

UNICEF Community Health Services Costing



Presentation at iCCM Meeting

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Background

- Community health services (CHS) are essential to achieve UHC as a way of providing faster, less costly access to basic health services.
- Vertical programs can be necessary for high impact, but they must eventually be integrated to be effective, affordable and sustainable.
- Need to know the cost of comprehensive, integrated CHS packages to make them cost-effective and to obtain sustainable financing.
- Very little comprehensive CHS package costing has been undertaken - only some limited modeling done by IM CHW. Using an MSH tool.

What interventions will the comprehensive costing cover?

Everything in the MOH package, for example:

- MNCH and Family Planning
- **iCCM**
- Malaria detection and treatment and bednets
- TB case finding and community DOTS
- Traditional midwifery
- Immunization campaigns
- WASH
- Epidemic detection and early-warning

Objective

- Develop an approach and tool for costing comprehensive packages of CHS;
- Covers total, additional, unit and marginal costs
- Includes bottleneck analysis and impact results
- Use for:
 - costing current programs and scaling-up
 - comparing cost-effectiveness
 - developing sound investment cases.

Approach / tool development methodology

- Literature review to look at similar analysis (ongoing).
- Tools review to see if suitable tool exists or if need to develop or adapt another tool (completed).
- Development of prototype tool and data collection instruments (completed).
- **Pilot methodology and tool in two countries (Feb/Mar 16):**
 - **Malawi – well established – adding services to package**
 - **Sierra Leone – developing new package and system – post Ebola**
- Validate results – countries and UNICEF (March/April).
- Disseminate reports, final tool and guidelines after April 2016.

Review of available costing tools

Search found 12 tools that were described as able to cost PHC services. The following tools were the closest fit

Tool	Organization	Open source	CHS	Review
OneHealth Tool	Multi-agency	No	Yes	Too complex to use for just CHS costing
Integrated Healthcare Technology Package (iHTP)	WHO	No	No	Health package planning available but does not provide community level health service costing
COSTIT	WHO	Yes	No	Does not break out cost per service
Marginal Budgeting for Bottlenecks Toolkit (MBB)	UNICEF/ WB	Yes	No	Focuses only on cost of removing bottlenecks
1 M CHW Community Health Services Costing TOOL	1 M CHW/MSH	Yes	Yes	Developed by MSH. Not broken out for all services
iCCM Costing Tool	USAID/MSH	Yes	Yes	Only covers iCCM. Used as base model for UNICEF tool.
Community Health Services Costing Tool	MSH	Yes	Yes	CCM, nutrition, FP, IEC/BCC. Used as base model for UNICEF tool)

Costing and financing tool – main elements

- Simple, user-friendly, open source (MS Excel)
- Bottom-up, ingredients approach with direct and indirect costs
- Norms and / or actual quantities and costs
- Includes donated medicines and equipment
- Cover all package components for up to 10 years
- Financing component linked to costs
- **In reality it is a planning tool with linked costs and finances**

Costing limitations

Boundaries must be drawn around any costing especially for simplicity and ease of use.

Current exclusions:

- No costs of treatment or tests provided at the referral facility
- No outreach from facility
- No patient costs (service delivery costs only);
- No share of building, vehicle costs, facility indirect costs;
- No amortization of capital assets or start-up costs.

