



ONEHEALTH TOOL

Priority Setting for a New Generation of Health Sector Plans

Photo by Felix Faassen

OneHealth Tool Process



Governments in developing countries face competing demands and priorities in the health sector, which continually evolve according to disease trends and changes in the demand for and use of health services. Governments also face challenges in taking on greater financial responsibility for health service provision, as external funding declines. In this context, governments are developing long-term strategies to maximize efficiency in service delivery, improve quality, and achieve the highest health impact possible given the resources available. However, to achieve these goals, countries must prioritize programs and specific interventions within these strategies; to do so, ministries of health need data on the total cost of various scenarios for health service coverage and the potential impacts.

The USAID-funded Health Policy Project (HPP) has partnered with national- and regional-level governments to produce the evidence needed to develop, prioritize, and operationalize such strategic plans using the OneHealth Tool (OHT).

How Does It Work?

Before the use of OHT, planning in the health sector was less harmonized, with disconnected planning cycles and use of multiple costing tools for specific programs. The OHT, developed by various United Nations agencies in partnership with Avenir Health and other technical implementers, incorporates existing costing tools and is harmonized with most other impact models.

The OHT is designed for medium-term (3–10 years) strategic planning. Part of the Spectrum suite of policy models, it estimates the cost of disease programs and the implications for health system building blocks (e.g., human resources) for meeting program targets over a specified time period. By using additional Spectrum models, it also estimates the main potential health outcomes (e.g., reduced child and maternal mortality). Hence, it is a comprehensive tool that can inform the planning, costing, budgeting, impact, and health system needs of strategic plans and disease programs.

Implementing the OHT is a multi-stakeholder process, ideally involving representatives from the public and private health sectors. In general, the OHT process includes technical and political phases. The first phase involves collecting and validating data and finalizing targets at the program level. The second phase involves the prioritization of costs given resource and health system constraints, management review, dissemination of final results, and institutionalization of the OHT.

What Can It Do?

Most developing countries have health goals outlined in a five-year strategic plan. The impact results from the OHT can show whether these goals are feasible or realistic based on the current and expected coverage of services and inform policymakers of how much it will cost to achieve these objectives.

Example OneHealth Results

Costs	Health Impact	Health System Constraints
Drugs and supply costs	HIV-related mortality and infections averted from PMTCT and ART	Number of facilities and human resources needed to meet service delivery targets
Disease program management costs	Maternal and child mortality and lives saved	
Costs of health systems		

Use of Results

- Identify the funding gaps
- Identify cost drivers
- Eliminate inefficiencies or duplicative costs
- Rationalize coverage targets
- Align targets with current health system capacities (e.g., human resources)

* Prevention of mother-to-child transmission (PMTCT); antiretroviral treatment (ART)

Overall, the OHT can answer these key policy questions:

- What are the costs of implementing the proposed strategic plan?
- What are the major cost drivers?
- What are the health impacts of achieving proposed service delivery targets?
- What are the health system requirements?

To date, HPP has assisted seven countries¹ with applying OHT to inform new strategies. HPP helps stakeholders—primarily ministries of health—to collect and validate data, interpret the results and how they can be used for prioritization, and plan for OHT institutionalization.

For example, in **Tanzania**, using the OHT, HPP supported the Ministry of Health and Social Welfare (MOHSW) to estimate the resource requirements and resources available for the Fourth Health Sector Strategic Plan (HSSP IV), the impact on maternal and child health and HIV outcomes if HSSP IV service delivery targets are met, and the human resource constraints in scaling up health services. This is the first strategic planning process where the MOHSW compared rigorously derived and prioritized cost projections to the estimated financial resources available and considered health system constraints to set realistic

targets for the sector. The MOHSW is institutionalizing the OHT in Tanzania and will routinely update the assumptions and make evidence-based decisions during annual operational planning using the OHT.

In **Zambia**, HPP supported the Ministry of Community Development, Mother and Child Health as well as the Ministry of Health to conduct a cost and impact analysis of maternal and child health program scale-up under the country's RMNCH Roadmap 2018. Using the LiST tool,² the analysis also produced an estimate of potential reductions in future under-five, neonatal, and maternal mortality rates.

The Way Forward

Increasingly, countries that use and institutionalize the OHT for strategic and operational planning benefit from a better-coordinated and more comprehensive planning process and potentially improved health outcomes due to evidence-based decision making. With the rising burden of non-communicable disease and introduction of the Sustainable Development Goals from 2016, countries may face new health sector planning challenges that require dynamic shifts in priorities over time. The OHT can be adapted based on the changing health landscape and help countries strategically plan investments in realistic, cost-effective programs.

OneHealth can be accessed at www.avenirhealth.org/software-onehealth, and more information on HPP's applications of the tool can be found in the selected resources below.

Resources

- Estimated Resource Needs and Impact of Mozambique's Plano Estratégico do Sector Saúde, 2014–2019
- Resource Needs for the Kenya Health Sector Strategic and Investment Plan: Analysis Using the OneHealth Tool
- Sustainability Implications of the Fourth Health Sector Strategic Plan: Financial and Impact Analyses using the OneHealth Tool in Tanzania
- Cost and Impact of Scaling Up Maternal, Neonatal, and Child Health Interventions in Zambia: Beyond 2015

¹ Botswana, Ethiopia, Kenya, Madagascar, Mozambique, Tanzania, and Zambia.

² The Lives Saved Tool (LiST) projects the changes in child survival in accordance with changes in coverage of different child health interventions. It can be accessed at <http://livesavedtool.org/>.

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