CrossMark

Lives saved tool (LiST) costing: a module to examine costs and prioritize interventions

produce a state of the state of

Abstract

- The compact of the co
- The state of the second of the state of the state of the second of the s
- The companies of the co
 - TO THE TO SEE THE POST OF THE

Background

Significant progress was made toward reaching the Millennium Development Goals (MDGs) for improved maternal, neonatal, and child health (MNCH), including reducing the number of child deaths globally from 12.7 million in 1990 to 6 million in 2015; reducing the number of underweight children from 28% of those under age 5 in 1990 to 14% in 2014; and reducing the number of maternal deaths from approximately 523,000 in 1990

to an estimated 303,000 in 2015 [1]. Although progress was steady, none of the MDGs were reached by 2015, resulting in their inclusion in various forms in the newly-agreed upon Sustainable Development Goals (SDGs), particularly SDG 3: Ensure healthy lives and promote well-being for all at all ages [2]. Achieving this SDG, along with all of the other SDGs, will require careful allocation of financial resources in order to achieve the highest impact. Utilizing tools to calculate the cost-effectiveness of targeted interventions can assist in the policy process of allocating scarce resources.

The Lives Saved Tool (LiST) has been used widely to calculate the impact of MNCH interventions [3–8], in The Lancet Series on Childhood Pneumonia and Diarrhoea [9] and in The Lancet Series on Maternal and Child Nutrition [10]. As use of LiST increases, many have expressed a desire to cost interventions within the model, in order to compare the costs and impact of a package of services. This paper builds on previous work that developed an initial version of

For a pictorial representation of the LiST Costing cost

as it builds on the coverage estimates in LiST as well as target populations and populations in need that are dynamically updated as risk statuses, nutritional statuses and incidence are automatically updated through the epidemiology and demography calculations in Spectrum (including LiST, FamPlan, AIM, and Demproj).

. 9

LiST costing utilizes the coverage levels specified by users in the standard LiST editors. This coverage is utilized as part of the equation to establish number of services, as detailed in the methods section of this article. This ensures consistency between the cost and impact calculations of the tool.

9 99 99

Several tools exist to facilitate strategic planning for

between these tools: LiST costing is in many ways a streamlined and MNCH-focused component of the One-Health Tool, and EQUIST uses LiST for its impact calculations. However, none are identical in their outputs and approach to analysis, so it is worth taking the time to think through the scope and specific goals which users are trying to achieve and select accordingly.

Limitations include using VMMC data in the estimation of ODCs and indirect cost proportions for a maternal and child health model; ideally a comprehensive, consistent dataset specific to MNCH would be utilized, but to our knowledge none are available.

Moving forward, one area of further development would be to facilitate the ease of regional applications. As health systems become more and more decentralized, increasingly planning will take place at a sub-national level. One suggestion is to provide a way to link a preset data input form directly with LiST, so that regional-level data can be utilized more easily.

Conclusions

Achieving the Sustainable Development Goals requires

