

*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

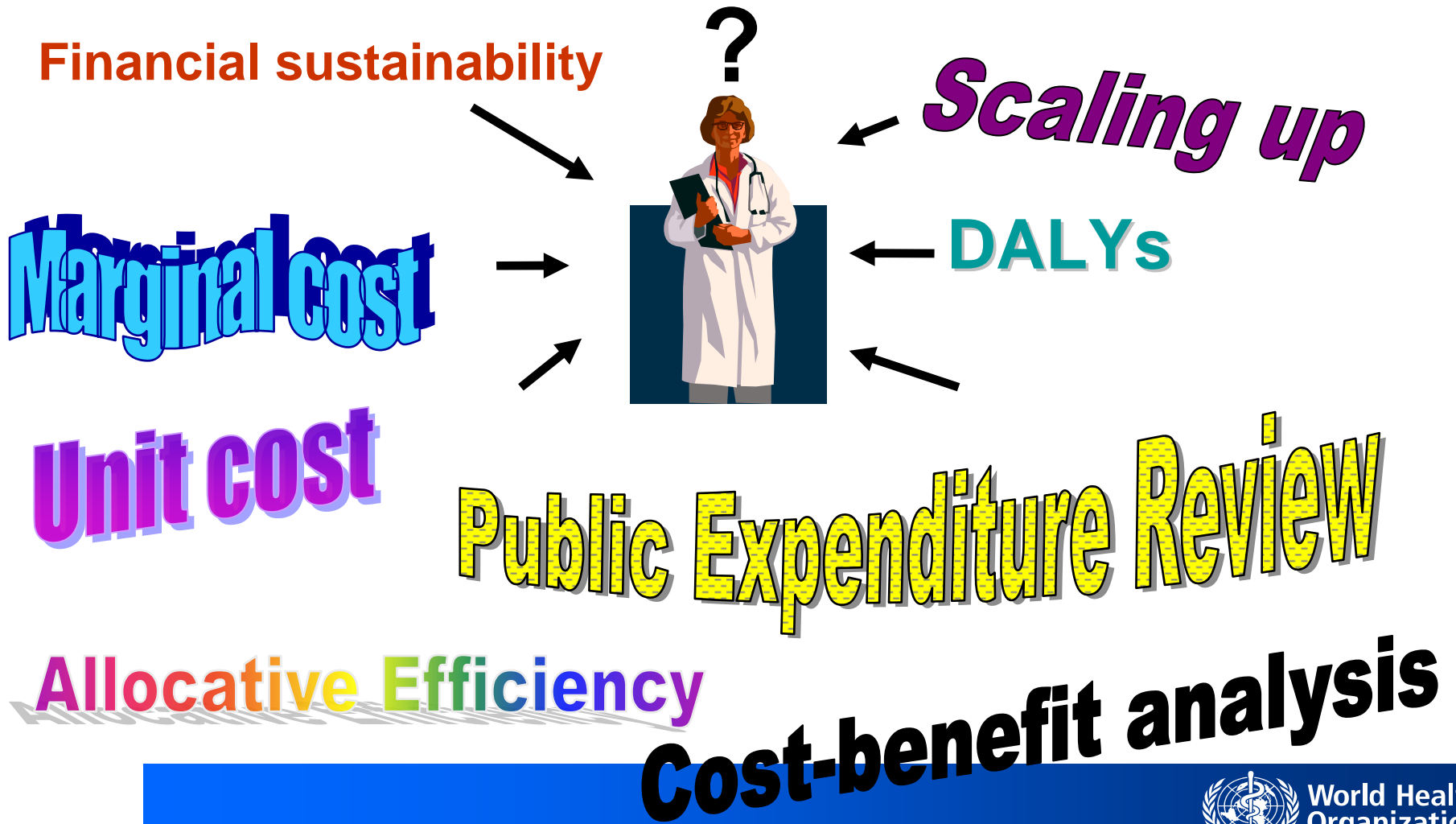
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16 March 2007

Overview of this session

- **The potential use of financial information to inform policy and programming: focus costs**
- The experience of the adolescent health team at WHO
- Short exercise



