Uniting Efforts for Innovation, Access and Delivery Webinar Report

Financial for Access and Delivery Amid a Global Crisis: Innovative Approaches to Maintain Momentum on Neglected Diseases

2 July 2020

Uniting Efforts for Innovation, Access and Delivery (Uniting Efforts) is a global platform launched in January 2019 by three core partners – the Government of Japan, the United Nations Development Programme (UNDP)-led Access and Delivery Partnership (ADP) and the Global Health Innovative Technology (GHIT) Fund. Uniting Efforts aims at facilitating dialogue and collaboration necessary to increase innovation, access and delivery of health technologies for neglected diseases by convening and bringing together multiple stakeholders – including governments, funders, innovators and civil society – to identify challenges, explore opportunities and act on solutions.

In the second of a series of virtual dialogues, a webinar was held on 2 July 2020 on “Financing for Access and Delivery Amid a Global Crisis: Innovative Approaches to Maintain Momentum on Neglected Diseases”. The webinar was attended by some 170 participants (out of the 357 who had registered) and was an opportunity to launch and discuss a discussion paper commissioned by Uniting Efforts: a “Landscape of funding and financing opportunities for access and delivery of health technologies for neglected diseases” authored by independent consultant, Mr. Rohit Malpani. The discussion paper, agenda, bionotes on the speakers, and video recording of the webinar are available at: https://www.unitingeffortsforhealth.org/webinars

The 1.5-hour programme was moderated by Dr. Julie Jacobson, Managing Partner of Bridges to Development, and opened with a statement by Dr. Mandeep Dhaliwal, Director of the HIV, Health and Development Group of UNDP on behalf of the three partners of Uniting Efforts. This was followed by a keynote presentation of the discussion paper by Mr. Malpani and a panel discussion with interventions by four experts: Dr. Mwele Malecela (Director, Department of Control of Neglected Tropical Diseases (NTDs), World Health Organization), Ms. Thoko Elphick-Pooley (Director, Uniting to Combat NTDs Secretariat), Dr. Sultani Hadley Matemdechero, (Director, Vector-borne Diseases and NTD programme, Government of Kenya) and Dr. Brian Adu Asare (Senior Technical Advisor for Pharmacy, Ministry of Health, Government of Ghana). The panel held a lively and interactive discussion with the participants. Closing remarks were made by Ms. Catherine Ohura, Chief Executive Officer and Executive Director of the GHIT Fund.
Dr. Dhaliwal opened the webinar with an introduction of the work of Uniting Efforts, explaining how it contributes to the 2030 Sustainable Development Goals (SDGs), including:

1. Ending the epidemics of tuberculosis (TB), malaria and NTDs;
2. Achieving Universal Health Coverage (UHC); and
3. Improving access to essential medicines.

In addition, Uniting Efforts contributes to the WHO NTD Roadmap 2021–2030 and strategies for resource mobilization for neglected diseases. She described how the ongoing coronavirus disease (COVID-19) pandemic has exposed the fragilities and inequalities in health systems and its devastating impact on people, health systems and the global economy worldwide. She stated that COVID-19 will likely have an impact on the financing landscape for neglected diseases, with the risk of those diseases being further neglected. Thus, the landscape analysis and strategies to improve investments in neglected diseases were now even more pertinent than when Uniting Efforts started this joint endeavour prior to the COVID-19 pandemic. Dr. Dhaliwal concluded by noting that the pandemic has been an opportunity to demonstrate the possibility for rapid resource mobilization and multi-stakeholder collaboration to tackle global health challenges and how that can be applied to neglected diseases.

Mr. Malpani presented a summary of the four key components of the discussion paper:

1. An overview of existing funding trends
2. An initial mapping of the access and delivery funding needs
3. Opportunities to augment funding and resource mobilization, and
4. Proposals to improve the efficiency of investments,

The presentation by Mr. Malpani drew informative comments from the panelists and stimulated lively interactive discussion with the participants through the question-and-answer period, chat sessions and polling questions.

