

*Strengthening the measurement of adolescent health programmes:
Assessing the quality, coverage and cost of health service provision to adolescents*

**From Research to Practice:
Training in Reproductive Health Research**

Measuring costs related to the provision of health services for young people

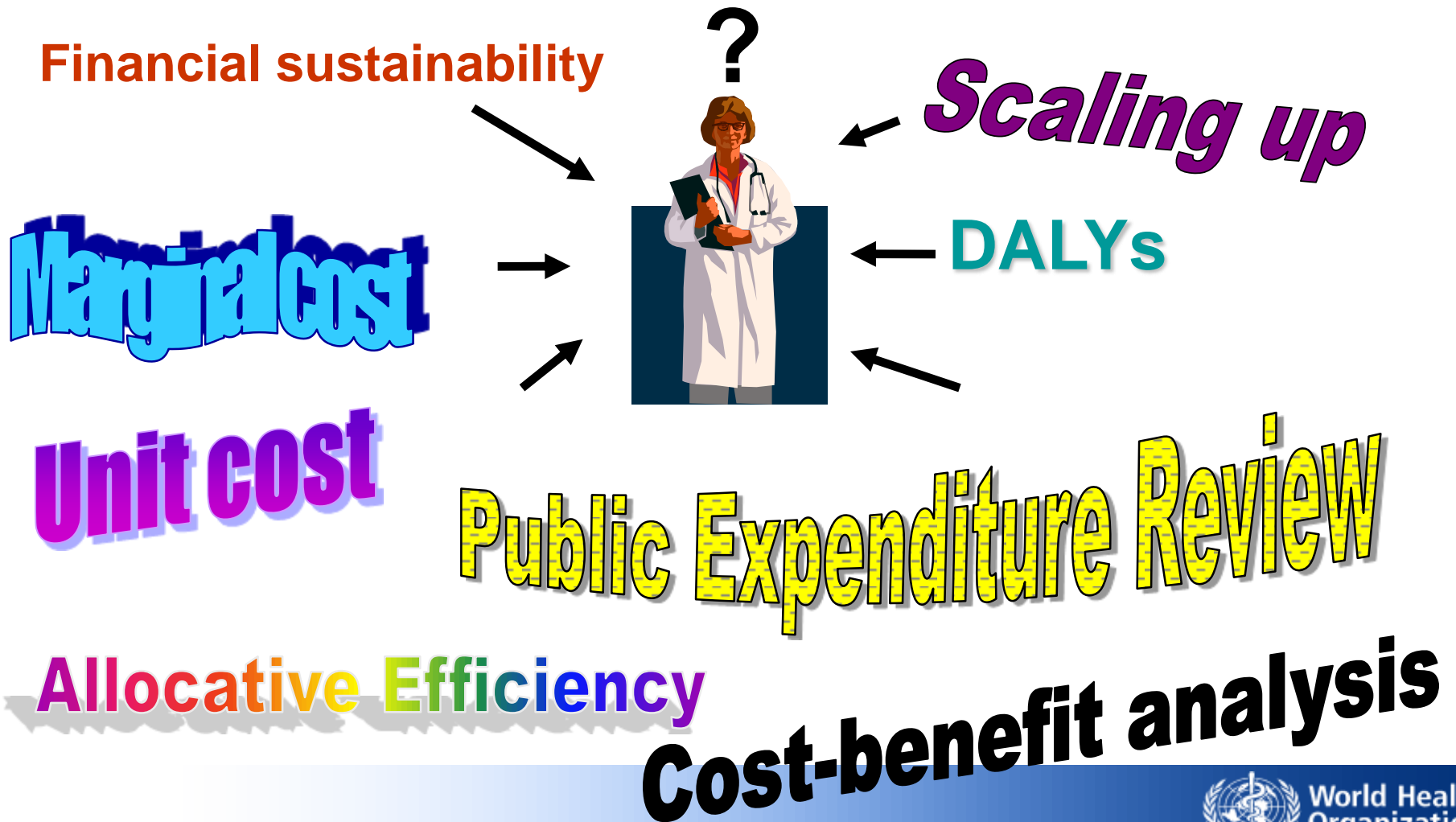
Karin Stenberg
WHO Department of Child and Adolescent Health and Development
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stenbergk@who.int

