Mobilizing resources for NTDs

- Estimating the needs for the next five years
  - Preventive chemotherapy for helminthiasis and trachoma
  - Other NTDs

- Opportunities

- Mapping the NTD partnerships and collaborations
## Cost analysis of LF MDA program

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>MDA round</th>
<th>Population at Risk in Current MDA Areas</th>
<th>Population Treated</th>
<th>Financial Cost ($US)</th>
<th>Financial per Person Treated ($US)</th>
<th>Economic Cost per Person Treated ($US)</th>
<th>MDA Coverage Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>2001</td>
<td>1</td>
<td>559,000</td>
<td>431,399</td>
<td>$46,000</td>
<td>0.11</td>
<td>4.55</td>
<td>77%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>2002</td>
<td>2</td>
<td>2,613,000</td>
<td>1,801,125</td>
<td>$110,000</td>
<td>0.06</td>
<td>4.82</td>
<td>69%</td>
</tr>
<tr>
<td>Ghana</td>
<td>2002</td>
<td>2</td>
<td>1,650,000</td>
<td>1,223,122</td>
<td>$1,358,000</td>
<td>0.17</td>
<td>4.88</td>
<td>69%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2000</td>
<td>1</td>
<td>40,800</td>
<td>37,000</td>
<td>$20,000</td>
<td>0.54</td>
<td>5.16</td>
<td>91%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2001</td>
<td>2</td>
<td>182,000</td>
<td>118,220</td>
<td>$50,000</td>
<td>0.42</td>
<td>5.82</td>
<td>65%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2002</td>
<td>3</td>
<td>537,000</td>
<td>437,698</td>
<td>$118,000</td>
<td>0.27</td>
<td>4.56</td>
<td>82%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2003</td>
<td>4</td>
<td>687,000</td>
<td>511,671</td>
<td>$133,000</td>
<td>0.26</td>
<td>4.53</td>
<td>75%</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>2002</td>
<td>1</td>
<td>142,000</td>
<td>115,411</td>
<td>$216,000</td>
<td>1.87</td>
<td>3.10</td>
<td>83%</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>2003</td>
<td>2</td>
<td>333,000</td>
<td>250,059</td>
<td>$217,000*</td>
<td>0.87*</td>
<td>1.56*</td>
<td>75%</td>
</tr>
<tr>
<td>Egypt</td>
<td>2000</td>
<td>1</td>
<td>2,088,000</td>
<td>1,795,553</td>
<td>$2,412,000</td>
<td>1.37</td>
<td>1.80</td>
<td>86%</td>
</tr>
<tr>
<td>Egypt</td>
<td>2001</td>
<td>2</td>
<td>2,638,000</td>
<td>2,320,602</td>
<td>$3,109,000</td>
<td>1.00</td>
<td>1.34</td>
<td>87%</td>
</tr>
<tr>
<td>Haiti (Leogane)</td>
<td>2000</td>
<td>1</td>
<td>150,000</td>
<td>105,750</td>
<td>$236,000</td>
<td>2.23</td>
<td>n/a</td>
<td>71%</td>
</tr>
<tr>
<td>Haiti (Leogane)</td>
<td>2001</td>
<td>2</td>
<td>150,000</td>
<td>79,713</td>
<td>$156,000</td>
<td>1.96</td>
<td>n/a</td>
<td>53%</td>
</tr>
<tr>
<td>Haiti (Leogane)</td>
<td>2002</td>
<td>3</td>
<td>150,000</td>
<td>121,139</td>
<td>$158,000</td>
<td>1.30</td>
<td>n/a</td>
<td>81%</td>
</tr>
<tr>
<td>Haiti (Milot)</td>
<td>2002</td>
<td>1</td>
<td>126,000</td>
<td>100,376</td>
<td>$110,000</td>
<td>1.10</td>
<td>n/a</td>
<td>79%</td>
</tr>
<tr>
<td>Philippines</td>
<td>2003</td>
<td>3</td>
<td>691,000</td>
<td>556,912</td>
<td>$105,842</td>
<td>0.19</td>
<td>0.40</td>
<td>81%</td>
</tr>
</tbody>
</table>

*Adjusted for peso devaluation.

