PIH56
PERFORMANCE ASSESSMENT OF GA DISTRICT MUTUAL HEALTH INSURANCE SCHEME IN THE GREATER ACCRA REGION IN GHANA
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OBJECTIVES: Ghana established National Health Insurance Scheme (NHIS) in 2004 to replace out-of-pocket payment popularly referred to as 'cash and carry', which created financial barrier to health care access to the poor and vulnerable. However, the NHIS was fully implemented in 2005 and has since faced operational challenges such as delays in issuance of membership cards to registered members and payment of providers claims. The study assessed performance of the Ga District Mutual Health Insurance Scheme over the period, 2007-2009 and provided recommendations to improve on its operations. **METHODS:** Desk review method was employed to review membership, revenue, expenditure, and medical claims data of the Scheme. A household survey was also conducted in the Madina township to determine community coverage rate of the scheme. **RESULTS:** The study shows a membership coverage of 22.6% and a community coverage of 22.2%. About one-third of the registered members are paying premium to the scheme and this affects revenue. Financially, the scheme depends largely on subsidies and reinsurance from National Health Insurance Authority (NHIA) for 89.8% of its revenue. Approximately 92% of the total revenue was spent on medical bills. About 99% of provider claims are settled beyond the stipulated 4 weeks period. This poses financial challenge to healthcare providers and may force them to take measures that defeat the purpose of the scheme. **CONCLUSIONS:** There are downward trends in membership coverage and revenue from contributions. Also, there are lengthy delays in claims settlements. Establishment of district schemes in the Ga East and Ga West sub-districts will be necessary to improve membership coverage and revenue mobilization from the informal sector. Whilst the claims are being vetted, it will be important for the scheme to advance part-payment to healthcare providers to ensure continuous provision of services to insured members.

PIH57
PEDIATRIC DAYCARE IN BELGIUM
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OBJECTIVES: To evaluate a possible switch from traditional pediatric hospitalization to pediatric medical daycare in Belgium. **METHODS:** Observational prospective survey was performed in 12 Belgian hospitals during fifteen days in autumn 2010. Characteristics of the patients including main chronic pathology were recorded, as were the cause of the hospitalization (work-up with or without anesthesia, treatment with or without anesthesia, other) and the different acts possibly done. **RESULTS:** Among the 592 children (<16 years old), 41.3% had a chronic disease. The most common conditions reported were neoplasia-related (61.0%). The main causes to admit daycare were a work- up (46.9%) or a treatment (46.1%). 24.5% of the children underwent anesthesia. 10.0% of all the technical acts performed were neoplasia-related (chemotherapy, blood transfusion. . .), which means that 90% of the acts were not neoplasia-related and could have be done regardless of any chronic condition. **CONCLUSIONS:** According to international convention and parental will, traditional overnight hospitalization of a child, if not avoidable, should be as short as possible. If there is no need of special techniques (e.g. O2therapy) or an overnight treatment, a short stay in a pediatric medical daycare unit helps treating children without conventional hospitalization, regardless of an eventual chronic condition.

PIH59
ARE OLDER MOTHERS MORE PRONE TO HAVING CHILDREN WITH DISABILITIES? LIFETIME DISABILITY OUTCOMES VERSUS MULTIPLE BIRTH REDUCTIONS ARISING FROM IN-VITRO FERTILIZATION (IVF) TREATMENTS IN CANADA
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OBJECTIVES: We investigated the clinical and economic consequences of reductions in multiple births disabilities, according to mothers' age, resulting from switching from private to public provisions of IVF services in Canada. **METHODS:** Using the Canadian Fertility Cost Model we estimated the potential decrease in lifetime disability rates arising from the reduction of multiple pregnancies. Net lifetime disability rates/costs were compared across mothers' ages 28 to 45, by singleton, twin, and triplet+ births. Probabilistic sensitivity analyses were performed to account for the effect of uncertainty in lifetime disability rates/costs. Incremental net benefits (INB) of reducing multiple births, confidence intervals around the INB and cost-effectiveness acceptability curves (CEAC) are reported. **RESULTS:** Assuming reductions in multiple birth rates equal to those reached by selected European countries, where pregnancy rates are unaffected by decreases in multiple birth rates, the proportions of multiple births could be reduced from 28.8% to 13.4%. Switching from private to public provisions (multiple birth reduction scenario), lifetime disability rates for multiple birth rates are lower in older woman (40+), due to low birth success rates, hence low multiple births. For women under 35, aged 35-39, and over 40, net reductions in lifetime disability due to decreases in multiple births are 3.6%, 3.2% and 2.6%. Women under 35, aged 35-39 and over 40 had cost savings of $31 M, $22 M and $4.5 M per 1% decrease in net lifetime disability. Within a range of $150 M and $558 M, the proportion of the total cost savings, attributable to mothers in the three age groups are 56%, 38%, and 6%, respectively. **CONCLUSIONS:** Majority of potential cost savings accrues to women under 40 years old. Relatively higher reductions in lifetime disability in younger women indicate that efforts to reduce multiple births should primarily be aimed at woman under 40 years old.

