WEBINAR:

Mobilizing Domestic Resources for Neglected Tropical Diseases
## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Agenda</td>
<td>Moderator: Dr. Wangeci Thuo</td>
</tr>
<tr>
<td>Introductory remarks</td>
<td>Dr. Santiago Nicholls, Pan American Health Organization</td>
</tr>
<tr>
<td>NNN Remarks on Sustainability for NTDs</td>
<td>Arielle Dolegui, Chair, NTD NGO Network</td>
</tr>
<tr>
<td>Understanding Domestic Resource Mobilization for NTDs</td>
<td>Jose Gonzalez, Results for Development</td>
</tr>
<tr>
<td>Health governance and financing of NTDs in Colombia, Guatemala, and the Philippines</td>
<td>Dr. Edgar Javier Barrios Villatoro – Guatemala; Erica Lidia Chávez Vásquez – Guatemala; Dr. Leda Hernandez – Philippines; Dr. Julian Trujillo – Colombia;</td>
</tr>
<tr>
<td>Panel discussion and Q&amp;A</td>
<td>Moderator: Dr. Wangeci Thuo MOH representatives</td>
</tr>
<tr>
<td>Closing remarks</td>
<td>Dr. Wangeci Thuo</td>
</tr>
</tbody>
</table>
Dr. Santiago Nicholls

Regional Advisor of Neglected Infectious Diseases

Pan American Health Organization (PAHO)
Arielle Dolegui

Chair, Neglected Tropical Disease NGO Network (NNN)

Senior Technical Advisor, HSS and Cross Sector Coordination, World Vision
Jose González

Program Officer, Health Systems and Financing

Results for Development
Understanding Domestic Resource Mobilization for NTDs

Jose Gonzalez, R4D
Why NTD Financing Matters

Health financing is a core function of the health system and is crucial for sustainable NTD programming

Endemic countries must allocate adequate resources to achieve their goals for NTD control and elimination and ensure these gains are sustained into the future.
What have we learned so far?

1. How domestic resources are mobilized for NTDs varies by health system context.
2. Government contributions to NTDs are modest and not well quantified; donors pay for most NTD activity costs and drugs are largely donated.
3. Expenditure data play little role in government annual planning for NTDs and partner resources are not always planned within or captured by local processes.
4. NTDCPs have only modest experience with strategic, evidence-informed advocacy (minimal NTD-specific financing information is available)
5. Essential health services packages and universal health coverage (UHC) polices include some implicit guarantees for treatment of NTDs.
Mobilizing Domestic Resources for Neglected Tropical Diseases

Lessons from Colombia, Guatemala, and the Philippines
Objectives

1. Understand where NTDs fit within countries health finance landscape
2. Assess the status of domestic mobilization and current financing for NTDs
3. Identify key enabling factors that have contributed to enhancing DRM for NTDs
Analysis of DRM for NTDs

We examined country experiences from three main perspectives:

- **Government-led coordination structures** for NTD programming and donor support
- **Financing arrangements** for NTDs and level of integration with broader government planning and budgeting structures
- **Inclusion** of NTD control and elimination goals in key health policies and strategies
Research questions to explore in future studies

• **Funding levels** – are there sufficient levels to produce desired outcomes?

• **Funding levels** – are they distributed according to epidemiological need and equity principles?

• **Sources** – are donor sources being replaced by domestic sources, are national-level sources complemented with subnational sources?
Health Governance and Financing of NTDs in Colombia, Guatemala and the Philippines
Dr. Julián Trujillo
Coordinator, Emerging, Reemerging, and Neglected Diseases Integrated Management Group

Colombia’s Ministry of Health and Social Protection
In Colombia, the right to health is a **fundamental right** protected by the national constitution since 2015.

As of 2020, **more than 95%** of the population was covered by the compulsory health insurance system.

OOP expenditures were **14.85%** of total health care costs in 2019 (World Bank).

Most of the **clinical care services for NTDs** are covered by the health insurance system.

