



Technical Brief Series - Brief No 14

Costing different options in national health strategic plans

Many low income countries will need additional financing if they are to offer their population a package of basic health services. In 2009, the Task Force for Innovative International Financing for Health Systems estimated that this would cost roughly US\$ 44 per capita, rising to a little more than US\$ 60 per capita by 2015. That cost will vary, however, from country to country, depending on the context and on what strategy is selected for moving towards universal coverage. The United Nations' new Unified Health Model (UHM) enables countries to assess the financial implications of implementing different strategic options, over the medium and longer term.

Financial considerations

When developing national strategic plans, it is important to work out how the health system can best respond to the needs of the population, in particular the poor and the marginalized. National planners need to consider:

- a. affordability: how much will this cost?
- b. value for money: what do we get if we do one thing rather than another?
- c. financial feasibility: how will we finance it?
- c. sustainability: how can we assure funding for this in the long run?

The Unified Health Model provides an evidence-based platform to respond to these key questions. The software is intended for the use of national ministries of health and their development and civil society partners in health planning.

How does the Unified Health Model (UHM) work?

The UHM provides planners with a **common framework** to support planning, costing, budgeting and impact and financial analysis - all essential elements for countries setting priorities and strategic directions within a national budget envelope.

The UHM **integrates strategic planning for all major health interventions and health system components**. It links, for example, national or sub-national health strategic planning; health sector medium-term expenditure frameworks; MDG needs assessments or investment cases; maternal health roadmaps; child survival strategies; national multi-year plans for the expanded programme on immunization; national nutrition strategies; HIV/AIDS strategies and action plans; national "Stop TB" plans; national malaria strategies; strategic plans for human resources for health (HRH); infrastructure development plans; etc.

Developed by the UN Interagency Working Group on Costing, whose members include WHO, UNICEF, World Bank, UNDP, UNAIDS, and UNFPA, the UHM builds on the collective experience of these agencies and retains the best features of current tools. Instead of just addressing specific rather than individual aspects of planning and costing, as many existing tools do, the UHM **encompasses the entire health system**. It includes:

- detailed modules for the building blocks of health systems such as HRH planning; logistics; infrastructure; equipment and vehicles; health information systems; governance and health financing policy.
- Analytics and reporting features to respond to questions relating to disease control programme or facility-level concerns such as:
 - What set of interventions will have what impact?
 - At which level of health facilities can these interventions be provided?
 - What are the bottlenecks preventing overall scale-up?
 - What funds are required?
 - What demands will programmatic activities like training make on the system?
 - What can be done to integrate programmatic activities like training?

The UHM is designed so that the different **modules** can be taken apart to allow entry at any point in health system planning (e.g. at disease programme level at different levels of care, or via different health system components such as human resources for health, or medicines provision), and then joined up again. Once rejoined, feedback, from each module informs planning for the others. For example, scaled-up health interventions call for a greater volume of products and medicines, which will feed into logistics planning; scale-up also calls for more outpatient visits and inpatient days, which will feed into estimates of need for HRH and infrastructure planning.

The UHM incorporates impact models supported by the epidemiology reference groups for HIV, child and maternal mortality, malaria (for children) and family planning. A new model on TB impact will be linked to the HIV impact models. It is supported by **publicly available UN databases** on country mortality and morbidity; current service coverage of interventions; clinical guidelines and supporting activities, and price data.

What are the next steps?

The tool has been put together by UN organizations and key partners such as the Global Fund to fight AIDS, TB and Malaria, the Global Health Workers Alliance, and Health Metrics Network. Bilateral agencies such as NORAD have contributed through the IHP+ work plan. Inputs from Ministries of health are currently being incorporated into the tool. After initial capacity building, the UHM is planned to be rolled out, with harmonized support from these agencies, in mid 2011.

For updates on the UHM: http://www.internationalhealthpartnership.net/en/working_groups/working_group_on_costing