



BUDGETING FOR TB: USING THE ONEHEALTH TOOL (SESSION 2)

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Course overview

5 sessions designed to prepare viewers to estimate the cost of their TB plan:

Session 1. OneHealth Tool overview

Session 2. OneHealth Tool TB specific content

Session 3. OneHealth Tool special features

Session 4. TIME Estimates

Session 5. TIME Impact

Content session 2

- Learning objectives
- Configuration
- OHT TB intervention costing
- OHT TB program costing

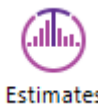
Learning objectives

- Understand how target populations, populations in need, and coverage are defined particularly for TB services.
- Know the special features for TB program costing.
- Be able to find and utilize these elements in the software.

Special adaptations featured in OHT TB section

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- Organization of interventions and program costs **defined based on** *WHO OneHealth TB module companion book for TB budgeting and funding analysis* in line with the **End TB Strategy**
- **Complementary features** of OHT TB intervention and program costing
- **Budget mapping** includes default GF TB interventions and WHO annual TB budget reporting categories
- TB **costing** component is linked to **TB impact models**



*Download here <https://www.who.int/tb/areas-of-work/monitoring-evaluation/financing/en/>

Configuration in OHT for TB planning: COST and IMPACT for TB - 2 method choices available

COSTING: 2 options

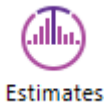
- **Sector wide**
 - Calculates drug and supply costs for each intervention and program area
 - **Health system costs**, including HR, calculated by health system building block for system as a whole
- **Disease specific (TB)**
 - Calculates drug and supply costs for each intervention and program area
 - **Labor and visit costs** calculated by intervention

IMPACT: 2 options



- **TIME Impact**

- Dynamical model
- Suitable for longer time frames, policy shifts



- **TIME Estimates**

- Pre-populated with data provided by countries to WHO and estimates of tuberculosis burden generated by WHO for the *Global Tuberculosis Report*
- For short time frames
- Limited ability to reflect impact of policy changes

OHT TB costing

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Next slides focus on areas where planner for TB will require following a particular adaptation of the OHT method:

- In estimating the **number of services** required per TB intervention (to establish the costing) particular use for TB of
 - Target population
 - Population in need estimate
 - Coverage estimate
- **Cost per TB intervention** or service
- **Program costing** – additional menu of activities

1. Target population
2. Population in need
3. Intervention coverage
4. Delivery channel

Number of Services (Q)

5. Drugs and supplies
6. Personnel time
7. Inpatient and outpatient visits

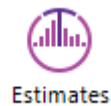
Treatment inputs (P)

Coverage: TB specific use

- Using “**coverage**” in the TB diagnosis interventions to reflect the distribution of case finding efforts across various diagnostic technologies (i.e. following the country’s diagnosis algorithm)
- **Treatment coverage:** reflects linkage to care of notified cases
- **Monitoring coverage:** reflects among patients on treatment how many do treatment monitoring

1. Target population
2. Population in need
3. Intervention coverage
4. Delivery channel

Number
of Services
(Q)



Estimates

TB intervention costing: cost per TB service

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- Standard OHT ingredients approach
- **Default treatment inputs** supplied based on **WHO OHT TB module Companion Book***
 - Drug regimens per treatment type and laboratory supplies per test
 - Unit costs
 - Personnel time
 - Outpatient visits and inpatient days
- Completely user adaptable to fit with country norms or with latest nationally representative unit cost data (primary data collection efforts)

*Download here <https://www.who.int/tb/areas-of-work/monitoring-evaluation/financing/en/>

Program costing: additional TB categories

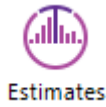
Additional TB

Session 1

- Program specific HR
- Training
- Supervision
- Monitoring and Evaluation
- Infrastructure and equipment
- Transport
- Communications, media, outreach, advocacy
- General program management

- Lab cost for TB can be calculated linked to the volume of tests
- Collaborative TB/HIV activities
- High risk groups
- Infection control
- Childhood TB (excluding treatment)
- PPM/ISTC
- Community involvement
- Partnership initiatives
- TB Research

Software demonstration



- Selection of **TIME Impact vs Estimates**
- TB costing **including costing labor and visits for TB clients**
(for TB “vertical” costing not for sector wide costing)
- Changes in **TB diagnosis mix** using **Coverage**
- **Costing prevention** testing and treatment
- Program costing – **capital cost for TB** can be calculated linked to the volume of tests



THANK YOU

How to use the configured OHT TB cost model for your TB National Strategic Plan (NSP) costing

STEPS

1. Configure the file (*OneHealth tool projection*)
2. Translate your NSP into OHT intervention and program costing categories: select relevant interventions (*file configuration*)
3. Review baseline epidemiology (*TIME Estimates*)
4. Establish the epidemiology projections to feed into the TB costing model: TIME Impact, TIME Estimates or direct entry
5. Review target populations and PINs. Revise as needed.
6. Enter baseline and target coverage for interventions included in your program.
7. Review and revise unit costs as needed: drug regimens (drill down builder), consumables per diagnostic tests (costing studies data or *drill down builder*), patient support, etc.
8. Populate program activities based on NSP
9. Review results