TB Modelling and Analysis Consortium

Financing TB

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Global financing transition

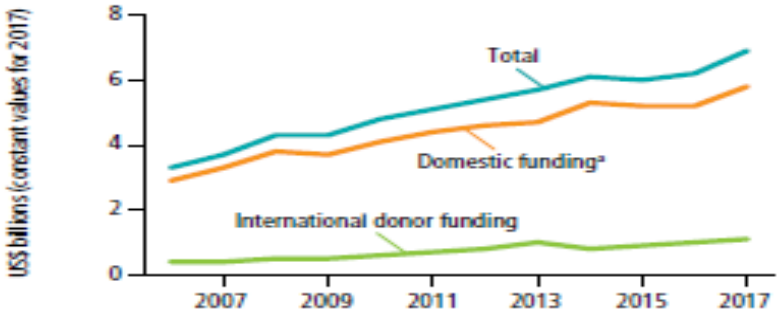
TB funding increasing, primarily from domestic funding

Domestic funding is core to TB (84%), but comes primarily in the form of outpatient and inpatient care

BRICS funded 95% of their own TB services and 46% of global spending

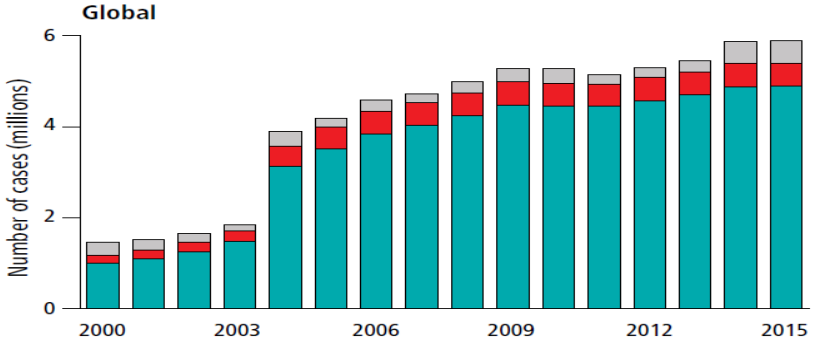
Donor funding also increasing, but HIV funding and DAH staying stable. Critical for non-BRICS (48% of their funding)

Funding for TB prevention, diagnosis and treatment by funding source, 2006–2017, 118 countries with 97% of reported TB cases



[a] Domestic funding includes TB-specific budgets and the estimated resources used for inpatient and outpatient care (see Box 6.1). 93% of the funding of US$ 3 billion for inpatient and outpatient care in 2017 is accounted for by middle-income countries; such countries do not typically receive international donor funding for inpatient and outpatient care services.

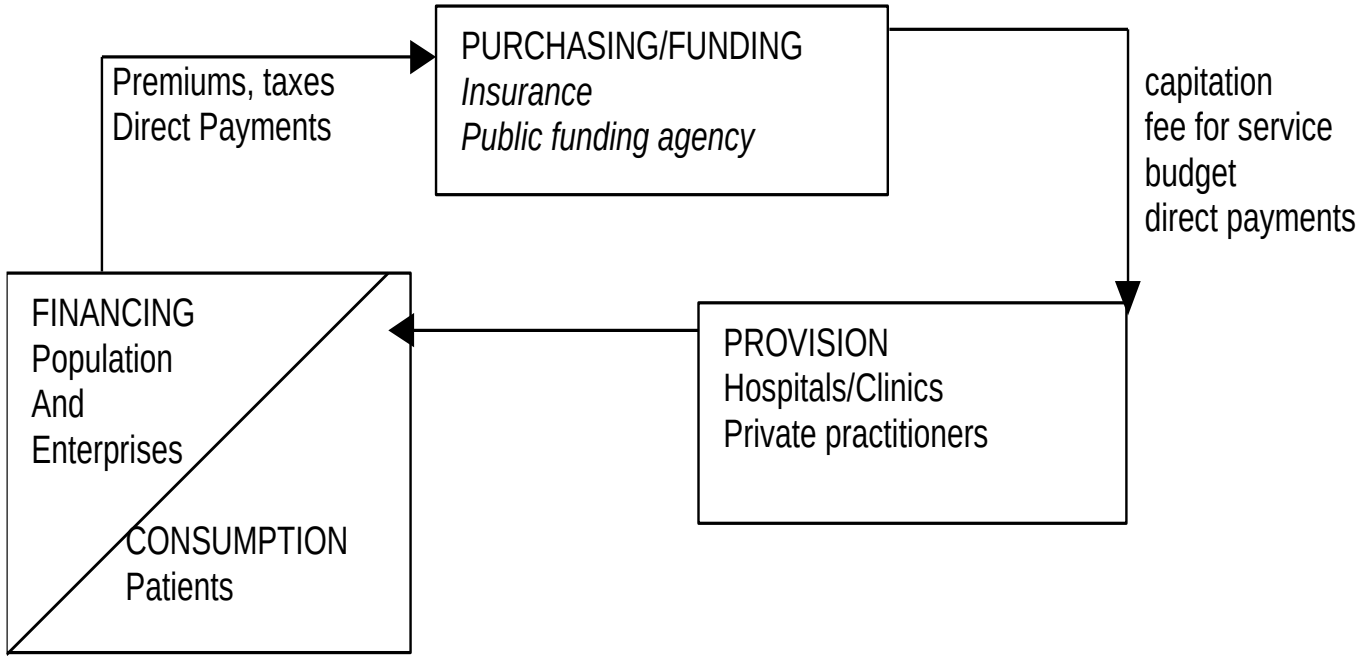
Treatment outcomes for new and relapse TB cases[a] (absolute numbers), 2000–2015, globally and for WHO regions

