

Breakthrough RESEARCH WEBINAR

2 July 2019

# Social Behavior Change (SBC) Business Case & Costing



# Breakthrough RESEARCH

- Flagship SBC project for USAID Global Health Bureau to drive the generation, packaging, and use of innovative SBC research to inform programming
- Five-year project from August 2017 to July 2022
- USAID HQ, cross-bureau, and mission supported activities
- Close collaboration with sister project Breakthrough ACTION



# Areas of Focus



## Health

Family planning &  
reproductive health  
Maternal, newborn &  
child health  
Nutrition  
HIV/AIDS  
Emerging infectious diseases



## Prioritized Research Themes

Integrated SBC programs  
Provider behavior change  
Investment case for and evidence  
of CE & CB of SBC  
Gender and social norms  
Behavioral economics innovations



## Research & Evaluation

Formative assessment  
Implementation science  
Impact evaluation  
Systematic reviews  
Secondary analysis  
Program costing and cost-  
effectiveness assessment

# B-R Consortium

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# Introductions



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# Costing of Social and Behavior Change Interventions



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# Today's Webinar

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1. Review why costing is important to the SBC community
2. Update on three B-R activities designed to improve and increase the use of costing analysis:
  - B-R SBC Cost Repository
  - B-R SBC Costing Guidelines
  - B-R SBC Business Case
3. Q&A



# Why Costing is Important to SBC

	Budgeting	Price-setting	Medium- and long-term planning	Cost-effectiveness	Advocacy
Understand this...	How much does my SBC intervention cost?	How much does my SBC intervention cost you?	How much funding do we need for SBC interventions over the medium to long term?	Is it better to do SBC this way or that way?	What is the added value of SBC in improving health outcomes?
Do this...	Set an SBC intervention budget	“Sell” SBC services to funders	Feed into a Costed Implementation Plan or Health Sector Strategy	Compare different SBC approaches	Calculate cost-effectiveness and cost-benefit ratios for use in a business case



# B-R SBC Cost Repository

*Utilize existing cost information  
better*



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# Why Needed

1

## **“No SBC cost data available”**

Perception among policy makers there is no/little information to draw on.

2

## **Lack of standardization**

Difficult to compare SBC cost data across programs.

3

## **Insufficient detail**

Descriptive information and disaggregated cost data needed for analysis.

4

## **Poor accessibility**

There is no centralized source for SBC cost data.

# Availability: SBC Cost Studies

130  
Studies  
Included

## Search

via PubMed, POPLINE, and Secondary Sources  
N=7,251

## Review

Full text reviewed in detail  
N=264

## Include

Data extracted into database  
N=130

- Published and grey literature
- Years: 1973-2018

### By health area:

FP: ~35%

HIV: ~31 %

MNCH: ~16%

Malaria: ~5%

# Availability: Cost Estimates

711  
Cost  
Estimates

## By Intervention Category\*

Interpersonal Comms. ~40%  
Packages/Community Mobilization ~32%  
Mass/Digital/Social Media ~20%  
Service/Program Activities ~7%

## By Region

Africa 50%  
South and Central Asia ~26%  
Western Hemisphere ~15%  
East Asia and Pacific ~4%