Costing tool outputs

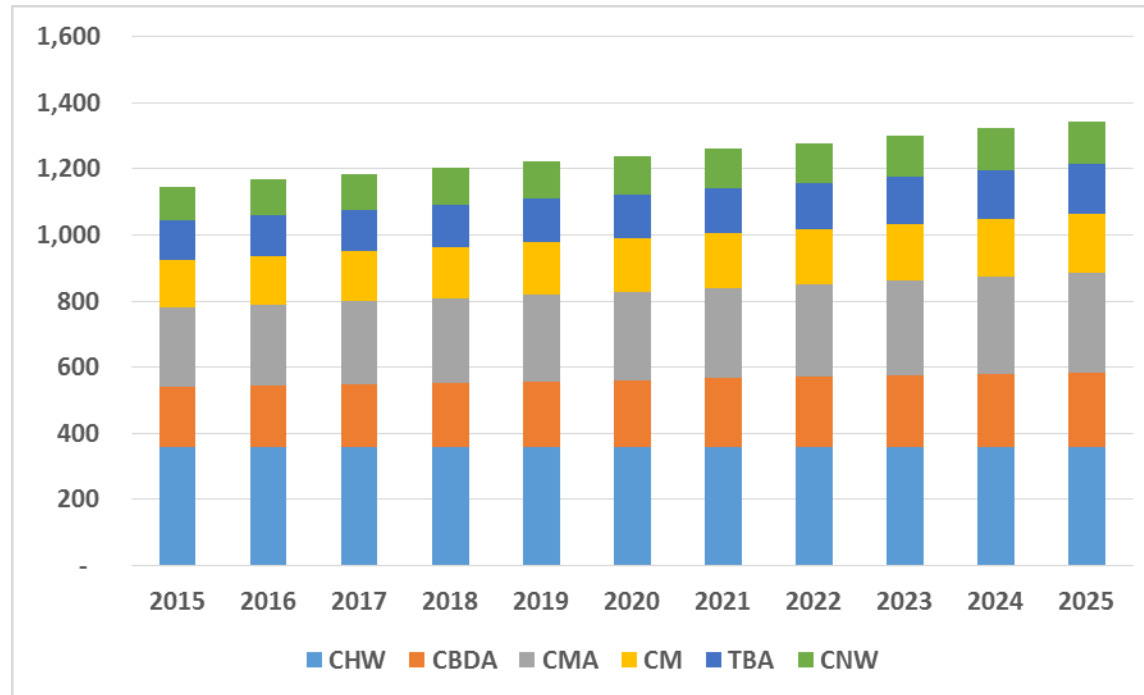
- Start-up cost for a new package component
- Total recurrent costs from all sources
- Cost of service package per capita
- Cost per service for each intervention
- Cost per resource type (eg staff, transport)
- Financing by intervention, program, total

Costing tool outputs uses

By comparing original model with scenario versions:

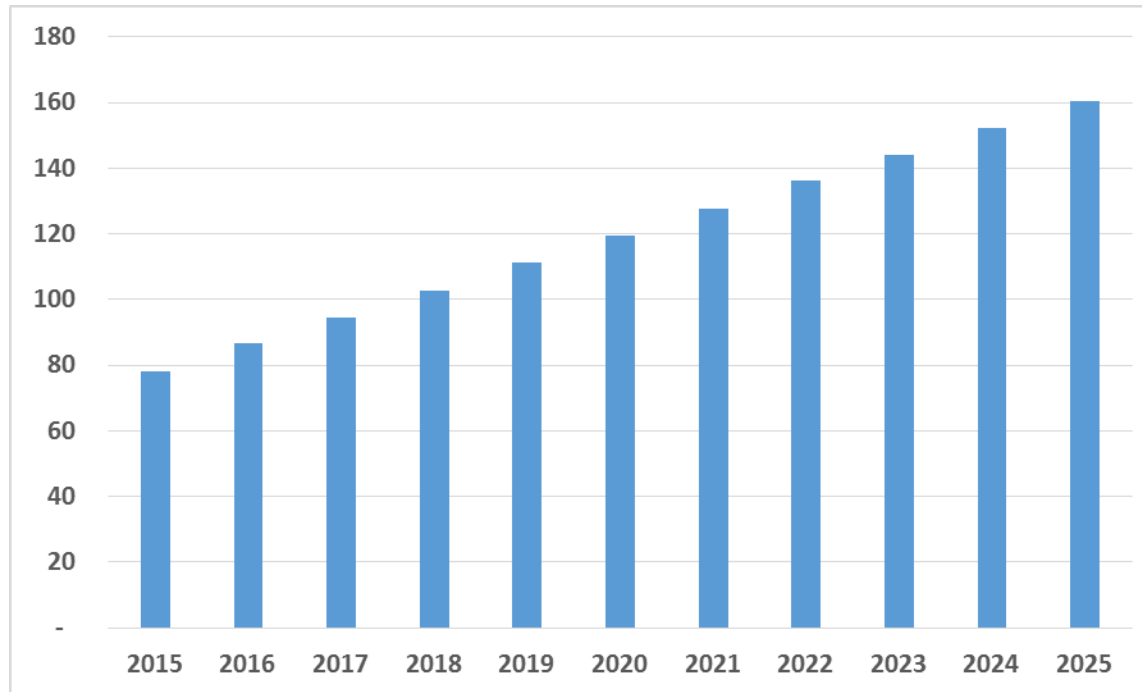
- Cost of increasing the volume of a service in a year (marginal cost)
- Cost of adding an intervention
- Cost with restructuring of services and/or supervision (integration)
- Cost of changing prices paid – medicines, CHW stipends, supervisor salaries.

