# USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

*Improved Access. Improved Services. Better Health Outcomes.*

# MTaPS TECHNICAL APPROACH BRIEF:
## OneHealth Tool

## CONTEXT

Low and middle-income countries (LMICs), without evidence-informed systems for setting health coverage priorities, are at greater risk of suboptimal resource allocation. These countries might develop broad or ill-defined benefits packages, procure unsafe or unnecessary medical technologies and medicines, or incentivize providers to use high-cost technologies or medicines without proven health benefits.[1] These factors contribute to increased health care costs, which in turn disadvantage the very communities that they are meant to serve.

Avenir Health created the OneHealth tool, an open-source software that is available free of charge.[2] It can be used by any country to develop strategic national health planning and costing. First released in May 2012, it has been utilized in over 55 countries, a majority of which are in sub-Saharan Africa.[3] Oversight of the OneHealth tool is provided by the UN InterAgency Working Group on Costing and technical oversight is provided by the World Health Organization (WHO).

There is online support for users through a) a knowledge base for searchable articles and instructions regarding the use and methodology of our models; b) a community of practice with a public forum to provide feedback, ask questions, and discuss the models with other users; and c) possibility to submit a request/question online if the user need help with one of the modules. The online support is available through the link: https://spectrummodel.zendesk.com/hc/en-us.

The goal of the OneHealth tool is to better inform sector-wide strategic policies and health system planning. Outputs from the OneHealth tool help estimate resource requirements (e.g., number of technicians, nurses, and doctors), annual costs of a strategic plan, cost comparisons, and estimated health impacts of chosen interventions. The tool provides planners with a single framework for scenario analysis, costing, health impact analysis, budgeting, and financing of strategies for all major diseases and health system components. It is thus primarily intended to inform sector wide national strategic health plans and policies.[4] The data can be easily updated whenever there is a change in treatment guidelines or policy implementation.

The most crucial factor affecting cost estimations is the estimate of impact on coverage associated with a given benefits package change.[1] Therefore, impact modeling is a powerful tool for budget negotiations as it describes a benefits gain in comparing two scenarios. For example, benefits gained might include estimates of the number of maternal and child deaths averted, healthy life years gained, or number of AIDS deaths averted. To model the impact of health system interventions, at least two scenarios should be modeled and compared. The first scenario is the counterfactual, which is defined as the current trend or baseline service coverage rates using data from the country Demographic and Health Surveys (DHS). The second scenario is scale-up, in which there is an increase in intervention coverage rates due to the country policy or population coverage.

The fact that pharmaceutical spending often grows faster than other types of health spending highlights the need to purchase health commodities based on their propensity to improve health outcomes, rather than on the base cost alone.[1] The OneHealth tool software can help drive a value-based approach to pharmaceutical purchasing, helping slow spending escalation without sacrificing access to safe and reliable medicines.

## APPROACH

The OneHealth tool represents a bottom-up approach to costing health services. Linking intervention costs with the target population, population in need, current treatment guidelines, and intervention coverage supports accountability and transparent information sharing. Cost estimation for pharmaceutical benefits is crucial and helps emphasize the need to set priorities. Using the OneHealth tool for costing of pharmaceutical benefits package provides an opportunity to strengthen evidence-based national policy making.

In January 2021, MTaPS met with representatives of USAID Missions in the Asia region to describe OneHealth and how it could enable health planners to conduct more evidence-based pharmaceutical planning and budgeting. The team described the proposed trainings and solicited interest from countries that might benefit from participation. Missions from Kyrgyzstan, Bangladesh, Nepal, and the Philippines expressed interest.

## IMPLEMENTATION

Two regional trainings were conducted, with a total of 60 participants. The first session was conducted with 19 participants in Kyrgyzstan from July 26 to 30, 2021. The training took place in Bishkek and required simultaneous Russian translation and translated lecture materials. MTaPS worked closely with a local consultant who served as an in-person co-facilitator, while the trainer joined remotely from Washington, DC via Zoom. A variety of stakeholders attended, including those from various departments in the Ministry of Health and Social Development and other entities, including Mandatory Health Insurance Fund, Department of Drugs and Medical Devices, Republican AIDS Center, National Center of Pathobiology, National Center of Oncology, Kyrgyz Medical Association, Center of Health Development and Medical Technology, Republican Center for Immuno-prophylaxis.

The second training was conducted with 27 participants from Bangladesh, Nepal, and the Philippines from September 13 to 19, 2021. The trainer again joined remotely; participants attended together in Nepal and in Bangladesh, and from their homes in the Philippines. In Bangladesh, participants came from Institute of Public Health Nutrition (IPHN), the Directorate General of Drug Administration (DGDA), Directorate General of Family Planning (DGFP), maternal and child health, Institute of Epidemiology, Disease Control and Research (IEDCR), Ministry of Health and Family Welfare (MOHFW) and its Health Economics Unit (HEU). In Nepal, attendees included the Health Insurance Board, the Department of Health Services, the Department of Drug Administration, the National Medicines Laboratory and MTaPS country office. Members of the Disease Prevention and Control Bureau (DPCB), PhilHealth, and the MTaPS country office attended from the Philippines.