## By Target Population

Women ~28%  
General ~28%  
Stigmatized ~11%  
Adolescents ~10%

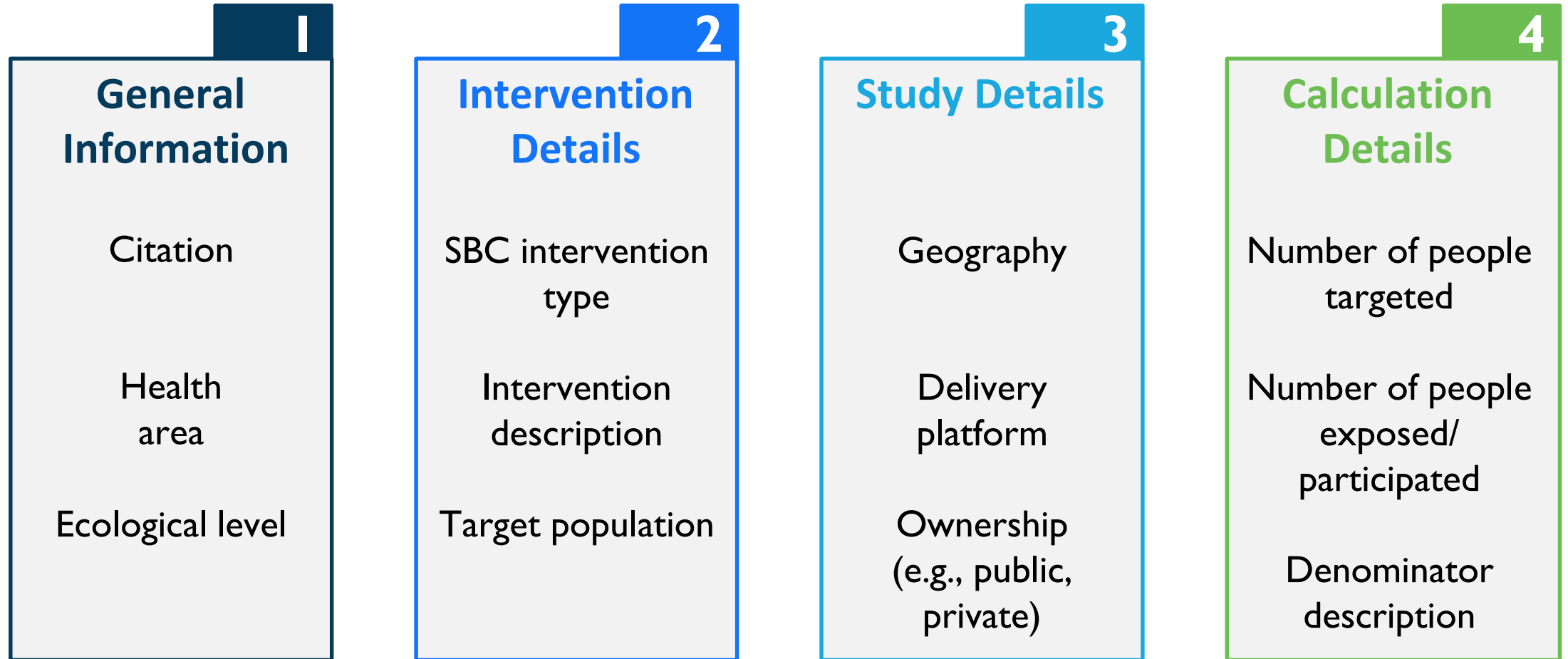
\* Aligned with the  
impact framework

# Standardization: Define SBC Interventions

Interpersonal communication (IPC)	Mass, digital and social media	Packages/ community mobilization	SBC service/program strengthening activities
<p>Individual/household IPC and counselling</p> <p>Group IPC, incl. all peer and popular leader interventions</p>	<p>Mass media and entertainment education</p> <p>Mid-media (posters, brochures, billboards)</p> <p>Social marketing (product vs no product)</p> <p>Social media and m-health</p>	<p>Combinations of the intervention categories</p> <p>Community mobilization</p> <p>Community participation (in health service planning and programs) and social accountability</p>	<p>Provider training and service delivery adjustments to the provider-client interaction, e.g., provider attitudes, norms, respectful care, bias</p>

Adapted from the PMNCH SBCE investment case framework

# Standardization: Identify Key Categorization Fields



# Standardization: Classify Cost Units and Input Categories



## Cost type

*Unit cost*  
*Total cost*

SBC-only intervention,  
SBC component, mixed  
intervention, non-SBC  
component



## Cost designations

*Unit of measurement*

Duration for cost  
Economic/financial cost  
Cost perspective  
Intervention phase  
Currency of the estimate  
Cost data year



## Cost disaggregation

*Min, Max in range*  
*Personnel cost*  
*Commodities cost*  
*Other recurrent cost*  
*Capital cost*

