

A Unified Health Model for Strategic Planning and Costing

**As under development by the
UN Inter-Agency Working Group on Costing**

**Presentation on behalf of the IAWG-Costing:
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Towards a Unified Health Model

- Inter-Agency Working Group (IAWG) on Costing was established in 2008 (WHO, UNICEF, WB, UNAIDS, UNFPA, UNDP) to support standardised methods and tools.
- A User's meeting in Senegal reviewed 13 commonly used tools:
Recommendations from countries (users):
 - Request for standardised approaches across UN agencies
 - Request for joint UN tools for MDG planning
 - Harmonised technical support
- Based on user feedback: The IAWG began work on the Unified Health Model, a tool to support medium term (3-10 years) strategic planning processes at country level specifically to strengthen aspects of health system analysis, costing, budgeting, financing and strategy development of the health sector, including assessment of achievable health impact.



Unified Health Model: what is new?

- Draws upon existing tools and incorporates their "best components"
- An all-encompassing model looking at the full health system, including analysis of bottlenecks and constraints as well as detailed modules for different health system building blocks. Linking outcomes planning to the de facto existing health systems.
- **Will respond to three basic planning questions:**
 - What are the mortality impact and cost implications of different health programmes, policy alternatives or scale up packages?
 - What are the constraints to scaling up health interventions and the costs of removing the constraints?
 - What is the financing gap?



Lessons learnt: the need to strengthen health systems

High Level Taskforce on Innovative International Financing for Health Systems

Analysis indicated that 62-74% of additional resources needed 2009-2015 are for health systems strengthening



The tool is designed around a recommended process for country planning

- 1. Multi-stakeholder involvement led by government, with a transparent participative process.**
- 2. Planning is driven by explicit analysis of current health system and overall context and what can realistically be achieved in the medium term.**
- 3. Assessment of costing and financial sustainability is integrated into the Planning process and not an afterthought.**
- 4. Disease programme specific plans are integrated into the overall systems planning framework, including analysis of systemic bottlenecks.**
- 5. Investments are linked to results in terms of system outputs and health outcomes.**
- 6. Where there are financial limitations, a process of reprioritisation and/or scenarios with lower levels of ambition is facilitated.**
- 7. Planning is a reiterative process.**

Unified Health Model: value added

- Fully integrated model (MDGs+)
- Health systems driven
- Incorporate impact models supported by the UN epidemiology reference groups (e.g., CHERG, MERG, UNAIDS reference group)
- Model will serve as an extension of "One United Nations" program towards the goal of harmonized, efficient and consistent support to countries.
- User-friendly interface software that is accessible to non-specialists

Responding to country requests for integrated planning tools

Intended audience

- Health Sector planners (department of planning, Ministry of Health)
- Disease-specific programme planners (e.g. EPI, Malaria) , Health System component (e.g., Human Resource Department in MoH)
- NGOs and other agencies in countries
- Donors, academe and UN agencies



MNCH Programme-specific questions answered by the tool



- What set of interventions will lead to what impact in my setting?
- What are the overall health systems bottlenecks that need to be addressed to enable scale-up?
- Given the existing health system, what are feasible targets using different approaches (e.g., community-based vs. outreach based)?
- How much funds will I need for my programme budget?
- What demands on the system would my programme training goals have and how could I better integrate my training with other MOH programmes?

Programme specific modules: Results generated for MNCH

Programme outputs

- e.g., number of children vaccinated; number of women with access to skilled delivery

Impact

- Overall expected health impact e.g., U5MR (MDG4) , MMR (MDG5), HIV/AIDS infections averted (MDG6).
- Progress vis-à-vis MDG targets

Cost

- Cost for commodities and programme activities

Health Systems implications

- E.g., number of health workers required at different levels to deliver the interventions as per case management protocols; Storage space and transport required for vaccine cold chain; Training requirements for staff.



