against HBV is highly cost-effective in Viet Nam. As a low-income, endemic country where funds are limited and economic results of vaccination are uncertain, afford-

able options allow decision-makers to make proper health investment in vaccination strategies against HBV. In the long run, adolescents should also be universally vac-

inated against HBV.

PHONED PILL REMINDER AND SELF-ADMINISTERED TREATMENT FOR TUBERCULOSIS CONTROL IN THAILAND: COST-EFFECTIVENESS

Tilden D1, Jackson D2, LeReun C3, Harvey C4, Price B4, Chaudhary M5, van Bavel J4

A550

METHODS: A randomized controlled trial of mobile phone reminders was implemented to examine the effect of mobile phone reminder treatment on completion of treatment for drug-resistant TB patients in two treatment facilities in Thailand. Mobile phone reminders were sent at the time of each visit to patients' mobile phones and were designed to increase patient adherence to treatment. The primary outcome measure was the proportion of patients who completed treatment. Secondary outcomes included patient satisfaction, adherence to treatment, and healthcare costs. The study was powered to detect a 10% difference in treatment completion with 80% power at a 5% significance level. The study was conducted from September 2013 to March 2016, and was approved by the institutional review board of each facility. Results: A total of 240 patients were included in the study, and 120 patients were randomly assigned to the intervention group and 120 patients were assigned to the control group. The intervention group had a significantly higher proportion of patients who completed treatment (92.5%) compared to the control group (72.5%). The intervention group also had significantly higher patient satisfaction and adherence to treatment compared to the control group. The healthcare costs were similar between the two groups. Conclusion: Mobile phone reminders are an effective and cost-effective intervention for improving treatment completion for drug-resistant TB patients in Thailand.

ECONOMIC EVALUATION OF THREE-DRUG ANTIRETROVIRAL REGIMENS FOR THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV IN THAILAND

Wanasinghe P1, Thanapaph N2, Choengkun S4, Kullert N4, Tosanguan K1, Bunchon T1, Voramongkol N3, Boonyaratpalin S1

METHODS: A cost-utility analysis was constructed using a Markov model to assess the cost-effectiveness of three-drug antiretroviral regimens for the prevention of mother-to-child transmission of HIV in Thailand. The model was developed using data from a clinical trial and a systematic review of the literature. The model included three stages of treatment: initial treatment, re-treatment, and treatment of drug-resistant HIV. The primary endpoint was the cost per quality-adjusted life-year (QALY) gained. Sensitivity analysis was performed to assess the robustness of the results. Results: The three-drug regimens were cost-saving for PMTCT in Thailand, and findings from this study support a change in the National PMTCT guidelines in Thailand.

BRIEFLY ABOUT THE USE OF NONPRESCRIBED ANTIBIOTICS AMONG INDONESIAN PEOPLE: A PRELIMINARY STUDY IN YOGYAKARTA CITY INDONESIA

Widyati A1, Suryawati S2, de Crespigny C1, Hiller J1

METHODS: A mixed-methods study was conducted in Yogyakarta city, Indonesia. A total of 25 face-to-face interviews with a transect sampling approach was conducted, and 52 focus-group discussions were conducted with 200 participants. The qualitative data were analyzed using thematic analysis. Results: Nonprescribed antibiotics were widely used among the population, with a prevalence of 82%. The most commonly prescribed antibiotics were amoxicillin, ciprofloxacin, and metronidazole. The reasons for using nonprescribed antibiotics included cost, convenience, and perceived effectiveness. However, the use of nonprescribed antibiotics was associated with increased healthcare costs and a higher risk of antibiotic resistance. Conclusion: The use of nonprescribed antibiotics among Indonesian people is a public health concern that needs attention from policymakers and healthcare providers.