Overview of this session

- **The potential use of financial information to inform policy and programming: focus on costs**
- **Work undertaken to date by the adolescent health team at CAH/WHO**
- **What's next?**



Making sense of financial information and concepts



The language of Economics

- In rich and poor societies alike, **scarcity** is an issue.
- Even what we think is "free" costs something today or in the future (there is **no free lunch**)
- We have limited resources but unlimited **wants**
- Need for **prioritization**

Questions that Economists ask and that they can help answer

- Are people and society getting the best value for money?
- Are resources allocated efficiently to reach priority health outcomes?
- What is the comparative advantage of different providers in getting best value for money?
- What is the best way of using public resources to target vulnerable populations incl. the poor?

Relevance of financial information for programme managers

Measuring results: linking health expenditures to outcomes



- Millennium development goals / UNGASS goal (95% access)
- Moving from pilot project to implementation
- Accessing resources from MoH/MoF/donors

Which intervention should I implement to reach my goal efficiently? **(CEA)**

How/where should I get my funds in order to provide sustainable and equitable services? **(financing)**

How am I currently spending my funds? **(exp)**

How much \$ do I need to meet my targets? To sustain my achievements? **(cost)**

Is there a gap between what resources I need to achieve my goals and the funds I have at hand? **(gap)**

Making sense of **cost** information and concepts

- ***Cost as part of priority setting processes***
 - Combine cost + effectiveness to produce cost-effectiveness information
 - Cost of illness
- ***Costing as part of system planning and management and within-sector negotiation***
 - Project the funds required to implement an operational plan
 - Set user fees
 - Inform contracting arrangements
 - Set insurance premiums
- ***Costing as a way to strengthen the negotiation position of the health sector with domestic constituencies outside the health sector*** (negotiation with Ministry of Finance, politicians and political constituencies)
 - Project funds required to implement plan, and expected outcomes
- ***Costing as a way to strengthen the country's negotiation position in interacting with the global community*** (donors)
 - Project funds required to implement plan, and expected outcomes