Health System Modules

- **Human Resources for Health**
- **Infrastructure, Equipment, Vehicles**
- **Logistics**
- **Health Information Systems**
- **Governance**
- **Health Financing Policy**



Private sector, Equity and Gender as cross-cutting themes

- Private sector: HR production, health service delivery, financing, etc
- Equity: model allows for "marking" activities with regards to their equity dimension (Pro-poor, neutral, etc).
 - Options will be explored to include geo-mapping in later versions of the tool.
- Gender: the process aims to facilitate a gender sensitive planning and budgeting process.



Projected budget, Fiscal Space and Financing

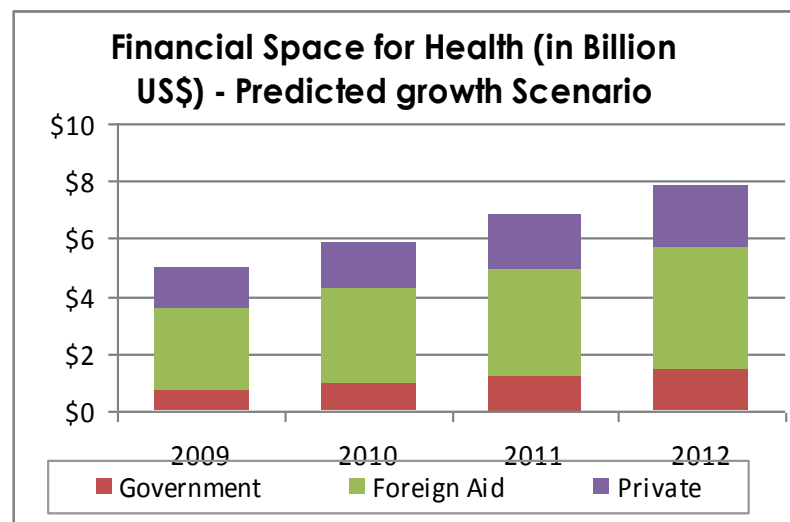
1. Budget mapping

Cost findings translated to fit the MoH Chart of Accounts and Budget Classification Codes, thus facilitating budgeting.

2. Financial projections and fiscal space

Models the financial projections under different fiscal space scenarios

Links with NHA data and takes into account economic and fiscal parameters, including: *GDP growth, share of GDP spent by public sector on health, donor expenditures on health, out-of-pocket health expenditures, etc.*



Potential applications

- National /sub-national Health Strategic Plan
- Health sector Medium Term Expenditure Framework
- MDGs Needs Assessment or Investment Case
- Maternal Roadmap
- Child Survival Strategy
- EPI: National Multi Year Immunization Plan
- National Nutrition Strategy
- HIV/AIDS Strategy and Action Plan
- National Stop TB Plan
- National Malaria Strategy



Country inputs into the tool development process

- Country Ministries of Health and CSOs will be invited to contribute to all three main activities of this project: (1) Model development, (2) Capacity Development and (3) Field Testing.
- Process is ongoing to identify country stakeholders to constitute Country Reference Group to provide inputs into model development.
- First round of pilot testing individual modules planned for 2nd half of 2010
- Training of trainers program will involve country representatives from regional institutions, agencies, and individual consultants.
- Field testing of full model in 2011.



Partner buy-in and support

IAWG-COSTING

- Each IAWG UN agency contributes funds and staff time

Associated partners with funding contributions

- The Global Fund to fight Aids, TB and Malaria
- The Global Health Workers Alliance,
- The Health Metrics Network.
- Bilateral agencies such as NORAD have contributed through IHP+ work plan.

Associated partners – interest expressed

- GAVI, African Development Bank, WFP, UNIFEM, PMNCH.

Consultant

- Futures Institute (developing model in Spectrum software.)

Plans for Capacity building

Training participants

- Ministries and Institutions
- Consultant roster
- UN staff supporting strategic planning/costing
- Regional networks and institutions, e.g., African Dev. Bank
- Bilaterals - and their associates such as HS2020
- Other civil society

Training medium

- Online
- Workshops
- University programmes –e.g., MPH degrees
- University programmes - short courses/ collaboration with UN
- World Bank Flagship courses



Investing in Health Systems for the benefit of mothers and children





Thank you