

Costing the scale-up of Family Planning services using CORE Plus

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Background



Objectives



- ❑ Learn about estimating costs of scaling up Family Planning (FP) services at the primary level
- ❑ Learn about the importance of costing within the context of an integrated package of services
- ❑ Learn about the background and applications of the CORE Plus tool
- ❑ Learn about types of scale-up scenarios costed, and policy decisions made, with CORE Plus



- Why cost FP scale-up as part of an integrated package of services?
- Typically, in the public sector, FP services are part of the package of services offered at health centers
- The same nurse providing FP services may also be giving ANC check-ups, vaccinating babies, etc.
- Need to take into consideration economies of scale – as service volume increases due to scale-up, fixed costs per service decrease

How is 'scale-up' defined?



- Within the context of an existing package and facilities
 - Scaling up current methods to meet a target population coverage
 - Adding new services to the package

CORE

PLUS

- With the addition of new facilities / scaling up geographically
 - Adding new infrastructure
 - Training and deploying new staff

CORE Plus



CORE Plus 2.0

MAIN MENU



USER GUIDE

DATA
ENTRY

SERVICE LIST

DRUG LIST

FACILITY DATA

FIXED COSTS

INCIDENCE AND PREVALENCE

SUPPLY LIST

STAFF

REVENUE

SCENARIOS

LAB TEST LIST

STANDARD TREATMENT GUIDELINES

RESULTS

SUMMARY REPORT

COST PER SERVICE REPORT

STAFFING REPORT

GRAPHS

What is CORE Plus?

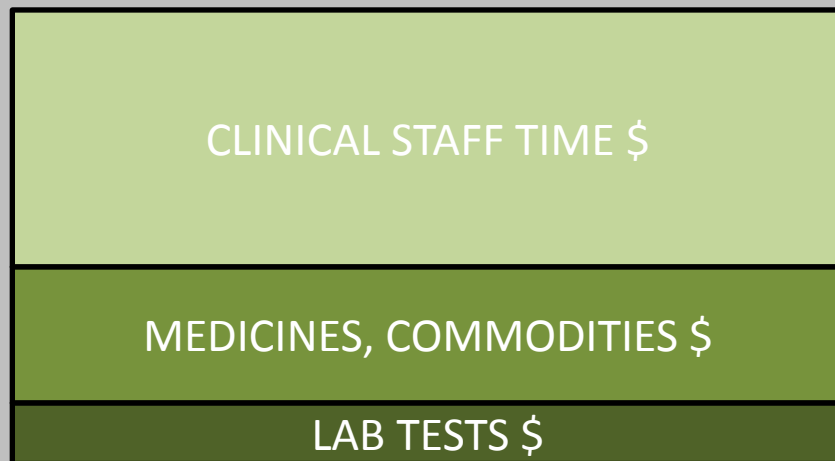


- The purpose of the Cost and Revenue Analysis Tool Plus (CORE Plus) is to help managers and planners estimate **the costs of individual services and packages of services in primary health care facilities.**
- The cost estimates are **based on norms** using a “**bottom-up**” or “**activity-based costing**” methodology.
- Calculates **funding required** and **staff needed** to provide services.

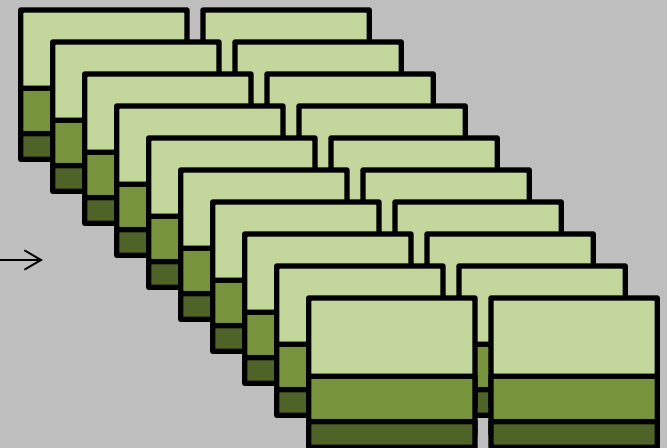
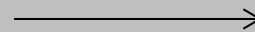
Bottom-up Costing Methodology



Determine standard costs per service and multiply by number of units



1 FP SERVICE



20 FP SERVICES



- ❑ Includes:
 - Cost of commodities, equipment, medicines, etc.
 - Staff time (salaries), both for management and for treatment
 - Support staff time and salaries
 - Facility operating costs and any recurrent costs
 - Can include in-service training costs
- ❑ Limitations:
 - Health center / primary level costing only
 - Recurrent costs only – no capital and start-up costs (can include depreciation)