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Starting points

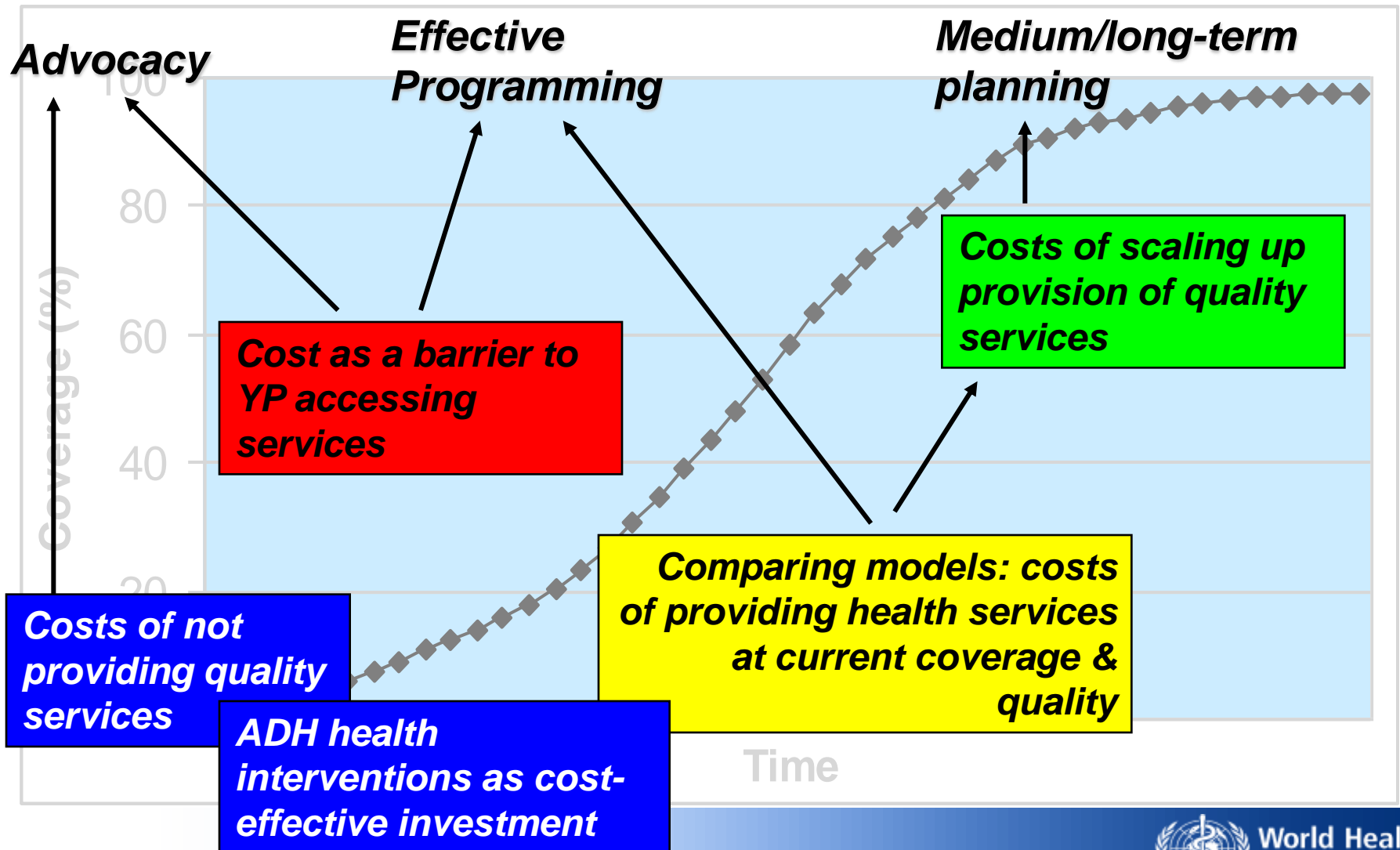
FOR THIS AREA OF WORK:

- Financial/cost information is relevant at many stages of adolescent health **policy and programming**
- We believe that quality services provided to youth may have **different** cost implications to general service provision
- There are few cost estimates available for health services provided to **youth**, and the ones available do not easily assist planning and programming