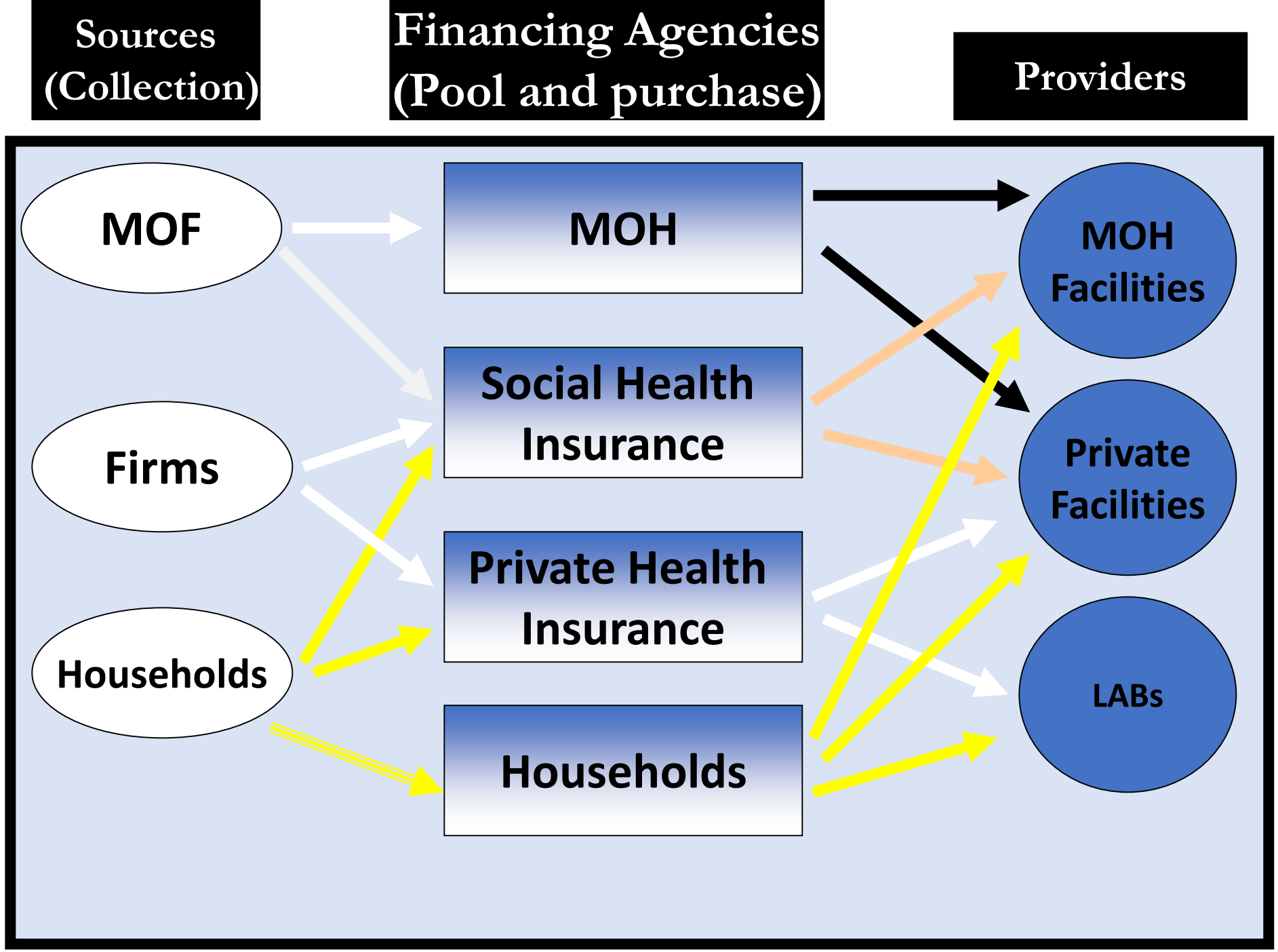


Financing (for UHC)

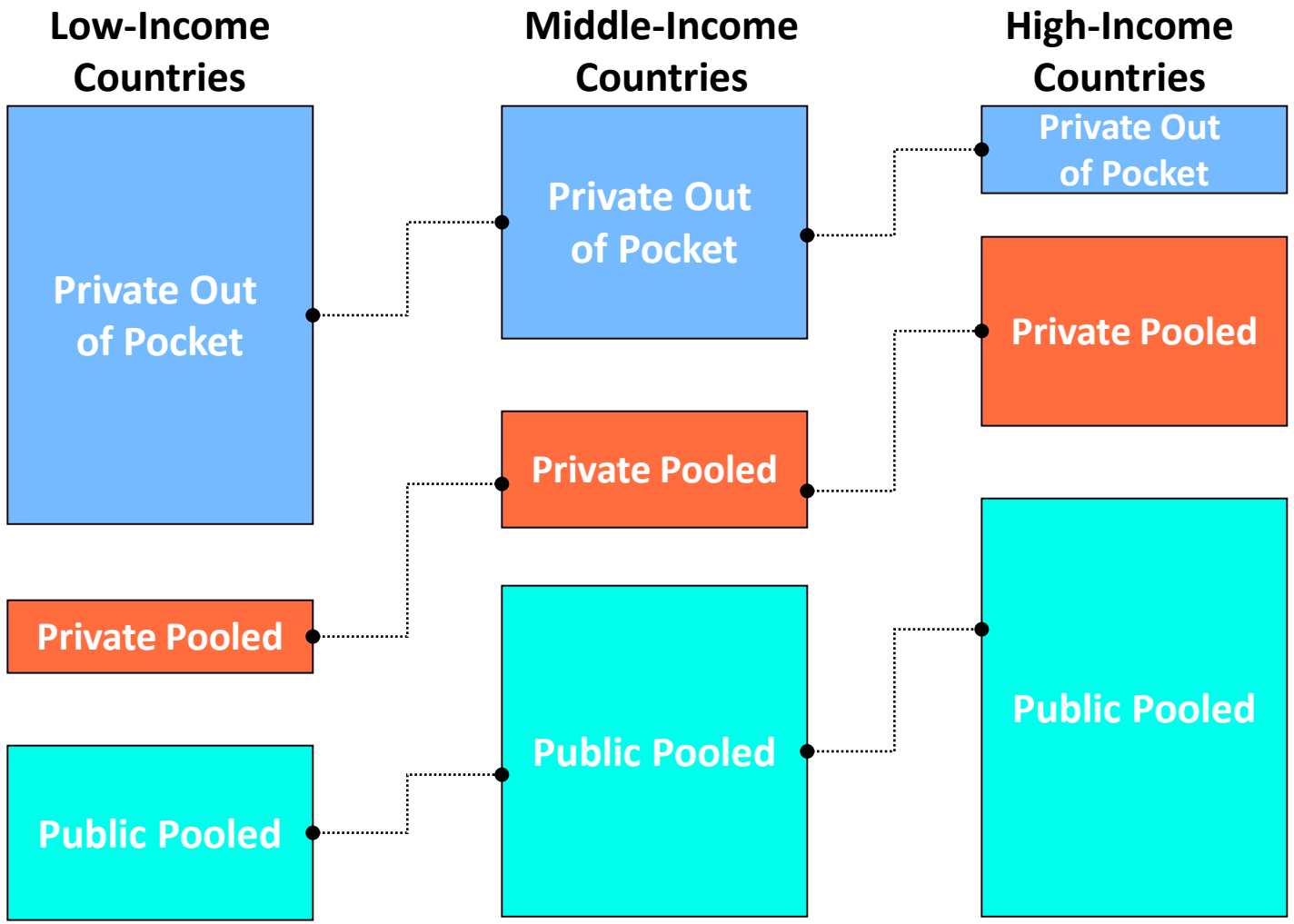
- Improve the amount of resources available and stability/sustainability
- Improve the equity of revenue raising
- Improve levels of risk-sharing/ pooling
- Improve the efficiency and equity of the allocation of resources (and eventually health outcomes)
- Support broader health sector aims such as responsiveness/ quality improvement

