



International Health Economics Association

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Cost-Effectiveness of Results-Based Financing in Zimbabwe: A Controlled Pre-Post Study

Monday, July 15, 2019

15:30 - 17:00

Universitätsspital Basel - Klinikum 1 - Hörsaal 1

Abstract

Background: The World Bank has piloted or implemented results-based financing (RBF) in 28 countries, with US\$1.6 billion investment, as of May 2018. Despite increasing evidence on the success of RBF on raising utilization and quality of key health care services in many settings, there is little information on the cost-effectiveness of such programs. As RBF competes for resources against other compelling programs, such evidence is critical. Zimbabwe piloted its results-based financing (RBF) program from July 2011 through June 2014 to improve its maternal and child health (MCH) through a controlled trial. To understand the usefulness of RBF in Zimbabwe and globally, this study sought to assess the cost-effectiveness of the country's RBF program.

Methods: Using a pre-post design in 16 RBF and 16 matched control districts with 3.46 and 2.23 million inhabitants, respectively, the study's impact evaluation had found that RBF increased the share of institutional deliveries by 13.4% and post-partum tetanus vaccinations by 20.0% compared to control districts ($p < 0.01$). Extending the impact evaluation with data from household and facility surveys, this cost-effectiveness analysis used the Lives Saved Tool and an expert panel to convert utilization and quality changes into lives saved and quality-adjusted life years (QALYs) gained.

Results: The residents of RBF districts gained 536 lives and 12,616 QALYs annually, with quantity and quality improvements each contributing about half the gains. The net annual cost was \$2.32 per capita. The incremental cost-effectiveness ratios (ICERs) were \$636/QALY gained for Zimbabwe's pilot RBF program and \$479/QALY when projected to an ongoing program.

Conclusions: Both ICERs are below Zimbabwe's 40 per capita gross domestic product (GDP, \$956 in 2012), making RBF a very cost-effective intervention for strengthening MCH services.

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Dr. Eng Joo Tan¹, *Rachael Taylor*², *Barry Taylor*², *Vicki Brown*³ and **Alison Hayes**⁴, (1)*University of Sydney, Sydney, Australia*, (2)*University of Otago, New Zealand*, (3)*Deakin University, Melbourne, Australia*, (4)*University of Sydney, Australia*

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