some selected and trained community members. The study sought to identify the cost drivers of presumptive malaria treatment and number of seeking care from the community or medical district centers (CMDs). METHODS: A cross-sectional study was done in the Ejisu-Juaben Municipality in the Ashanti Region. The study involved randomly selected 400 caregivers, (10) health staff and (90) community-based medicine distributors (CMDs). Structured questionnaires were employed to collect these data. The descriptive statistical software SPSS version 17 software. Test for associations were done at 95% confidence interval. RESULTS: With the assumption that transport cost and food cost were zero (0) in HBMM, the treatment of malaria for children between 6-11 months ranged from GH¢3.00 (0.19 STG) to GH¢4.00 (0.25 STG). During the age group between 12-23 months ranged from GH¢13.00-15.00 (0.04 STG) and 36-59 months ranged from GH¢42.00-3.00 (€30.30 STG). Generally cost was described as affordable and drivers of treatment cost were level of severity of the illness, distance to the home, time spent in traveling and in the consumer’s home as well as the number of population within the healthcare system. HBMM treatment was affordable to caregivers. Drivers of treatment cost in HBMM varies from the caregivers and care seekers.

PHS37 COST MINIMIZATION ANALYSIS IN THE TREATMENT OF COMMUNITY ACQUIRED PNEUMONIA IN UKRAINE

1 The Mental Health Emergency Centre, Kyiv, Ukraine
2 University of Ghent, Gent, Belgium, 3 Ghent University, Ghent, Belgium
OBJECTIVES: To evaluate the effect of the chat service and telephone helpline 'De Zelfmoordlijn' on suicide on women.

METHODS: A cost-effectiveness analysis was performed from the societal perspective. The model was developed in order to predict cumulative costs and QALYs (quality adjusted life years) in a high-risk population. Costs were taken from a societal perspective. The model consists of six transition states: the initial phase, first non-fatal attempt, non-fatal re-attempt, follow-up, fatal attempt and death of other causes. A scenario with the existence of the helpline was compared with a scenario without its existence. The effect of the helpline was derived from published literature. Uncertainty was taken into account by carrying out one-way and probabilistic sensitivity analysis. RESULTS: Over a period of 10 years, it is estimated that 35% of suicides and suicide attempts can be avoided in this high-risk population, due to the suicide helpline. By means of the chat sessions and telephone service 'De Zelfmoordlijn' increased average QALYs respectively by 0.03 (0.01-0.20) and 0.04 (0.01-0.18), both in women and men. For women, the total cost decreased, resulting in net societal savings in men of €165 in women of €325. For the chat service and telephone service for women in €1930 (€408-2489) and €1996 (€1116-€1910) respectively. CONCLUSIONS: This modeling exercise predicts that 'De Zelfmoordlijn' is a cost-effective, net saving, intervention to prevent suicide in a high-risk population.