### EXPERIENCE IN BANGLADESH

- After the OneHealth virtual training, MTaPS engaged stakeholders from Bangladesh MOHFW, its HEU, and the MTaPS country office in a technical discussion to use the OneHealth tool for interventions costing in the health sector.
- As a result of the virtual trainings and the technical discussion, MTaPS selected Bangladesh for the OneHealth tool implementation, and the MOHFW's HEU requested a refresher training as part of the costing process, which MTaPS implemented in July 2022. After the training, MTAPS agreed with the Bangladesh HEU on the implementation timeline and the type of health intervention to be costed (i.e., strategic plan costing) using the OneHealth tool.

- The Bangladesh HEU suggested two options for the costing exercise. The first was costing the current National Tuberculosis Programme (NTP) strategic plan. The second was costing the country SSK (Shasthyo Surokhsha Karmasuchi) Social Health Protection Scheme benefits package. After investigation and several discussions with the MTaPS/Bangladesh office, MTaPS selected the SSK benefits package for costing. The HEU created a working committee and agreed on the implementation timeline. MTaPS hired two consultants to support the costing process with data collection (SSK intervention protocols, drug unit prices, population data, the prevalence for each intervention, etc.). The SSK benefits package costing is planned to start in February 2023.

## CONSIDERATIONS

Time and effort required for implementation depends heavily on commitment from stakeholders and health programs involved in the costing, and input from many players at various levels of the health system is required to complete the costing. The following points should be considered:

- The time required to develop an application to inform benefit package costing interventions depends on the availability of existing data, accessibility of subject-matter experts, and smooth coordination between critical actors.
- Stakeholder engagement must be part of the costing and planning process. The process of estimating resource needs through a participatory approach can reinforce buy-in and fund raising among national stakeholders and donors.
- Limitations of the OneHealth tool: a large volume of data must be collected for a strategic plan costing; tool implementation may be time-consuming if the costing team lacks strong policy engagement; and the tool applies only to the health sector and not to any other socio-economic context. If the data is available, the costing time may vary from one month for a single health program like the HIV, Malaria of TB strategic plan costing to three months for a national health strategic plan costing.
- One critical advantage of building a cost projection in the OneHealth tool is flexibility. Users can easily update the data whenever there is a change after the costing in the treatment guidelines, variation in drug unit cost, or policy implementation.

## RECOMMENDATIONS

With appropriate training and information, the OneHealth tool provides an excellent opportunity to improve evidence-based strategic health planning in the LMICs. Taking a bottom-up approach to costing—linking costs with the target population, population in need, treatment guidelines, and intervention coverage—supports accountability and transparent information sharing. Countries should continue to regularly utilize this tool to support their health sectors to drive strategic planning and health costing initiatives.

Prior to conducting training on the use of the OneHealth tool, the key recommendations are to:

- Identify upcoming costing work and potential opportunities to use the OneHealth tool for a specific application.
- Understand the scope of the potential need for training, including defining and categorizing the full health benefits package or strategic plan to be costed.
- Select participants for the training from government workers and from the private sector to serve as potential consultants for the public sector. Participants should also include policy makers and junior staff.
- Establish the costing team and responsibilities for each member.
- The costing team lead should develop the costing implementation timeline with key responsibilities for each person who will be involved in the process; develop main steps for the costing activity and approve all steps and methodology with the country stakeholders. Key documents, including approved standard treatment guidelines, should be compiled. The required guidelines should be updated and available before initiating the costing process.
- Assemble key documents, key indicators, and information on drug unit costs and discuss various needs for the costing scenario.

# CONCLUSION

The OneHealth tool allows its users to generate scenarios to inform priority setting processes. Cost estimation for pharmaceutical benefits is crucial as it can help underline the need to set priorities. Using the OneHealth Tool for pharmaceutical benefits package costing provides an opportunity to strengthen health services interventions costing and actuarial studies to support decision making and policy implementation. The identification of impediments to intervention scale-up emphasizes the need to strengthen systems for sustainable long-term planning. Results from this type of costing exercise feed into decision making dialogue at all levels and provide key data, which are critical for advocating for new programs or implementation strategies.

# ANNEX

## ADDITIONAL RESOURCES

1. Report: Estimating Financial Outlays for a Defined Pharmaceutical Benefits Package
2. Download the OneHealth tool
3. WHO OneHealth Toolkit
4. One Health Start-up Manual: A Computer Program for Making Informed Health Programming Decisions

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Management Sciences for Health—**Technical Approach Brief**: OneHealth Tool