Mangham-Jefferies, L; Becker, AJ (2014) More cost-effectiveness studies are needed across the continuum of care. [Image]

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More cost-effectiveness studies are needed across the continuum of care. There is limited evidence that SUPPLY and DEMAND side strategies to help improve the health of mothers and babies are cost-effective. Of the few cost-effectiveness studies reported, most focus on pregnancy care and community-based strategies.

A systematic review identified a range of strategies implemented at different levels of the health system and targeted different aspects of the continuum of care:

**SUPPLY: Cost-effectiveness studies on strategies to improve the supply of healthcare**

- Midwife led women’s groups
- Emergency transport
- Media campaign
- Local leaders promote facility-birth
- Local leaders promote ANC
- Home-based care

**DEMAND: Cost-effectiveness studies on strategies to generate demand for healthcare**

- Train CHWs & volunteers
- Train traditional birth attendants
- Local leaders promote facility-birth
- Train traditional birth attendants

**First-level facilities**

- Reduce cost of ANC and facility births
- Universal vs targeted services
- Bamako initiative
- Extend content of antenatal care

**Hospital**

- Improve care in maternity hospitals
- Train new cadre in EmOC
- Treat obstetric fistula
- Upgrade special newborn care

**Women’s groups on maternal and newborn health**

- Compare home, community & facility care

**Facility-based quality improvement initiative**

- Improve care at birth
- Enhance care for newborns


CHW = Community health worker
ANC = Antenatal care
EmOC = Emergency Obstetric Care