Throughout the webinar, polling questions were posed to the audience to stimulate discussion. It was clear from the polling questions that most countries faced challenges in securing funding across the whole access value chain of interventions needed for neglected diseases, and more specifically with the funding of the supply, distribution and last-mile delivery.

Out of all the options proposed as solutions for sustainable funding, the participants voted overwhelmingly for domestic...
resource mobilization, which is in line with one of the pillars of the upcoming WHO NTD Roadmap 2021–2030 and was highlighted by Dr. Malecela in her presentation.

Dr. Malecela noted that the paper mentions the lack of tracking of investments in NTDs and that this is an area that WHO is working on as accompanying tools for the WHO NTD Roadmap, for example, the monitoring and evaluation (M&E) and Sustainability Framework. She welcomed the innovative financing options proposed in the paper and cited the need for greater collaboration in order to mobilize all the necessary resources needed to deliver on the Roadmap.

The utility of the Uniting Efforts knowledge product and the need to have a discussion on strategies to improve financing and funding for access and delivery of health technologies was echoed by several of the panelists. Dr. Matendechero provided a programme implementation perspective and acknowledged that there was need for more ownership by governments and communities as a hallmark for domestic resource mobilization and sustainability. He also noted the discrepancies in terms of available technologies, particularly diagnostics, which he saw as an area that requires more attention.

Dr, Asare appreciated that the document not only looked at challenges but also offered practical solutions that could be used in low-and-middle income countries (LMICs). Some, like domestic earmarked taxes, diaspora bonds, catalytic funds (e.g. Global Financing Facility), and conditional funding (debt-to-health swaps), were provided as examples in the discussion paper. Dr. Asare gave the example of the Sankofa diaspora funds used in Ghana, although not specifically earmarked for NTDs. He concluded that the paper proposed practical options and acknowledged that there is a need for more efficiencies as mentioned in the paper, including moving away from vertical programmes. He also noted that the issue of integration of NTD interventions is another pillar of the new WHO Roadmap.

Another poll question asked to identify the largest funder for diagnostics and treatments for neglected diseases in the different countries. The response shows that most of the governments in LMICs are already the largest funders, indicating that countries are already investing in neglected diseases.

Mrs. Elphick-Pooley appreciated the paper’s framing of health as an investment and not a consumable. As an advocacy organization, Uniting to Combat NTDs agreed on the need for more country ownership and political leadership. They have been working, for example, with

What is the biggest challenge your country faces is funding for access and delivery of health technologies for neglected diseases?

- Inadequate funding across the access and delivery value chain
- Supply, distribution and service delivery
- Selection/ Demand Forecasting/ Procurement
- Regulatory review
- Other

Which financing/ funding opportunity seems the most promising?

- Increases domestic financing
- Increase voluntary contribution (e.g. local-regional philanthropies, private sector)
- Increase donor funding
- Other

Who is the largest funder of diagnostics and treatments for neglected diseases in your health system or country?

- Out of Pocket/ Individual
- Government
- Bilateral Donor/ Non-State Actors
- Multilateral Donors (e.g. Global Fund)
- Other

How much do you think COVID-19 has/will impact service delivery) including financing for the delivery of health technologies) for neglected diseases in your health system or country?

- Not quantifies yet
- Severely
- Moderately
- Very Little

Which of these areas of further works/ analysis would you be most interested in seeing from Uniting Efforts?

- Explore synergies with novel sources of funding dedicated to COVID-19 or climate change
- Strategies to improve coordination and efficiencies of investments
- Framework to identify funding needs for access and delivery of health technologies, focusing on specific diseases and/or countries
- Opportunities to improve data collection
the African Union to push for this as a key pillar in domestic resource mobilization and thus welcomed the innovative solutions offered on how governments could mobilize more domestic resources. Discussion with the participants followed on how this could be achieved, for example through greater government ownership and political leadership. Examples of innovative domestic resource mobilization were also discussed, including instruments such as impact bonds that have been used in reproductive health. Ms. Elphick-Pooley also highlighted the need for greater solidarity in tackling NTDs and raised the concern that the vast amounts of money mobilized for COVID-19 responses could have a negative impact on official development assistance (ODA) for health in general and NTDs in particular.