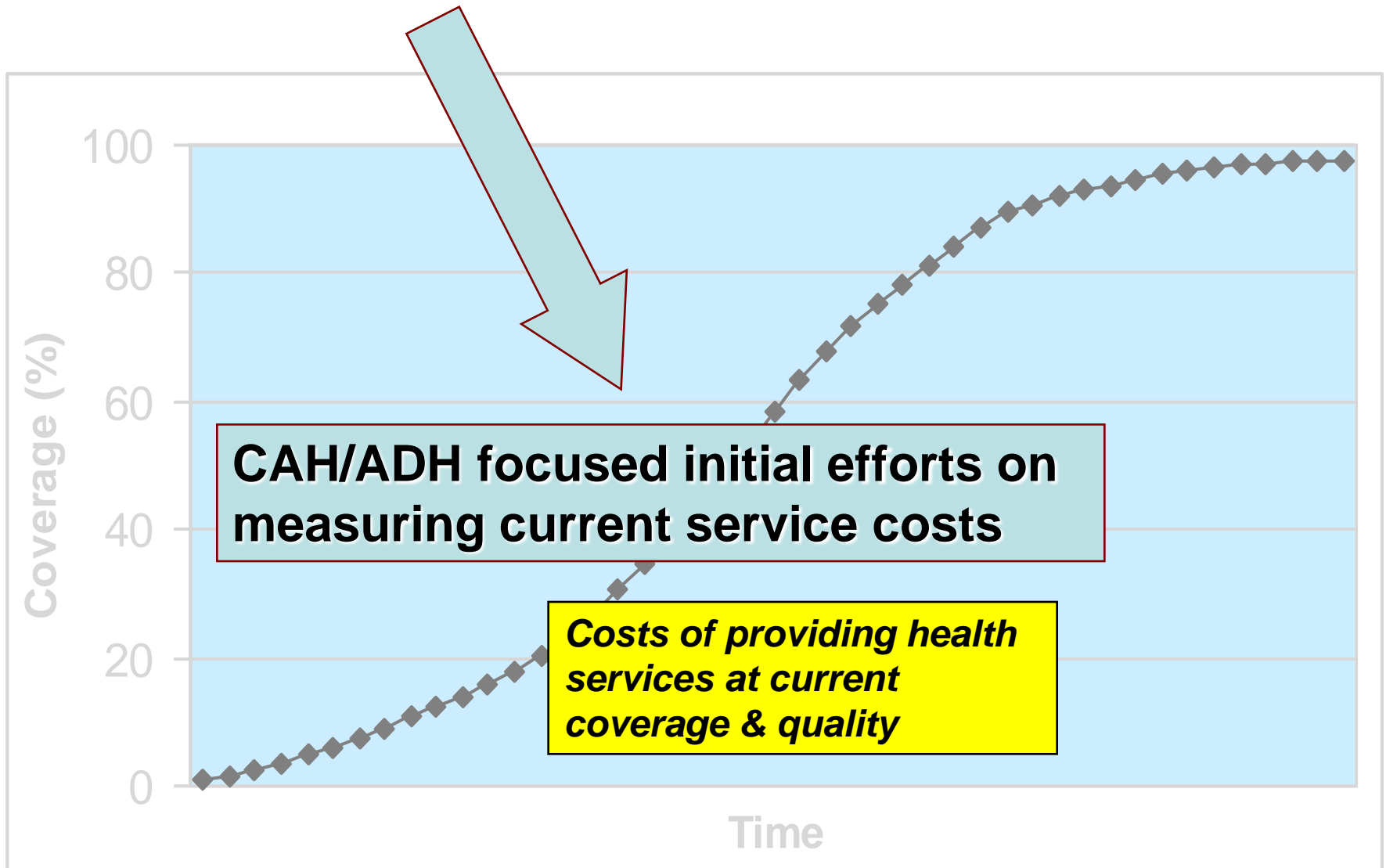
FOR CAH/ADH:

- In our work on **monitoring** we see Quality, Coverage and Cost as linked concepts
- WHO **mandate** to develop tools and provide relevant evidence

Relevance of financial/cost information at various stages of adolescent health programming



Few studies available on any financial/cost information for adolescent health services



2 important uses for cost information

(2) Financial costs -> Budgeting

Cash expenditures required to reach targets (e.g. 95% UNGASS coverage)

Once we know where to put our money, how estimate the total amount required?

(1) Economic costs -> Efficiency

Estimate resources used and expected outcomes for alternative approaches to reach a set goal (e.g. to reach 95% UNGASS coverage)

Q: Where should we put our AH money?

What is the best way of providing services for youth?

Cost for YFHS quality vs. baseline?

Costs of providing health services at current coverage & quality

Knowing what is currently provided will help assess scale-up costs

Time

A learning experience

Country	Viet Nam (Hanoi)	Uganda (Kampala)	India (Delhi & Kolkata)
Time period of cost pilot	November 2005	December 2005	January 2006
Level of service delivery	Government lower primary level facility and NGO facility	Government higher primary level facility and NGO facility	Tertiary level hospitals
Type of clinic (integrated or stand-alone)	Both clinics provide integrated service delivery	One integrated, one "adolescents only" clinic (stand-alone)	"Adolescents only" clinic (both Delhi and Kolkata) and other relevant OPD services provided in an integrated manner (Kolkata only)
Interventions costed	<ul style="list-style-type: none"> • SRH info. and counseling; • Provision of contraceptives/ FP • Mgt of STI • Abortion services 	<ul style="list-style-type: none"> • SRH Information and counseling • Provision of contraceptives/ FP • Mgt of STI • VCT 	<ul style="list-style-type: none"> • <i>AFHC</i>: Wide range of mental and physical health assessments; focus on information and counseling; psychosocial problems • <i>Other OPD</i>: STI, VCT, HIV clinics providing a specialized range of services

