# The OneHealth Tool for NCD costing in St Kitts and Nevis

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### OneHealth Tool: Launched May 2012 and publicly available for download

WHAT? A software tool for medium term strategic health planning (3-10 yrs)

#### • PURPOSE?

- Facilitate strategic planning and costing at country level
- Integrated tool across diseases/programs and systems

#### BY WHOM?

- Developed by the United Nations Inter-Agency Working Group on Costing (IAWG-COSTING) incl. WHO, UNICEF, WB, UNAIDS, UNFPA, UNDP, UNWOMEN.
- Partner support incl. GFATM, the Global Health Workforce Alliance, IHP+, etc.
- Health Planners in Country Reference Group provide technical and user related inputs into model development.

#### FOR WHOM?

- Health Sector planners (MoH Department of planning)
- Donors, academe, NGOs and UN agencies





### Model for cost and impact with a health systems approach

management



Infrastructure

Human Resources

Supply chain

**Health Information** 

Governance

**Health Financing** 

**Strengthening Health Systems** 

Considering costs within an envelope of



Increasing coverage of effective interventions

Lives saved; healthier populations



#### **Challenges that OneHealth aims to address**

Challenges:	OneHealth Role:
Too many tools for different vertical disease programmes	Bring tools into an integrated framework
De-linked planning cycles	Enabling integrated health sector planning
	Bringing partners together
Little consideration of health systems in existing tools, and existing plans	Linking programme plans to a health systems planning platform
	(2009 High Level Taskforce analysis indicated that 62-74% of additional resources in LICs 2009-2015 would be needed for health systems strengthening)
"First planning then costing"	Costing as part of the Planning process
	Cost analysis and budget considerations, financial projections and fiscal space

→ → Strategic Planning for Better Health Outcomes



### What does it do? Addresses key challenges

**COST**: How much will my health plan cost?

Costing as part of the planning process

IMPACT: How many lives could be saved?

Improving population health





#### **HEALTH SYSTEMS:**

How many doctors and nurses will I need to implement my plan?

Links programme plans to a health systems platform



#### **STANDARD METHODS:**

**Ensures comparability** 

A standardized costing approach across programmes/systems



### Type of outputs (results) produced

- 1. Health impact: what will be my CNCD related mortality rate in 2020? Do we meet our 2% reduction targets annually?
- 2. Health Systems investments and service outputs:
  - Required investments in the Supply Chain
  - Total & additional bed days and outpatient visits; requirements for hospitals, facilities and community services
- 3. Costs: Costs by year, by programme, by inputs, etc.
- 4. Financial projections, fiscal space and expected shortfall
- **5. Scenarios:** how is cost and impact different for alternative scenarios of packages, targets and activities?



### **Using the OHT**

- Common platform for national programmes + Health systems.
- Ensure that health system capacity is driving the planning process, to set realistic goals.
- From situation analysis activities outcomes
- Use evidence on expected health impact to inform priority setting process.
- A "checklist" function, promote comprehensiveness and inclusiveness.
- Transparent and accountable planning.





- Launched 1st quarter 2014
- Mission
  - To set the stage and chart the course of action that the Government of St Kitts and Nevis, in collaboration with partners, recommends to achieve health and wellness in the federation over the period 2013 – 2017

#### Goal

 to reduce the burden due to chronic NCDs by promoting healthy lifestyles, reducing the prevalence of common risk factors and providing integrated evidence based treatment options to those diagnosed with NCDs in the most cost effective way.





#### Strategic Objectives

- CNCD related mortality reduced by 2% annually of the next 5 years
- Hospital admissions for diabetes, cardiovascular diseases and asthma reduced by 10% and complication from these conditions declined by 1% annually
- Level of quality for chronic illness care improved in all health care facilities, as evidenced by patients' self management and positive clinical outcomes





#### Strategic Objectives cont'd

- Proportion of person using NCD related services (Eg. Mammography, colonoscopy etc.) for annual personal check ups increased by 15% by 2016
- Common risk factors for NCDs and Clinic records for adults, reduced by 10% by 2017
- Development or adaptation of healthy public policies and the creation of supportive environment



#### **Priority Lines of actions**

- Promotion of health and wellness
  - Risk factor reduction and health promotion
  - Healthy eating including reduction of salt, fat and sugar
  - Population based physical activity
  - Integrated programs especially in schools, workplaces and faith based settings
- Delivery of high quality integrated care, appropriate treatment options and patient self management
  - Disease management





- Strengthening epidemiologic surveillance, research and performance monitoring and evaluation
  - Surveillance
- Development and implementation of evidence informed policies, plans and programs coupled with effective social and marketing strategies
  - Public policy advocacy and social communication
- Strengthening of national capacity for program management and coordination.
  - Program management





## Application of OHT to St Kitts and Nevis NCD Action Plan

- Training undertaken week of 10<sup>th</sup> -14<sup>th</sup> August, 2015
- OHT useful to improve the decision making process
- Plan of action was multi sectoral, OHT only utilizes Cost associated to MoH
- Need to sensitization/ training in OHT
- Need to improve the data collection process and make data available for use



### **Availability of Default data in the tool**

- Baseline situation analysis: Epidemiology, Demography, current coverage, and some HSS.
- <u>Intervention standards</u>: drug and supply cost per average case (based on WHO treatment guidelines + international drug prices from UNICEF, MSH and IDA) + estimated personnel type & time required.
- Disease Programme activity standards: e.g., specific training courses; surveys; specific equipment, etc.
- Standardised activities for health system strengthening: Activities for Logistics, Governance, etc.
- <u>Prices</u>: from WHO-CHOICE database, WHO, MSH, UNICEF
- Expenditures & GDP growth: WHO/NHA database, IMF





## Costing NCD Action Plan Next Steps

**Complete Implementation Plan Review Action Plan Collect Data & Input data** With aims of finalizing an -Coverage and PIN implementation Plan of activities **Analyze and Prepare Draft Report** -Delivery channels (Meetings of stakeholders to Completed -Prevention and treatment inputs discuss and provide detailed **NCD** Action Data would be analyzed by end of implementation plan of actions) -Drug and supply costing October -Programme cost Plan Report drafted by November 13, Date: TBD -HR and Health infrastructure before September 4th Costing 2015 -Epidemiology Report Data sheets forwarded to relevant Review of Draft (Dec. 2015) stakeholders Deadline for return of data September 30, 2015



Deadline data input: October 15, 2015



#### References

**Presentation adapted from WHO OneHealth Tool presentation** 

Ministry of Health St Kitts and Nevis, 2014, National Policy for Non Communicable Diseases and Control 2013-2017



