Cost-Effectiveness of Collaborative Improvement for Essential Obstetric Care | Niger

This study presents results of a costing and cost-effectiveness analysis conducted retrospectively of a 2006-2008 intervention implemented in 33 facilities in Niger to improve maternal and newborn care outcomes by increasing compliance with evidence-based care standards. This study used outcome data from routine program monitoring and costs from a number of sources including USAID Health Care Improvement Project accounting records and surveys of clinical managers. It compares the costs of attended vaginal delivery and immediate neonatal care in the six months before the intervention with the average of the last three months of implementation. The study found that the average delivery-cost decreased from $35 to $28. The project’s incremental cost was $2.43/delivery. The incremental cost-effectiveness was $147/disability-adjusted life year averted. If the MoH spread the intervention to other facilities, substantive cost-savings and improved health outcomes can be predicted.

This study was published in the International Journal of Health Care Quality Assurance [1]

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Countries: Niger [2]
Status: Complete [3]
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