In response to a poll question on the impact of the COVID-19 pandemic on financing for neglected diseases, the majority of the respondents expected severe impact even though the pandemic was still evolving.

Mr. Malpani reflected that the COVID-19 pandemic would result in a decline of funding resources from donor countries (i.e. decline in ODA) as these countries grappled with the pandemic nationally. There is also likely to be a decline in pharmaceutical production for neglected diseases due to repurposing for COVID-19. An increase in the debt crisis in many LMICs could also result in fewer domestic resources being channeled towards neglected diseases, These factors were likely to cause further neglect of neglected diseases, a prospect that all the panelists agreed should not be allowed to happen.

The panel was followed by an interactive discussion and session of questions and answers with the expert participants with the following conclusions:

- The COVID-19 pandemic is both a challenge and an opportunity. It is a challenge in its impact on people’s health and livelihoods and the global economy, and in the risk of disease resurgence, but it is an opportunity to showcase the value of collaborative work and partnerships in resource mobilization and the importance of investing in health systems, including strategies to improve access and delivery of health technologies.
- Several of the innovative financing propositions included in the paper are seen as promising, practical and possible, but increasing domestic funding and efficiencies in service delivery stand out as the most promising ways to provide sustainability. The next step would be to determine how stakeholders can mobilize these resources.
- Local ownership is crucial.
- There is a need for stronger resource mobilization and improvement of national financing strategies for neglected diseases, including for the implementation of the WHO-NTD Roadmap
- Research and development, access and delivery of diagnostics were highlighted as an area that requires more investments and attention.

The final poll question asked participants for their thoughts on next steps for Uniting Efforts on this important discussion. The response was clear that further work for Uniting Efforts involved strategies to improve the coordination and efficiency of investments. These areas will be explored in detail by Uniting Efforts partners.

The webinar concluded with a summary of the discussions by both Dr. Jacobson, the moderator, and Mrs. Ohura, on behalf of the three partners of Uniting Efforts.
Financing for Access & Delivery Amid a Global Crisis: Innovative Approaches to Maintain Momentum on Neglected Diseases

July 2, 3 pm – 4.30 pm CEST

- Moderator Introduction: Dr. Julie Jacobson, Bridges to Development
- Welcome & Opening Remarks: Dr. Mandeep Dhaliwal, UNDP HIV, Health and Development & Access and Delivery Partnership (ADP)
- Launch and Presentation of the Discussion Paper, “Landscape of Funding and Financing Opportunities for Access and Delivery of Health Technologies for Neglected Diseases” by Mr. Rohit Malpani, consultant
- Panel:
  - Dr. Sultani Hadley Matendechero, Ministry of Health, Kenya
  - Dr. Mwele Malecela, WHO NTD Department
  - Mr. Brian Abu Asara, Ministry of Health, Ghana
  - Ms. Thoko Elphick-Pooley, Uniting to Combat NTDs
- Q&A & Discussion with Registered Participants
- Moderator Wrap-up: Dr. Julie Jacobson, Bridges to Development
- Concluding Remarks: Ms. Catherine Ohura, Global Heath Innovation Technology (GHIT) Fund
Annex 2:

Question and Answer Session

This report summarizes the questions from the participants with the responses from the panelists and/or from fellow participants. Names of the participants have been removed to maintain anonymity. Some of the questions were answered live and others via the chat function of the webinar. More details can be found from the webinar recording as some of the questions were answered live.

Q: Focus has been largely on treatment. However, diagnostics remain largely underfunded. Even where these are available, access is a challenge to most countries. How can this be addressed?

Q: Integrated Diagnostic Platforms (as well as monitoring and evaluation (M&E) platforms) could be key to enhancing efficiency. Is this supported as a priority?

Dr. Malecela (WHO NTD Department) – There are some diseases in the priority 20 that would not make any progress without investments in diagnostics. As mentioned in the paper, the future is in emerging health technologies, an issue being worked on by the WHO Diagnostic Technical Advisory Group (DTAG). The next step, which we are still grappling with, is to ensure that we have access and delivery of the diagnostics into the countries.

