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Title:	Cost-effectiveness Analysis of Diabetic care in India
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Abstract:	<p>In India, diabetes represents one of the major contributors to healthcare expenditure and overall disease burden. Being a lower-middle-income country, in India, this health condition has an immense effect on the average Indian population. The objective of this research work was to conduct a cost-effectiveness analysis of type 2 diabetes mellitus (T2DM) treatment using medications compared to a hypothetical 'no treatment' strategy in India using microsimulation. We simulated the sample based on the Indian demography, and the risks of macrovascular complications were calculated for them using previously validated RECODE equations. The average cost of hospitalization and medication incurred per patient receiving medications was \$3054.93 {95% CL, (\$3043.25 - \$3066.61)}, whereas for those who were deprived of any medication was \$20.43 {95% CL, (\$19.65 - \$21.23)}. The DALYs incurred per patient in both of these strategies were 17.15 DALYs {95% CL, (16.98 - 17.31)} and 20.97 DALYs {95% CL, (20.75 - 21.15)} respectively. From these results, the incremental cost-effectiveness ratio was calculated to be \$795.32/ DALY averted. This ICER implies that the use of medication strategy is highly cost-effective as it lies below half of the per-capita GDP of India. The present study indicates the socio-economic value of diabetes intervention strategy in India. On a broader spectrum, this positively favors a path for resource allocation and health policy update in India based on economic evaluation at its core.</p>
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