



# Refining NTD Funding Gap Analysis

Summary Presentation for  
*Uniting to Combat NTDs  
Community Event*

April 2, 2014



# Background



Initial Estimate	Refined Estimate Effort
~\$340 Million/Year	~\$200 Million/Year
Simple projections without broad partner engagement	Broad partner engagement via Technical Advisory Group
Limited access to data	Increased access to data sources : (TIPAC, NTD Master Plans, World Bank)
Preliminary global estimate for 10 NTDs	Robust estimate for 10 NTDs
Limited use as tool to leverage resources	Greater flexibility in analysis, and greater partnership buy-in
Data analysis not available by country or disease	Country-level and robust disease estimates

# Technical Advisory Group (TAG)



- 1) Provide guidance on data and methods
- 2) Generate stakeholder involvement and support
- 3) Facilitate access to relevant organizations for data
- 4) Review analysis, findings, and presentation

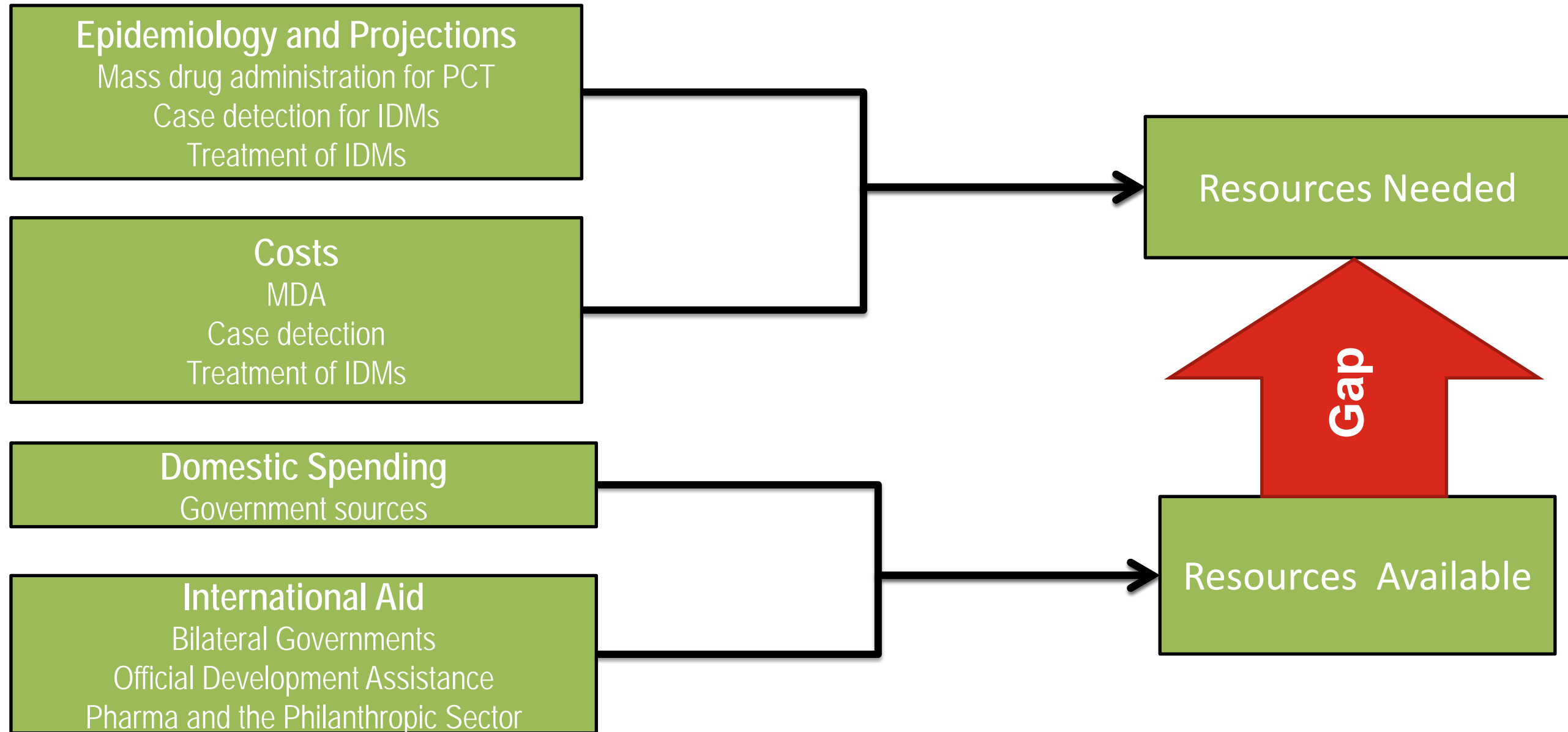
Participant	Organization
Deborah McFarland	Rollins School of Public Health, Emory University
Neeraj Mistry	Global Network for NTDs
Christopher Fitzpatrick	WHO (observer)
Tony Seddoh	WHO AFRO
Emily Wainwright & Penny Smith	USAID
Iain Jones	DFID
Don Bundy	World Bank, APOC
Sake de Vlas	Erasmus University
Julie Jacobson, Aryc Mosher, Dan Kress, & Anderson Stanciole,	BMGF

