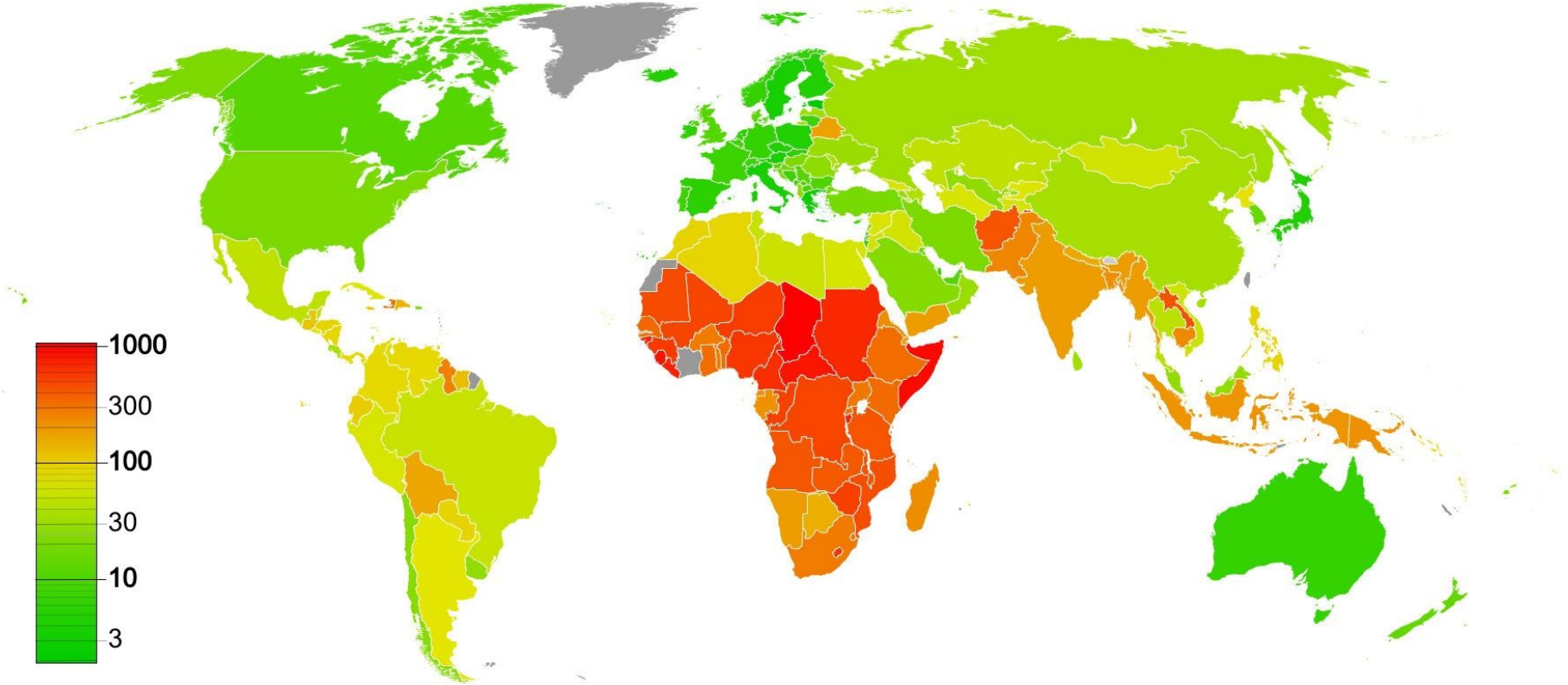
Cost Effective:

Better Docs and More Supplies for Treating Preeclampsia in Uganda

To strengthen **health education and delivery** in places facing a dire shortage of health professionals

14% of maternal deaths are caused by hypertensive conditions.



