Cost per outcome in integrated versus vertical primary health programmes

Plain-language research summary

Study type	Economic evaluation
Published in	Programme Economics Quarterly
Year	2025
Authors	Whitcombe H, Menon R, Bergström S.

The finding, in one sentence

Integrated delivery cost 18% more to establish and 34% less per outcome after year four, driven almost entirely by reduced repeat presentation.

How the study was done

- Costs were reconstructed from audited accounts across five programme areas rather than from budgets.
- Outcomes were counted at district level, not programme level, to avoid crediting the same household twice.
- The model and its assumptions are published as an open spreadsheet.

What it showed

- Integrated programmes are more expensive to start and cheaper to run.
- The crossover point sits between years three and four in every programme area examined.
- Funding cycles shorter than four years systematically favour the more expensive model.

What it does not show

- Cost data came from our own accounts, so the comparison is internal rather than sector-wide.
- Outcome definitions differ between programme areas and are not directly comparable to each other.

Independence

We do not commission our own evaluations and do not hold approval rights over findings. Where a study has shown our work to be ineffective, it is published alongside the rest.