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

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

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

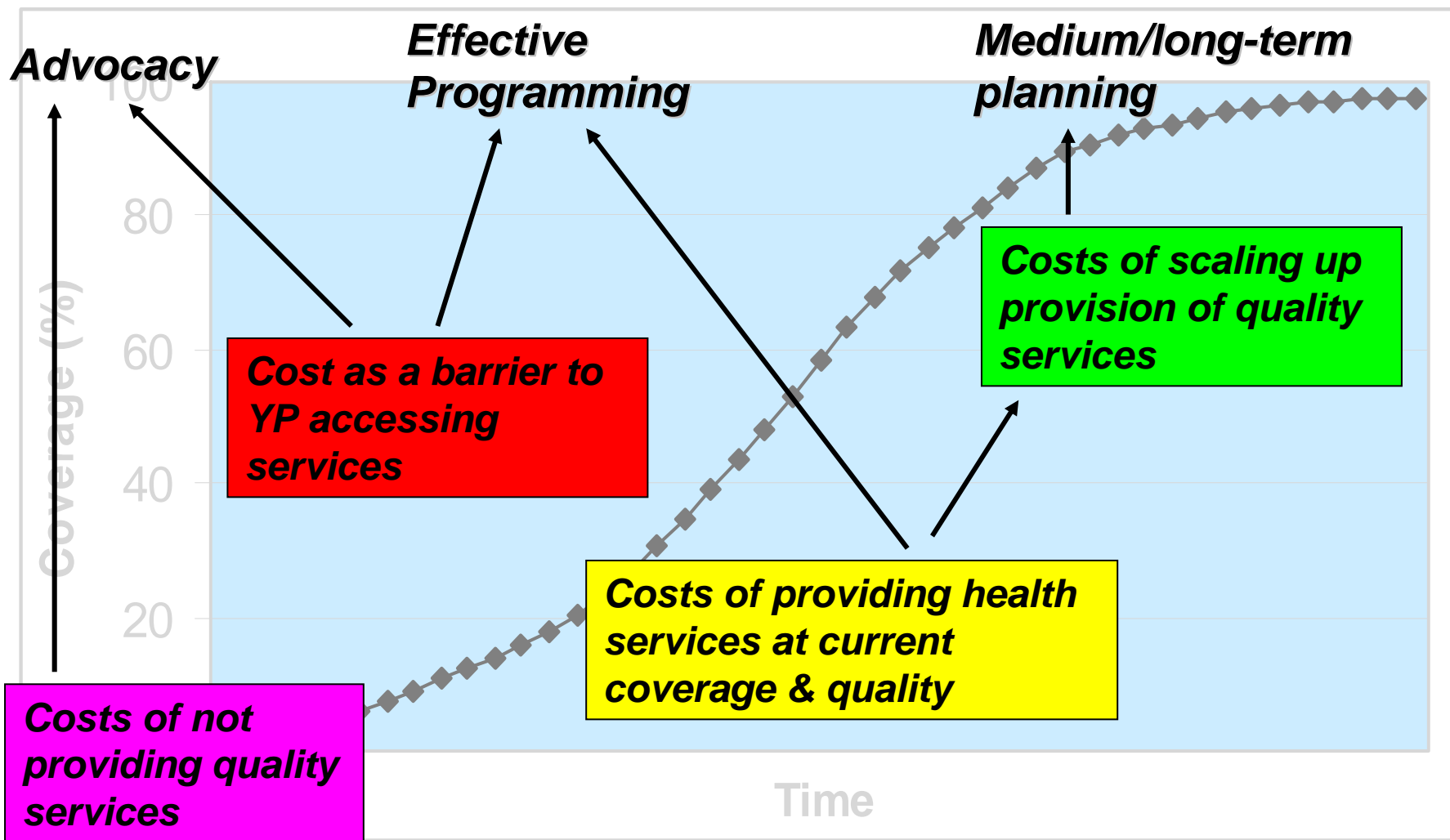
FOR THIS AREA OF WORK:

