Refining NTD Funding Gap Analysis

Summary Presentation for Uniting to Combat NTDs Community Event
April 2, 2014
## Background

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

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

Epidemiology and Projections
- Mass drug administration for PCT
- Case detection for IDMs
- Treatment of IDMs

Costs
- MDA
- Case detection
- Treatment of IDMs

Domestic Spending
- Government sources

International Aid
- Bilateral Governments
- Official Development Assistance
- Pharma and the Philanthropic Sector

Gap

Resources Needed

Resources Available
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

Additional information:
- Cost funding gap were prepared by WHO and included in summary form in this analysis.
Resources Needed
Total Costs to achieve 2020 Goals ~$4.1 Billion USD

~$1.4 Billion USD

~$2.7 Billion USD

34%

66%

PCT
IDM
Total Costs to achieve 2020 Goals ~$4.1 Billion USD

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.