Revenue  
Client cost

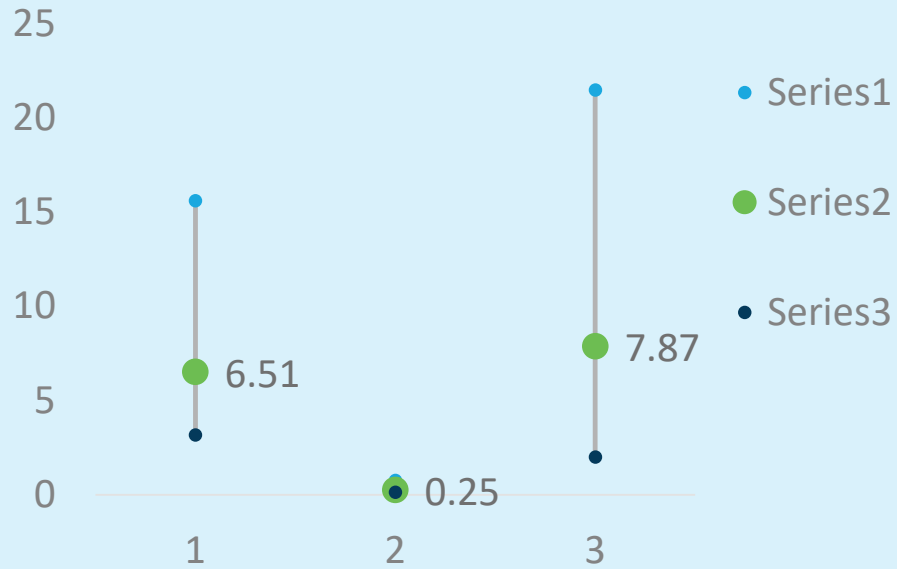


Converted extracted costs from original currency (if not in USD) and THEN inflated to 2017 USD.



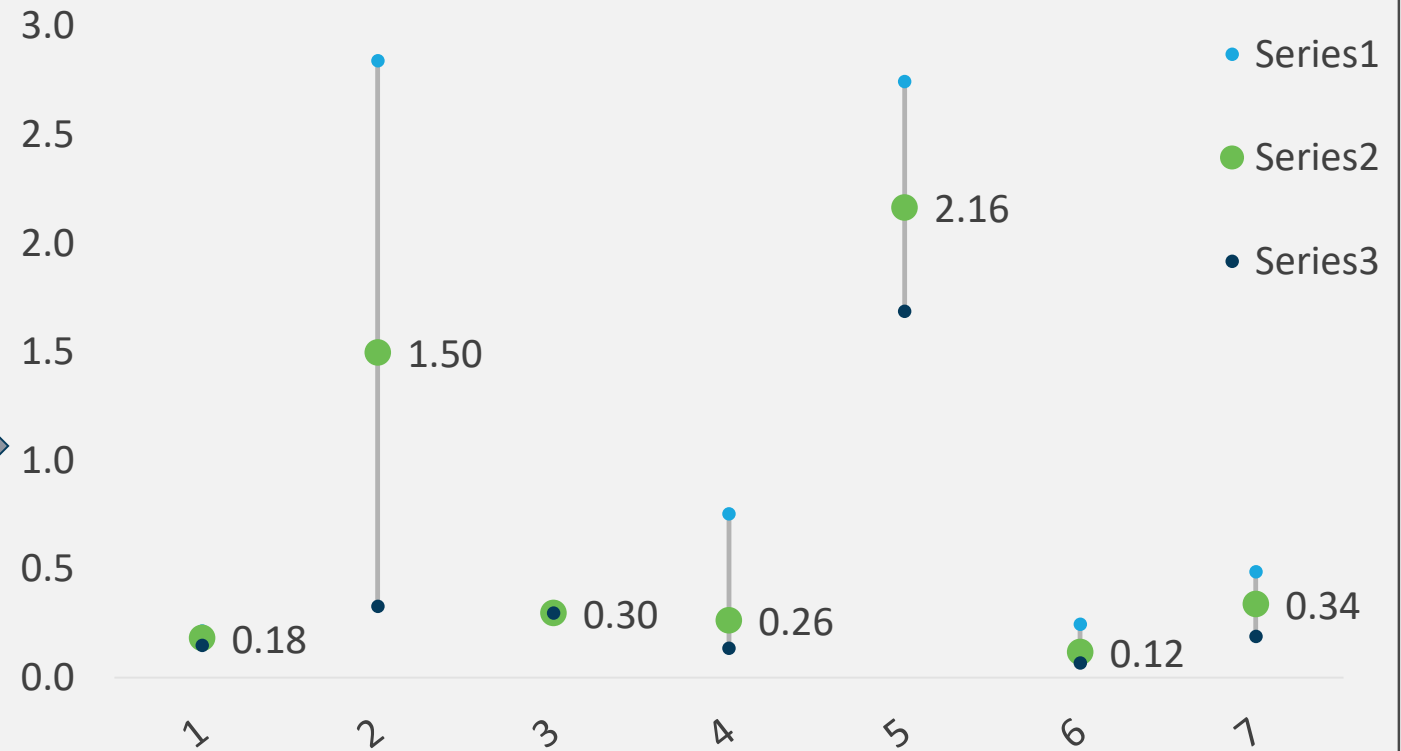
# Detail: PRELIMINARY Findings from Cost Data

## Unit cost (2017 USD) by SBC Intervention



Costs vary by intervention category and by intervention type within each category

