

Breakthrough RESEARCH: Questions and Answers about Social and Behavior Change Costing and Cost-effectiveness Studies

Breakthrough RESEARCH is working to build the evidence base on the costs and cost-effectiveness of social and behavior change (SBC) interventions for health. [During a webinar on June 10, 2021](#), participants learned about tools that Breakthrough RESEARCH has developed to assist with conducting SBC costing studies and where to find existing data on SBC costs and cost-effectiveness. The questions below arose during the webinar. For more information on SBC costing and cost-effectiveness or to submit further questions, please join the [SBC costing group on Springboard](#) to continue the conversation.

Questions posted during the June 10, 2021 webinar

1. Will this presentation be shared?
Yes, the presentation will be shared via email and on Springboard.
2. How can we access Springboard?
<https://springboardforsbc.org/>. *We invite you to join the SBC costing group where you can access additional resources, post additional questions, and engage in further discussions.*
3. After nutrition, are there other topics on the list of business cases that BA+R plans to develop?
At present, there are not any further business cases planned under Breakthrough RESEARCH, as we are currently in Year 4 of a 5-year project. Looking forward, we think that the SBC business case should move towards an integrated model that can capture the synergies of the interrelationships of SBC across health areas.
4. What are some reasonable expectations for the total cost of the costing exercises to be done? How much does it cost to run a cost effectiveness study? Curious about the business case for building these costs into proposals or workplans?
The cost of conducting an SBC costing study varies depending on a number of factors, including: 1) how large and complex the SBC intervention is, 2) what elements are included/excluded in the costing, 3) how many organizations are involved, 4) how detailed the costing needs to be – are you just calculating total costs or disaggregating by activity or subcomponent?, 5) is travel required, and 6) to what extent are financial systems already in place that allows for extraction of relevant expenditures. That being said, if an effectiveness evaluation is already planned that involves repeated household surveys or large-scale data collection efforts, adding a costing component should allow for a relatively modest additional investment to yield costing and cost-effectiveness results.
5. While it is understood it required specific skills, are the resources shared earlier designed for any health program implementers to be able to undertake costing and cost-effectiveness exercise themselves? Or would it need some kind of training prior to accessing and exercising?
Like the question above, the answer to this question depends on many factors. For straight-forward SBC interventions, implementers with strong quantitative skills and experience with spreadsheets can likely work with financial staff and the guidelines and other costing resources

to conduct a costing analysis. For more complex analyses, an implementer who has not done costing previously may want to work with a consultant with costing expertise to ensure the study is being conducted correctly. Critical to any costing study is the data collection questionnaire to collect costs. The resources shared are intended to help programs think through costing and cost-effectiveness analyses and to provide guidance for how to set these up in a systematized way to ensure they are following best practices and principles.

6. Wondering if you have cost literature related to all HIP in FP? Can you post the link for how to access the form for cost?

Breakthrough RESEARCH has focused on SBC-related costing data. Under the Track20 project, unit costs for other FP interventions are expected to be incorporated into the Unit Cost Study Repository soon.

7. If a project delivered multiple impacts, across multiple issue areas, is there a way to collectively / average all of the cost-effectiveness measures into one measure for the project's total overall cost-effectiveness?

For projects that examine multiple health areas, one possibility is to transform improvements in health behaviors and outcomes into a common denominator, such as a disability-adjusted life year (DALY) averted. Cost-effectiveness studies currently underway under Breakthrough RESEARCH are using this strategy by modeling the number of lives saved across multiple health outcomes using the [Lives Saved Tool](#). The costing results will then be translated into costs per DALY averted. Next year, we have a brief planned to cover this approach.

8. How do we cost individual SBCC intervention in a project where we use multiple SBCC interventions? to compare cost-effectiveness of individual interventions?

If you are costing an individual SBC intervention embedded in a broader package of SBC intervention, there are strategies you can use to allocate the resources spent overall to the particular activity. See Principle 7 of the [SBC costing guidelines](#) for more details.

9. Are you using a value for money cost allocation methodology?- Effectiveness, efficiency and economy.

The Value for Money (VfM) concept focuses on finding the right balance between economy, efficiency, and effectiveness to maximize quality health outputs, outcomes and impact for a given level of resources. We incorporate VfM considerations in the [SBC costing guidelines](#) and the [business cases](#), particularly with the calculation of the incremental cost-effectiveness ratios (ICERs), which can be used to gauge whether SBC investments are cost-effective based on accepted thresholds. Two other important dimensions of VfM are equity and sustainability, which can be examined through unit costing studies to determine the most cost-efficient way of reaching a target audience and to consider the long-term sustainability of interventions when scaled.