- 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

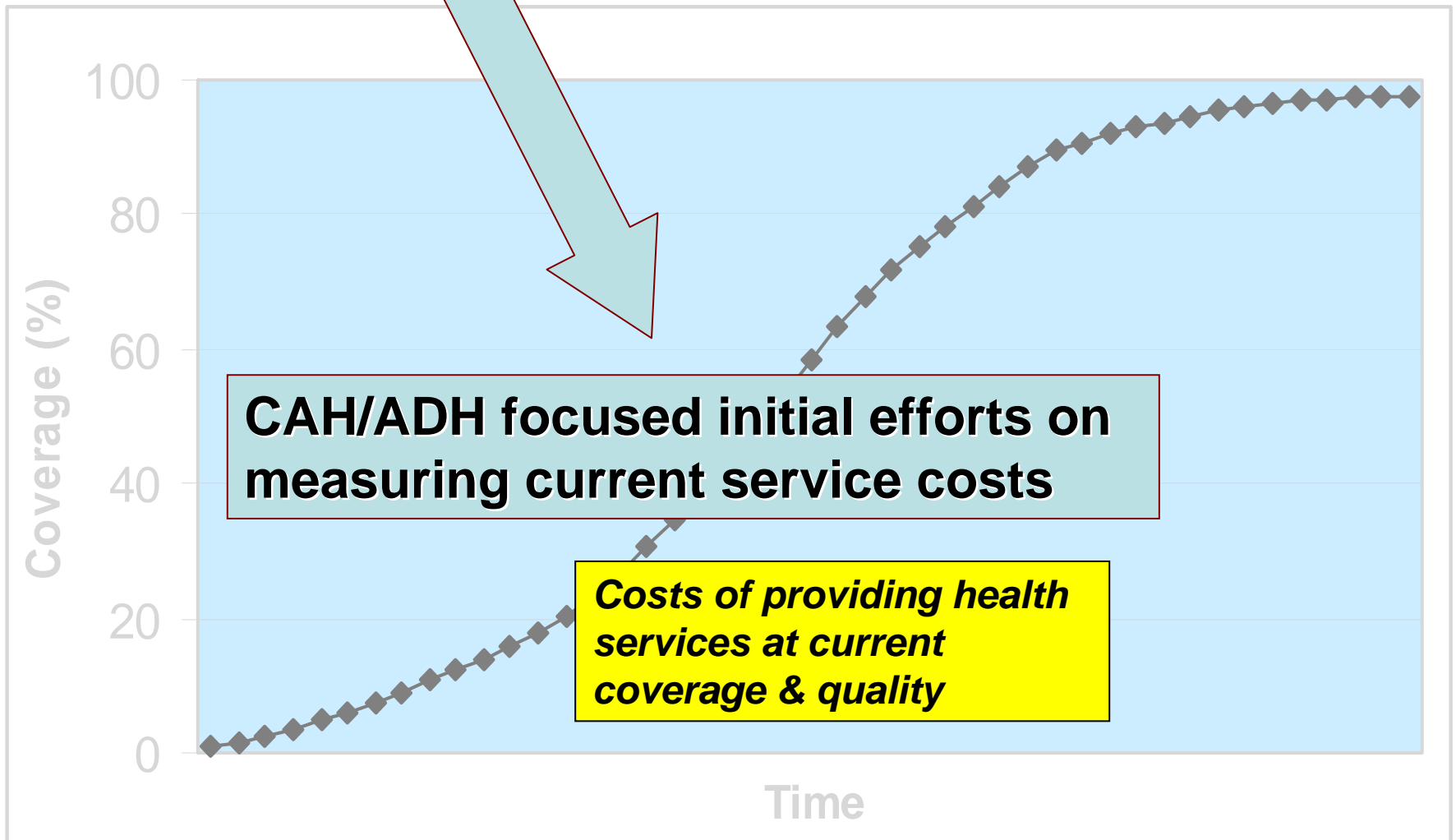
FOR CAH/ADH:

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

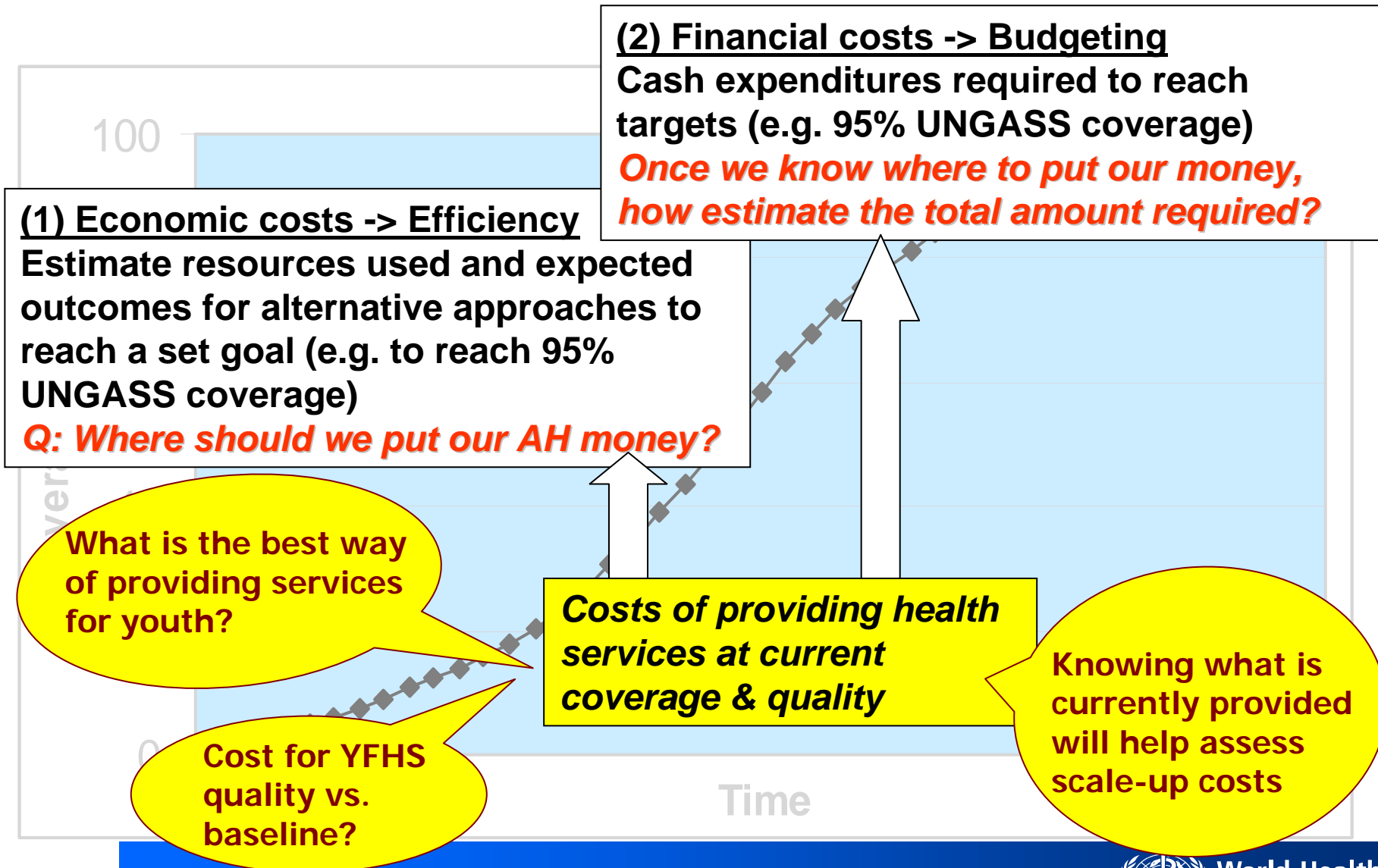
Relevance of financial/cost information at various stages of adolescent health programming



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



2 important uses for cost information



Directions for CAH/ADH costing work to date:

- Costs of current "real" delivery (not modelled)
- Facility-based costing: costs to the provider
- Set of priority interventions for YP (HIV & ASRH)
- Different service delivery points (MOH/NGO, facility/tertiary, mobile/stationary, etc) to enable comparison
- Simultaneous quality assessment...be able to eventually link costs with quality (and coverage)

.... → Tools were developed and pilot tested in selected sites in India, Uganda, and Viet Nam

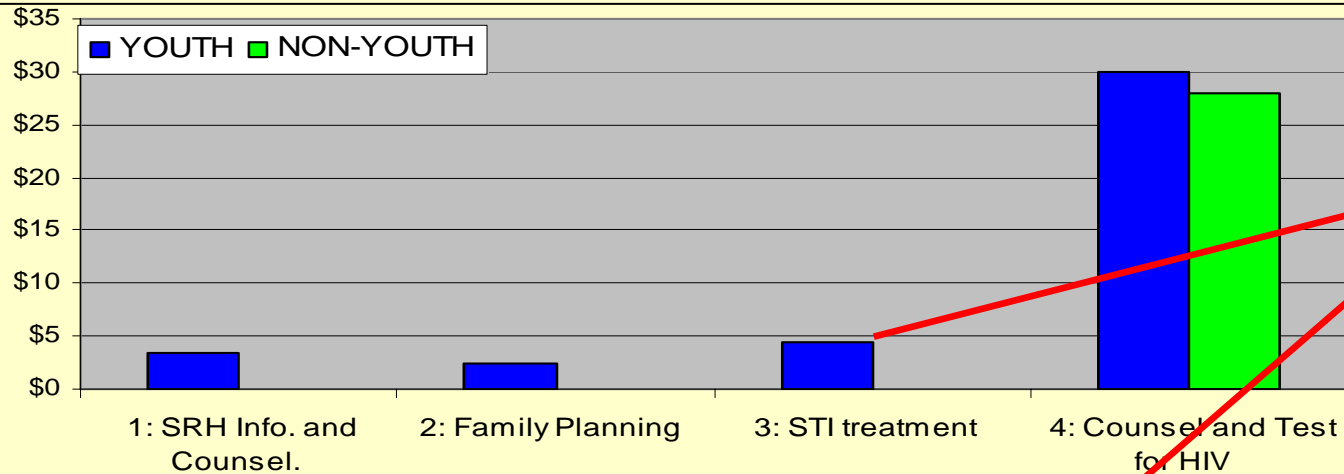
Objectives and type of results produced by the cost assessment tools developed

- To estimate the **total resource requirement at facility level** for providing priority interventions to adolescents or young people, through AFHS/YFHS.
- To estimate the **cost per client** for provision of priority interventions to adolescents, as well as adults, to allow for cost comparison across age groups and different delivery mechanisms.
- To estimate the cost of **particular activities important to AFHS/YFHS**, such as outreach, training of health workers and the use of peer workers.
- To estimate the **cost increase** of AFHS/YFHS with a higher level of **quality** of health service provision, compared to facilities with lower quality level of health service provision to youth.