Specific Objectives of Cost Assessment

- To estimate the **total resource requirement** at facility level for providing priority interventions to adolescents or young people, through **AFHS**.
 - To estimate the **cost per adolescent client** for priority interventions
 - To estimate the cost of **particular activities important to AFHS**, such as outreach, training of health workers and the use of peer workers, and thereby linking Costs to **Quality**
- ➔ To allow for comparison across sites and over time
- ➔ To help planning and budgeting for scaling up AFHS

The approach taken

- **Health** services (facility & outreach)
- **Actual** costs (in the past year)
- Capital costs (adjusted) & Running costs
- **Provider** cost perspective (no out of pocket)
- **Full** costs (all resources used, not just costs for adding AFHS)
- Cost data is collected for a **one-year period** in order to avoid any distortions that may arise from seasonal effects.

Information collected at facilities

Building

Building costs

Equipment

Equipment for relevant interventions

Overhead

vehicles, utilities,

HR

Staff time
Staff costs
Training



Commodities

Drugs, Supplies
Lab tests

Demand generation

Outreach activities;
IEC activities;
peer workers;
Materials



Utilization data



Note: Includes in-facility as well as outreach

Information collected at facilities

<u>Building</u>	<u>Equipment</u>	<u>Overhead</u>
Building costs (m2)	Equipment for relevant interventions (equipment used at AFHC clinic)	vehicles, utilities, staff of admin
Building cost/rent	Equipment prices	vehicle, fuel, vehicle, utilities, admin

HR

Staff time
Staff costs
Training



Staff, salary, benefits,
time per client, training
done


Commodities

Drugs, Supplies
Lab tests

Quantity used
Prices

Demand generation

Outreach activities;
IEC activities;
peer workers;
Materials



Hours/week, staff time, materials

Utilization data

Total and per diagnosis
Total IPD & OPD hospital



FACILITY
HOSPITAL

Note: Includes in-facility as well as outreach

Data collection process

Data collected at each department

- Interview with clinic managers
- Interview with health service provider(s)
- Observation of the physical unit
- Review of clinic data records
 - Random sampling of patient records
- Records on materials use - drugs, lab tests, supplies, materials for outreach, etc
- Financial records (clinic administrative budget)

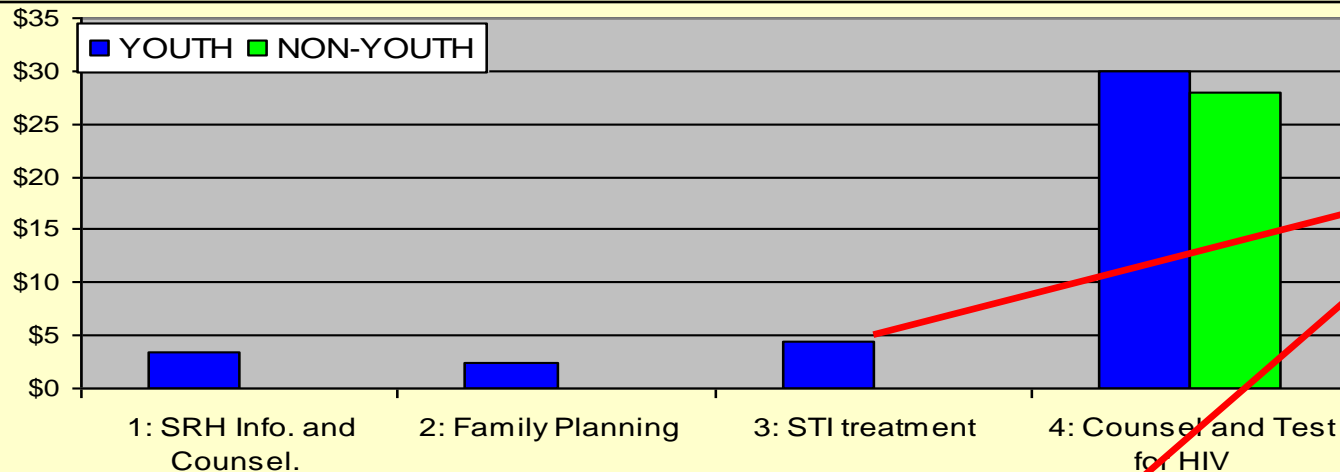
Data collected at hospital central level