Simple Model




Sources (Collection)
Financing Agencies (Pool and purchase)
Providers
MOF
Firms
Households
MOH
Social Health Insurance
Private Health Insurance
Households
MOH Facilities
Private Facilities
LABs

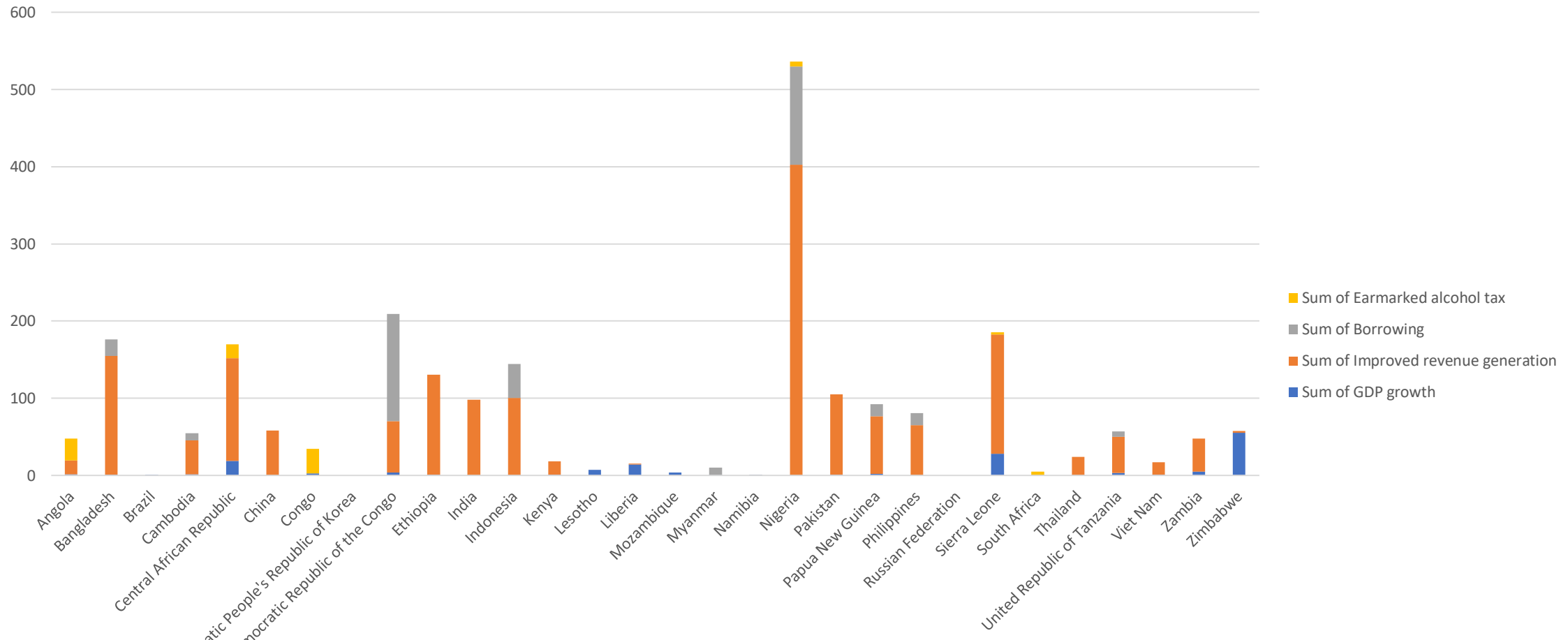
Domestic financing transition



Can we generate more funding for TB? Fiscal Space

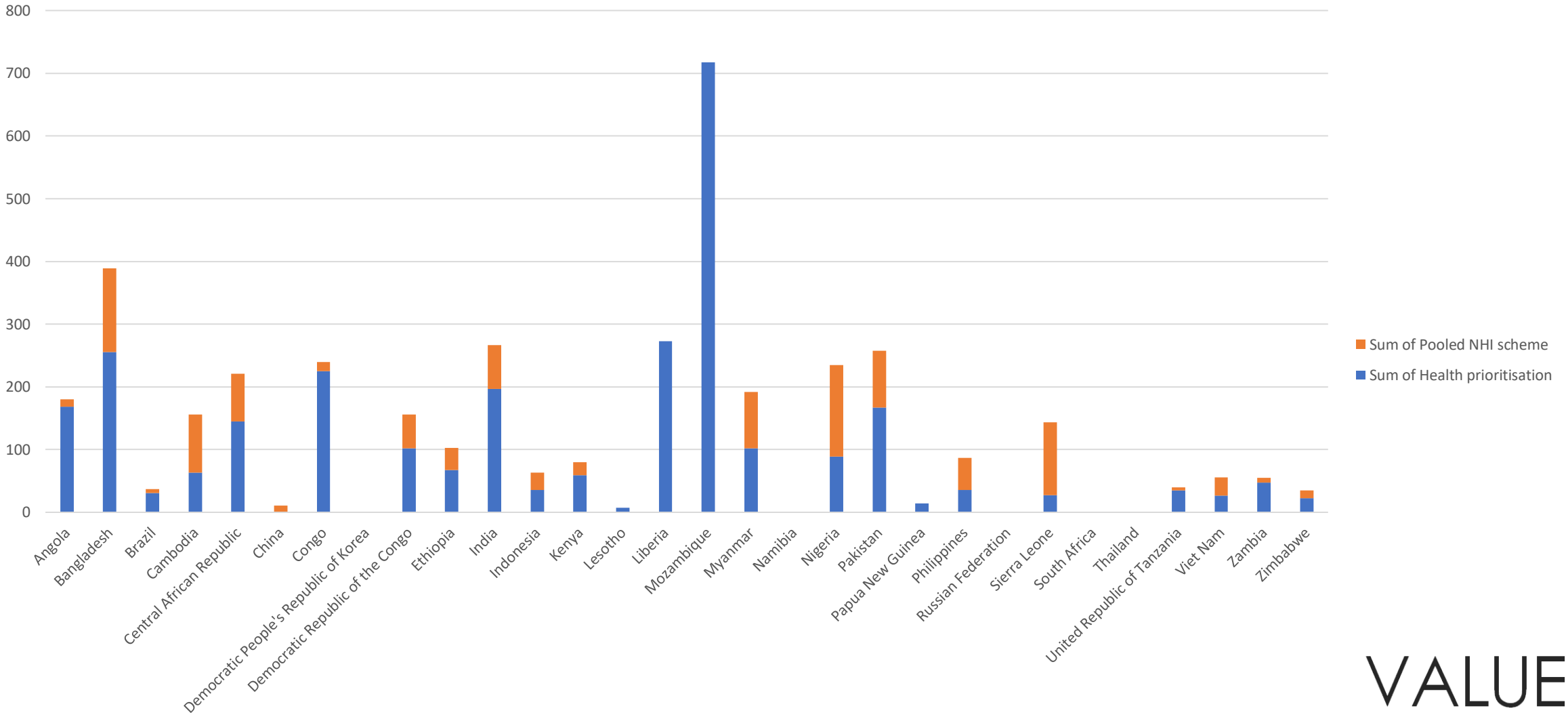
Macro-economic and public revenues
GDP growth over next 5 years (IMF)
For countries with less than 25% of GDP public revenues, revenues increased to 25%
Borrowing up to 40% of government gross debt as a percentage of GDP
Earmarking (to health) alcohol tax (beer), assuming a price elasticity of demand of 0.3
Health Sector
Health spend for those countries up until 10% target
Convert 50% of OOP (above 20% of WHO acceptable level) to pooled funding under public purchasing, minus costs of pooling
TB Programme
Allocate funding to TB based on BoD (25%)
Improve cost of first line treatment to GDP weighted average (not norm)