## Unit cost (2017 USD) within Mass Media Interventions



# Accessibility: Disseminating SBC Cost Information



## Cost data extraction

Data can be filtered to use for analysis

Detailed fields provided to clarify data and understand differences in estimates



## Supplemental worksheets

Inclusion criteria  
SBC definitions  
Extractor instructions

ISO3 codes  
GDP deflator data  
Inflation ratios  
Exchange rates



## Web functionality

Package in a user-friendly, online database (pending)



## Use Cases

Feed into SBC Business Case and other secondary analysis

# What Gaps for Cost Data Remain?

- There is a need for *more recent data*, particularly as interventions and technology change
- There are gaps in SBC cost data – *geographically, demographically, by health area and intervention type*
- There is no published guidance on *standardized SBC costing methodology*; new guidance forthcoming!
- Improvement in the *reporting of SBC intervention descriptions, denominators, and costing methods* is imperative

# B-R SBC Costing Guidelines

*Get better cost information in the future*



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# Why Needed

1

## Strengthen planning and investments

Difficult to invest and plan without standardized cost data of good quality.

3

## Close gaps

Recent literature reviews and expert consultations have exposed wide gaps in measuring SBC cost.

2

## Focus on SBC

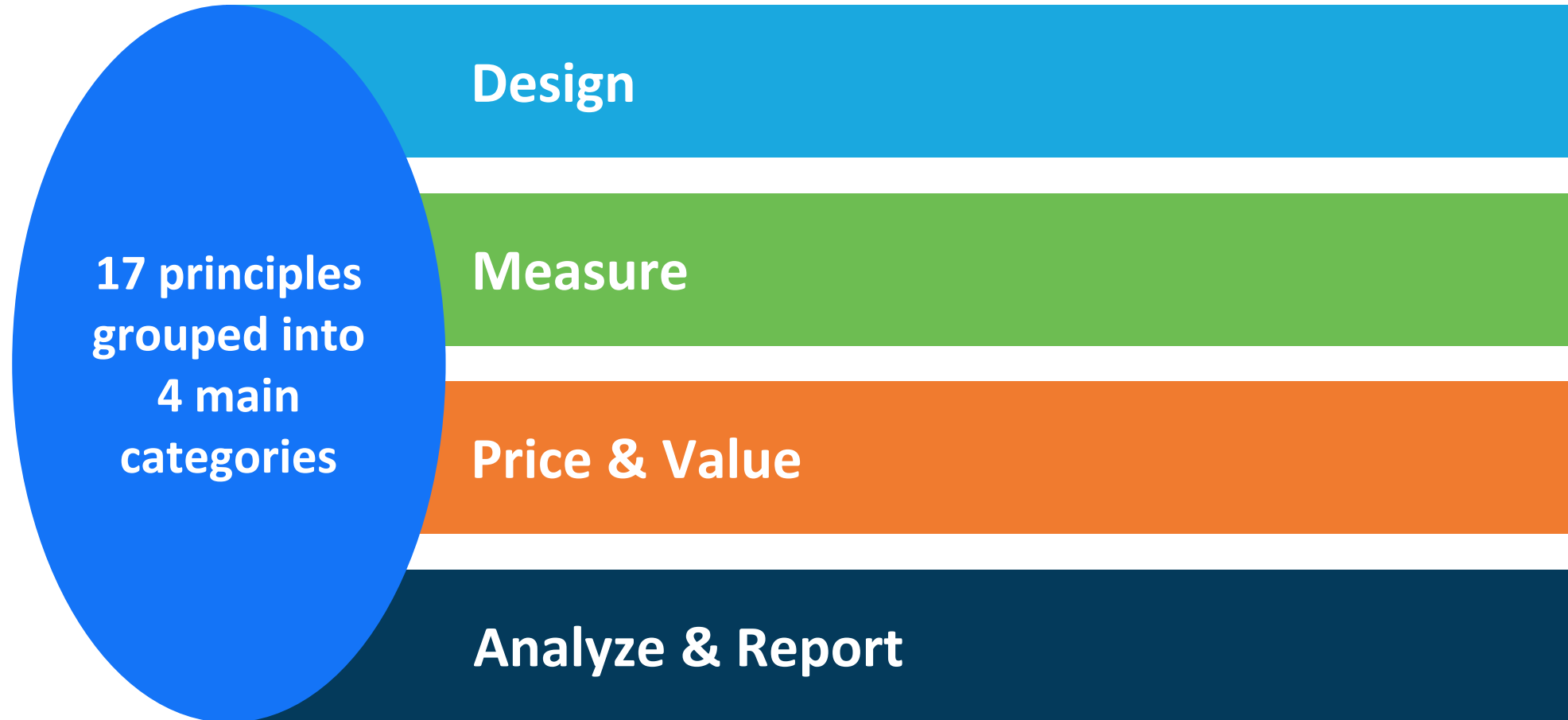
Existing guidelines do not focus on the broad range and unique character of SBC interventions.