# Assessment Guiding Principles



- Top down cost estimates
- Include donations from multilateral organizations
- Apply more tailored unit costs by country
- Include global leadership and coordination costs
- Include all programmatic costs, including personnel
- **WHO NTD Roadmap Goals represent study boundary**

# Methodological Approach



# Updated Approach for PCT & IDM



## **Preventive Chemotherapy (PCT) Diseases:**

Lymphatic filariasis, schistosomiasis, Soil-transmitted helminthes, Onchocerciasis, Blinding trachoma

- Updated populations requiring treatment for MDA
  - Data from WHO/Christopher Fitzpatrick
  - Incorporates integrated delivery of LF/oncho
  - Disaggregated by country and disease/treatment regimen
- Accepted all WHO preliminary treatment benchmarks
- Applied cost model allowing for declining unit cost up to scale of 5.0 million treatments

## **Intensive Disease Management (IDM) Diseases:**

Leprosy, Human African trypanosomiasis, Chagas disease, Visceral leishmaniasis, Guinea worm

- Re-defined interventions to be included to reach target for each disease
  - based on WHO guidelines
  - input from WHO and other experts
- Determined target populations by intervention, by country
- Completed for leprosy, HAT, VL
- Relied on external estimates for Chagas and guinea worm gaps
- Conducted more thorough review of published literature, analyzed costs included, and disaggregated costs for specific interventions



