=	341	baht
Total	=	1,049	baht
No. of patient interviewed	=	6	cases
C/ E ratio	=	175	baht
PCD alone			
- Direct cost PCD patient's time cost	=	0	baht
- Direct cost PCD patient's traveling cost	=	0	baht
- Indirect cost PCD relative's time cost	=	0	baht
- Indirect cost PCD relative's traveling cost	=	0	baht
Total	=	0	baht
No. of patient interviewed	=	0	cases
C/ E ratio	=	0	baht

Estimation of Social Mobilization for Sensitivity Analysis

In this study, PCD method covers the 9% to 24% by of the total number of villages. These numbers are only made by assumption. Therefore, we need to do sensitivity analysis. If we change the coverage of the PCD method, there will be a change in cost-effectiveness ratio in each area from provider perspective. (The number of case detected no change.)

If we change the percentage of coverage by PCD method from 9 - 24% to 50%, 75% and up to 100%, the number of villages is shown in Table A7.

Table A7: The number of village which coverage by social mobilization

Area / District	No. of village	which covera	age by social	mobilization
	Estimate	50%	75%	100%
Non-endemic:				
DPCR 4:				
- Bang Len	18 (11%)	90	135	180
- Muang Nakhon Pathom	31 (15%)	108	162	217
*				
DPCR 8:				
- Banphot Phisai	17 (15%)	58	88	117
- Phaisali	15 (16%)	50	76	101
DPCR11:				
- Phrasaeng	13 (19%)	36	54	72
- Muang Surat Thani	13 (24%)	30	44	59
Endemic:				
DPCR 5:				
- Sateuk	18 (10%)	96	143	190
- Prakhon Chai	16 (9%)	92	137	182
DPCR 6:				
- Bueng Kan	14 (12%)	66	98	131
- Si Chiang Mai	6 (16%)	22	32	43

Area / District	No. of village	which cover	age by socia	l mobilization
	Estimate	50%	75%	100%
DPCR7:		947		
- Uthumphon Phisai	21 (9%)	116	174	232
- Kantharalak	33 (12%)	138	207	276
DPCR10:				
- Fang	15 (16%)	52	77	102
- Chiang DAO	12 (16%)	42	62	83

Sensitivity analysis of social mobilization in each area, 50% coverage village

Table A7.1:

Total provider's cost of combined ACD and PCD method in each area:	ACD and PCD r	nethod in each	area:				
Items	×	Non-endemic			Endemic	mic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	25,422	856	749	276	9,516	23,099
- Social mobilization	8,150	31,383	129,334	43,935	45,013	8,439	3,563
(Raj Pracha Samasai week)							
- Material supply	34	150	85	68	0	136	119
- RVS implementation	5,196	8,750	41,574	37,260	15,834	17,832	36,865
- personnel cost	269,276.00	119,997.00	145,674.40	156,248.80	132,778.00	156,132.60	138,295.16
Total provider cost	285,625.00	185,702.00	317,523.40	238,260.80	193,901.00	192,055.60	201,941.16
Newly detected case	2	6	5	4	0	8	7
Cost-effectiveness Ratio (Baht)	142,812.50	20,633.56	63,504.68	59,565.20		24,006.95	28,848.74
\$SN	3,598.20	519.87	1,600.02	1,500.76	,	604.86	726.85

Sensitivity analysis of social mobilization in each area, 75% coverage village

Table A7.2:

Total provider's cost of combined ACD and PCD method in each area:	ACD and PCD r	nethod in each	area:				
Items		Non-endemic			Ende	Endemic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	25,422	856	749	276	9,516	23,099
- Social mobilization	12,225	47,075	194,001	65,902	67,519	12,658	5,344
(Raj Pracha Samasai week)	9			,			
- Material supply	34	150	85	68	0	136	119
- RVS implementation	5,196	8,750	41,574	37,260	15,834	17,832	36,865
- personnel cost	269,276.00	119,997.00	145,674.40	156,248.80	132,778.00	156,132.60	138,295.16
Total provider cost	289,700.00	201,394.00	382,190.40	260,227.80	216,407.00	196,278.60	203,722.16
Newly detected case	2	6	. 2	4	0	8	7
Cost-effectiveness Ratio (Baht)	144,850.00	22,377.11	76,438.08	65,056.95	,	24,534.83	29,103.17
US\$	3,649.53	563.80	1,925.88	1,639.13		618.16	733.26

