



HEARTS IN THE AMERICAS

Regional Workshop

Punta Cana, Dominican Republic
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HEARTS

Costing Tools:

Technical Table report



HEARTS Costing Tools: 2 versions

1. The Prospective Costing Tool: characterizes the *future* costs of the HEARTS program.
2. The Retrospective Costing Tool: characterizes the *incurred* costs of the HEARTS program.

Both costing tools:

- Are Excel platforms designed to estimate the incremental (additional) costs of participation in HEARTS
- Facilitate cost data collection and assessment across HEARTS modules
- Can inform budgeting, procurement, and resources for implementation and/or scale-up

HEARTS Costing Tools: Costs Captured

- Both tools capture the annual *incremental* costs of instituting HEARTS
 - These are the *additional* costs borne by the district facility for implementing HEARTS
 - Costs captured by the tool could be used later in a cost-effectiveness analysis

When to use each tool

Prospective Tool	Retrospective Tool
<ul style="list-style-type: none">• Before the HEARTS program has begun• To understand the cost implications of implementing the HEARTS program, need to<ul style="list-style-type: none">• Assess the at-risk population within an area;• Quantify the costs of the training needed by doctors, nurses, and community health workers (CHWs);• Detail the level of medicines and diagnostic tests needed for Global HEARTS; and• Estimate the amount of counseling needed to change patient behavior	<ul style="list-style-type: none">• After implementing the HEARTS program• Collecting and reporting costs for the program:<ul style="list-style-type: none">• Costs paid to doctors, nurses, and community health workers (CHWs) for the program• A need to understand the fixed and variable costs incurred

Before using either tool

- Determine country focal point from country management/implementation team
- Multidisciplinary advisor workgroup can help determine data needed:
 - Medicine and diagnostic costs;
 - Salary data; and
 - Time estimates for physicians, nurses, and community health workers spending with patients to counsel and risk manage

Next steps/feedback

- Given that many HEARTS programs are in pre-initiation stage, the prospective tool might be very useful
- Technical adjustments:
 - To maximize functionality, incorporate default values for all HEARTS priority countries, not just a few countries
 - Expand tool to accommodate differences in costs of training across implementing sites/districts
 - Expand tool to accommodate cost of home visits
 - Expand tool to accommodate different procurement prices for same medication
 - Unless additional healthcare staff is hired for HEARTS, don't account for extra provider time spent on counseling and screening

Next steps/feedback

- Costing tool can have immediate applicability as a validated method for budgeting. Provides informed cost assessment prior to securing program funding from internal or external sources
- **CDC technical team available to support costing tool use and provide TA to implementing countries**