Potential % increase in current TB expenditures - Macro



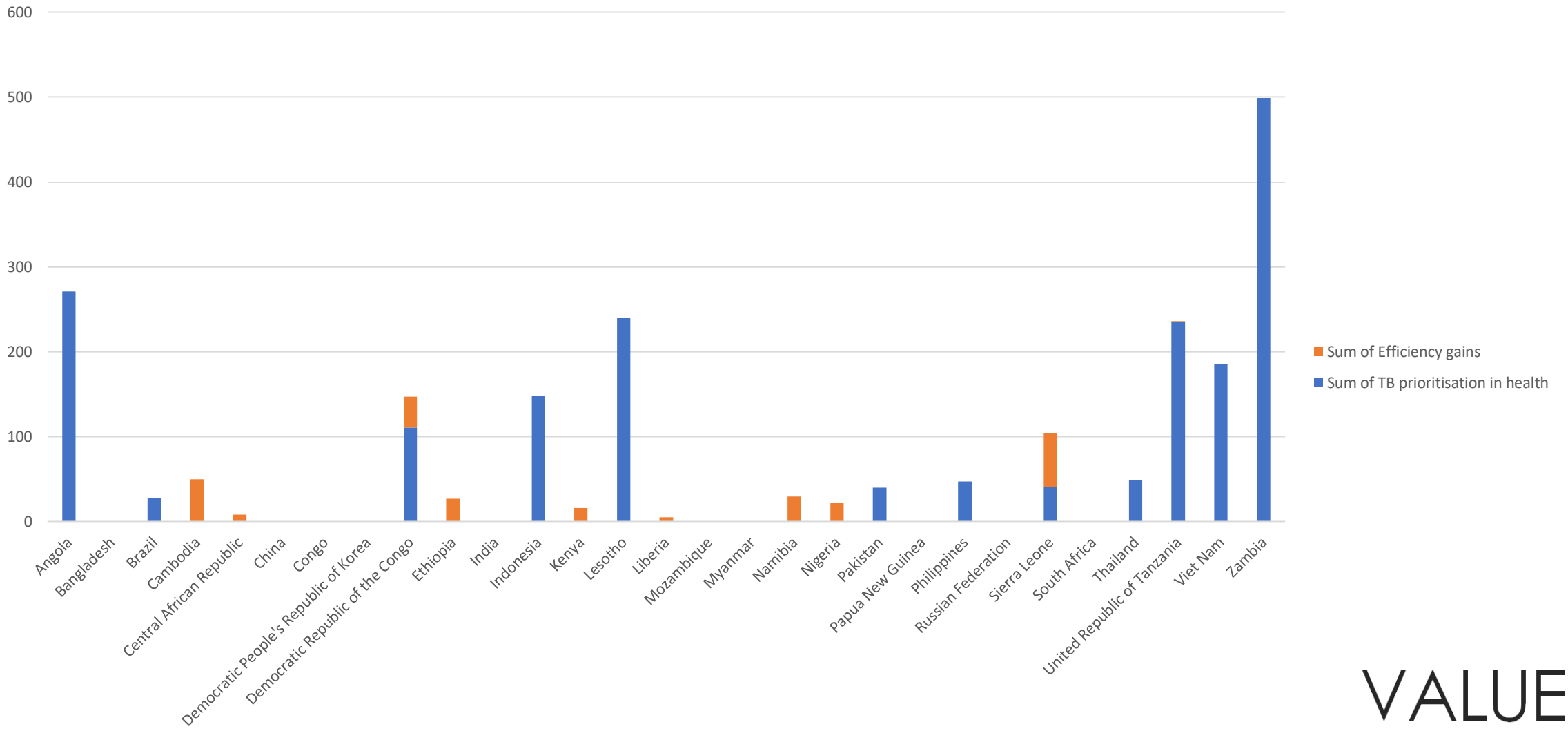
VALUE TB
ESTIMATING THE COSTS OF TB SERVICES

% Potential increase in current annual TB expenditures – Health



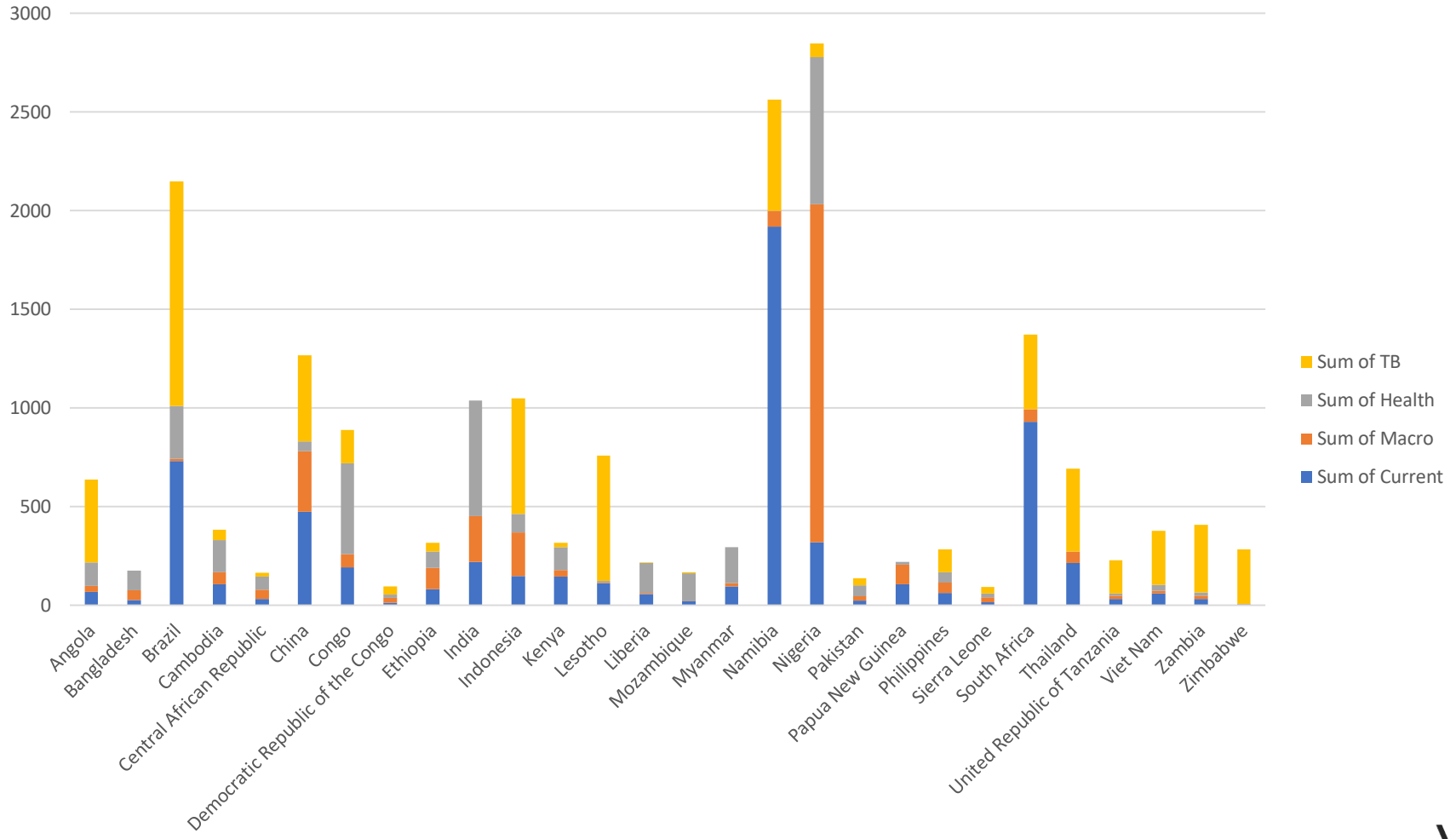
VALUE TB
ESTIMATING THE COSTS OF TB SERVICES

% Potential increase in current annual TB expenditures –TB



VALUE TB
ESTIMATING THE COSTS OF TB SERVICES

TB spend per case notified USD



VALUE TB
ESTIMATING THE COSTS OF TB SERVICES

Purchasing – benefit packages

DCP3 Disease Control Priorities
economic evaluation for health

- Assess disease burden, health challenges, priorities, health system capacity, including financing and UHC funding pool
- Agree on the goals and criteria for setting priorities
- Establish a process for dialogue and evidence-based deliberation on priorities
- Implement evidence based priority setting
- Identify barriers to implementation and identify needs to strengthen health system capacity
- Conduct detailed costing of the package
- Assess budget impact
- Establish monitoring and evaluation
- Set up longer term health technology assessment processes to review evidence and consider new technologies
- Links to strategic purchasing
- **3 Countries (Pakistan, *Zambia, Rwanda, Senegal*)**

UHC Benefit Package in Pakistan in Practice

Assessment

- Service descriptions based on local and WHO guidelines
- Populations in need and burden of disease revision
- Estimating local ballpark cost of all interventions prioritised in the review (normative, ingredients)
- Updating all DCP3 searches
- Transferability checklist of evidence quality
- Aggregation of cost and impact
- Other criteria
- Fiscal space WB/LSHTM
- Health systems assessment WHO

Appraisal

By end of this year

Government of Pakistan
Ministry of National Health Services, Regulations & Coordination

