



Considerations when applying OneHealth

(Adapted from Every Newborn Action Plan Country Planning and Costing Toolkit and User Guide)

Once countries have completed child survival action plans, either as standalone documents or integrated as part of wider plans, the next step is to cost them. The OneHealth tool is now widely used to support this process, helping countries to assess health investment needs by offering a single framework for planning, costing, impact analysis, budgeting and financing of strategies or plans for all major diseases and health system components. The tool presents a modular format, enabling adaptation to different country contexts and needs. It can be used to generate scenarios, set priorities, and assess costs for maternal, newborn and child health – either at the programme level, or at the broader health systems level. The model takes a comprehensive approach that costs all the health systems building blocks: human resources, facilities, equipment and transportation, medicines and supply chains, health management information systems, monitoring and evaluation, governance activities such as policy and advocacy, and activities related to financing and administration. OneHealth contains pre-populated data for countries to work with, with default values for both quantities and prices updated annually based on UN statistical databases. The tool is further linked to the Lives Saved Tool (LiST).

Key links:

- OneHealth is available at: <https://www.avenirhealth.org/software-onehealth.php>
- Examples of OneHealth applications in countries: <https://www.avenirhealth.org/software-onehealthcountries.php>
- OneHealth Knowledge Base – searchable articles and instructions regarding use and methodology: <https://support.avenirhealth.org/hc/en-us/categories/202574238-Knowledge-Base>
- Public forum to provide feedback, ask questions and discuss OneHealth models with other users: <https://support.avenirhealth.org/hc/en-us/community/topics>
- OneHealth support request form: <https://support.avenirhealth.org/hc/en-us/requests/new>

Examples of costed plans:

- Reproductive maternal, newborn and child health sharpened plan for Uganda (2013). Ministry of Health, Republic of Uganda. Includes total costs for the plan, and intervention and programme cost breakdown. Costing assumptions and approach are explained, for example costs exclude health systems investments (e.g. infrastructure, equipment, and human resources). Link: https://speed.musph.ac.ug/wp-content/uploads/2015/05/Committing-to-Maternal-and-Child-Survival_A-Promise-Renewed.pdf
- Estimated cost of National Strategic Plan for Newborn and Child Health Development (2015–2018). Ministry of Health, The Republic of the Union of Myanmar. Presents the costing process, and costs to deliver child health interventions over a 4-year period, including detailed unit costs.



Link: https://themimu.info/sites/themimu.info/files/documents/Core_Doc_National_Strategic_Plan_for_Newborn_Child_Health_Development_2015-8_Estimated_Cost.pdf

- National Strategy for Newborn and Child Survival in Ethiopia 2015/16–2019/20. Ministry of Health, Ethiopia. Presents cost estimates and resource gaps for scaling up child health intervention packages over a 5-year period. The strategy also outlines assumptions made in the costing exercise. Link: <https://www.healthynewbornnetwork.org/hnn-content/uploads/nationalstrategy-for-newborn-and-child-survival-in-ethiopia-201516-201920.pdf>
- The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016–2020). Ministry of Health, Community Development, Gender, Elderly and Children. Link: https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Tanzania_One_Plan_II.pdf

Country experiences:

- Countries have shared that applying OneHealth requires preparation to gather the relevant unit cost data. However, when adequately applied it helps to identify costs by health systems or program components, which significantly increase understanding of the outcomes that can be achieved with planned activities.
- Another benefit of the tool is that it provides a strong evidence-base for costs proposed in a plan, which is helpful for financial and political processes. Costing a child survival action plan can be a powerful way to gain support from governments and international funding bodies, especially if it is underpinned by a robust methodology. Beyond helping to attract political attention, a costed action plan can assist UN agencies and other donors to better program available funding.
- The planning and costing exercise using the OneHealth tool also helps to understand the health system requirements to strengthen child health services and planning them accordingly with estimates of the investment required over the years according to established scenarios.

Challenges:

Locating data and unit costs

- Many countries have faced obstacles in locating the detailed costing information required to complete OneHealth. They have addressed this by exhausting all available data sources, and in some cases by relying on a professional assessment to arrive at acceptable estimates. Multi-stakeholder forums have been suggested by countries as a helpful vehicle to advance the work, where experts could guide on how to address data gaps. Such forums include for example: relevant divisions within the ministry of health in charge of child health program; academic institutions; civil society; and representatives from the subnational level, such as health workers with in-depth knowledge on the services delivered. Another avenue is to try filling data gaps with external support (e.g. consultancy firm).