4

## Increase availability

Guidelines are meant to encourage more costing of SBC programming, generating data to fill gaps.

# B-R SBC Costing Guidelines



# Who Can Use

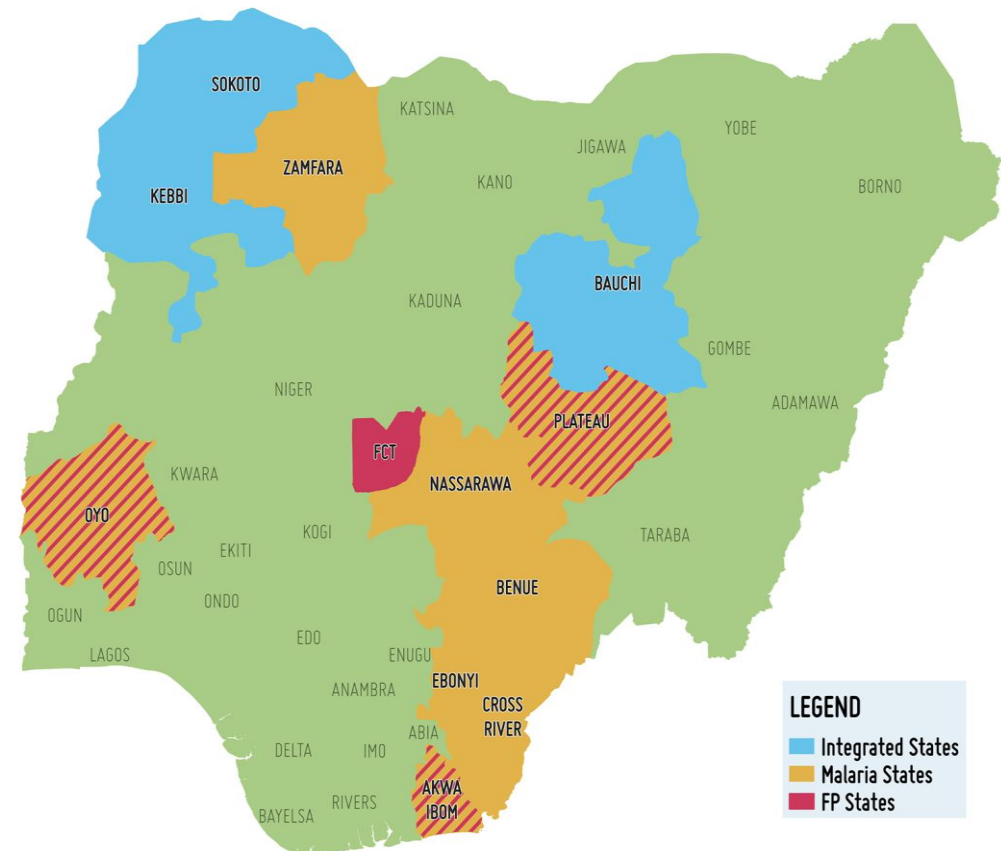
<b>Cost Analysts</b>	<b>SBC Programmers</b>	<b>Funders</b>
<ul style="list-style-type: none"><li>• SBC-specific guidance, defining SBC</li></ul>	<ul style="list-style-type: none"><li>• Facilitate conversation with outside analysts</li><li>• Make informed decisions about costing</li><li>• Understand whether cost estimates from other settings are relevant to you</li></ul>	<ul style="list-style-type: none"><li>• Setting the scope for a costing</li><li>• Understanding what constitutes a good-quality costing</li><li>• Sense of methods and required resources</li></ul>



# Example: SBC Interventions in Nigeria (In Progress)

B-R is evaluating Breakthrough ACTION's program in Nigeria.

- **Vertical** SBC approaches for malaria
- **Integrated** SBC approaches for malaria, family planning, MNCH, nutrition.