Preliminary findings from pilot tests (1) - Uganda

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

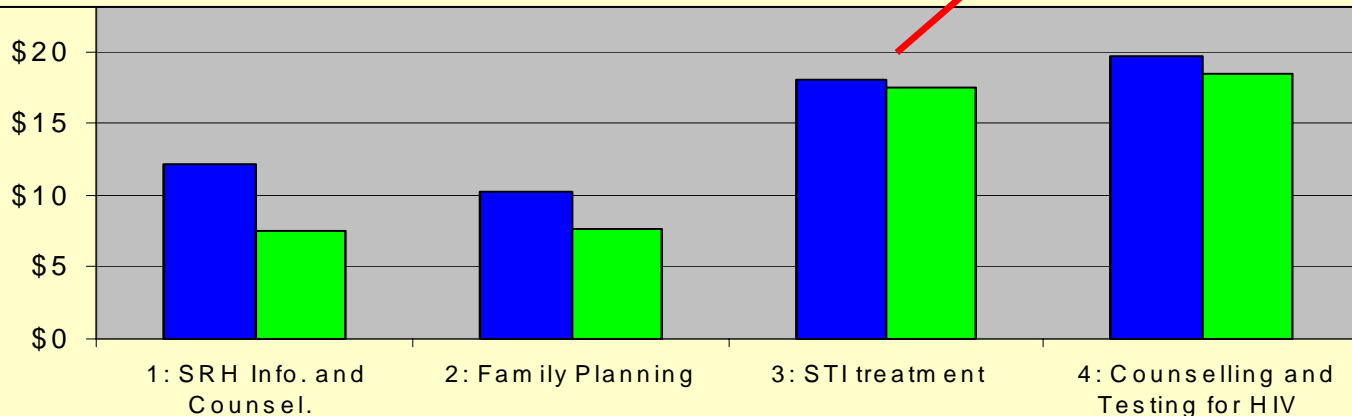
Youth centre in Government hospital - 6,800 clients in 2004



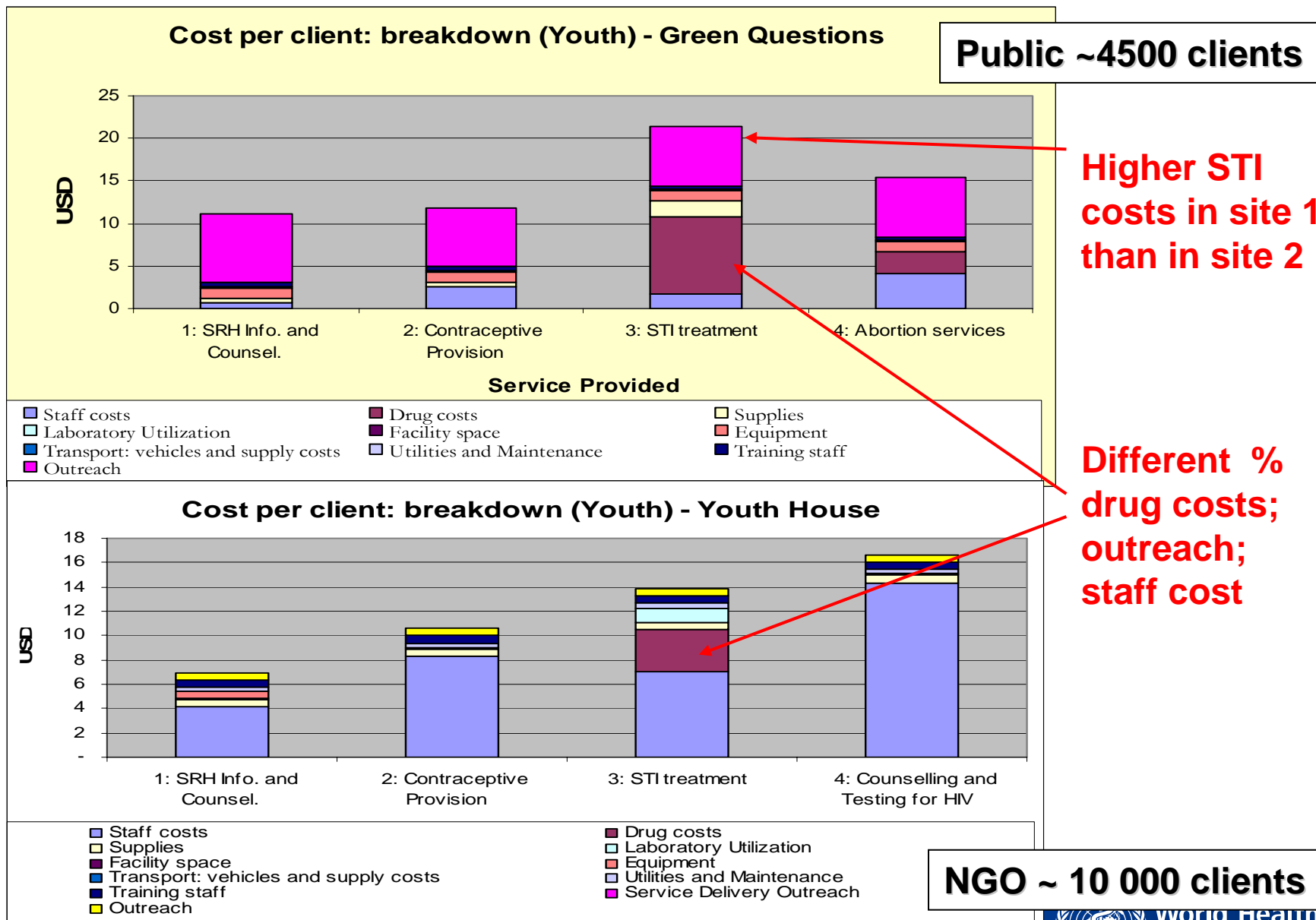
>3 x higher cost per STI client in site 2