CORE Plus Applications



- CORE Plus is an open access, Excel-based tool
- Numerous country applications: Burundi, Cambodia, Haiti, Liberia, Malawi, Rwanda, South Africa, Uganda, and more
- Has been used in IPPF facilities in South America for planning and budgeting purposes
- Used in Cambodia to cost the scale-up of Child Health services for BASICS project

CORE Plus Requirements



- Typically, 3 weeks in country for 2-person team
 - Should have CORE Plus training and/or financial experience
- Meet with stakeholders, collect documents
- Determine standard treatment guidelines
- Collect required data
- Build a country-specific CORE Plus model
 - Sample actual health facilities
 - Create standard health facility models
- Data analysis and report writing (2-3 weeks)
- Present findings to MOH and stakeholders for validation

CORE Plus Data Requirements



- National health plan or strategy
- List of services to be costed (i.e. BPHS, MPA)
- List of essential drugs and medical supplies
- Drug and medical supply costs
- HMIS utilization data
- Staffing information for facilities
- Catchment populations
- Financial information
- Standard treatment guidelines for each service

Scenarios and Policy Decisions



Sample Scenario



- ❑ A country is scaling up long-acting FP methods across all of its health centers, which currently offer only short term methods.
- ❑ The Ministry of Health asks: what is the additional cost per beneficiary required to provide these services?

Sample Scenario



- First, determine the cost of the current package of services:

Costs: Total and Per Capita	
Total cost of all services	44,084,243
Cost per service (average)	807
Cost per capita	2,204
Break-down of Total Costs	
Salaries (Technical Staff)	5,575,000
<i>Technical Salaries as % of total</i>	12.6%
Salaries (Admin and Support Staff)	1,125,000
<i>Admin Salaries as % of Total</i>	2.6%
Drugs, supplies and lab tests	36,551,398
<i>Drugs, medical supplies, and tests as % of total</i>	82.9%
Other Operating Costs	832,845
<i>Other Operating costs as % of total</i>	1.9%

Sample Scenario



- ❑ Second, determine the additional FP methods to be added:
 - IUD
 - Implants
- ❑ Third, determine the costs required to provide each additional FP method:
 - In-service training for doctors and nurses
 - Medicines, commodities, and equipment needed

Sample Scenario



□ Compare costs before and after:

	CURRENT PACKAGE	+ FP METHODS
Costs: Total and Per Capita		
Total cost of all services	44,084,243	48,490,790
Cost per service (average)	807	823
Cost per capita	2,204	2,425
Break-down of Total Costs		
Salaries (Technical Staff)	5,575,000	5,800,000
<i>Technical Salaries as % of total</i>	12.6%	12.0%
Salaries (Admin and Support Staff)	1,125,000	1,150,000
<i>Admin Salaries as % of Total</i>	2.6%	2.4%
Drugs, supplies and lab tests	36,551,398	40,557,945
<i>Drugs, medical supplies, and tests as % of total</i>	82.9%	83.6%
Other Operating Costs	832,845	982,845
<i>Other Operating costs as % of total</i>	1.9%	2.0%



Other possible scenarios



- What is the maximum coverage of FP services possible within a given budget ceiling?
- What is the most cost-effective method mix of FP services to achieve my country's goals?
- How much will it cost to meet my country's target contraceptive prevalence rate?
- Are health centers currently able to scale up FP services, or do they need more staff and resources?
- How much should health centers charge in user fees for cost recovery?

Key Messages



- Be sure to clearly define ‘scale-up’
- At the primary care level, it is important to consider scaling up within the context of an integrated package of services
- Increasing volume of services within an existing facility and package can lead to economies of scale
- Costing various scenarios can enable Ministries of Health and implementing organizations to make informed policy decisions

Useful links



- ❑ For more information, and to access CORE Plus:
<http://www.msh.org/resources/cost-revenue-analysis-tool-plus>
- ❑ CORE Plus has been reviewed by the Partnership for Maternal, Newborn and Child Health:
http://www.who.int/pmnch/knowledge/publications/costing_tools/en/
- ❑ Contact David Collins (dcollins@msh.org), Zina Jarrah (zjarrah@msh.org), or MSH FinTools (fintools@msh.org) with any questions or comments!

Thank You!