Worldwide Incidence of Maternal Mortality

Case Study: Uganda

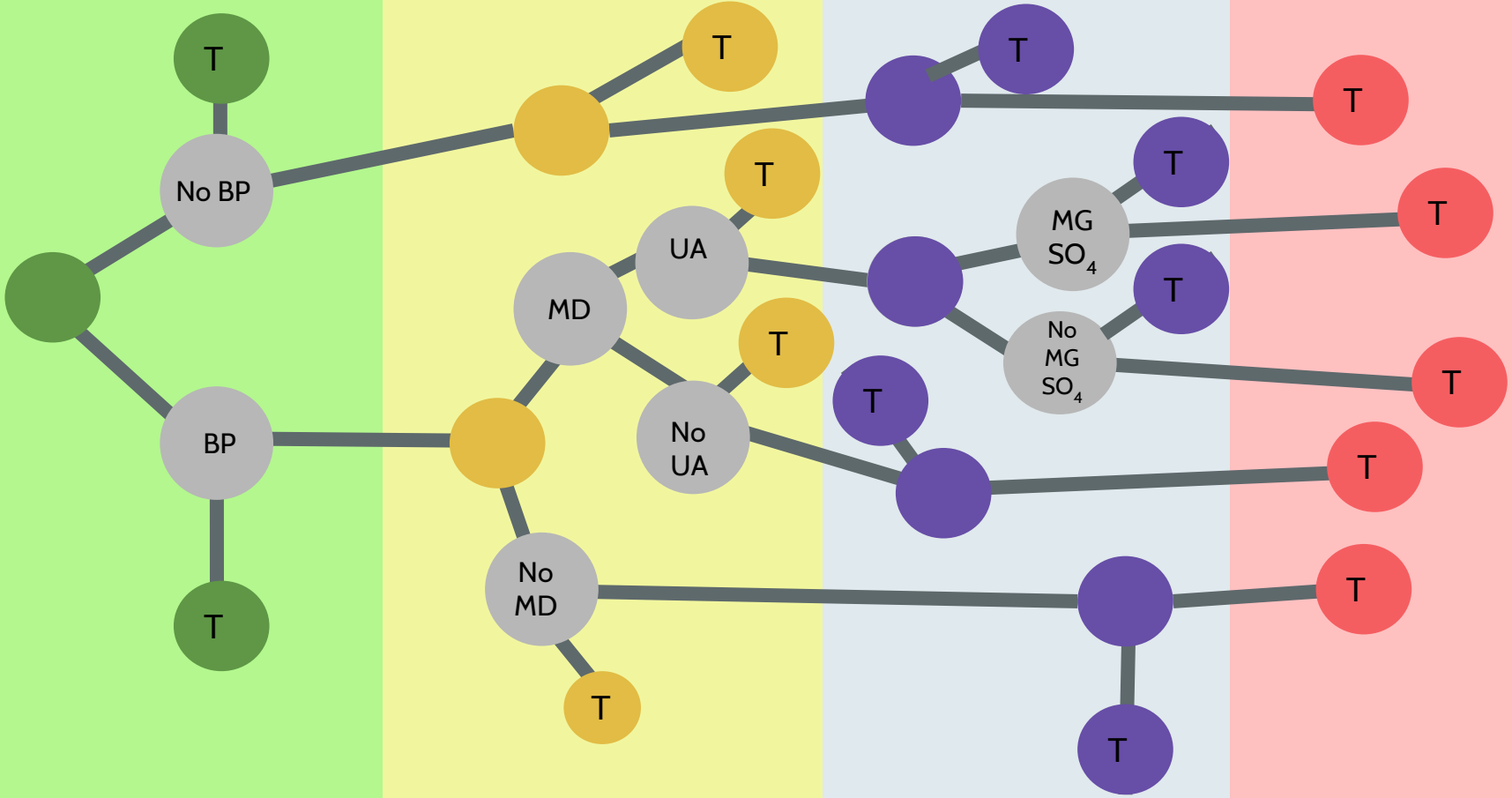
Clinical guidelines recommend

- methyldopa for hypertension
- magnesium sulfate for severe preeclampsia

Case Study: Uganda

Key Factors:

- testing provision
- availability of medication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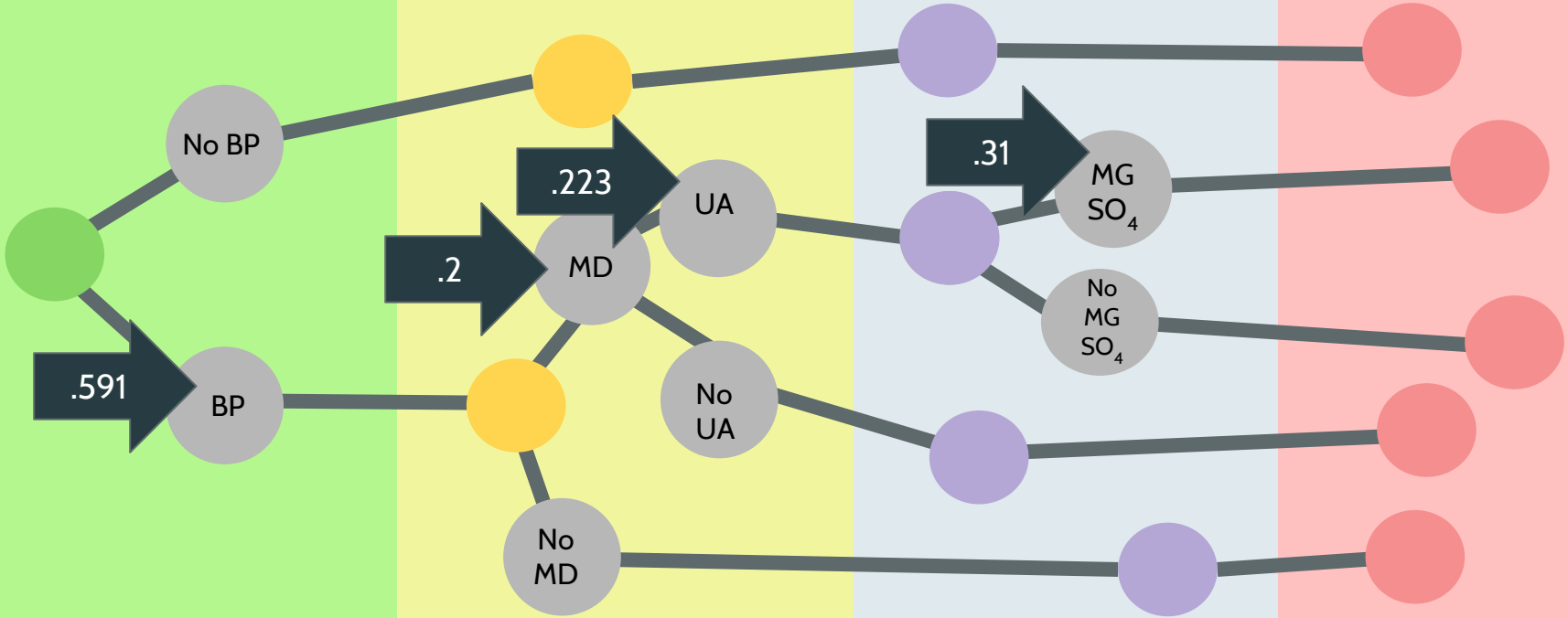