PIH60
CHANGES IN BLOOD COAGULATION PROPERTIES MEASURED BY THROMBELASTOMETRY DURING SPIROERGOMETRY IN SPORTSMEN AND IN SPORTSWOMEN
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OBJECTIVES: The physical exercise is known to associate with multiple changes in blood haemostasis parameters in healthy individuals. **METHODS:** In the current study haemostatic alterations induced by physical exercise were measured by rotational thrombelastometry (ROTEM, Pentapharm) in 13 healthy sportsmen and 10 healthy sportswomen. Venous blood was drawn immediately before and after finishing spiroergometry for rotational thrombelastometry analyses. The 3 basic dedicated ROTEM test applications NATEM (recalcification), INTEM (intrinsic pathway) and EXTEM (extrinsic pathway) were performed. The following key parameters were recorded: clotting time (CT), clot formation time (CFT), alpha angle, maximum clot firmness (MCF), maximum lyses (ML), amplitude reduction 5,-10,-15,-20 min after MCF (A5, A10, A15, A20). Statistical analysis was performed using the Wilcoxon-test. **RESULTS:** In case of sportsmen all significant statistical differences related with physical exercise were obtained by NATEM (but not with INTEM or EXTEM) measurements. After the exercise the mean CT was shorter (315.7 +/− 91.8 seconds vs. 255.3 +/− 75.9 seconds, P= .039). The MCF was broader (53.9 +/− 4.23 mm vs. 65.0 +/− 12.87 mm, P= .004). In case of sportswomen the MCF was broader after exercise (60,0+/−3,7 mm vs. 66,7+/−10,4 mm, P= .04) by NATEM measurements. Other parameters were not statistically significant. Emphasize the importance of change in CT values which were decreasing after exercise but did not reach the significant level. **CONCLUSIONS:** On the basis of our data we could demonstrate that ROTEM is sensitive to exercise-induced hemostatic alterations. It was shown that during physical load hyper-coagulation processes occurred. In this processes there seem not to be differences due to gender. Our study might be able to help point out the differences in exercise-induced alterations of hemostatic regulation related to gender.

PIH61
A QUALITATIVE EVALUATION OF THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) IN NORTHEASTERN BRAZIL AND PERU: THE MANAGERS' PERSPECTIVE
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OBJECTIVES: In 1996 PAHO/WHO and UNICEF developed the IMCI strategy with the aim of improving the health workers' performance, strengthening the health system support and improving the knowledge about the children care best practices at home and in the community. The objective of this study is to evaluate the IMCI strategy through the health managers' perceptions. **METHODS:** Qualitative design using semi-structured interview. Population Study: key persons, governmental and nongovernmental health organizations managers who participated in the IMCI strategy in the State of Ceará (Northeast Brazil) and in Peru. The interviews were conducted during May-June 2011. They were tape recorded and transcribed later. For the analysis, a triangulation method was carried out with another researcher, reviewing the literature and other documents. **RESULTS:** An important reduction in infant mortality rate was observed in Ceará (from 32 per 1000 live births in 1997 to 15.6 in 2009) and in Peru (from 43 per 1000 live births in 1996 to 17 in 2008) by the decrease in post-neonatal mortality due to diarrhea and pneumonia. In both places at the beginning there was a large-scale training for the health staff, doctors and nurses, and less for the community health agents. The evolution of the strategy has been different. In Ceará there was a decrease of the interest and a lack of support from governments. In Peru, the government adopted the strategy; likewise there was a greater incorporation into the university teaching, distance learning and the addition incorporation of new content (perinatal/neonatal, asthma and bronchoobstructive syndrome, child development, oral health, abuse, violence and accidents, diabetes and obesity). **CONCLUSIONS:** The IMCI strategy has been developed differently in the studied countries. This information can be used to evaluate the strategy and the participation of the different sectors responsible for the child health.

PIH62
COMPARATIVE PRICING AND REIMBURSEMENT ANALYSIS IN FOUR EAST EUROPEAN COUNTRIES
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OBJECTIVES: To analyse and compare the pricing and reimbursement procedures of pharmaceuticals in Bulgaria (BG), Czech Republic (CZ), Poland (PL), and Romania (RO). **METHODS:** Health legislation including corresponding laws and regulations determining pricing and reimbursement procedures was reviewed. Countries were selected on the basis of their mutual referencing. **RESULTS:** In all four countries health insurance is obligatory and medicines prices are regulated applying the reference pricing system for prescription medicines. In BG, RO and PL positive drug lists constitute reimbursement approach. Bulgaria's reference countries include RO and CZ, not PL. Romania's reference basket encloses 12 countries including BG