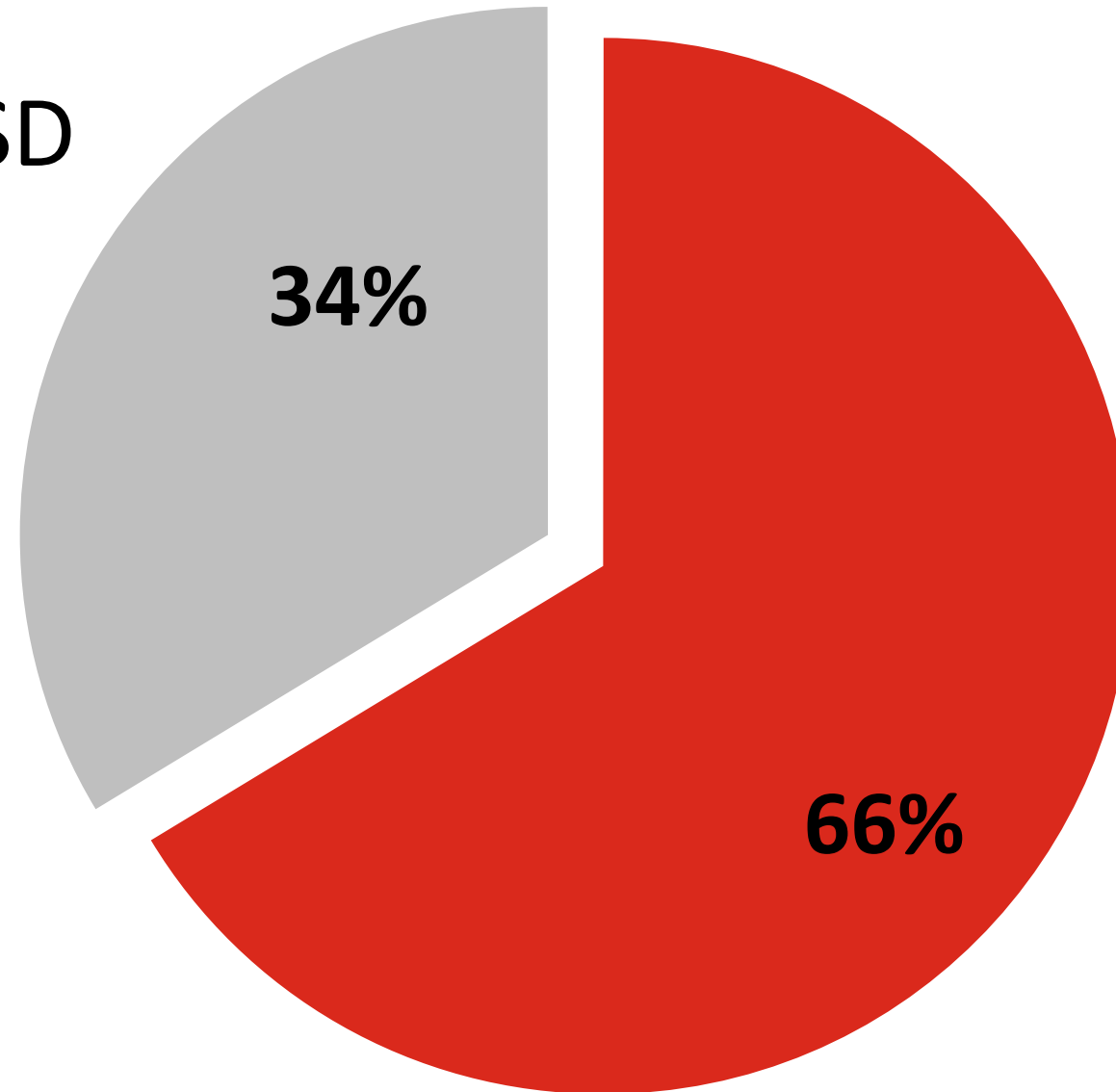
# Resources Needed



# Total Costs to achieve 2020 Goals ~\$4.1 Billion USD



~\$1.4 Billion USD



~\$2.7 Billion USD

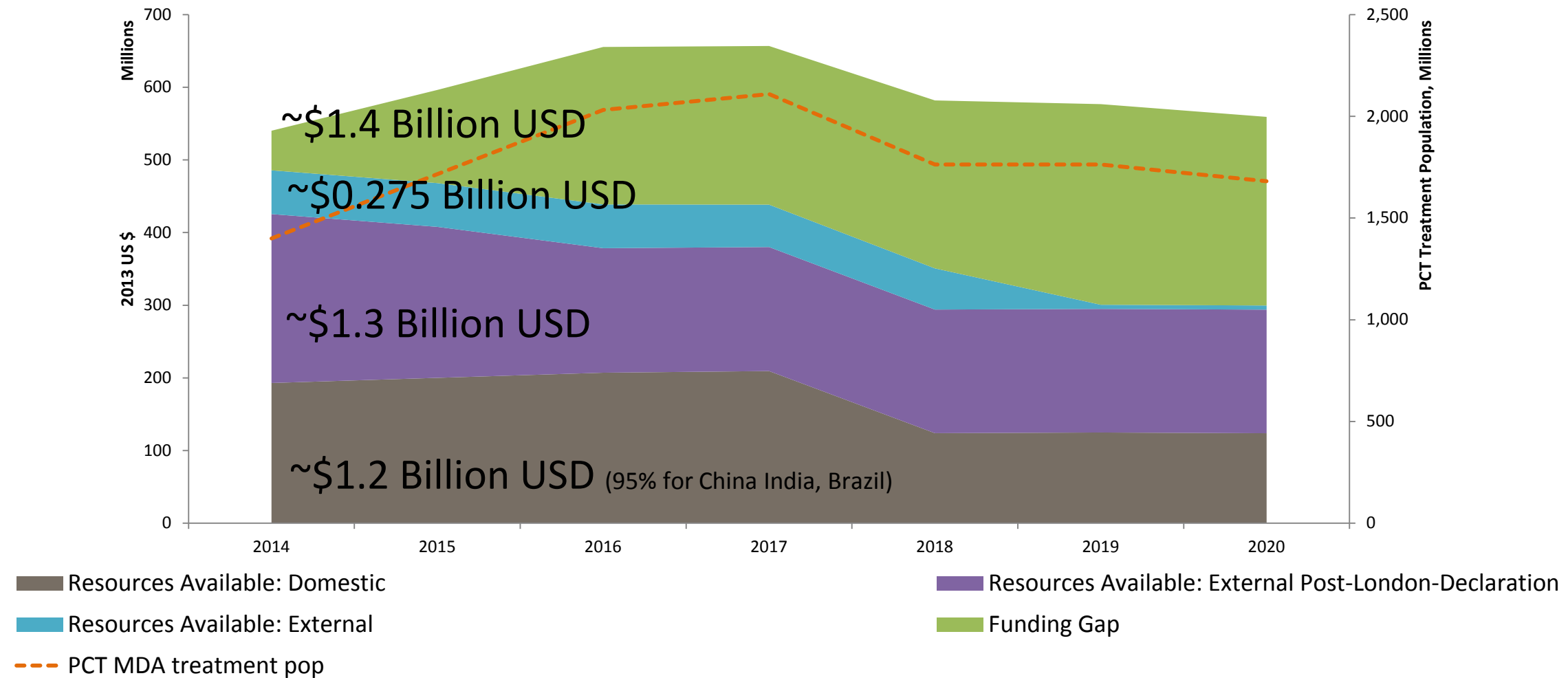
- PCT
- IDM



# Total Costs to achieve 2020 Goals ~\$4.1 Billion USD

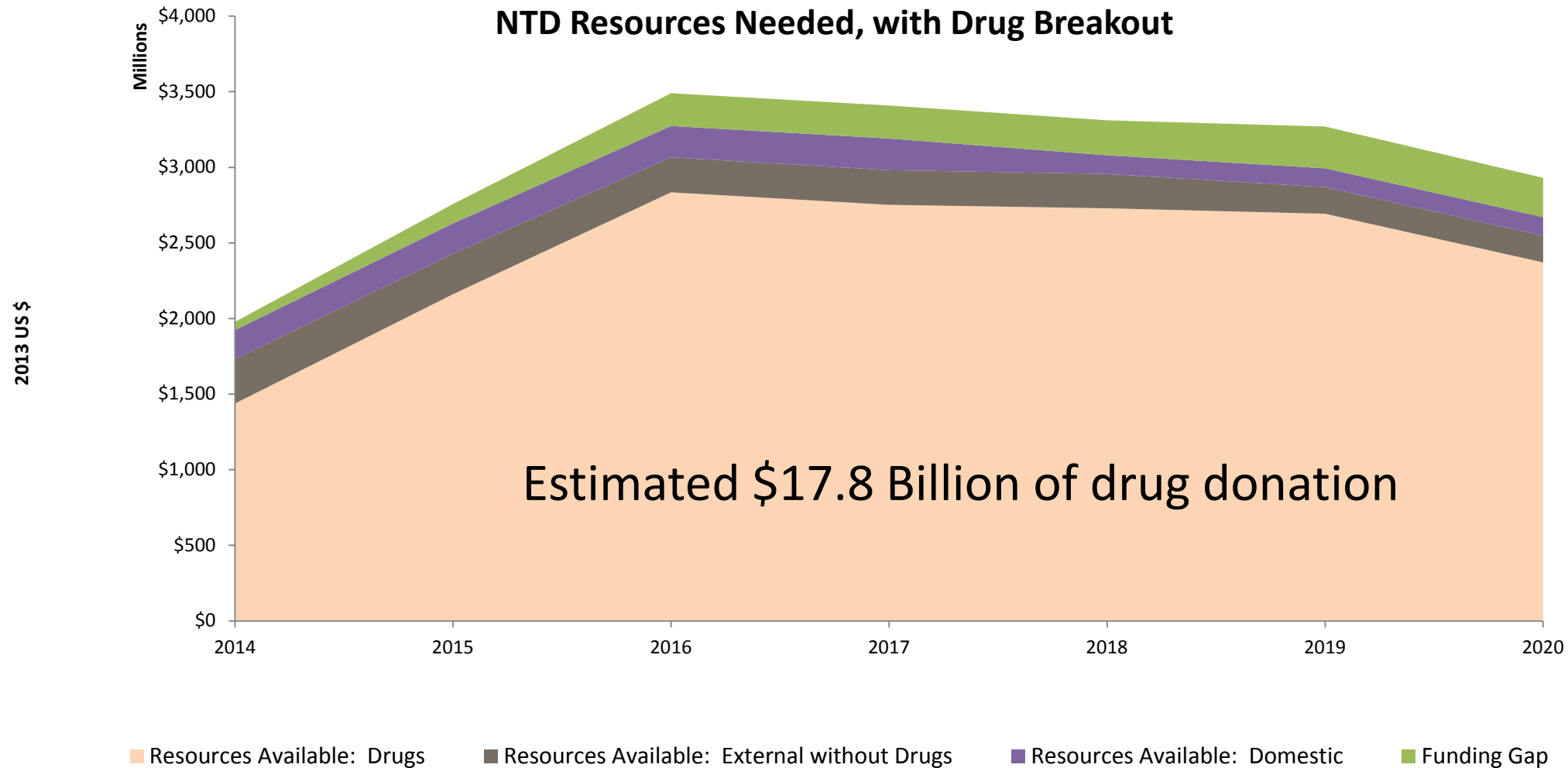


NTD Funding Gap with Post-London Declaration Breakout



Estimated domestic resources available are based on total resources needed, and decline as resource needs decline.

# Estimated Resources Needed, including Drug Donations for PCTs\*



\* Drug values were independently calculated by Abt Associates based on published international prices, and have not been validated with pharmaceutical companies. Projected drug donations are tied to treatment projections, which decrease as countries meet their goals.