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

- 5,124 clients in 2004 (including outreach)

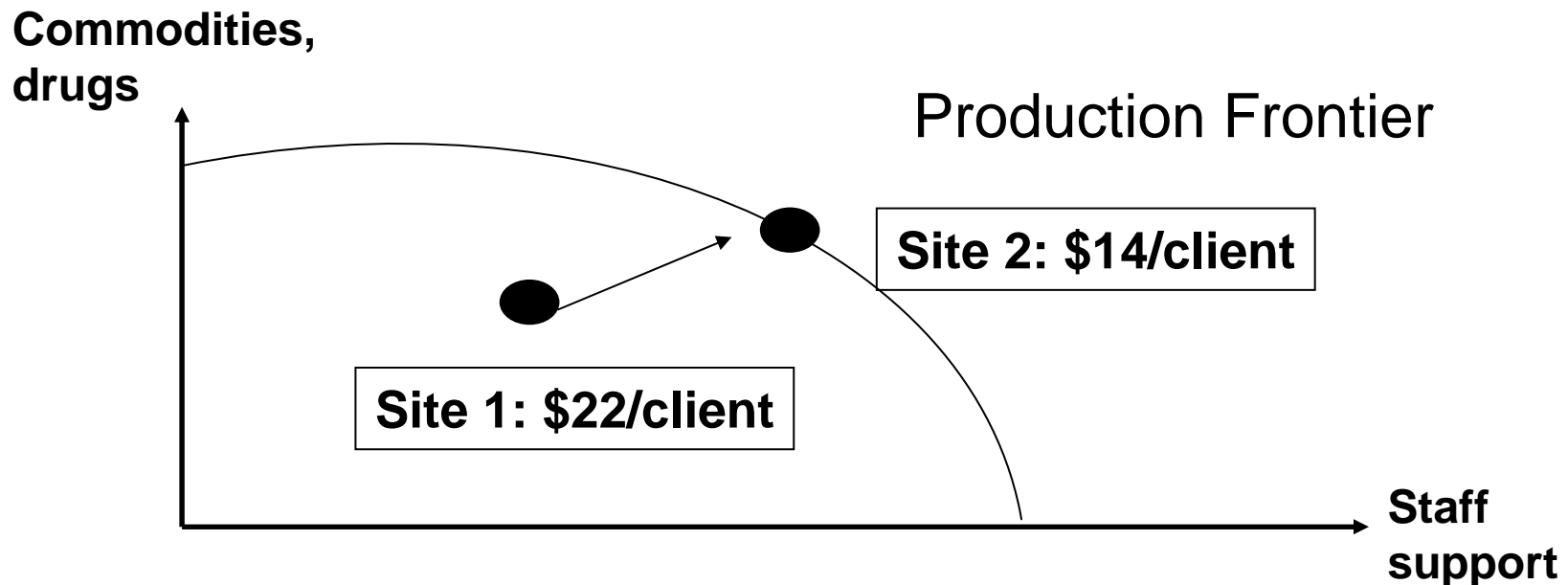


Preliminary findings from pilot tests (2) - Viet Nam



Using Cost Concepts to Analyze Policy Changes

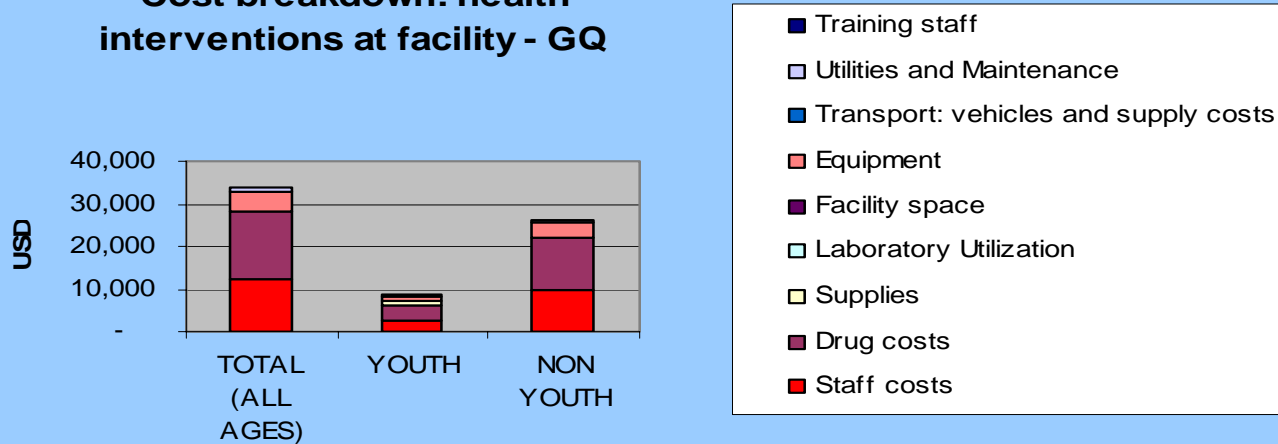
- Average costs can be deceptive