- Interview
- Review records and registers
- Quotations for prices; price lists; rate lists
- Estimates/assumptions when data not directly available (ex. building)

Preliminary findings from pilot tests (1) - Uganda

Site 1: Kawempe (public health facility IV), Kampala

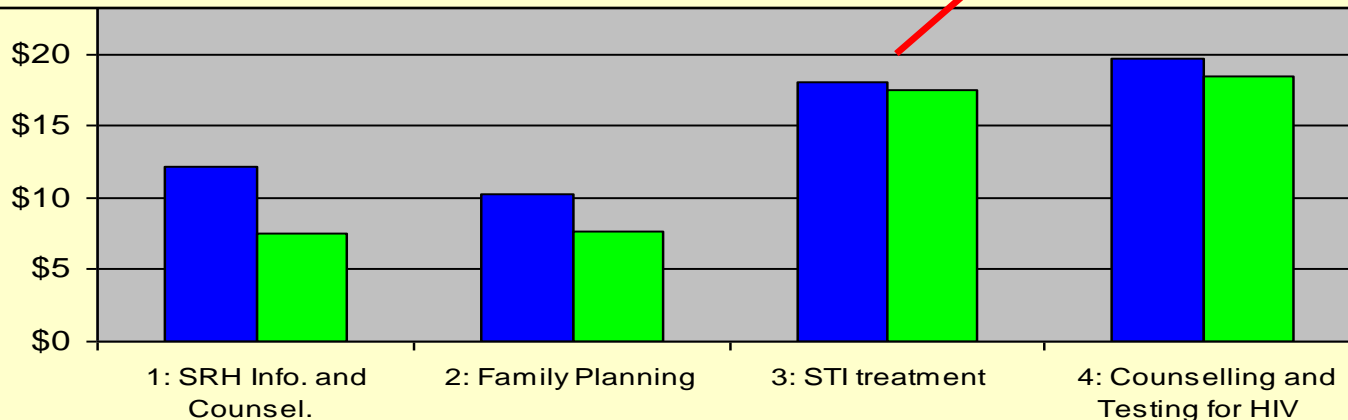
Youth centre in Government hospital - 6,800 clients in 2004



