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

POPLATION COUNCIL

Avenir Health

ideas 42

Institute for Reproductive Health
Georgetown University

PRB
INFORM EMPOWER ADVANCE

Tulane University
Introductions

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Costing of Social and Behavior Change Interventions

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Today’s Webinar

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

<table>
<thead>
<tr>
<th>Understand this…</th>
<th>Budgeting</th>
<th>Price-setting</th>
<th>Medium- and long-term planning</th>
<th>Cost-effectiveness</th>
<th>Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much does my SBC intervention cost?</td>
<td>How much does my SBC intervention cost you?</td>
<td>How much funding do we need for SBC interventions over the medium to long term?</td>
<td>Is it better to do SBC this way or that way?</td>
<td>What is the added value of SBC in improving health outcomes?</td>
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| 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 |

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Breakthrough RESEARCH
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

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%

Breakthrough RESEARCH
Availability: 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

<table>
<thead>
<tr>
<th>Interpersonal communication (IPC)</th>
<th>Mass, digital and social media</th>
<th>Packages/community mobilization</th>
<th>SBC service/program strengthening activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/household IPC and counselling</td>
<td>Mass media and entertainment education</td>
<td>Combinations of the intervention categories</td>
<td>Provider training and service delivery adjustments to the provider-client interaction, e.g., provider attitudes, norms, respectful care, bias</td>
</tr>
<tr>
<td>Group IPC, incl. all peer and popular leader interventions</td>
<td>Mid-media (posters, brochures, billboards)</td>
<td>Community mobilization</td>
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<tr>
<td></td>
<td>Social marketing (product vs no product)</td>
<td>Community participation (in health service planning and programs) and social accountability</td>
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<tr>
<td></td>
<td>Social media and m-health</td>
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Adapted from the PMNCH SBCE investment case framework
### General Information
- Citation
- Health area
- Ecological level

### Intervention Details
- SBC intervention type
- Intervention description
- Target population

### Study Details
- Geography
- Delivery platform
- Ownership (e.g., public, private)

### Calculation Details
- Number of people targeted
- Number of people exposed/participated
- Denominator description

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**Standardization: Identify Key Categorization Fields**
Standardization: Classify Cost Units and Input Categories

Cost type
- Unit cost
- Total cost

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

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

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

4. Increase availability
   Guidelines are meant to encourage more costing of SBC programming, generating data to fill gaps.
B-R SBC Costing Guidelines

17 principles grouped into 4 main categories

- Design
- Measure
- Price & Value
- Analyze & Report
## Who Can Use

<table>
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<tr>
<th>Cost Analysts</th>
<th>SBC Programmers</th>
<th>Funders</th>
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</thead>
<tbody>
<tr>
<td>• SBC-specific guidance, defining SBC</td>
<td>• Facilitate conversation with outside analysts</td>
<td>• Setting the scope for a costing</td>
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<td></td>
<td>• Make informed decisions about costing</td>
<td>• Understanding what constitutes a good-quality costing</td>
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<tr>
<td></td>
<td>• Understand whether cost estimates from other settings are relevant to you</td>
<td>• Sense of methods and required resources</td>
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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**...

1. **Vertical design $**
2. **Vertical SBC implementation $**

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

1. **Integrated design $**
2. **Integrated SBC implementation $**
3. **FP, MNCH, Nutrition DALYs averted**
4. **Malaria DALYs averted**

**Integrated**
1. **FP, MNCH, Nutrition DALYs averted**
2. **Malaria DALYs averted**
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

• 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

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

- Increase in modern contraceptive use
- Cost of interventions
  - Cost per additional user
  - Cost per pregnancy averted
  - Cost per DALY averted

Scale up SBC Interventions

Impact modeling

Cost analysis

B-R SBC Cost Repository provides the basis for this component
Wrap-up
Wrap-up: Why Costing is Important to SBC

• 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
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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