

# The cost-effectiveness of the mothers2mothers Mentor Mother Model as a psychosocial wellbeing intervention



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## Background

mothers2mothers is a peer education and psychosocial support programme that enhances the effectiveness of PMTCT services. Aligned with a public health perspective and against the background of the positive influence of wellbeing on health and mortality, m2m aims to impact on the health of its clients by addressing the challenges facing HIV-positive pregnant women and mothers, thus improving their psychosocial wellbeing. m2m's impact on psychosocial wellbeing was used in a cost-effectiveness analysis of the m2m Mentor Mother Model implemented under the STAR-EC Programme in Uganda compared with PMTCT services without psychosocial support.

## Methods

A quasi-experimental matched area comparison design was used. Seven hundred and ninety six (796) pregnant women and new mothers accessing PMTCT between June 2012 and March 2014 in 31 intervention facilities (where m2m Mentor Mothers provided peer education and psychosocial support) and 31 matched control facilities (where no peer education and psychosocial support were provided) participated in facility based Psychosocial Wellbeing surveys. Informed by m2m's Theory of Change, standardised questionnaires were used to measure multiple dimensions of psychosocial wellbeing. A composite measure of psychosocial wellbeing was constructed using Principal Component Analysis.

Incremental effectiveness was calculated as the difference in percentage points psychosocial wellbeing measured between intervention and control groups multiplied by the total women needing PMTCT in 2014 in Uganda as estimated by Uganda's Ministry of Health, using the AIM model in SPECTRUM. Incremental cost was the cost of scaling up the m2m intervention to public health facilities in Uganda, following an ingredients approach from a provider perspective. Economic costs were captured, including donated goods and opportunity cost. A discount rate of 3% was used.

## Results

	Control	Intervention	Incremental effect
Have poor psychosocial wellbeing	63.5%	55.3%	
Have good psychosocial wellbeing	36.5%	44.7%	8.2 p.p. (p=0.010)
Total women needing PMTCT in Uganda (2014) - Calculated in AIM (SPECTRUM)			90,750
% Women with better psychosocial wellbeing due to m2m			8.2%
Number of women with better psychosocial wellbeing due to m2m			7,442
Incremental cost (USD) - for scaling up m2m nationwide			4 478,930
Incremental effectiveness (women with better psychosocial wellbeing)			7,442
Incremental cost effectiveness ratio (ICER)			601.9

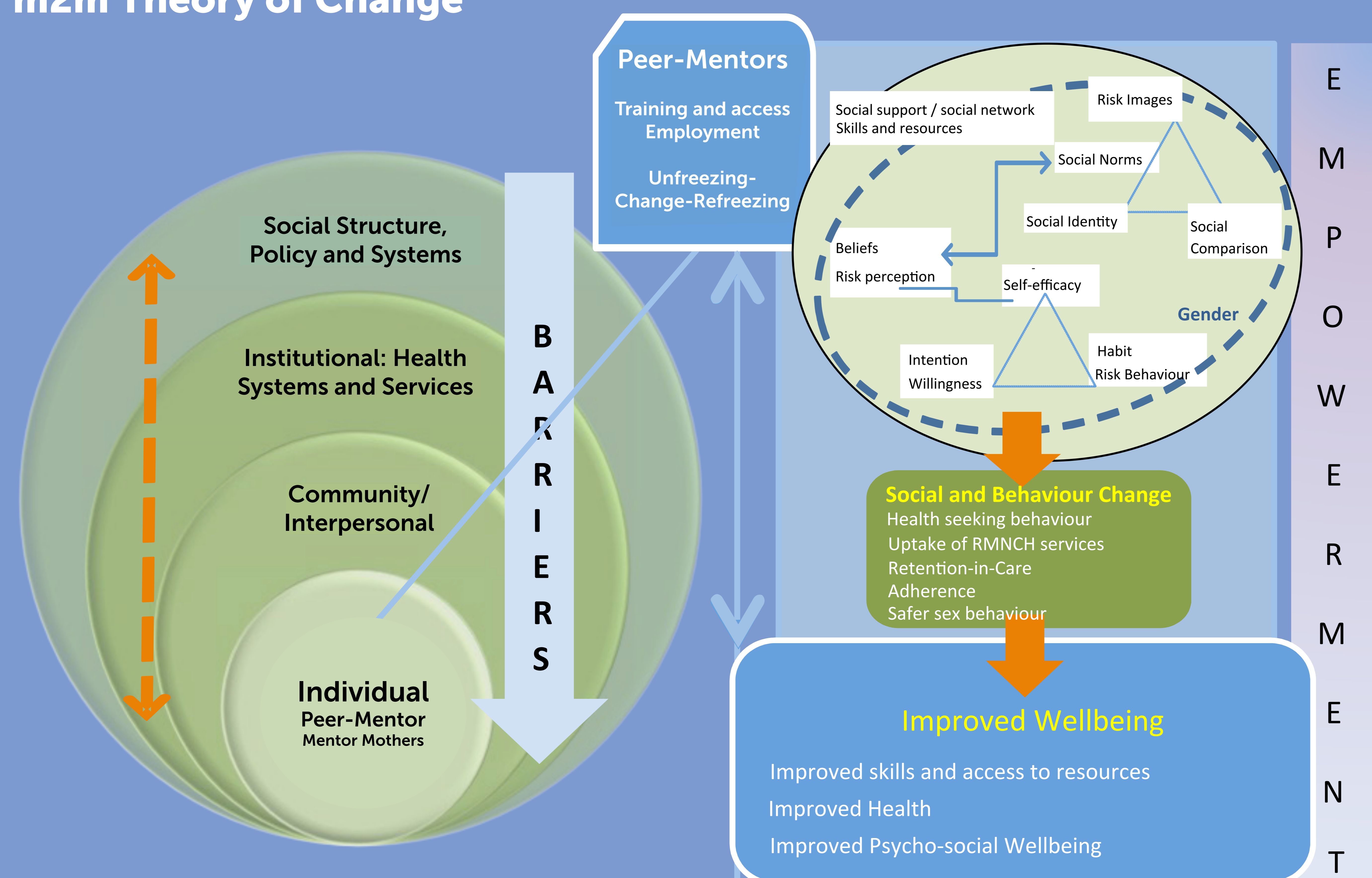
Decision rule for ICER

<GDP per capita is considered very cost-effective

1-3 x GDP per capita is considered cost-effective

>3 x GDP per capita is considered not cost-effective

## m2m Theory of Change



The incremental cost per woman with psychosocial wellbeing was USD 601.90. Based on the threshold of GDP/GNI per capita in Uganda (USD 572, 2013), the m2m intervention was found to be cost effective as a psychosocial wellbeing intervention. The intervention was also cost-effective as measured against the sub Saharan Africa threshold (USD 1,701, 2013).

## Conclusion

Psychosocial support is sometimes overlooked in the care and treatment of PMTCT clients. Yet, literature suggests that subjectively experienced wellbeing impacts on healthy choices and improves health and longevity. m2m's model of care is an important, cost-effective component of service delivery in the area of public health.

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