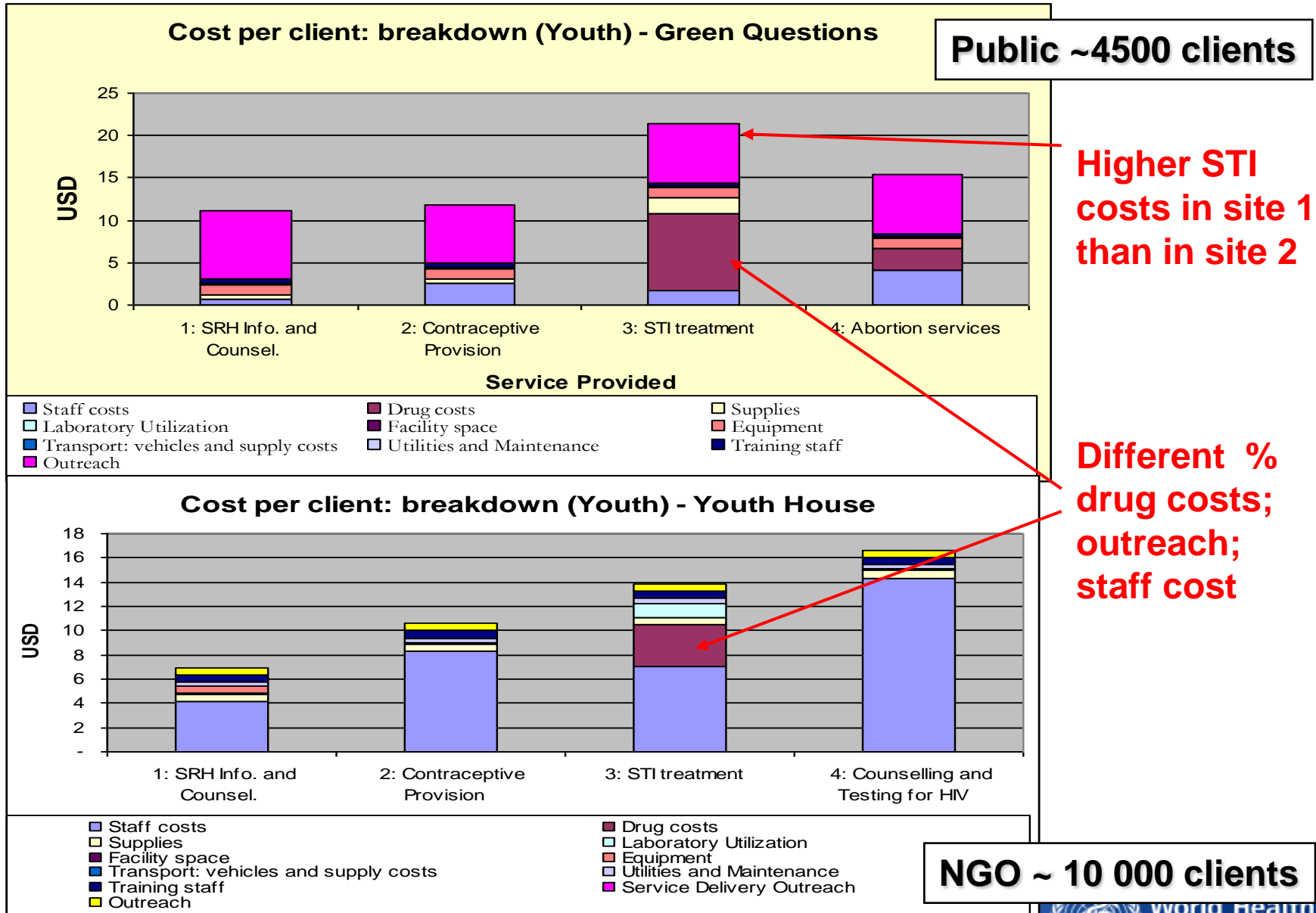
>3 x higher cost per STI client in site 2

Site 2: FPAU Katego Clinic: Youth Corner (NGO), Kampala

- 5,124 clients in 2004 (including outreach)