Examples – number of CHWs



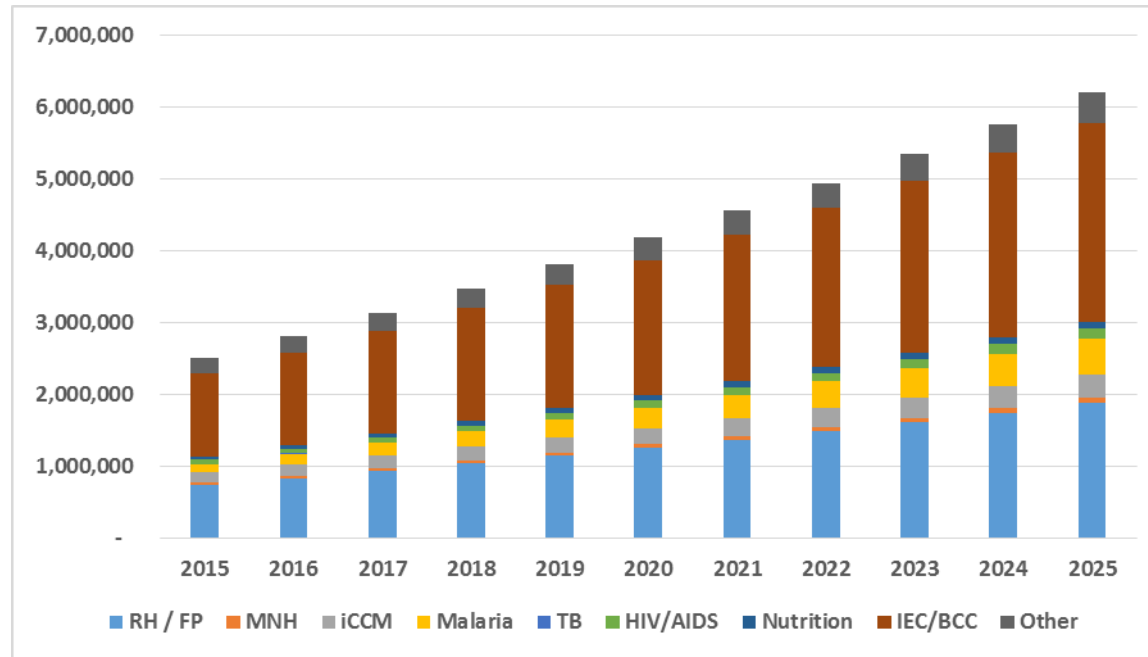
Dummy figures

Aggregate CHW case load per week



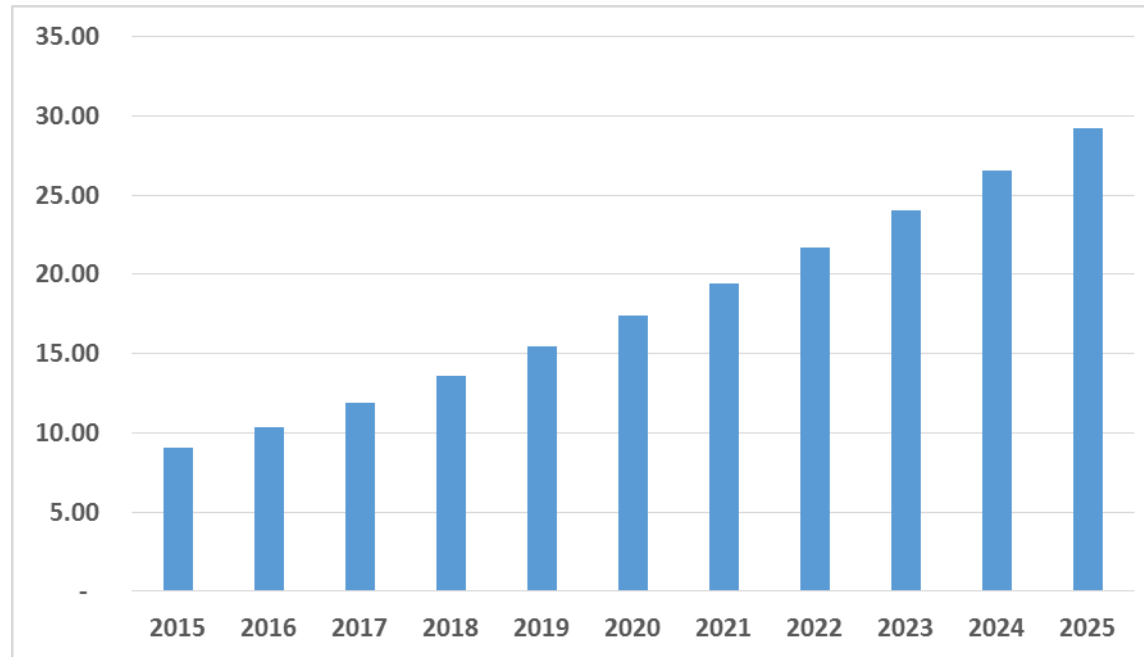
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Numbers of service by program