- Having said this, when teams must make assumptions in estimating unit costs, this may raise concerns about the reliability of results, and how these should be evaluated and assessed. The insights provided by experienced professionals can help to contextualize the figures, and support with interpretation of results.

Building local capacity

- The costing process can be lengthy. To ensure dedication to this work, countries recommend appointing a focal point and establishing a national team (e.g. within the ministry or a research institution) to take ownership of the process. Countries have also engaged consultants to collaborate with the ministry of health to apply the tool. However, caution should be applied when engaging external consultants, as country staff may miss the opportunity to develop the skills to apply the tool independently. For example, the tool allows users to create different costing scenarios, however country teams have faced difficulties to generate new costing information after the engaged consultant had left. As a lesson learned, experts should transfer this knowledge to the country team.

Costing in decentralized systems / at subnational level

- In countries with highly decentralized health systems, centrally determined unit cost may not apply homogeneously across the country. Costing challenges may arise due to variations in unit costs, and in these cases, it may be helpful to break down costs at the subnational level.
- Countries working with costed plans at the subnational level can take the average of costed figures e.g. from districts to calculate national overall figures (e.g. as part of development of an investment case).
- Applying the tool at the district level can raise challenges related to technology requirements. Some countries have addressed this by adapting the tool to an Excel sheet format to enable district staff to use it. Countries have also highlighted the need to build capacity at the district level to work with available costing instruments, including Excel sheets.

Challenge of high overall costs following application of the tool

- High overall costs can be perceived as an obstacle in gaining government support. High costs may be justified in some cases; however, they could also result from the inclusion of common health system costs in the calculations (e.g. costs for non-child health related work performed by health workers, or aggregated costs for facility maintenance, human resources, information systems, etc.). To address the issue of 'pooled' or health systems costs, countries can consider these approaches:
- Using a marginal (or incremental) costing approach and exclude system costs that are not incremental – e.g. a doctor at a health facility who will be paid independently of the fact that the country has child health activities (or child survival action plan), the cost of their salary can be left out as it is not incremental in nature.
- If systems costs must be included, the team can try to estimate the best possible allocation of these costs e.g. try to estimate time spent by a doctor on child survival action plan activities (as a %), as opposed to other activities.

Structural / organizational challenges



- Structural factors might impact on costing exercises, for example if a country's ministry of health has separate divisions for maternal and child health, which result in separate plans for maternal reproductive health, and for newborn and child health. OneHealth may be used to cost one plan, while another method (e.g. Excel spread sheet) may be used to cost another. This can make integration of costing efforts difficult, and result in a degree of overlap between costing scenarios. On this subject, costing of child survival action plans that are integrated in wider plans (e.g. in RMNCAH plans) should be carried out as a collaboration between the relevant RMNCAH departments.

Resistance to change in adopting new tool

- Take up of newly available costing tools by ministries' technical units can be slow if they previously relied on traditional budgeting tools. Ministries may place greater attention on expenditures and may not require additional information on costs. However costing information can support more strategic planning processes, with a view to long term outcomes. In addition, capacity to use costing tools is particularly helpful for countries relying on donor funding, as costed figures are often requested as a part of funding application processes.

Recommendations:

Approach and key stakeholders involved

- The OneHealth tool was designed to link technical public health information, such as interventions and targets, with costing and monitoring data. Its application therefore requires a wide skillset in these areas. A recommended approach is to bring together experts with different backgrounds in public health, statistics, planning, and costing. The costing team should be aware of this requirement when convening stakeholder meetings.
- Costing child survival action plans should be done in collaboration with the monitoring and evaluation and/or health information systems section of the ministry of health, to ensure that costed scale-up plans and targets can be tracked over time.

Documenting the costing process

- When costing a child survival action plan the key step is “knowing what you are costing” and what the aim of the costing exercise is. Countries are advised to determine and document how they obtain costing estimates, and to explain this in an accompanying note. Further, each unit of measurement should be clearly defined.
- Producing “costing notes” to accompany the plan, explaining why and how costing figures were selected, can also ensure key stakeholders involved have a common understanding of the proposed costed plan. Costs are not self-explanatory, so countries should define how they arrived at figures, and explain what assumptions were made in the process.