Sensitivity analysis of social mobilization in each area, 100% coverage village

Table A7.3:

Total provider's cost of combined ACD and PCD method in each area:	ACD and PCD 1	method in each	ı area:	-			
Items		Non-endemic			Ende	Endemic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	25,422	856	749	276	9,516	23,099
- Social mobilization	16,300	62,767	258,668	87,870	90,025	16,878	7,125
(Raj Pracha Samasai week)							
- Material supply	34	150	. 85	. 89	0	136	119
- RVS implementation	5,196	8,750	41,574	37,260	15,834	17,832	36,865
- personnel cost	269,276.00	119,997.00	145,674.40	156,248.80	132,778.00	156,132.60	138,295.16
Total provider cost	293,775.00	217,086.00	446,857.40	282,195.80	238913.00	200,498.60	205,503.16
Newly detected case	2	6	5	4	0	8	7
Cost-effectiveness Ratio (Baht)	146,887.50	24,120.67	89,371.48	70,548.95	•	25,062.33	29,357.59
\$SN	3,700.87	607.73	2,251.74	1,777.70		631.45	739.67

Sensitivity analysis of social mobilization in each area, 50% coverage village

Table A7.4:

Total provider's cost of PCD alone met	method in each area:	h area:					
Items		Non-endemic			End	Endemic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	12,422	856	4,926	276	9,516	23,099
- Social mobilization	13,643	16,609	15,365	20,233	2,509	47,996	39,500
(Raj Pracha Samasai week)							
- Material supply	34	51	51	68	0	51	17
- personnel cost	259,215.00	95,037.60	353,086.80	139,647.20	122,388.00	146,272.00	124,857.60
Total provider cost	275,861.00	124,129.60	369,358.80	164,874.20	125,173.00	203,835.00	187,473.60
Newly detected case	. 2	3	3	4	0	3	1
Cost-effectiveness Ratio (Baht)	137,930.50	41,376.53	123,119.60	41,218.55	•	67,945.00	187,473.60
NS\$	3,475.20	947.56	3,034.92	1,038.51		1,711.89	4,723.45

Sensitivity analysis of social mobilization in each area, 75% coverage village

Table A7.5:

Total provider's cost of PCD alone method in each area:	e method in eac	h area:	v				
Items		Non-endemic			Endemic	emic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	12,422	856	4,926	276	9,516	23,099
- Social mobilization	20,465	24,914	23,047	30,350	3,764	71,994	59,250
(Raj Pracha Samasai week)							
- Material supply	34	51	51	68	0	51	17
- personnel cost	259,215.00	95,037.60	353,086.80	139,647.20	122,388.00	146,272.00 124,857.60	124,857.60
Total provider cost	282,683.00	132,424.60	377,040.80	174,991.20	126,428.00	227,833.00	207,223.60
Newly detected case	2	3	3	4	0	က	-
Cost-effectiveness Ratio (Baht)	141,341.50	44,141.53	125,680.27	43,747.80	,	75,944.33	207,223.60
US\$	3,561.14	947.56	3,166.54	1,102.24		1,913.44	5,221.05

Sensitivity analysis of social mobilization in each area, 100% coverage village

Table A7.6:

Total provider's cost of PCD alone method in each area:	method in each	h area:					
ltems		Non-endemic		-	Endemic	mic	
	DPCR 4	DPCR 8	DPCR11	DPCR 5	DPCR 6	DPCR 7	DPCR10
- Training/workshop/meeting	2,969	12,422	856	4,926	276	9,516	23,099
- Social mobilization	27,287	33,219	30,729	40,467	5,019	95,992	79,000
(Raj Pracha Samasai week)							
- Material supply	34	51	51	68	0	51	17
- personnel cost	259,215.00	95,037.60	353,086.80	139,647.20	122,388.00	146,272.00 124,857.60	124,857.60
Total provider cost	289,505.00	140,729.60	384,722.80	185,108.20	127,683.00	251,831.00	226,973.60
Newly detected case	2	3	8	4	0	3	1
Cost-effectiveness Ratio (Baht)	144,752.50	46,909.87	128,240.93	46,277.05	1	83,943.67	226,973.60
US\$	3,647.08	1,181.91	3,231,06	1,165.96	-	2,114.99	5,718.66

Appendix 8

Chi-square test

H_O = Case detection of combined ACD and PCD method is not associated with endemic area

H_a = Case detection of combined ACD and PCD method is associated with endemic area

Chi-square test:

Area	ACD &PCD	PCD alone	(O-E)	(O-E) ²	(O-E) ²
	(Observed)	(Expected)			E
Non-endemic	16	8	8	64	8
Endemic	19	8	11	121	15.13
			-		$X^2 = 23.13$

 $X^2 = \sum_{i=1}^{n} (O - E)^2$

E

Where: O = Observed

E = Expected

degree of freedom = (n-1)

$$X_{cal}^2 = 23.13$$
,

The table value for Chi-square in the correct box of 1 df and p= 0.05, level of significance is 3.84.