Preliminary findings from pilot tests (3) - Viet Nam

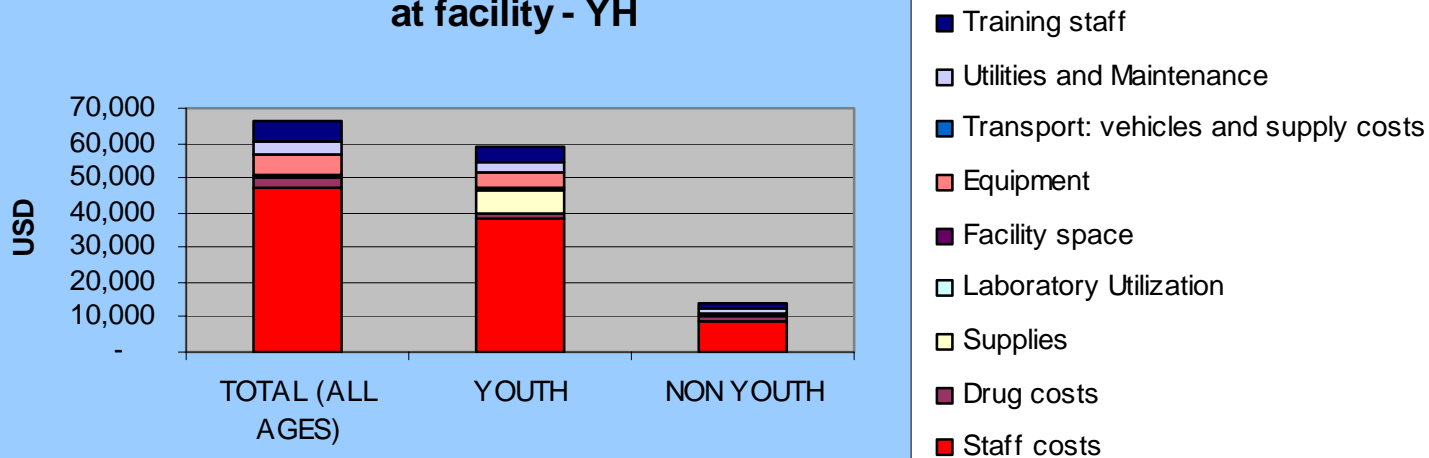
Cost per facility

Cost breakdown: health interventions at facility - GQ



Public
~4500 clients

Cost breakdown: health interventions at facility - YH



NGO
~10 000 clients

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!



