Mangham-Jefferies, L; Becker, AJ; (2014) More cost-effectiveness studies are needed across the continuum of care. [Image] https://researchonline.lshtm.ac.uk/id/eprint/1924927

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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
- compare home, community & facility care

**DEMAND: Cost-effectiveness studies on strategies to generate demand for healthcare**
- train CHWs & volunteers
- train traditional birth attendants

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**Family and community care**

- women’s groups on maternal and newborn health
- midwife led women’s groups
- emergency transport
- media campaign
- local leaders promote facility-birth
- local leaders promote ANC
- home-based care
- compare home, community & facility care

**First-level facilities**

- facility-based quality improvement initiative
- reduce cost of ANC and facility births
- universal vs targeted services
- improve care at birth
- 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

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

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