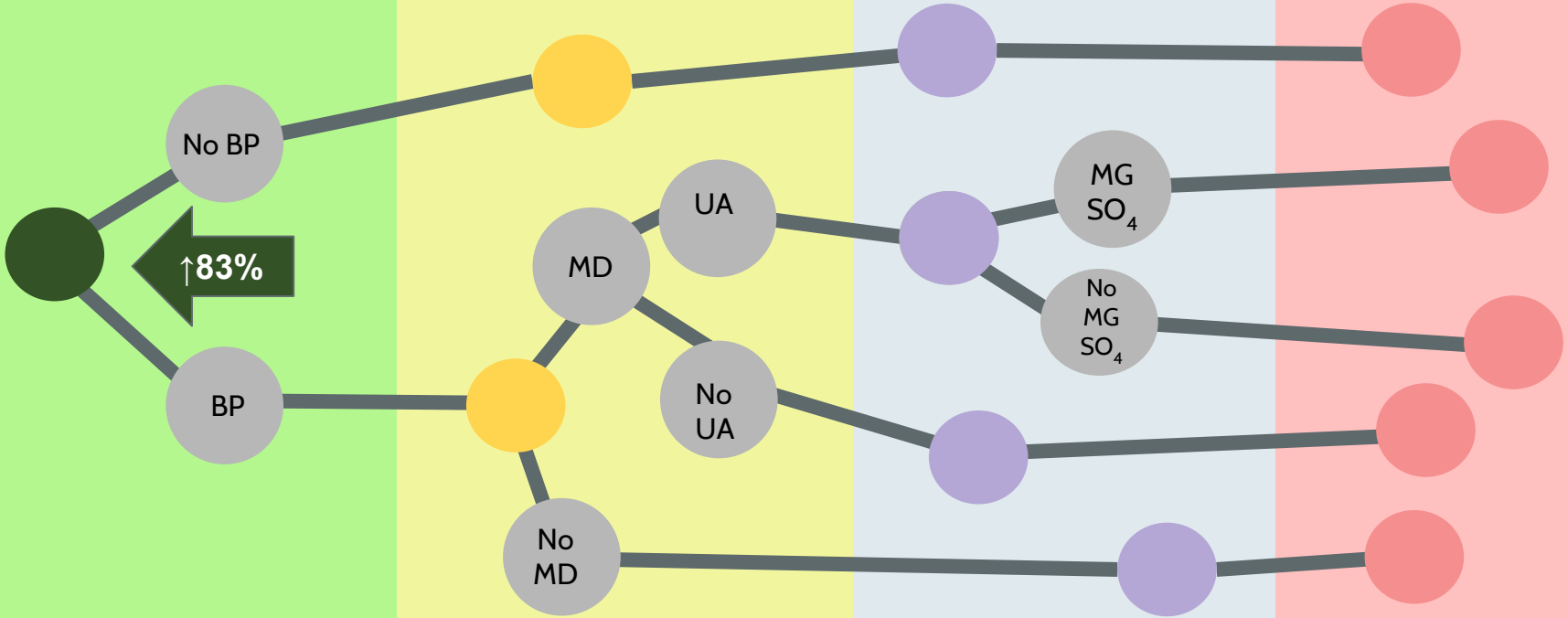
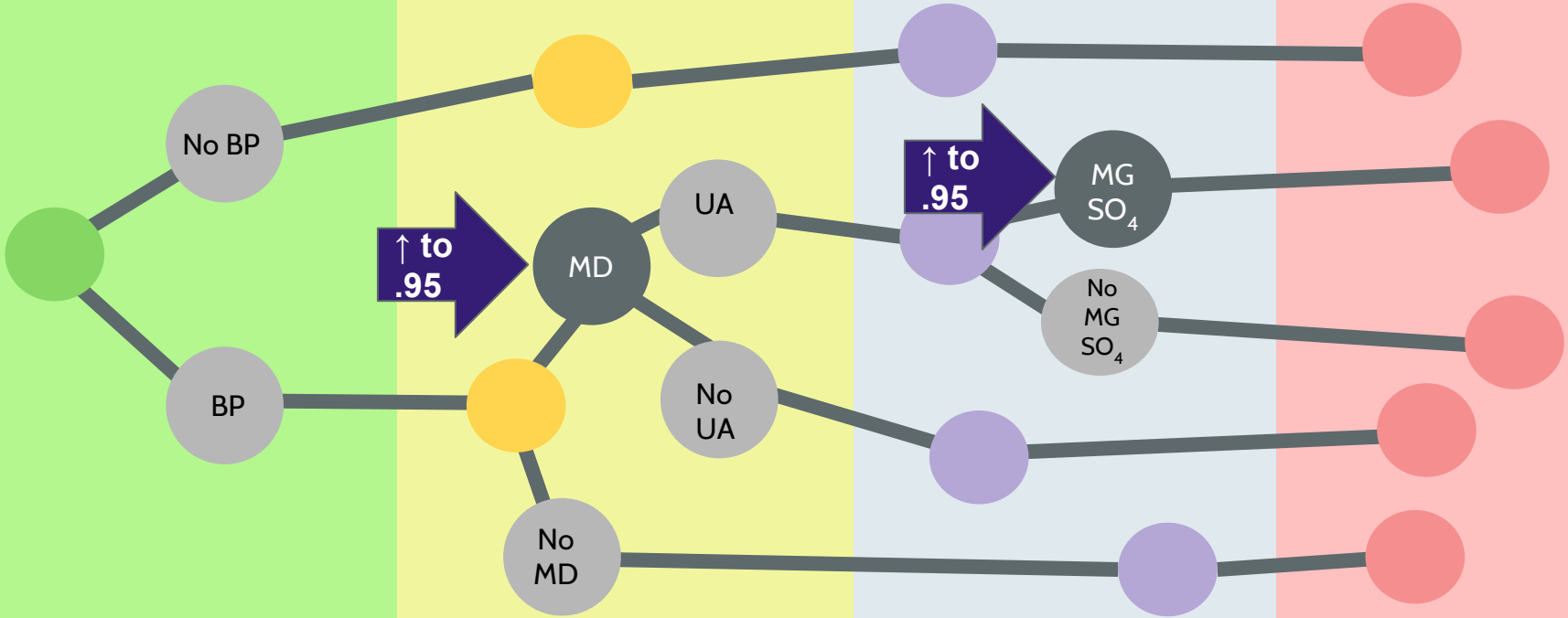
Preeclampsia
Eclampsia



