

Costs and benefits of alternative scenarios <sup>1)</sup> (2001)		Worst scenario (A)	Current scenario (B)	Improved scenario (C)	Gain (+) Loss (-) (B)-(A)	Gain (+) Loss (-) (C)-(B)
<b>Type 1 diabetes in Denmark</b>						
Healthcare costs	DKK million	11	426	427	-415	-1
Non-healthcare costs (nursing)	DKK million	219	688	438	-469	250
Patients' and relatives' lost income	DKK million	3	98	90	-95	8
Patient life-years		1,041	16,744	17,286	15,703	542
Quality-adjusted life-years		677	14,493	15,534	13,816	1,041
Production value (income from working)	DKK million	0	2,311	2,626	2,311	315
<b>Type 2 diabetes in Denmark</b>						
Healthcare costs	DKK million	N/A	2,241	2,243	N/A	-2
Non-healthcare costs (nursing)	DKK million	N/A	9,152	3,738	N/A	5,414
Patients' and relatives' lost income	DKK million	N/A	505	533	N/A	-28
Patient life-years		N/A	136,047	151,500	N/A	15,453
Quality-adjusted life-years		N/A	112,748	137,172	N/A	24,424
Production value (income from working)	DKK million	N/A	10,296	14,757	N/A	4,461
<b>Type 1 diabetes in Bangladesh<sup>2)</sup></b>						
Healthcare costs	DKK million	11	27	367	-16	-340
Non-healthcare costs (informal nursing)	DKK million	18	18	17	0	1
Patients' and relatives' lost income	DKK million	0	1	8	-1	-7
Patient life-years		5,533	8,557	35,768	3,024	27,211
Quality-adjusted life-years		3,597	6,394	31,561	2,797	25,167
Production value (income from working)	DKK million	0	26	256	26	230
<b>Type 2 diabetes in Bangladesh<sup>2)</sup></b>						
Healthcare costs	DKK million	0	1,765	13,360	-1,765	-11,595
Non-healthcare costs (informal nursing)	DKK million	3,779	3,982	4,766	-203	-784
Patients' and relatives' lost income	DKK million	444	504	925	-60	-421
Patient life-years		2,584,017	3,019,487	5,849,760	435,470	2,830,273
Quality-adjusted life-years		1,976,773	2,360,110	4,912,431	383,337	2,552,321
Production value (income from working)	DKK million	14,851	18,725	46,038	3,874	27,313

1) Scenario definitions: A = No insulin available. B = Current national healthcare. C = Improved national healthcare.

2) The figures for Bangladesh are converted to Power Purchasing Parity at Danish price levels (DKK PPP).

The benefits are described as patient life-years, quality-adjusted life-years and gains in production value. The costs are healthcare costs related to hospitalisation and non-healthcare costs (nursing and disability appliances for the patient, housing and childcare), and foregone time converted to lost income due to absence from work during treatment both for patients and caregivers. An ideal scenario is also estimated in the study (not shown here), based on perfect treatment and compliance or a cure. This shows the upper limit to what is the maximum achievable in terms of socio-economic gains. The socio-economic analysis for Denmark and Bangladesh was based on modelling the relevant healthcare system using model data, clinical knowledge of medical experts, the Danish patient register (DRG), and national and international estimates of the diabetes population. The results were discussed by a critical board of experts within medicine and economics and subsequently verified using public registers and adjusted on the basis of real Danish patient population data from the County of Aarhus for the calendar year 2001. Modelling the Bangladesh case was a challenge because hardly any collated data were available. Epidemiological and population data from the WHO and the IDF have been used and verified using data from the Birdem medical clinic in Bangladesh. Further ad-hoc enquiries, studies available from various parts of the healthcare sector, socio-economic studies and studies from India have also been used.