So we rejected the null hypothesis, accepted the alternative hypothesis. Therefore case detection of combined ACD and PCD method is associated with endemic area

Weighted calculation of the cost-effectiveness ratio of combined ACD & PCD vs. PCD alone method in each level

In non-endemic area (N=7 regions, n=3 regions)

		A STATE OF THE PARTY OF THE PAR
Area	ACD&PCD	PCD alone
DPCR4	140,244*	133,676*
DPCR8	18,314*	37,974*
DPCR11	48,098*	120,916*
Total	140,244X2 + 18,314X2 + 48,098X1 = 73,041.20**	133,676X7 + 37,974X15 + 120,916X19 = 92,749.90 ***
	2	41

* cost/1case before weighted calculation in each DPCR

** the sum of cost/1case in each DPCR multiplied by no. of total district which carried out combined ACD&PCD method in each DPCR divided by no. of total district in combined ACD&PCD method (N=5). *** the sum of cost/1 case in each DPCR multiplied by no. of total district which carried out PCD alone method in each DPCR divided by no. of total district in PCD alone (N=41).

• In endemic area (N=4 regions, n=4 regions)

Area	ACD&PCD	PCD alone
DPCR5	50,808*	37,773*
DPCR6	**	**
DPCR7	23,169*	55,899*
DPCR10	28,678*	160,614*
Total	50,808X8 + 159,691**X4 + 23,169X1 + 28,678X1 = 78,362.50***	50,808X8 + 159,691**X4 + 23,169X1 + 28,678X1 = 78,362.50*** $37,773X23+123,467**X17+55,899X22+160,614X24 = 93,630.60****$
	14	98

* cost/1case before weighted calculation in each DPCR

** DPCR6: no newly detected case, but the total cost of provider's perspective in combined ACD & PCD is 159,691 Baht, in PCD alone is 123,467 Baht.

*** the sum of cost/1case in each DPCR multiplied by no. of total district which carried out combined ACD&PCD method in each DPCR divided by no. of total district in combined ACD&PCD (N=14). **** the sum of cost/1case in each DPCR multiplied by no. of total district which carried out PCD alone method in each DPCR divided by no. of total district in PCD alone (N=86).

Region level

PCD alone	92,749.90x7 + 93,630.60x4= 93,070.15**	11
ACD&PCD	73,041.2x7 + 78,362.5x4 = 74,976.22*	11
Level	Region	

* cost/1case of combined ACD&PCD method in non-endemic area x 7 regions + cost/1case of combined ACD&PCD method in endemic area x 4 regions divided by the no. of total regions (non-endemic area: N=7, endemic area: N=5)

** cost/1case of PCD alone method in non-endemic area x 7 regions + cost/1case of PCD alone in endemic area x 4 regions divided by the no. of total regions (non-endemic area: N=7, endemic area: N=5)

Appendix 10

List of abbreviations

Notation

definition

M.ACD+PCD

Material costs for doing combined ACD and PCD

M.PCD

Material costs for doing PCD

Р

Personnel

Pr

Provider

Pt

Patient

pr.ACD+PCD

Provider for doing combined ACD and PCD

p. ACD+PCD

Personnel costs for doing combined ACD and PCD

p.PCD

Personnel costs for doing PCD

pr.PCD

Provider for doing PCD

pt.ACD+PCD

Patients for diagnosing leprosy by combined ACD & PCD

pt.PCD

Patients for diagnosing leprosy by PCD method

re

Relative

SM

Social mobilization

t.ACD+PCD

Time costs for patients by combined ACD and PCD

t.pt

Time costs for patients

t.re

Time costs for relatives

TP

Training program

tr.pt

Traveling costs for patients

tr.

Traveling costs for relatives

BIOGRAPHY

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- Behaviors contributing to stigma against leprosy in Nadoon district, Mahasarakham province (2007)