DCP3 Disease Control Priorities
economic evaluation for health

Challenges for TB, but an opportunity

HBP

TB interventions 7 of top 10

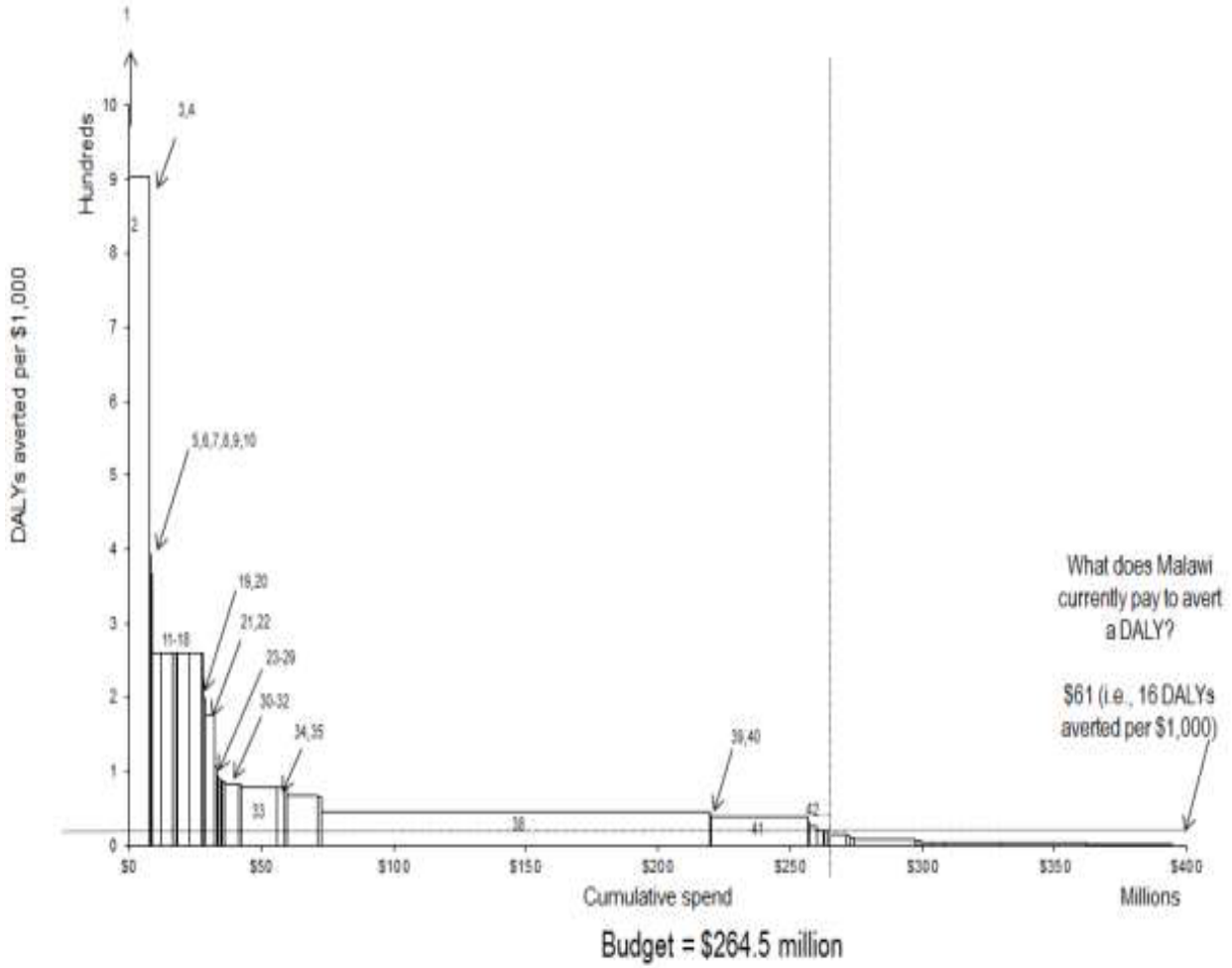
IPT,FLT and DR-TB

BUT ALSO:

EQUITY

ALLOCATIONS BETWEEN SERVICE AND ABOVE SERVICE

INTEGRATED CARE (which packages)



Supporting the Development of an Essential Health Package: Principles and Initial Assessment for Malawi Jessica Ochalek, Karl Claxton, Paul Revill, Mark Sculpher, Alexandra Rollinger CHE Research Paper 13

Challenges from BP for TB modelling

- Engagement of range of stakeholders (decision processes - decentralization and finance/planning)
- Local capacity in costing and economic evaluation both within academic institutions and HPSIU
- Focusing analytical effort
    - Evidence quality and models
    - Arms race in evidence production
    - Transferability of effectiveness/epi models/ existing work – when to use models?