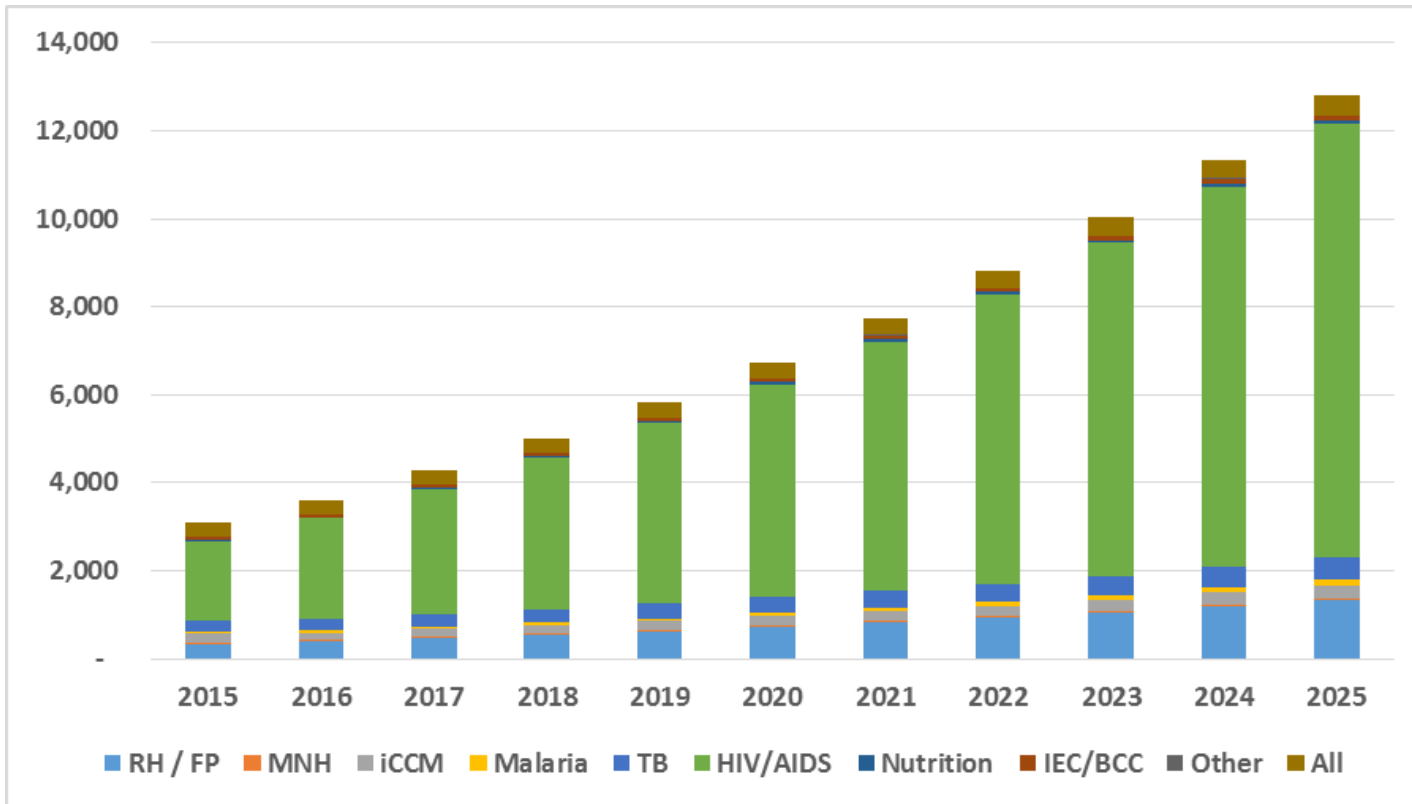
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Cost per capita – all services