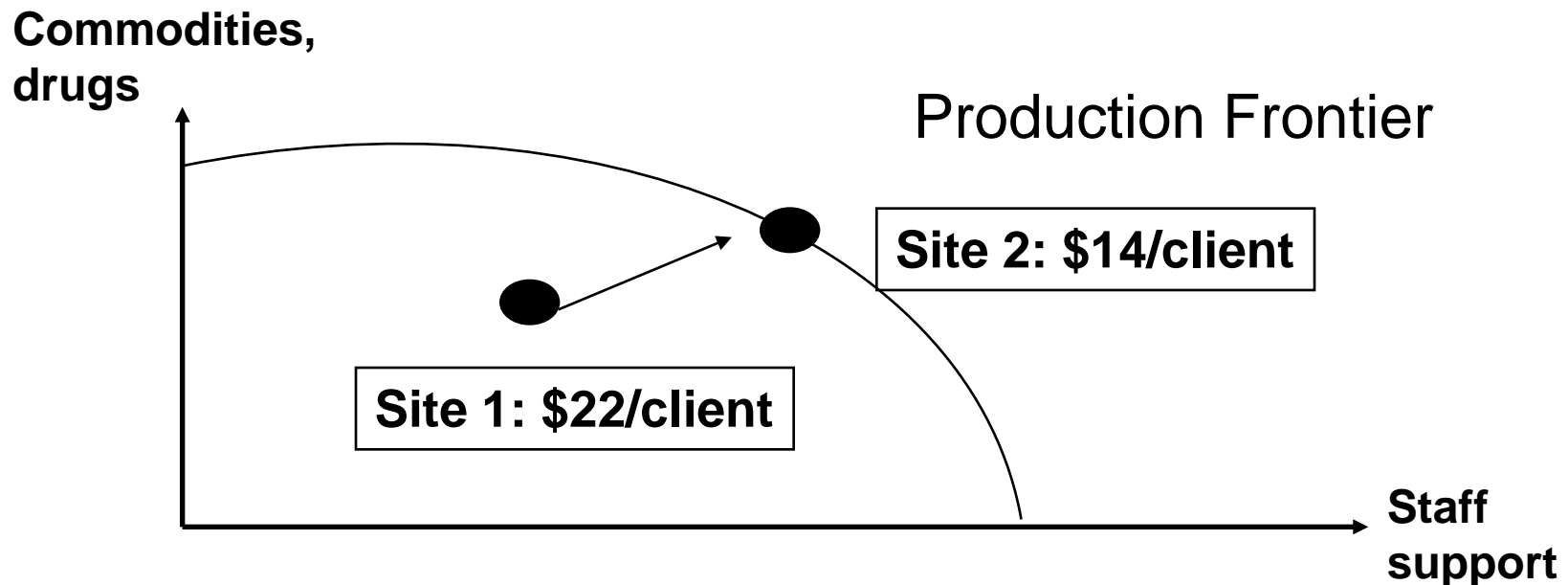


Preliminary findings from pilot tests (2) - Viet Nam



Using Cost Concepts to Analyze Policy Changes

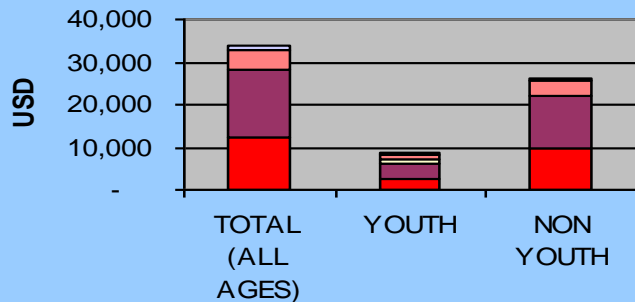
- Average costs can be deceptive



Preliminary findings from pilot tests (3) - Viet Nam

Cost per facility

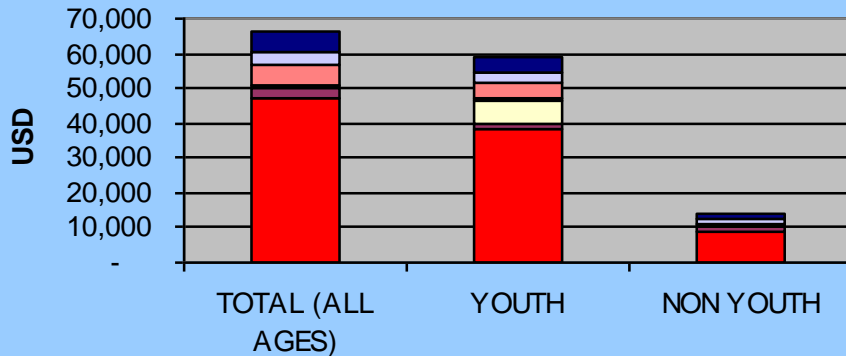
Cost breakdown: health interventions at facility - GQ



- Training staff
- Utilities and Maintenance
- Transport: vehicles and supply costs
- Equipment
- Facility space
- Laboratory Utilization
- Supplies
- Drug costs
- Staff costs

Public
~4500 clients

Cost breakdown: health interventions at facility - YH



- Training staff
- Utilities and Maintenance
- Transport: vehicles and supply costs
- Equipment
- Facility space
- Laboratory Utilization
- Supplies
- Drug costs
- Staff costs

NGO
~10 000 clients

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Issues for CAH to consider as next steps

- For some interventions and sites: higher cost per young client compared to adult clients → *need to compare cost for different age groups with outcomes/benefits*
- Different interventions have different cost drivers at different sites → *need to assess effectiveness and link cost to quality*
- Costs depend on the level of utilization and to what extent resources are utilized → *need to assess effectiveness and link cost to coverage*

Objective: to be able to advocate for increasing investments in health services for young people!

Thank you