In 2013, Colombia became the first country in the world to receive official WHO verification of **onchocerciasis elimination**.
Progress to Control & Eliminate NTDs in Colombia

Of the 20 NTDs, Colombia is endemic for cysticercosis, STH, trachoma, visceral and cutaneous leishmaniasis, Chagas disease, leprosy, yaws, scabies, and other ectoparasites.
Colombia’s Health Governance and NTD Program Management

Technical guidance, oversight, and surveillance (National level)

MinSalud
(Health Care System and Public Health Interventions)
1) The Emerging, Reemerging and NTD Integrated Management Group
2) The Endemic/ Epidemic Diseases Integrated Management Group (Vector-Borne and Zoonotic Diseases Program)

National Health Institute
Public health surveillance, national laboratory network and research

Policy Instruments
• National Health Plan
• NTD National Plan and disease-specific plans
• Guidance documents, protocols, and decrees
• Regulations and standards

Coordination and implementation (regional and local levels)

Subnational-level Health Secretariats
1) Departmental health secretariats
2) District/municipal health secretariats

Public Hospitals
1) Clinical care
2) Population-based interventions

Policy Instruments
• Departmental Development plans (Territorial Health Plans)
• Collective Intervention Plans
• Multi-year investment plan
• Annual work plans
Financing of Colombia’s NTD Efforts

Sources
- Ministry of Finance and Public Credit
  - National Participation System
- MinSalud
  - Funding for prioritized diseases
- ADRES
  - Pooled healthcare financing

Interventions
- Population-based Interventions
  - Subnational Allocation of National Public Health Budget
  - MinSalud Budget
  - Matching Funds from Subnational Gov’ts
- Clinical Care
  - Compulsory health insurance system
  - National Health Plan

Funding mechanisms
- MinSalud
  - Health and Surgery campaigns
  - Integrated Services Roadmap

Implementation
- Subnational Levels through the Collective Intervention Plan (PIC)
- Decentralized Programs Partnered with Subnational Governments
- Public and private clinics and hospitals

Sources
- Ministry of Finance and Public Credit
- MinSalud
- ADRES

Interventions
- Population-based Interventions
- Clinical Care

Funding mechanisms
- Subnational Allocation of National Public Health Budget
- MinSalud Budget
- Matching Funds from Subnational Gov’ts
- Compulsory health insurance system
- National Health Plan

Implementation
- Subnational Levels through the Collective Intervention Plan (PIC)
- Decentralized Programs Partnered with Subnational Governments
- Public and private clinics and hospitals

Sources
- Ministry of Finance and Public Credit
  - National Participation System
- MinSalud
  - Funding for prioritized diseases
- ADRES
  - Pooled healthcare financing

Interventions
- Population-based Interventions
  - Subnational Allocation of National Public Health Budget
  - MinSalud Budget
  - Matching Funds from Subnational Gov’ts
- Clinical Care
  - Compulsory health insurance system
  - National Health Plan

Funding mechanisms
- MinSalud
  - Health and Surgery campaigns
  - Integrated Services Roadmap

Implementation
- Subnational Levels through the Collective Intervention Plan (PIC)
- Decentralized Programs Partnered with Subnational Governments
- Public and private clinics and hospitals

Sources
- Ministry of Finance and Public Credit
- MinSalud
- ADRES

Interventions
- Population-based Interventions
- Clinical Care

Funding mechanisms
- Subnational Allocation of National Public Health Budget
- MinSalud Budget
- Matching Funds from Subnational Gov’ts
- Compulsory health insurance system
- National Health Plan

Implementation
- Subnational Levels through the Collective Intervention Plan (PIC)
- Decentralized Programs Partnered with Subnational Governments
- Public and private clinics and hospitals
Guatemala

Dr. Edgar Javier Barrios Villatoro
Facilitator, Epidemiology Department
Guatemala’s Ministry of Public Health and Social Assistance

Erica Lidia Chávez Vásquez
Epidemiologist, Vector-Borne Diseases
Guatemala’s Ministry of Public Health and Social Assistance
Ministry of Health and Social Assistance – Organizational Structure

Office of the Minister of Health

- Administrative Vice Minister
- Hospital Vice Minister
- Hospital coordination
- PHC Vice Minister
- Integrated Health Care Directorate
- National Epidemiology Center
- National Health Laboratory
- Technical Vice Minister
- Regulation, Surveillance, and Control Directorate
- Health Programs (DRPAP)

- Third level of care

**Central Level:**
- Technical oversight, coordination and funding allocation
- Executing Level: Surveillance, population-based interventions (MDA), clinical care
Government coordination of NTD financial and programmatic efforts facilitated NTD programs to strategically manage and guide donor contributions and complement them with domestic funding.
Progress to Control & Eliminate NTDs in Guatemala