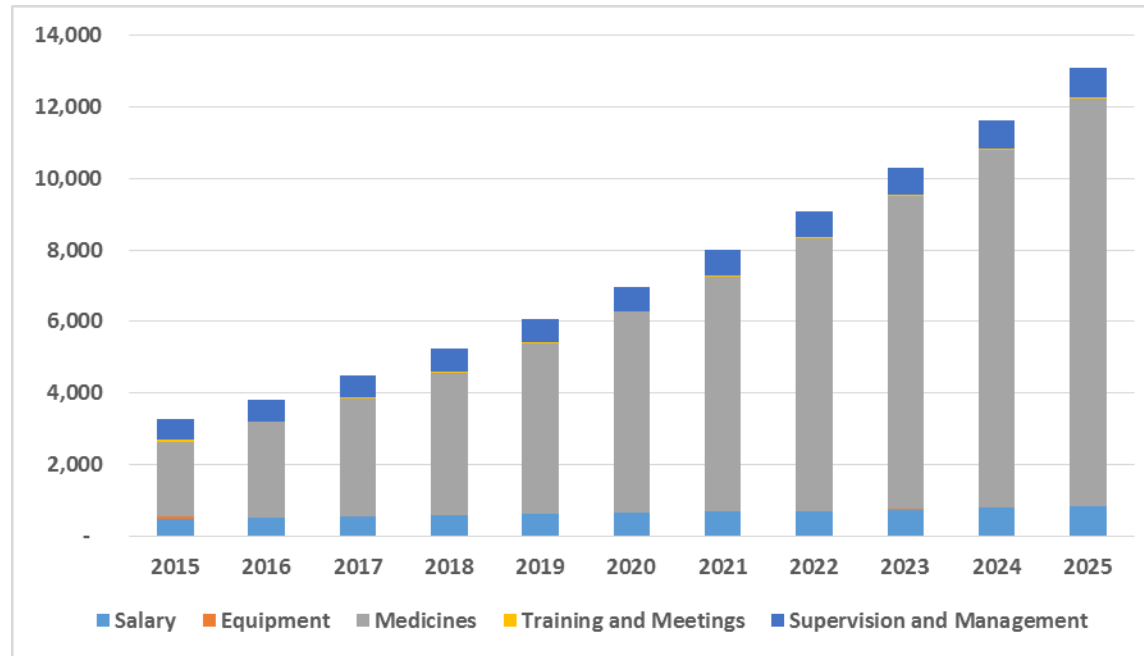
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Total cost by program



Dummy figures

Total cost by resource type



Dummy figures

Health System Determinants / Bottleneck analysis

- We will adapt the UNICEF bottleneck analysis approach used in their decentralized health system strengthening model (MSH is helping to implement this in Malawi).
- Cover supply and demand bottlenecks
- Two elements:
 - What is the impact of current bottlenecks on cost and outputs/outcomes?
 - What is the rough magnitude of resources needed to fix and prevent the bottlenecks?

Impact Analysis for Return on Investment

- Review previous and ongoing analysis with partners and others;
- We will use LiST to estimate impact on mortality for maternal and child services;
- Recognizing limitation since LiST does not cover all CHS services and only shows impact on mortality.

Future considerations

When the CHS costing approach tool is ready it will be important to consider planning and costing comprehensive primary health care services:

- CHS plus
- Health centre and outreach services

MSH already has a tool for costing health centres and outreach - how to combine?

Show tool

- Happy to demonstrate the tool any time.

Acknowledgements

- UNICEF NY - Jerome Pfaffmann and Mark Young
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Thanks for your attention
Questions and comments please