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The Costs and Cost-effectiveness of a District Strengthening Strategy to Mitigate the Three Delays to Quality Maternal Healthcare: Results from Uganda and Zambia

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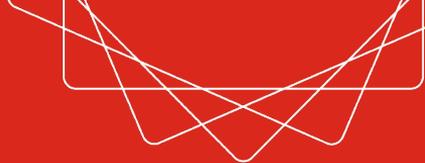


Cost and Cost-effectiveness Objectives



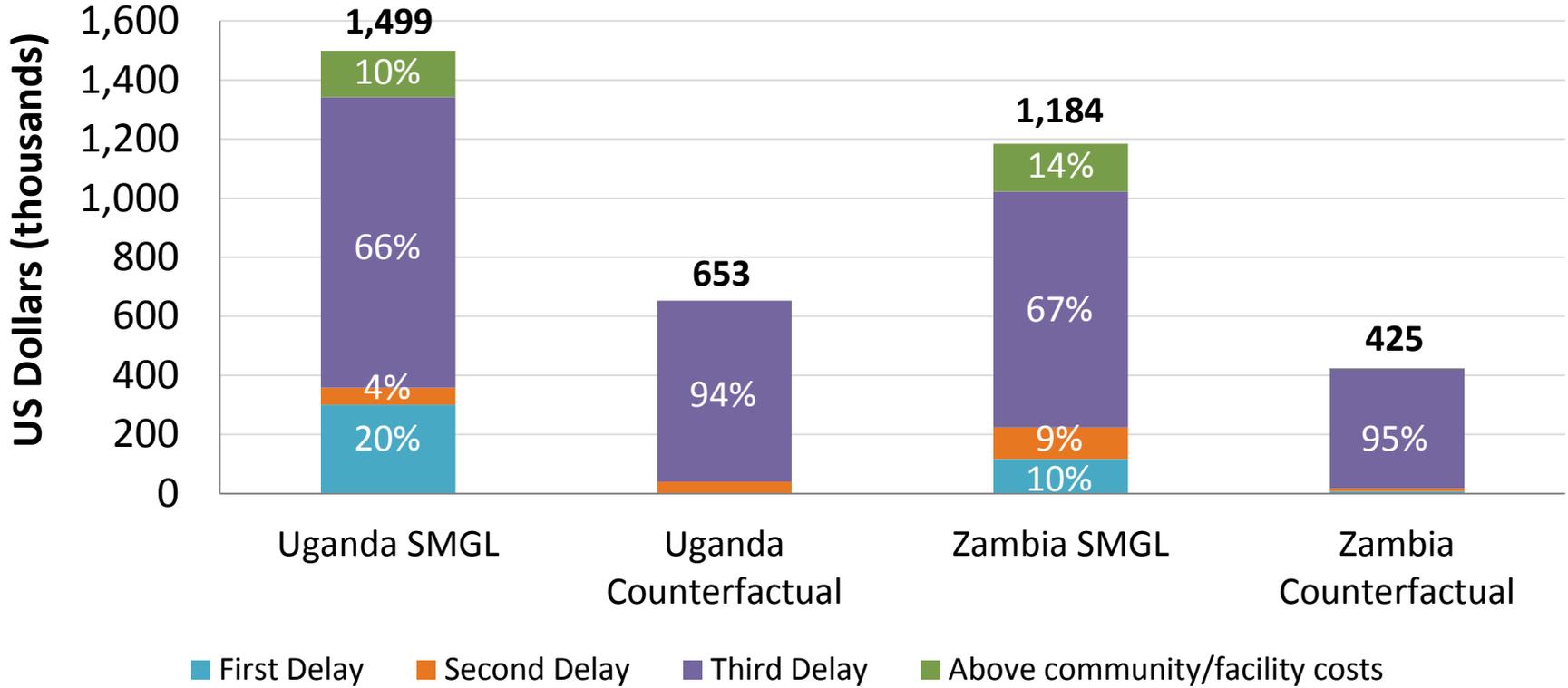
1. How much did SMGL cost?
 - In total?
 - Per delay?
2. What was the cost-effectiveness of SMGL?
 - What did it cost per death prevented?
 - What did it cost per year of life gained?