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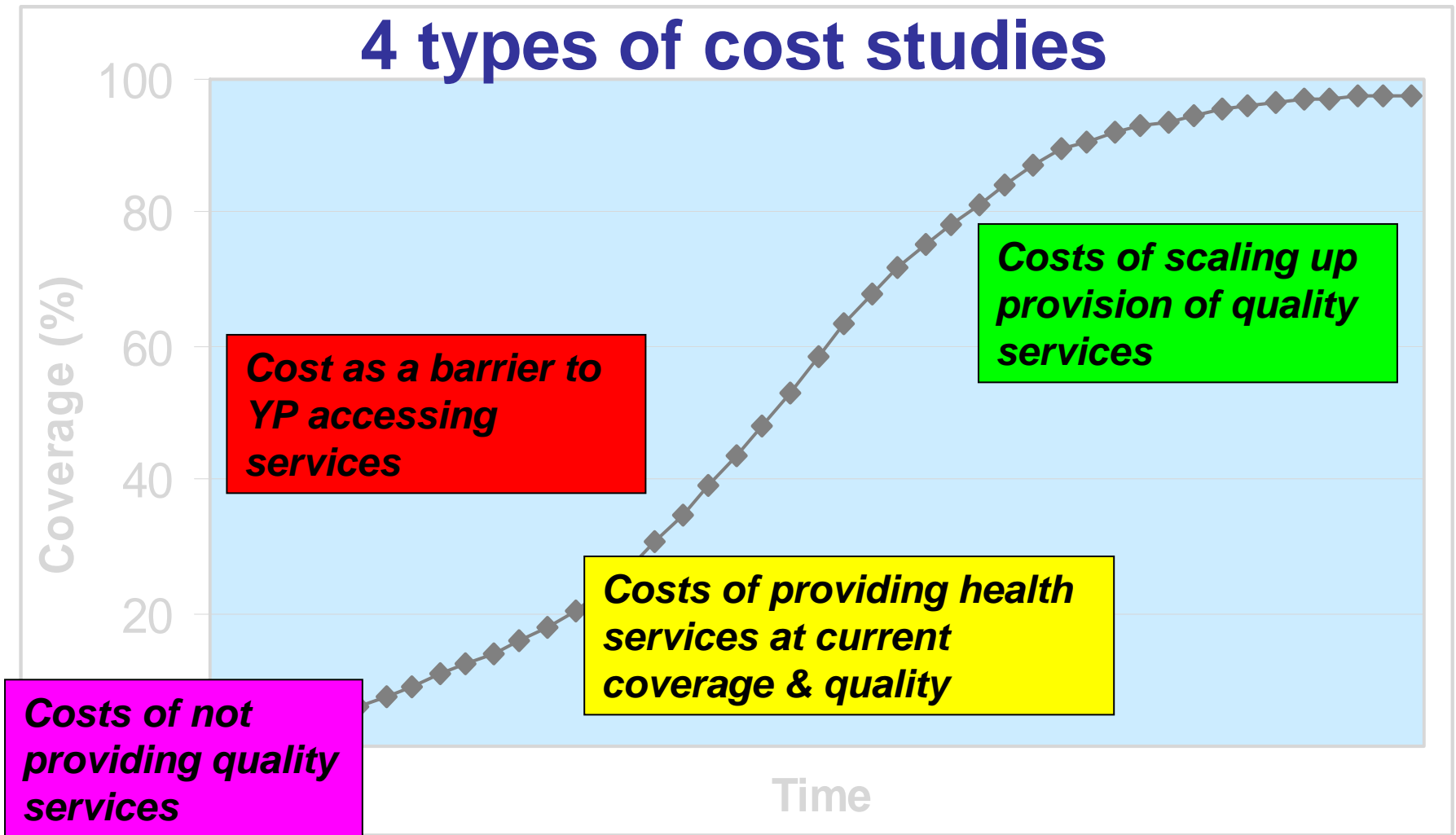
Exercise - Scene setting

- You are a staff member of Ministry of Health in charge of adolescent health, with specific focus on sexual and reproductive health and HIV prevention.
- You are concerned about the current state of health services provided to adolescents
- You want to undertake a study to provide information that can help you assess the current information and strengthen programming
- You are considering four types of studies (DFID has agreed to support funding the study and WHO will provide technical assistance)

Exercise - Your task

- Describe briefly what kind of study you would undertake and for what purpose.
- Be prepared to provide answers to the following questions:
 - What is the rationale for undertaking the study given the context?
 - What type of data do you propose to collect?
 - How would costs be linked to quality and coverage in your study?
 - What would be the expected results of the study and what kind of policy message do you expect to take to your Director?

Exercise – Reference slide



Thank you