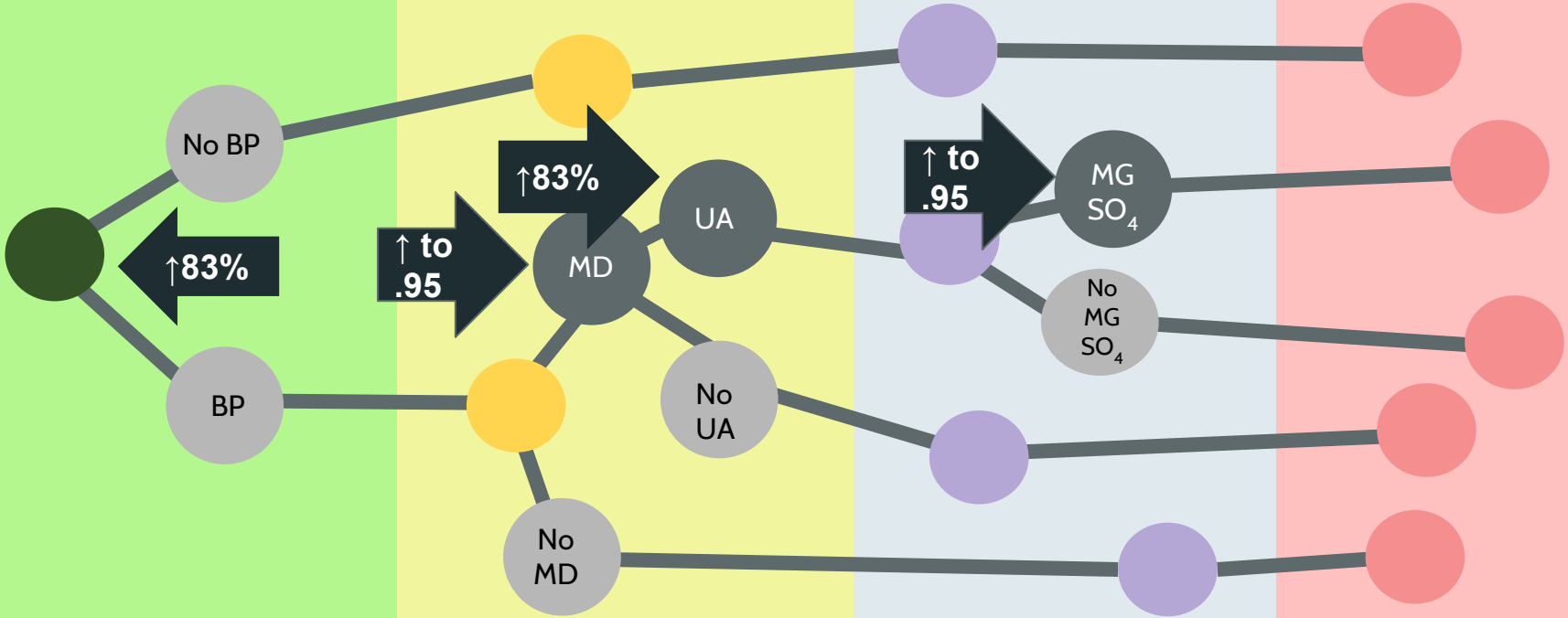
Baseline



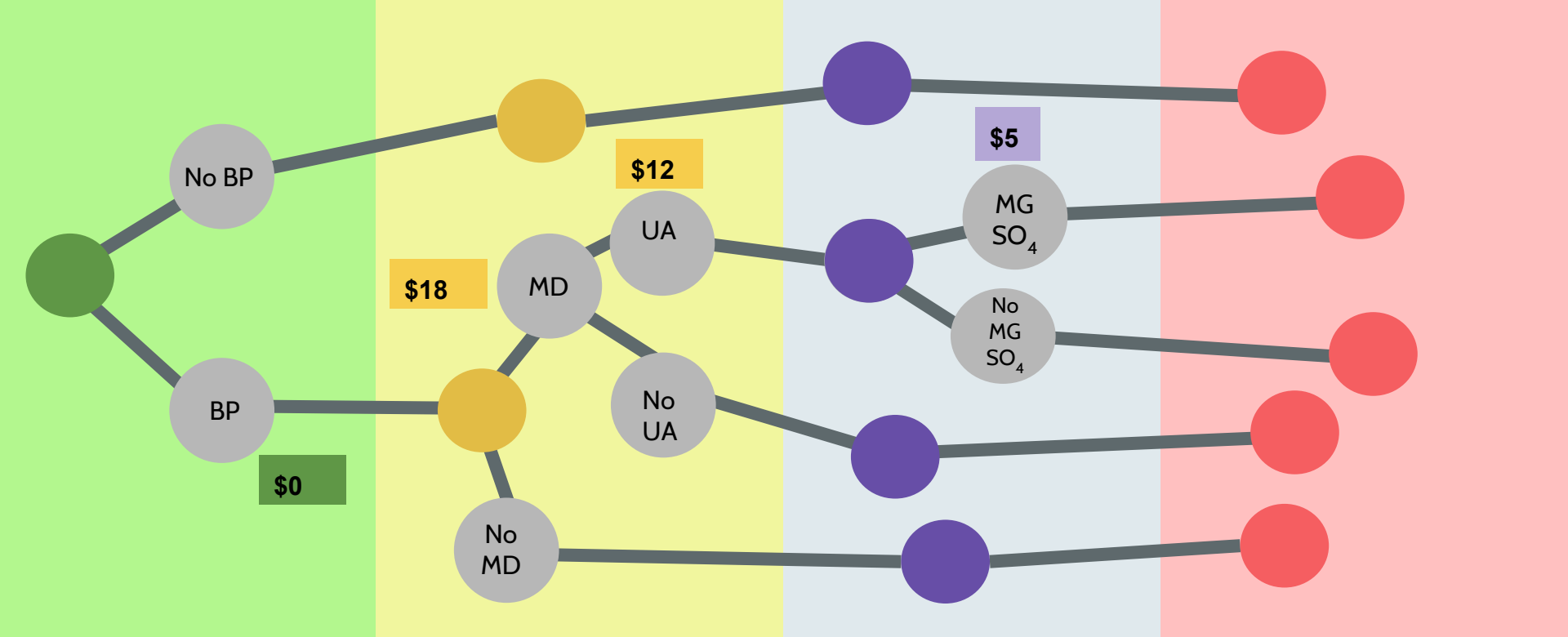
Training Only