10. How do you cost the time of community health volunteers doing SBCC?

Such a costing study will take an economic costing approach (vs. financial costing) where in-kind contributions such as donated personnel time are costed (see Principle 3 of the [SBC costing](#)

[guidelines](#)). To factor in volunteer community health workers, one needs to evaluate how much it would have cost if CHW were to be hired. Generally, in-country SBC personnel will be able to provide the salary scale of other HCW working on similar activities.

11. Did you include advocacy and other activities in your SBC definition or was this SBCC?

Advocacy has been considered as part of SBC when conducted as part of a broader package of SBC interventions.

12. Do any of these tools measure costs of changing the enabling environment, e.g., getting a husband to support the wife's use of FP etc., which are also important determinants of behavior change?

Studies that measure the cost per intermediate determinant of behavior change, such as changes to the enabling environment, are rare but are definitely feasible. The strategies for costing the SBC interventions would be the same, regardless of the outcome, as the cost of the enabling environment would be included in the overall cost of the program. The main difference is that you would need a study that would quantify the intermediate determinant impact, such as the number of husband's supporting FP due to the SBC intervention.

13. When we plan an SBC intervention and we know we want to exercise costing and cost-effectiveness analysis later on, what are some of the top tips in preparing the intervention?

We would recommend a thorough review of the first section of the [SBC costing guidelines](#) during the initial stages of the intervention planning to think through the key first steps. These include: defining the intervention, defining the costing perspective you would like to take, clarifying the purpose of the costing/cost-effectiveness study, selecting the denominator or "units" that make the most sense in alignment with your program objectives, and defining the starting and end date of the intervention(s) of interest. Having a solid understanding of these factors early in the process will make the analysis go much more smoothly.

14. What do you recommend as the most reliable and rigorous social media metrics software?

Thus far, we have not relied extensively on social media metrics software and are not in a position to make a recommendation. This would be a good question to pose to Springboard, where others may have recommendations.

15. What criteria have you used to decide when to do a costing exercise vs. a full cost effectiveness study?

There are two main criteria. First, what is the purpose of the costing exercise. If it's just for budgeting purposes, then we would focus on a unit cost study. Usually, however, we are interested in cost-effectiveness to the extent that this is possible. Therefore, the second criterion is whether assessing the effectiveness of SBC on desired outcomes is feasible. If so, then we recommend linking the costing efforts to the effectiveness evaluation to generate cost-effectiveness results.

16. Can the panelists share any tips or experiences for trying to retroactively look at cost-effectiveness measurement when this wasn't built into the beginning of the project? Such as using other research methods?

While it is preferred that costing be planned prospectively or soon after the intervention commences, it can be done retrospectively, especially if there are good records of expenditures related to the activity. What suffers from having a long delay is that costing studies often need to interview staff members on levels of effort and other participants to consider, and the longer time has passed, the greater potential for recall bias and omitting important factors. In addition, many times certain dimensions of the costing that are required are difficult to identify retrospectively, e.g., design vs. implementation, but again interviews can assist in this process.

If effectiveness studies were not planned for at the outset, programs could consider post-intervention study designs that allow for retrospective evaluation of an intervention. For example, a study design with matching techniques (e.g., propensity score matching or coarsened exact matching) could create an intervention and equivalent control group based on exposure and then you could connect the costing to this, but there is no one size fits all approach.

17. Wondering if you have cost-effectiveness related to programs highlighted HIP in FP? Can you post the link for how to access the form for cost from the first speaker?

The cost-effectiveness work under Breakthrough RESEARCH is focused on SBC interventions and does not include other high impact practices. One can access the Unit Cost Study Repository at: <https://ghcosting.org/pages/data/ucsr/app/>. The full database in an Excel workbook, including other SBC cost estimates, can be found at: <https://breakthroughactionandresearch.org/creating-sbc-cost-repository/>.

18. What are the challenges in conducting SBC costing and cost effectiveness research?

There are several challenges in conducting SBC costing and cost-effectiveness research, as noted by Shittu Abdu-Aguye, including: 1) SBC interventions are often embedded in other interventions, making it challenging to isolate costs and impacts, 2) program activities and implementation phases often overlap, and 3) the varied approaches and contexts for SBC make it difficult to find meaningful benchmarks. In spite of these challenges, examining SBC cost and cost-effectiveness is possible and useful for the field. We encourage those interested to engage in the community of practice to help move the field forward and demonstrate SBC's cost-effectiveness.