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SD4 – financing for sustainability
A strategic approach to financing hepatitis
Finding the finance is an issue

- **Global**
  - Dedicated funds, 35%
  - National Plan, 62%

- **Eastern Mediterranean**
  - Dedicated funds, 44%
  - National Plan, 88%

- **European**
  - Dedicated funds, 42%
  - National Plan, 67%

- **Western Pacific**
  - Dedicated funds, 34%
  - National Plan, 61%

- **Americas**
  - Dedicated funds, 36%
  - National Plan, 52%

- **African**
  - Funds, 22%
  - National Plan, 52%

- **South East Asia**
  - Dedicated funds, 38%
  - National Plan, 50%
Financing hepatitis is achievable

- 135 LICs and MICs need an average of $6 billion a year IN TOTAL

- Cost of 2010 World Cup in South Africa > $3 billion

- Cost of 2010 Commonwealth Games in India >$4 billion
A strategic approach to financing – for sustainability

- Cost the programme
- Make the investment case
- Budget for the next budget cycle
- Examine the options for financing it
Financing

Costing the programme – key considerations

• Knowing the epidemiology – costs may vary for certain populations
• Having a national plan with implementation details in line with WHO targets
• Minimising costs (e.g. integration, efficiencies, pooled procurement)
• Taking a bottom-up approach – costing each activity and its frequency
• Costing each part of the programme will help if financing needs to be found from multiple sources
Financing
Making the investment case – key considerations

• Cost-effectiveness analysis – is it a good/better use of finite resources?

• Cost/benefit analysis – why put (new) investment into hepatitis?
Financing
Budgeting – key considerations

• What can be implemented within the next budget cycle?

• May be useful to look at more than one scenario, e.g. aggressive, moderate and slow implementation and choose in line within fiscal space

• In general rapid scale-up is likely to have a better return on investment but may not be affordable
Domestic Financing
Other financing sources

- Major external funders – small and getting smaller but still possible
- ODAs – more focussed on health system strengthening but much of hepatitis prevention does strengthen the health system
- Hypothecated taxes – unlikely but see UNITAID’s funding
- Patient co-payment – not desirable but may be needed
- Loans/bonds (development banks, commercial, social impact bonds) – can better align costs with savings
- Debt forgiveness
- Public-private partnerships
An example of multiple sources

- **Global fund grant**: for harm reduction as activities are integrated with HIV.
- **ODA grant**: for the birth dose vaccine.
- **GAVI grant**: for the HBV universal three dose vaccine.
- **Patient co-payment**: for the assessment of liver disease.
- **Budget line**: to be used for areas such as workforce development.
- **Public health insurance** (Government funded) for treatment.
- **Public-private partnerships**: for testing.
- **Academic/research grant**: for a service delivery project in marginalised populations.
Financing

Useful Links

• A template for a strategic approach to financing (including a costing tool) [www.hepatitisfinance.org](http://www.hepatitisfinance.org)

• The investment case [www.hepcccalculator.org](http://www.hepcccalculator.org)
Financing

• Health investment decisions should be rational

• But often they are not

• They often have emotional and voting/popularity elements

• Advocacy support for the evidence is critical
Financing

A strategic approach to financing – for sustainability

• Cost the programme

• Make the investment case

• Budget for the next budget cycle

• Examine the options for financing it
Conclusions

1. Financing hepatitis will require very smart thinking to minimise costs

2. Financing hepatitis may require a very good investment case for domestic financing

3. Financing hepatitis may require very smart thinking to find new/unusual sources

4. Financing hepatitis may require many different sources

5. ADVOCACY will always be important
Financing is not a barrier to elimination