Supplies Only



Both Training and Supplies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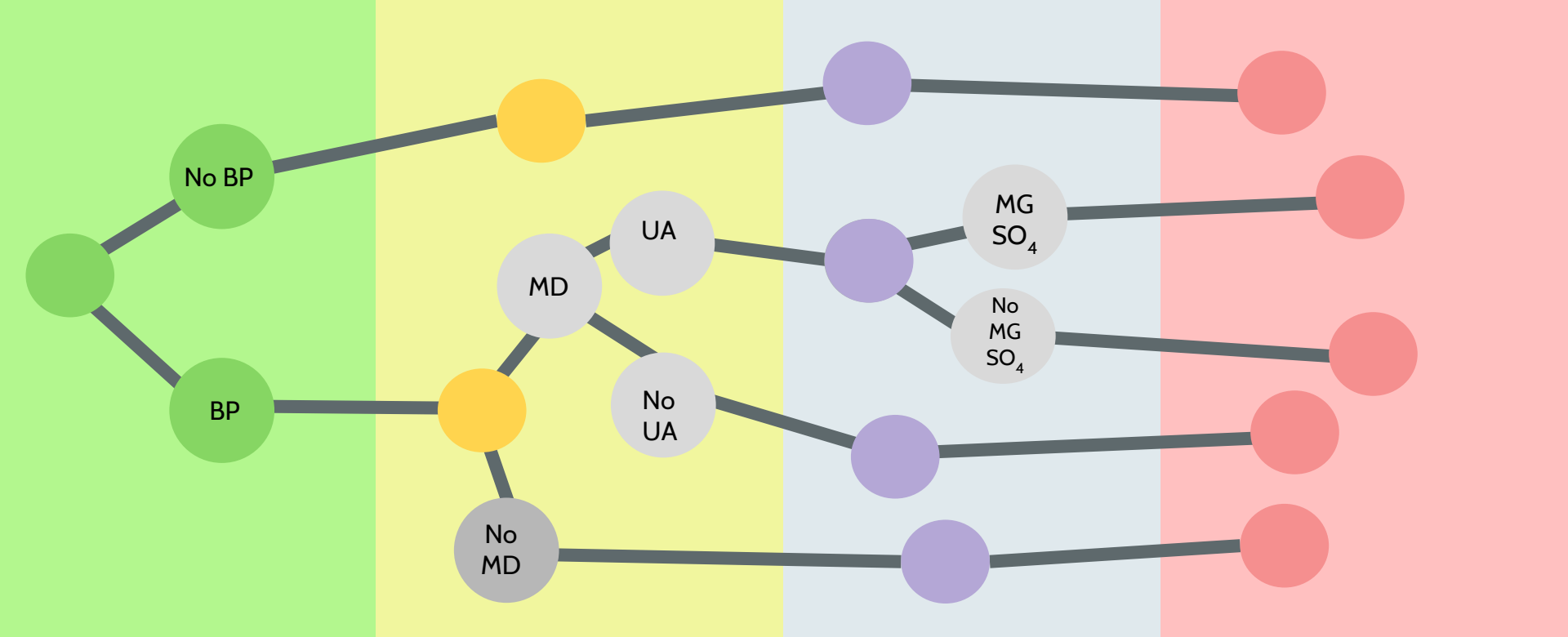
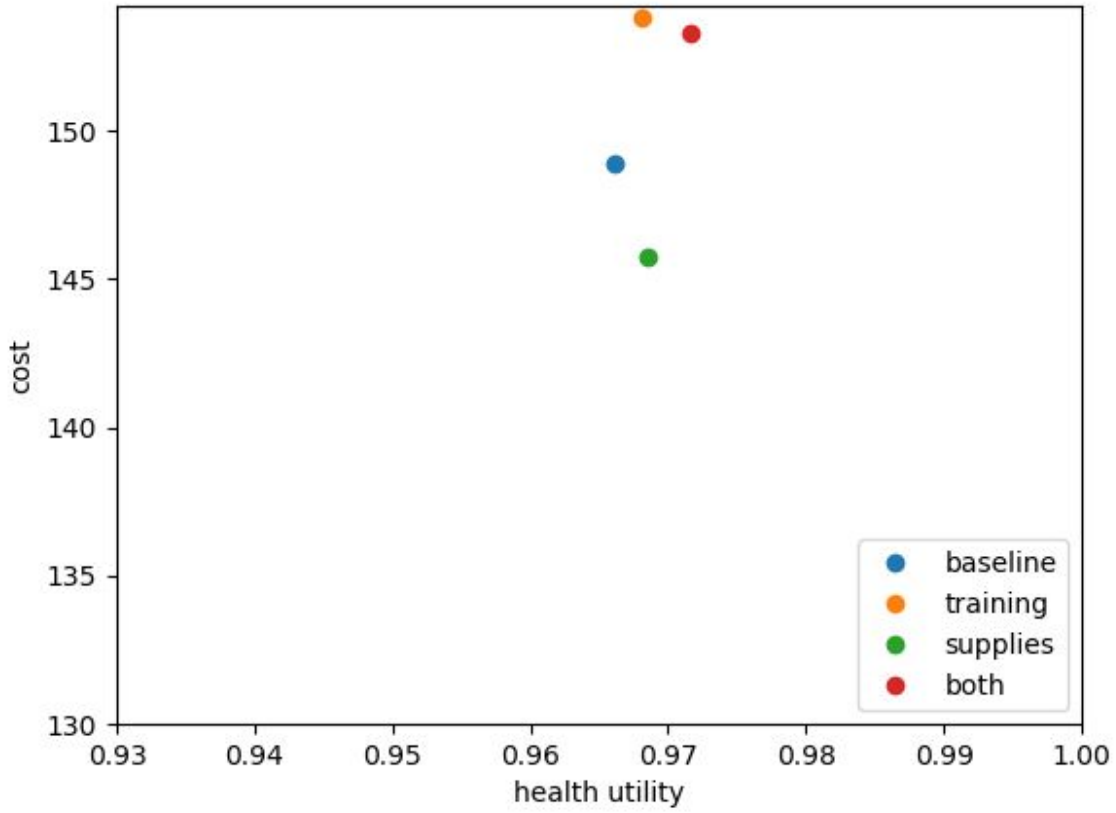
Well
Hypertension
Preeclampsia
Eclampsia



