

Cost Analysis of Maternity Waiting Homes in Rural Liberia

Africare

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BACKGROUND & SIGNIFICANCE

- •Maternal morbidity and mortality remains a great concern in low resource settings.
- Liberia has a maternal mortality ratio of 1,072/100,000 live births, ranking them 8th in the world for maternal mortality.
- •Maternity waiting homes (MWHs) are residential dwellings located near health facilities where women stay to await delivery and receive immediate postpartum services.
- •MWHs are used in a variety of settings as a 'geographic bridge' to overcome distance and transportation barriers that can prevent women from receiving timely skilled obstetric care.
- Although MWHs have demonstrated their value by reducing maternal mortality rates, there is little information about their cost-effectiveness.

PURPOSE

Analyse the cost-effectiveness of MWHs in rural Liberia.

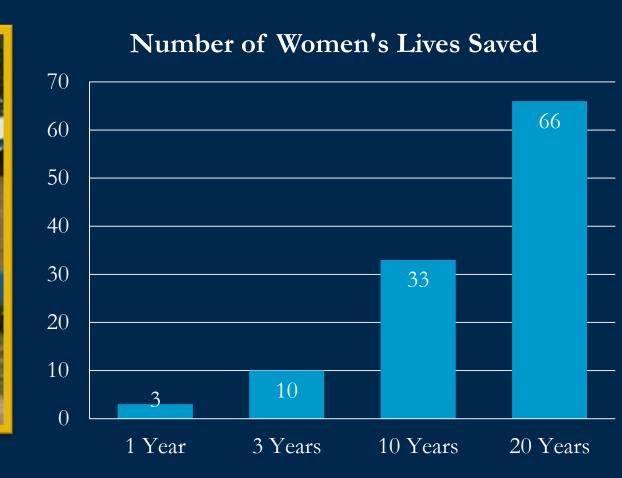
RESEARCH QUESTIONS

"What is the cost-effectiveness of MWHs as an intervention to reduce maternal mortality?



METHODS

- A cost-effective analysis was performed to examine the cost per life saved and economic effect of MWHs on maternal mortality.
- Aggregate cost-effectiveness calculations were computed.
- Total women saved calculated as number of maternal deaths non-MWH minus number of maternal deaths MWH.
- -Total cost per maternal life saved (C_{LS}) = $\frac{total\ C}{total\ LS}$ per identified time period (3 years).
- District wide cost of MWH = $\frac{total\ cost\ MWH}{total\ district\ catchment\ population} \times 100,000.$



RESULTS SUMMARY

- Results indicate a low cost per maternal life saved at MWHs in a rural district in Liberia.
- Total number of women's lives saved over 3 years is 10.
- \$73,309 represents total costs of building MWHs in the entire district for a population of 100,000.

Cost-Effectiveness Analysis Total Cost per Life Saved 3 Years, \$5750 \$10 Years, \$1742 20 Years, \$871

CONCLUSION

- Maternity waiting homes are a highly cost-effective and affordable strategy to reduce maternal mortality in Liberia.
- MWHs should be thought of as a geographic bridge to maternal healthcare.



RECOMMENDATIONS

- •Discussion of the scaling up of MWH interventions for improving maternal outcomes in Liberia and other low resource settings is warranted.
- •Findings can be used to advocate for policy changes at the national level to increase the allocation of resources for building additional MWHs in low resource settings.

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