Dr, Sultani (MOH Kenya) – One of the challenges that we face is how to determine that we have broken down transmission, an area that requires innovative diagnostics. Diagnostics remain a central part of programming in terms of case detection, monitoring and surveillance.

Dr. Asare (MoH Ghana) – The issue of diagnostics can easily be complicated as it ranges from simple rapid diagnostic tests (RDTs) to the use of more complicated engineering equipment. The idea is to use a Health Technology Assessment (HTA) to assess which diagnostics are needed and then find ways of how the access and delivery can be bundled into the health system to increase efficiency.

Mr. Dagne (WHO NTD Department) – WHO has identified issues around NTD diagnostics as a priority. This requires advocacy by all NTD partners while WHO guides the process of identifying priority NTD diagnostic needs and developing the characteristics and product profiles. Increasing domestic financing has a major role to play in addressing the access and delivery issues as donations for diagnostics are unlikely.

Q: Can we create a financial facility for NTDs and issue NTD bonds to raise funds, similar to the work of the International Finance Facility (IFFIm) and GAVI, the Vaccine Alliance?

Ms. Elphick-Pooley (Uniting to Combat NTDs) – I think there is an opportunity to learn from other areas where this has worked well such as the UBS Development Impact Bonds in Rajasthan, India on reproductive, maternal, newborn and child health (RMNCH). We have elimination goals for NTDs and I would love to hear from our health economists in NTDs about possibilities in the area of impact bonds. Iain Jones has been involved with an Impact Bond for Eye Health that could provide some learning and recommendations for NTDs.

Participant: GAVI is brilliant but there might be other options, given possible issues with country eligibility criteria. Manufacturing and technologies need to be developed in Africa. The Coalition for Epidemic Preparedness Innovations (CEPI) mobilized substantial resources during the economic agenda at the World Economic Forum in Davos in 2017 for preparedness and vaccines, but as of today we don’t have anything yet. So it is also about transparency and budget allocation with accountability objectives including patients’ societies, research institutions and private traditional and non-traditional sectors. Governments need to take leadership along with intergovernmental efforts.

Q: How do we set up a sustainable control programme on NTDs?

Dr. Mwele (WHO) – This is the basis of the sustainability framework that we are currently developing.

Participant: Very underestimated is the utilization and evaluation of traditional medicines used in Africa, Asia, and Latin America (e.g. artemisia), which have been used for years and are affordable, and supported by a former Director-General of WHO.

Participant: Climate, environment, hygiene and sanitation also need to be addressed, including through education and prevention, given the proliferation of vectors and vector-borne diseases and stagnant water.
Q: We have brainstormed solutions to deliver services in a COVID-19-safe way, without increasing the programme (donor-funded) budget. One idea is to integrate campaigns – using two programme budgets to deliver interventions simultaneously while adhering to COVID-19 precautions. Is this a type of “cost-sharing” or increased value for money something that could become standard across NTD programming?

Dr. Mwele (WHO) – WHO had to put out guidance on how to manage NTD programmes at the beginning of the outbreak and now we are discussing how best to reopen. We are using country experiences, for example the mass drug administration (MDA) for schistosomiasis in Madagascar that had social distancing components and mobile follow-up of patients.

Q: How do we get the leadership of those affected in local governments to make those demands for NTD fundraising when at the country level there are so many health priorities to raise funds for?

Ms. Elphick-Pooley – True, countries have many competing priorities but addressing NTDs is something local leadership can be excited by. Everyone wants to be associated with a win and we should use this as a strong advocacy point for domestic resource mobilization on NTDs.

Q: Countries have been struggling to clear NTD health commodities from the port of entry. The major obstacle in getting NTD commodities cleared on time may be inefficiencies at country customs systems but also financial constraints at the Ministries of Health. I suggest that at some point, countries and donors should agree to finance the area of strengthening our customs systems so that NTD health commodities are given priority to enter the country’s central warehouse without delays. This needs attention through multisectoral approach and financing.