Costing steps

- Following data collection, costing experts have described data validation as one of the most important steps in the costing process. As a guideline, the steps should be:

1. First, examine each data item to be collected, considering how it is defined, possible sources and alternatives
 2. Second, collect the data
 3. Third, conduct a quality assurance and data cleaning exercise
 4. Fourth: validate the data, for example by comparing data from different sources. In cases of discrepancies, the team would determine the most reliable source (e.g. costing figures originating directly from districts, versus the same data provided by the national information system).
- Countries are further advised to proactively collect costing data on a regular basis, so that it is readily available when child survival action plans are costed

Building local capacity

- It is recommended to strengthen the costing team's capacity during the initial data collection stage, for example by engaging additional team members to collect unit cost data (e.g. from facilities or ministry sources). Countries have shared that even when teams learned to use the tools, additional guidance by costing experts (e.g. on data gathering methods) can help to ensure success, so that the final costing results fit the local context.
- Resources exist to support in the application of the OneHealth tool. These include country and regional capacity building workshops, online webinars, and a wealth of resources available on the Avenir Health website (www.avenirhealth.org).
- Concerning training, it is recommended that staff who complete the training are also able to contribute to costing and planning processes within the ministry. Training recipients should apply their knowledge to avoid losing the acquired skills.

Alignment with country processes: timing of government planning cycles, internal costing systems, and political economy

- It is recommended to consider the broader government planning cycles when costing child survival action plans. Countries who have gone through the process for developing action plans for other health areas (e.g. newborn health/ENAP) have shared this was one of the most important factors in successfully integrating that agenda into national health budgets, and to ensure activities received dedicated funds. Timing is also crucial: considering when results of a costing exercise will be ready, and for what purpose they will be used, should be an integral part of costing the child survival action plan.
- Costing teams are advised to take note of the ministry's internal costing system. For example, a community mobilization campaign may be costed a certain amount with the OneHealth tool, however the ministry may recognize that cost as salary, or as cost of printing communication materials. This can result in a mismatch in economic classifications between the government's budgeting system and that used in the costing tool. A key lesson learned is to map costs produced by the tool against the classification system used by the government, and to take steps to harmonize the two formats.
- Costing teams also need to consider the political economy in the country and its effect on policy directions and funding allocations. While a team may develop a robust evidence base for investing in child health, the political climate will impact on budgetary decisions. Teams advancing child health agendas should

consider these wider political trends, for example by aligning key messages to the wider political discourse, finding relevant entry points to raise child health issues, and seizing opportunities as they present themselves. This also means being agile in plan development, given that political climates can change over a short time. Advocating for evidence-based policy making may be helpful (e.g. showcasing successes, identifying champions from technical and planning departments).

Costing process and preparing for implementation of costed plan

- Countries should ensure that tools such as OneHealth are used to plan and cost plans, and not to calculate current expenditures. Calculating the cost of interventions can highlight the gaps between current expenditures and projected costs for the scale-up of those interventions.
- Teams are advised to compare the costs estimated with the tools with the actual government expenditures, and to analyse the gaps.
- Costing teams should beware of the potential for duplication of costing activities, for example advocacy activities which might be championed by two different organizations. To avoid this, it is advisable that costing be conducted as a national level activity.
- To ensure that costing results are acted upon, relevant government stakeholders should be involved in the process from the beginning. This can ensure that the rationale for a proposed costed package for child health is better understood by decision-makers, therefore increasing buy-in. Effectively packaging costing results can also help influence key decision makers to place child health high on the agenda. Finally, developing multi-year annual implementation plans, spanning from districts up to the national level, can also foster plan implementation.
- Teams can learn from other countries who have costed newborn or child survival action plans in the past and are encouraged to seek partners in similar country contexts to draw on examples. When consulting costed plans, caution should be applied as unit costs can vary greatly according to country-specific factors. For example, one study examining unit costs variations across countries noted particularly high unit costs in one location. It later emerged this was due to the presence of a mountainous region, and the cost for transporting the medicines to high altitudes had increased the overall unit costs. Having said this, countries can learn from examples of costing approaches, and refer to unit costs in country plans while considering contextual factors.
- As a starting point, countries can create a sample costing for child health activities for an individual district. Such a template can then be scaled up to subnational and national levels

In terms of **timelines for costing a child survival action plan**, countries can expect to invest (as a minimum, also subject to anticipated scope of work):

- 2-4 months to collect costing data
- 2-4 weeks to conduct quality assurance and data cleaning
- 2-3 weeks for data validation with relevant experts