Cost analysis of LF MDA program

Financial support versus Economic value

Financial support (actual cash disbursements for a programme)

- Government: 56%
- Foundations & NGOs: 29%
- WHO: 14%
- Bilateral: <1%
- Community: <1%

Approx. $1 per capita

Economic value (the value of all resources used in the programme)

- Government: 34%
- Private Sector: 53%
- WHO: 2%
- Bilateral: <1%
- Community: 1%
- Foundations & NGOs: 9%

Approx. $4 per capita

WHO Strategic and Technical Advisory Group Meeting on Neglected Tropical Diseases, Geneva 17-18 April 2008
Economic costs of anthelminthic treatment by major cost item in Uganda

Average % 2003-5 of six districts in Uganda (Busia, Mayuge, Hoima, Masindi, Moyo, Nebbi)

Source: Cost and cost-effectiveness of nationwide school-based helminth control in Uganda; intra-country variation and effects of scaling-up, Nov 2007, Health Policy and Planning Advance Access
Cost analysis of preventive chemotherapy

- Financial costs (cash disbursement) per person treated: US$0.06 - US$2.23
- Economic costs per person treated: US$0.40 – US$5.87
- Cost of medicines (donations or subsidised) represent a large proportion of contributions to MDA programs
- National governments contributions represent a significant portion of the resources used to implement PC: generally 60-90% of program operation costs, excluding costs of donated medicines.
Rough estimates of additional resources needed over the next 5 years

- Procure and subsidise essential medicines for PC: $260 million
- Additional support to national programmes: $740 million
- Research and development: work in progress IGWG
Points for discussion for mobilizing resources

- Increased bilateral support: G8 & DAC/non-DAC donors

- Development banks, the World Bank, the Global Fund and UNITAID

- Private sector, notably Pharma (in-kind and financial support)

- Innovative funding mechanisms:
  - use of a flexible "NTD Fund" or alternative financing mechanism to support NTD control based on need. Supported health systems and integrated programs, based on plans developed by endemic countries
Need for a collaborative and coordination platform

- Governmental leadership and ownership
  - Facilitate engagement of multiple stakeholders at country level

- Multiple diseases, initiatives and supporting efforts, private sector engagement – require coordination
  - Support and access to governments

- Lean, transparent and effective coalition needed

- Avoiding duplication of effort

- Advocacy based on quantitative knowledge
### Global partnerships for the control of NTDs

<table>
<thead>
<tr>
<th>Partner Group</th>
<th>Name</th>
<th>Role and Main responsibilities</th>
</tr>
</thead>
</table>
| Governments                        | National authorities of endemic   | ● owner and beneficiaries of National Plans  
● engage/lead all stakeholders  
● implement the full range of activities  
● invest national resources (human, financial, infrastructure)                                                                 |
| countries                          |                                    |                                                                                                                                                               |
| Spearheading partners              | WHO                                | ● provide strategic directions, technical assistance, operational support, capacity building (NTD and health systems)  
● procurement of essential medicines  
● monitor and evaluate progress  
● support surveillance systems, resource mobilization, donor coordination, advocacy and public information                                                                 |
<p>|                                   | UNICEF, WFP, FAO                   | ● leading partners in strategy, implementation, procurement and distribution                                                                                                                                              |
|                                   | GNNTDC                             | ● advocacy and resource mobilization based on national plans                                                                                                                                                              |
|                                   | Technical agencies and Academia (US | ● Scientific knowledge, research, training and evaluation                                                                                                                                                                 |
|                                   | CDC, IMT, LSTM, LSHTM, STI, others)|                                                                                                                                                                                                                            |</p>
<table>
<thead>
<tr>
<th>Partner Group</th>
<th>Name</th>
<th>Role and Main responsibilities</th>
</tr>
</thead>
</table>
| **Donors and technical partners**     | Agencies for international development cooperation (CIDA, DFID, France, GTZ, JICA, KFW, Spain, USAID, others) | ● provide multilateral and bilateral support  
● undertake high-level advocacy with endemic countries and other partners  
● provide access to technical expertise within their countries |
|                                      | Foundations including B&MGF, Nippon Foundation, others                | ● provide financial support, advocacy and assistance in partnership development                  |
|                                      | Pharma and generic manufacturers                                     | ● Manufacture, donation, preferential prices  
● Pharmaco vigilance, logistics and research                                                      |
|                                      | Development banks and multilateral agencies including World Bank      | ● provide access to country-level financing through "soft loans"                                |
| **Disease specific coalitions**       | APOC, GAELF, GET2020, RISEAL, RTI, SCI, Task force for Child Survival, others | ● At their request, assist national programmes in implementing NTD control                      |
| **International humanitarian organizations, NGOs, FBOs** | International Federation of Red Cross, Red Crescent Societies, MSF, various NGOs and FBOs working in the control of NTDs | ● conduct advocacy at international, national levels  
● contribute financial, operational and technical support in priority countries  
● assist in facilitating access in areas of conflict and refugees populations  
● contribute to the implementation of activities in the field |