Ms. Elphick-Pooley – Completely agree. This is an important question and is a very clear ask that can be put to ministers of finance for these commodities to enter the country efficiently. You will be pleased that the African Union continental framework on NTDs includes this point.

Q: Does WHO have plans to extend the funding tracker to a platform that potential donors can consult?

Dr. Mwele – Not yet. We hope that once countries have the sustainability frameworks this can be done. We are currently in the stage of working with countries to develop these frameworks.

Participant – It would be good for WHO to have a system to track resource flow into NTDs (domestic and external) as part of the new Roadmap.

Dr. Mwele – Yes it is part of both the sustainability and investment case.

Q: The report recommends a need to identify novel sources of financing. Can you expand upon the opportunities for exploring the intersection of climate finance and funding of access for NTDs?

With reference to this rapidly changing climate, what do you think about funding to slow down this major global health issue as we aim to mitigate the climate-sensitive infectious (tropical) diseases?

Mr. Malpani – For climate finance, the first step has been that there is a greater scientific consensus that this will occur and in fact is already occurring. To the extent that donor countries may eventually start to address these neglected diseases over time could help to make the jump from an acknowledgment of the link of climate change to neglected diseases to actually applying the existing financing channels – whether it is the Green Climate Fund, or development assistance geared to adaptation to climate change – towards neglected disease access and delivery programmes.

Q: I found that country plans for elimination of NTDs emphasize MDA (a preventive measure) but neglect the disease management, disability and inclusion (DMDI) component so how can WHO advocate on community disability issues?

Dr. Mwele – This will change as countries begin to use the model of the new Roadmap to develop their own plans.

Participant – What about enlightenment programmes on the routes of transmission of the diseases, especially schistosomiasis?

Participant: The current focus is mainly on preventive chemotherapy (PC)-NTDs with MDA. Case management of NTDs like buruli ulcer, yaws, mycetoma, scabies, and leprosy also need to be considered for funding and support. Yaws is targeted for eradication by 2030 as per the Roadmap. Now these diseases are grouped under Skin-NTDs to promote integrated approaches.
Q: In almost all LMICs, we are seeing a worrying accumulation of public debt. Two questions: (1) how do you balance the need to keep national debts at bay with the need to accumulate more debt (via impact bonds)? (2) From your study, are there best practices/other innovative mechanisms to raise money from the private sector?

Mr. Malpani – I think there are some differences in size between impact bonds and national debts – and the repayment mechanisms for impact bonds tend to be less punitive. But when we talk about financing for health systems, it is far more of a risk potentially for LMICs when we see the existing levels of debt. As for raising money from the private sector, I think there is always a role for philanthropy, but I think finding ways to ‘painlessly’ obtain funds from the turnover in the private sector is most effective – thus the success of airline taxes, and the potential for financial transaction taxes in the future.

Q: You mentioned moving away from MDAs – have there been promising alternatives piloted? How would alternative strategies maintain the cost efficiency achieved by (effective) MDAs?

WHO NTD Department: The issue is not moving away from MDA but to ensure that mass treatment activities are implemented safely in the COVID-19 context. WHO is working on a document expected by the end of July that will provide guidance, “Considerations for implementation of mass treatment, active case finding and population-based surveys for NTDs in the context of the COVID-19 pandemic”. The guidance is made of two sections: (1) a risk-benefit assessment (to decide if the NTD activity should proceed, or not; ideally it should proceed when expected benefits exceed associated risks); and (2) a list of mitigation measures (to be applied to the planned NTD activity in order to decrease its associated risk of COVID-19 transmission). Some mitigation measures imply adjustments to the way mass treatment is implemented (e.g. a door-to-door approach, or staggered arrival if treatment points are rather chosen; self-administration of medicines under supervision, etc.), while others refer to basic COVID-19 preventive measures such as physical distancing, cleaning hands frequently, and cough etiquette), or to organizational aspects such as coordination, planning, risk communication, etc.