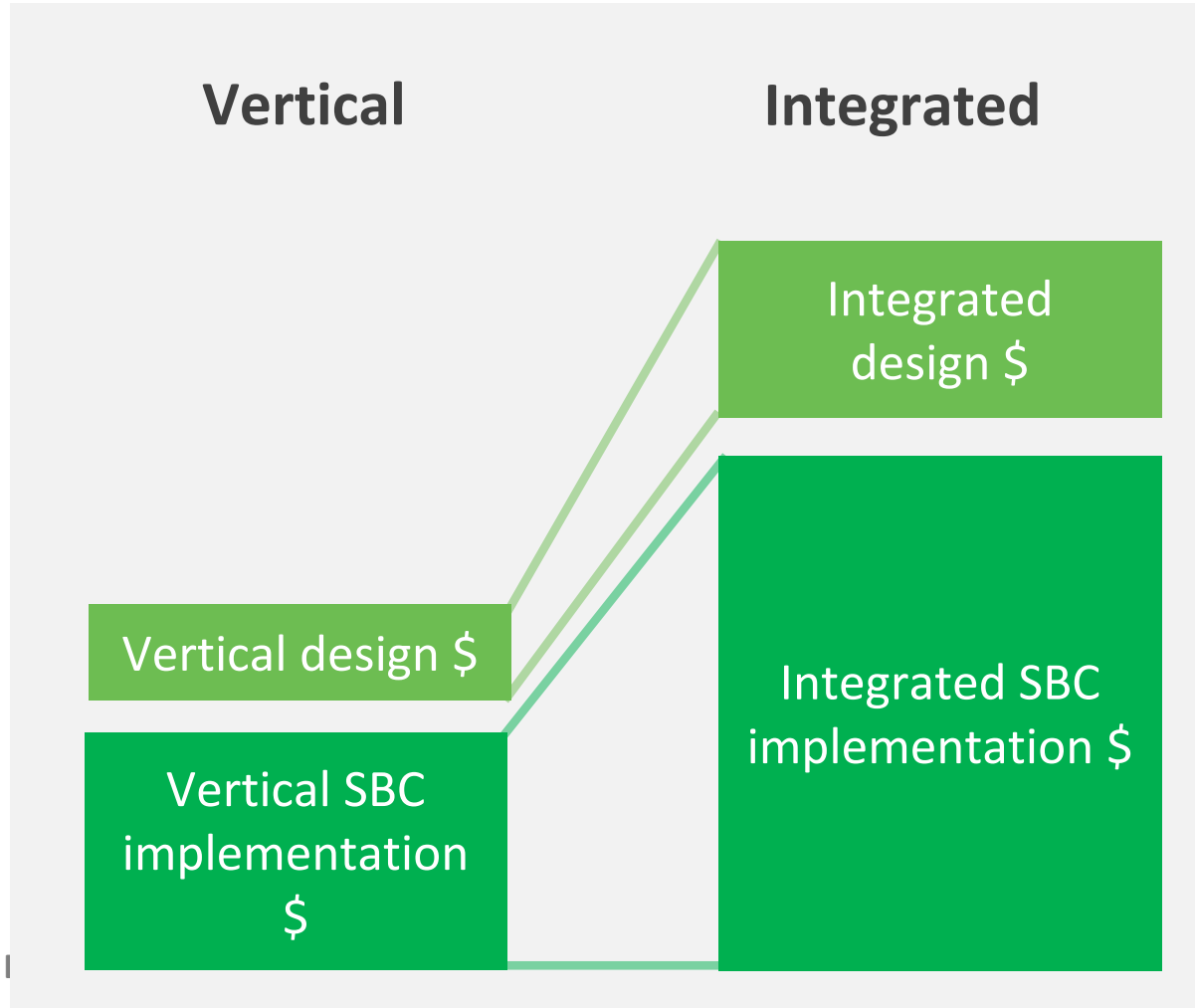
# Nigeria Study: Key Questions

- What are the *design* costs? – vertical vs. integrated SBC
- What are the *implementation* costs? – vertical vs. integrated SBC
- How do preventive *behaviors* change? – vertical vs. integrated SBC
- What are the *costs* associated with increased uptake of services and costs averted from increased preventive behaviors?
- What is the *relative cost-effectiveness* of vertical vs. integrated SBC in this setting?