Utility

1	.78	.4	.1
Well	Hypertension	Preeclampsia	Eclampsia

Cost-Utility Graph

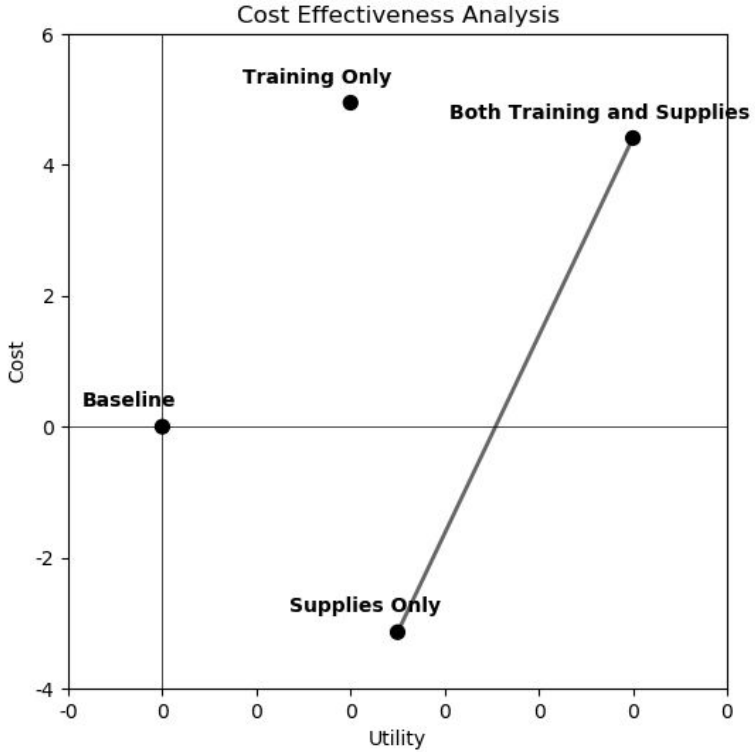


Cost-Effectiveness Analysis

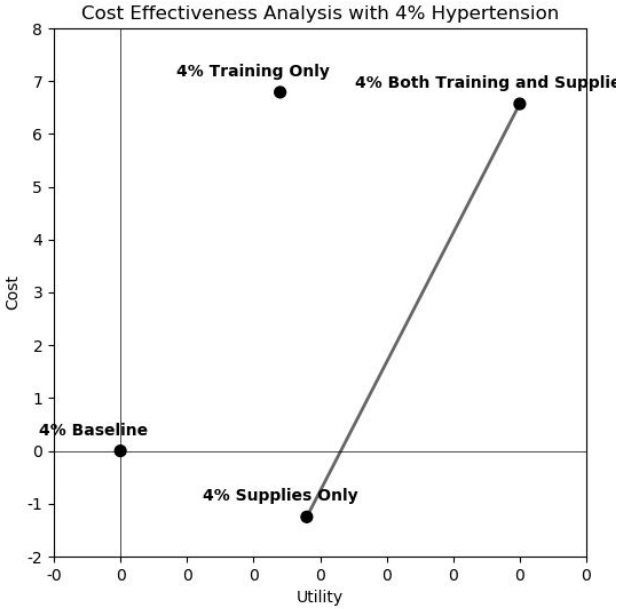
Clear Frontier

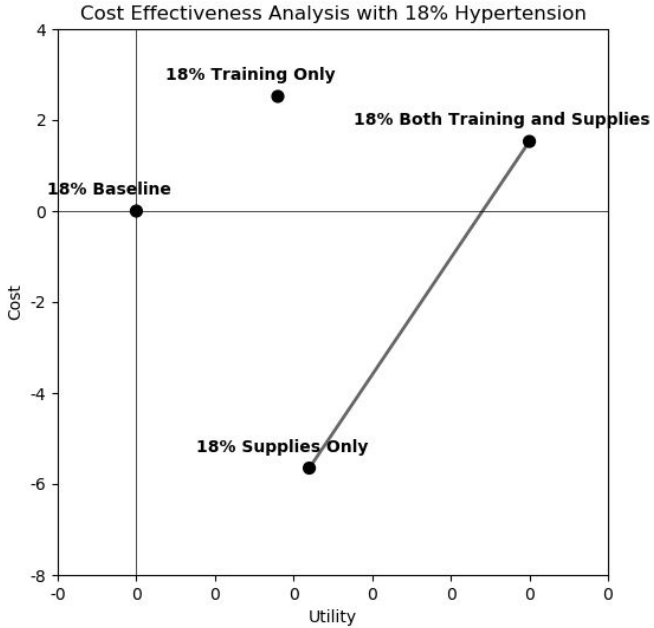
Recommendation:

- Increase Supplies,
- Possibly Increase Training



Sensitivity Analysis





Frontier is robust.

ICER: *Supplies* vs *Supplies + Training*

4% Hypertension: ICER = 6357.72357

10% Hypertension: ICER = 2457.682292

18% Hypertension: ICER = 1297.833935.

Discussion

Definitely Increase Supplies. Possibly Increase Training.

Training may affect more outcomes.

Build More Integrated Model.

Pre-term births, maternal death… beyond eclampsia