Estimating the costs of primary health care within a OneHealth Tool projection

This document instructs users on how to adapt existing and relatively complete OneHealth Tool projections to generate an output which reflects the costs of primary health care (PHC). A check box has been added to the projection configuration elements which lets the user activate this option. The tool completes this calculation by letting the user identify which interventions are part of primary care and estimating the consumable and human resource costs of delivering those interventions, and associating the portions of other health system costs which are part of primary health care.

1. Go to Configuration/ Projection options

2. Check the box for identifying costs specific to PHC (as below).

3. Go back to Configuration. Now go to Organization and Interventions/ Select default interventions. Interventions which are part of the default PHC package have been ticked in the newly activated column for PHC. The user can add more or deselect those which are not part of the PHC package in their country.
4. **Go to the Projection options/primary health care editors**

5. **Program costs:** you have the option to either direct enter percentages of each program area which are PHC associated program costs, or calculate them based on the percent of intervention costs which are designated as PHC. If you want it to calculate for you, there is a button on the bottom of the editor. There is also an entry point for admin costs for the health systems areas here. Administration for health systems components will be set to zero by default; users can enter a proportion.

![Image of digital interface for programme costing and management]
6. Human resources: HR costs for PHC can be calculated using two options. The default option is to calculate PHC HR costs based on the amount of health worker time used to provide different PHC interventions, as compared to the overall package of services provided. The tool would then use the inputs set by the user to estimate PHC-related health worker time and cost. For example, for each cadre and each intervention, a calculation similar to the below is performed:

Nurses time spent providing PHC interventions is:
Number of people reached \( j \times \) Nurse time inputs \( i_j \)
Where \( i \) is the intervention and \( j \) is the year.

The number of minutes is then aggregated for PHC interventions and compared with the number of minutes for all interventions, and the resulting % share is thus derived.

However, the projection in the tool may not include all interventions provided in the health system. There may therefore be a need to manually adjust the share of HR costs going to PHC. (It is well known that a large share of the HR budget goes to tertiary care whilst the OHT is focused on interventions delivered at primary levels)

Under the assumption that some treatment inputs may reflect a normative version of provider time which is not adhered to for actual service provision, we offer an option to apply a proportional HR factor, which will multiply the ingredients based outputs by a factor to either increase or decrease these costs to better fit with the HR structure from the HR module. An entry of 1 would mean no modification applied to ingredients based labor calculations. An entry of 2 would double the HR costs generated by the PHC associated interventions to account for

7. Infrastructure: Applies the percentage the user enters to the costs for each different facility level. Defaults are drawn from estimates of the costs of reaching the SDGs but can be adapted by the user.
8. Logistics: in this segment, the user can enter a percentage which will be applied over and above the costs of drugs and supplies needed for the PHC interventions in order to estimate the costs of logistics and the supply chain. The default is 25%.

9. Results: under OHT/Summary outputs you can find total PHC costs, and PHC costs by program area, as well as a comparison between PHC costs and total costs.