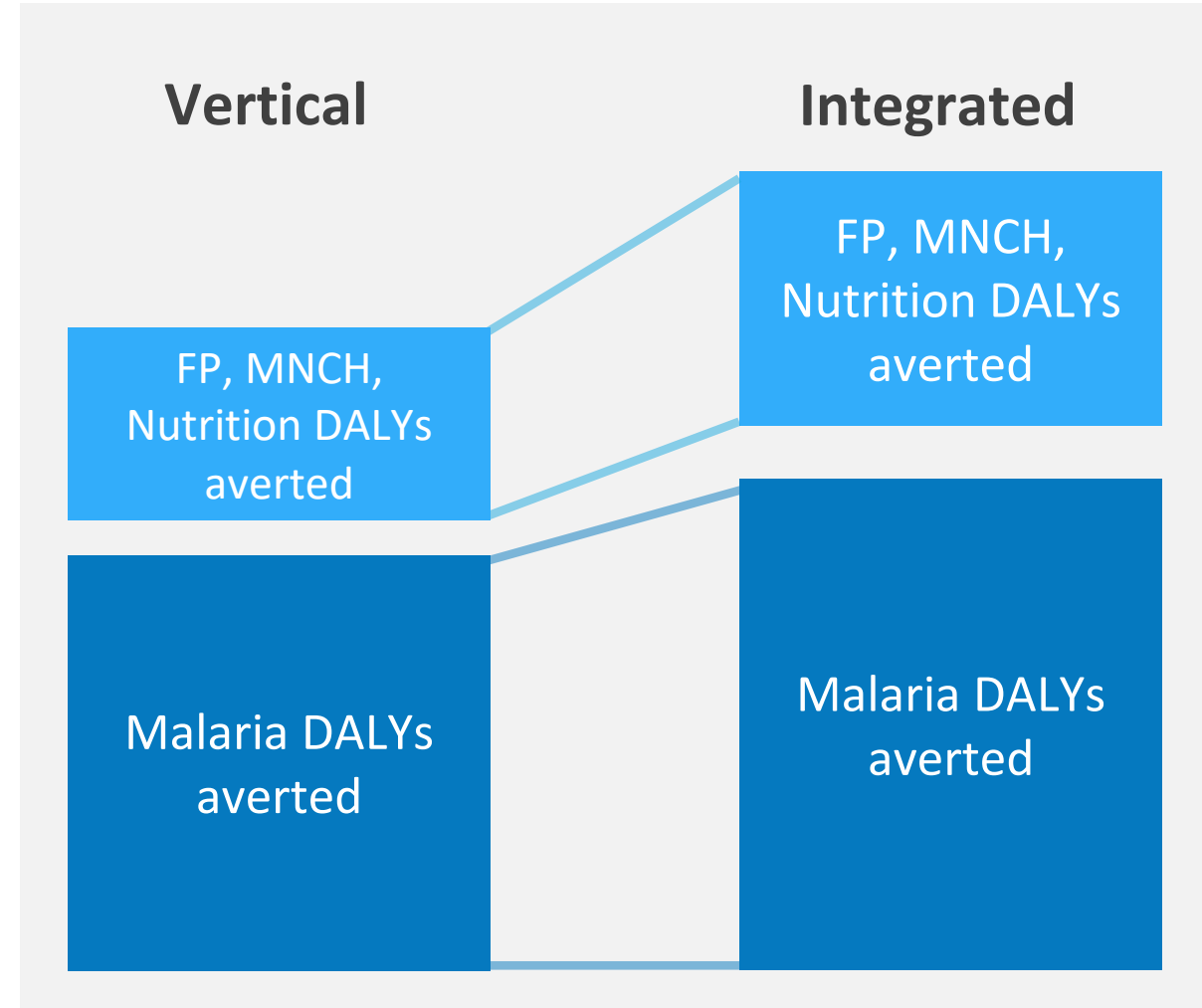
The cost-effectiveness component employs a costing assessment that will measure the cost of designing and implementing SBC interventions and related service costs.

# Is Integrated SBC Cost-effective?

Integrated will likely **cost more...**



... but may also be **more effective**



# B-R SBC Business Case

*How can cost data help make the case for SBC?*



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# What is a Business Case?

- Origins in commercial world: gauge value of an investment
- Within global health: argument for investing in a particular health area or intervention
- Values returns in:



## Monetary terms

- Health systems costs saved
- Productivity losses averted



## Comparable health outcomes

- Disability adjusted life years (DALYs) averted
- Quality adjusted life years (QALYs) gained

# B-R SBC Business Case

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- B-R will produce a well-articulated, evidence-based SBC business case that will support work in a range of USAID priority health areas
- Multi-pronged, synergistic approach to gather, analyze, and present evidence on the costs and effects of SBC interventions
- Initial focus on family planning; can be expanded to other health areas and/or integrated SBC program approaches

# Why Needed

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Provide rigorous evidence to show that implementing SBC is crucial for improving program outcomes and assuring health and development impact

