

**COST ANALYSIS OF UPPER RESPIRATORY TRACT
INFECTION AT TWO HEALTH CENTERS IN NAKHON CHAIS
DISTRICT, NAKHONPATHOM PROVINCE, THAILAND**

MOHAMMAD AKHTERUZZAMAN

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MOHAMMAD AKHTERUZZAMAN 4537450 ADPM / M

M.P.H.M. (PRIMARY HEALTH CARE MANAGEMENT)

**THESIS ADVISORS: SOM-ARCH WONGKHOMTHONG M.D., D.H.Sc.,
KANITTHA CHAMROONSAWASDI, Ph.D., SUKHONTHA KONGSIN, Ph.D.**

ABSTRACT

This is a descriptive study aimed to analyze the treatment costs for upper respiratory tract infection including both provider's costs and the private costs. Nakhon Chaisai District, Nakhonpathom Province, Thailand was the study area and two health centers were selected by simple random technique.

Provider's costs data were collected retrospectively in FY 2002 through data collecting formats from the respective health centers and the private costs were collected from 180 purposively selected samples by a self-administered questionnaire from the patients or caregivers from 23 January, 2003 to 14 February, 2003. The costs were calculated to present their values using a discount rate of 10%.

The total provider's cost of the upper respiratory infections for the FY 2002 was 643,379.85 baht and the private cost was 35,301.16 baht for 180 samples. The result of the unit cost was 162.81 baht/ visit in provider's costs and 196.11 baht / visit in private costs. Among the providers costs buildings, equipment, personnel, drugs and operations cost were 33004.15, 48448.42, 284195.45, 220921.73, 56810.11 baht or 5.1%, 7.5%, 44.1 %, 34.3% and 8.8% respectively. The ratio of capital and recurrent cost was 1: 6.9. The ratio of salary: overtime was 2.8:1. The study showed that the cost of the personnel was the highest (44.1%) cost for URI. The wage loss or benefit foregone of the attendants by participating in the treatment process was the highest (51.7%) among private costs. Within the private costs wage loss of patient, time loss cost of the attendants, registration cost, travel cost, time loss cost of patients, home treatment and food costs were 24.2%, 7.8%, 5.7%, 5.4 %, 2.8%, 1.8% and 0.6 % respectively in descending order.

The study proposed to use the findings as updated information for the necessary resources allocation under the present capitation system within the universal coverage and to replicate the study for comparison at different levels. An in-depth private costs study may be a further study. In addition, promotive care activities, a proper referral system and strengthening of village volunteers should be focused. This result may have potential for planning and management at primary care level.

**KEY WORDS: COST ANALYSIS/ UPPER RESPIRATORY TRACT INFECTION/
AND UNIT COST.**

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