Methods

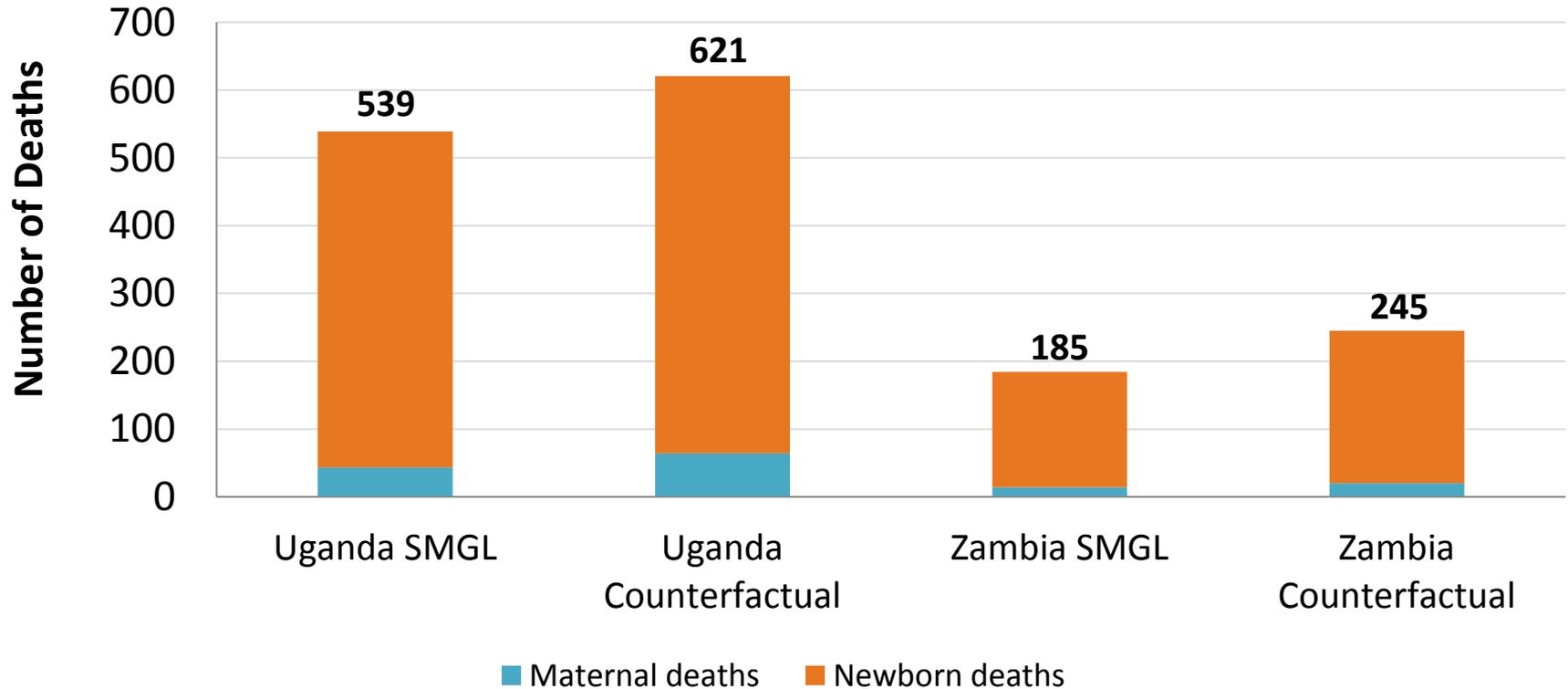


- Compare SMGL to *what would have happened without SMGL* (*‘counterfactual’*)
- **Effects:** How many deaths were prevented?
 - SMGL: Previously discussed for 2016
 - Counterfactual: 2012 deaths in SMGL districts + national trends to estimate what would have been in 2016
- **Costs:** How much more did SMGL cost?
 - SMGL: Primary data collection including implementing partner *and* government costs
 - Counterfactual: estimated based on districts with no SMGL

Cost Per District by Delay



Average Number of Deaths Per District (2016)



Cost-effectiveness



	Incremental:	
	Cost per death averted	Cost per life year gained
Uganda	\$10,311	\$177
Zambia	\$12,514	\$206

Was SMGL cost-effective?



- WHO [loosely]: Cost per life-year gained below GDP per capita is cost-effective:
- **Zambia:** \$206 per life year gained is 16.4% of the GDP per capita of \$1,257
- **Uganda:** \$177 per life year gained is 25.6% of the GDP per capita of \$692

What would SMGL Cost (roughly)?



- **Zambia:** The additional costs were \$4.85 per person per year
 - Could be paid for by increasing health spending from the 5.4% to 5.8% of GDP.
- **Uganda:** The additional (incremental) costs associated with SMGL were \$1.36 per person per year
 - Could be paid for by increasing health spending from the 7.3% to 7.5% of GDP.

Thank You!

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