Aims:

- **Bolster support for SBC** efforts by providing evidence that such efforts are a cost-effective component of achieving public health goals
- **Synthesize the evidence of SBC** impact and cost-effectiveness to strengthen the case for maintaining
- Provide evidence and decision-making tools for prioritizing SBC efforts to **guide programming on SBC approaches**



# Family Planning SBC Business Case

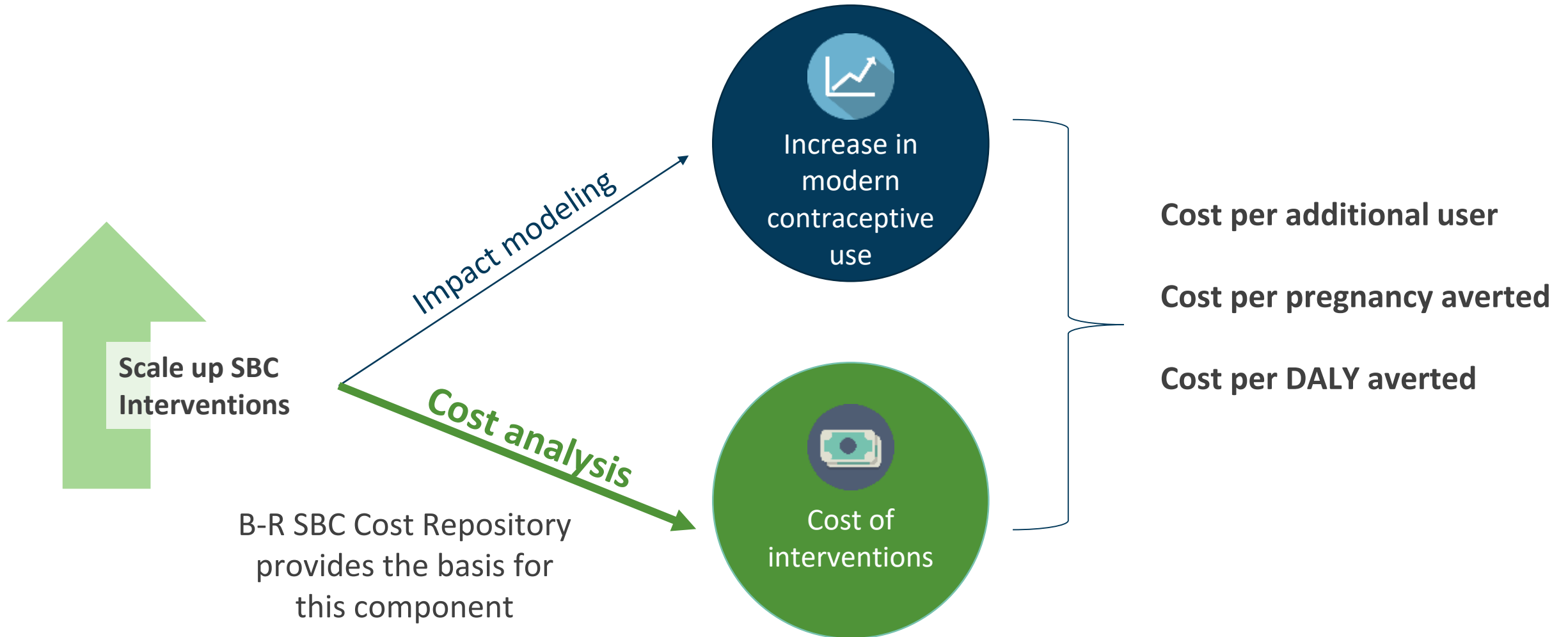
## 1. Case examples from the literature

Drawn from studies that report on cost-effectiveness identified as part of the B-R SBC Cost Repository

## 2. Modeling cost-effectiveness results for two countries



# Modeling Cost-effectiveness of SBC for FP



# Wrap-up

# Wrap-up: Why Costing is Important to SBC

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- For budgeting and planning
- To set appropriate prices for SBC interventions
- For comparing different, novel approaches
- To advocate for SBC with funders and policy makers

# Wrap-up: Update on B-R Tools



**B-R SBC Cost Repository:**  
2020

**B-R SBC Costing Guidelines:**  
Fall 2019

**B-R SBC Costing Guidelines Application:**  
Early 2021 (Nigeria mid-term)

**B-R SBC Business Case:**  
Fall 2019

# THANK YOU

Breakthrough RESEARCH WEBINAR

July 2, 2019



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<https://breakthroughactionandresearch.org/>

Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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