- The Onchocerciasis Elimination Program for the Americas (OEPA) starts in 1993.
- JICA’s Chagas’ vector control program starts in 2000.
- Certification of Onchocerciasis elimination in 2016.
- Probitas’s project starts (Leishmaniasis) in 2017.
- Actions to strengthen leishmaniasis surveillance in 2018.
- Post-elimination surveillance.
Dr. Leda Hernandez

Assistant Regional Director, Regional Office IV-A

Philippines Department of Health
Mobilizing Domestic Resources for NTDs: Lessons from the Philippines

LEDA M. HERNANDEZ, MD MPH
Director III
Department of Health, Philippines
Features of Philippine Health System that supported NTD elimination*

DOH develops health policies, plans and programs and secures funding from the national government to implement

• F1 for Health (2005 health reform policy), National Objectives for Health, NTD Elimination through Disease Free Zones

Local government units (provinces, cities and municipalities) allocate funds and provide health services through local hospitals and primary care facilities (health centers and RHUs)

• Budget allocation for health depends on LGU priorities. To ensure adequate funds for NTD elimination efforts, DOH procures medicines and transfers funds to LGUs to subsidize cost of social mobilization

High out-of-pocket spending in health

• In 2020, despite high membership coverage of PhilHealth at 88% of population, 44.7% of health spending was household out-of-pocket payment

* This presentation provides a historical perspective of the Philippines NTD system and does not represent its current functioning or the functions proposed in the ongoing restructuring.
CONTROL AND ELIMINATION STATUS OF THREE NTDS IN THE PHILIPPINES

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>ENDEMICITY/PREVALENCE</th>
<th>GOAL</th>
<th>CURRENT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphatic Filariasis</td>
<td>• Bancroftian filariasis is endemic in 46 of 81 provinces, and Brugian filariasis is found in 10 provinces.</td>
<td>Elimination by 2030</td>
<td>Mass drug administration (MDA) stopped in 43 of 46 endemic provinces (DOH, 2019).</td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td>• Present in 28 provinces. There are 12.4 million people at risk, with 2.7 million directly exposed. In 2015, national SCH prevalence was 2.8%.</td>
<td>Reduce to zero incidence of infection at the village level among humans, animals and snails by 2025</td>
<td>MDA with praziquantel started in 2009. Snail control and access to safe drinking water and sanitation activities are being implemented.</td>
</tr>
<tr>
<td>STH</td>
<td>• STH is widespread in all 81 provinces, with an average prevalence in school age children (SAC) of 28.4% (ranging between 7.1% and 67.4%) in 2016.</td>
<td>85% national MDA coverage for SAC and pre-SAC by 2022</td>
<td>2019 data show 60.3% MDA coverage for SAC, and 58.5% for pre-SAC.</td>
</tr>
</tbody>
</table>
Who pays for key NTD programmatic components?*

**Department of Health**
- Procurement of Drugs and Diagnostics
- Training
- Integrated vector control and management
- Policy development and planning
- Subsidize assessment surveys and surveillance activities

**LGUs**
- Social mobilization cost of MDA and surveillance activities
- Supportive medicines, deworming of pregnant women and children
- Clinical care including MMDP

**Donors**
- Some MDA drugs and test kits

**Department of Education**
- Social mobilization cost of School-based MDA

**PhilHealth**
- Inpatient care for LF, SCH and STH
- Hydrocelectomy

* This presentation provides a historical perspective of the Philippines NTD system and does not represent current functioning of the DOH, which in undergoing restructuring.
Budget for Elimination, Prevention and Control of Six Priority NTDs 2009–2020

Source: General Appropriations Acts, Various Years
In Thousands USDs
Questions?
PANELISTS

Dr. Edgar Javier Barrios Villatoro
Facilitator, Epidemiology Department
Guatemala’s Ministry of Public Health and Social Assistance

Dr. Leda Hernandez
Assistant Regional Director, Regional Office IV-A
Philippines Department of Health

Dr. Julián Trujillo
Coordinator, Emerging, Reemerging, and Neglected Diseases Integrated Management Group
Colombia’s Ministry of Health and Social Protection

Dr. Wangeci Thuo
Senior HSS Specialist
Co-chair of the NNN Sustainability Working Group
RTI International

MODERATOR
Plenary discussion and Q&A
Closing remarks
THANK YOU

For joining our discussion on mobilizing domestic resources for NTDs!