Senegal Viral Hepatitis Roundtable: Financing Mechanisms to Support Viral Hepatitis Programming

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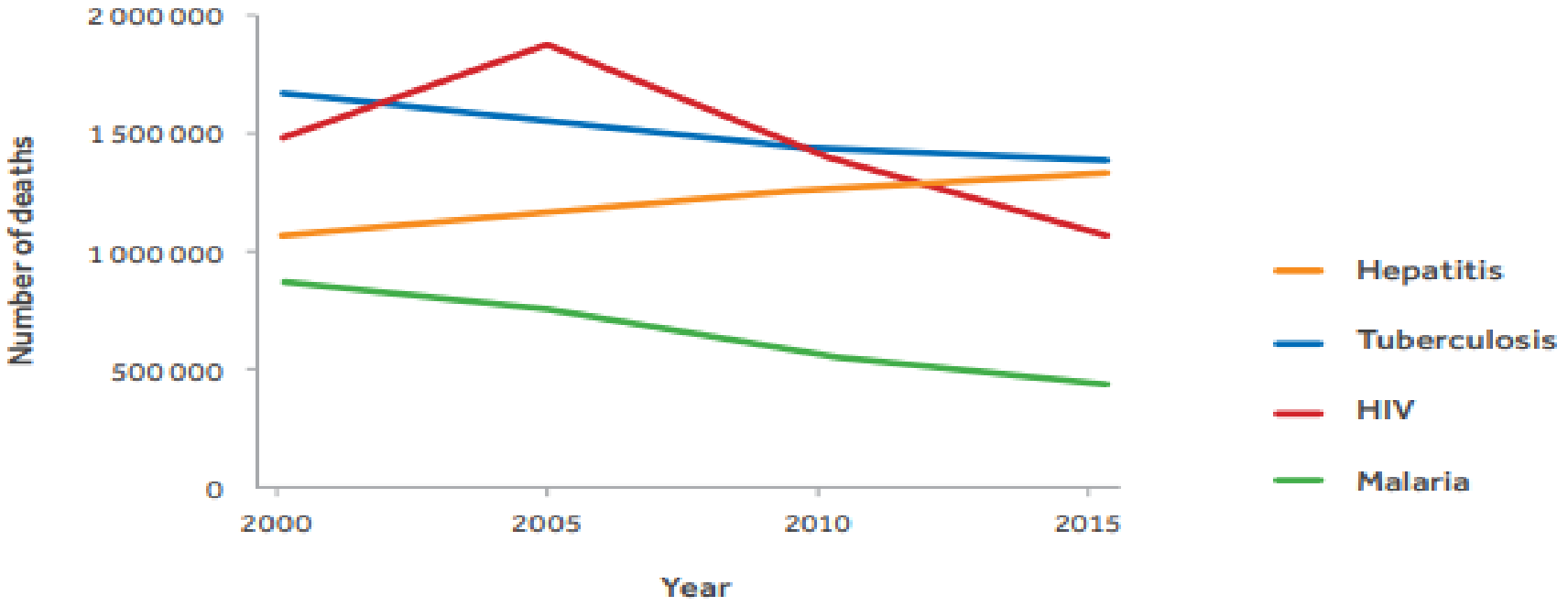
Viral hepatitis affects over 325M people worldwide and is responsible for 1.3M deaths per year

GLOBAL ANNUAL MORTALITY FROM HEPATITIS, HIV, TB AND MALARIA 2000–2015



Despite the significant burden and increasing annual mortality, the global viral hepatitis response has thus far been underfunded.

Source: GLOBAL HEPATITIS REPORT,2017

Why is having a financing strategy for the Senegal viral hepatitis program so important?

- Few countries, particularly LMIC, have yet been able to fully finance their viral hepatitis programs and most face nearly ~100% funding gaps;
- Resource mobilization to date has largely focused on government budget lines and public health insurance;
- One source of funding is highly unlikely to be enough to meet the 2030 elimination goals;
- Viral hepatitis lacks large-scale donors (such as PEPFAR or the Global Fund) to support elimination efforts.

Countries must identify different ways of financing drugs, diagnostics & programming for viral hepatitis than they have for TB/HIV/Malaria

Without large-scale donors to cover programming and commodity costs, the MOH must explore a broad mix of financing options

DOMESTIC FINANCING (PUBLIC)

- State/Federal budgets
- Public health insurance
- Revolving drug funds
- Earmarked taxes/levies
- Bank/Employer loans

DOMESTIC FINANCING (PRIVATE)

- Private health ins.
- Out of pocket exp.
- Microfinance/ micro-insurance programs

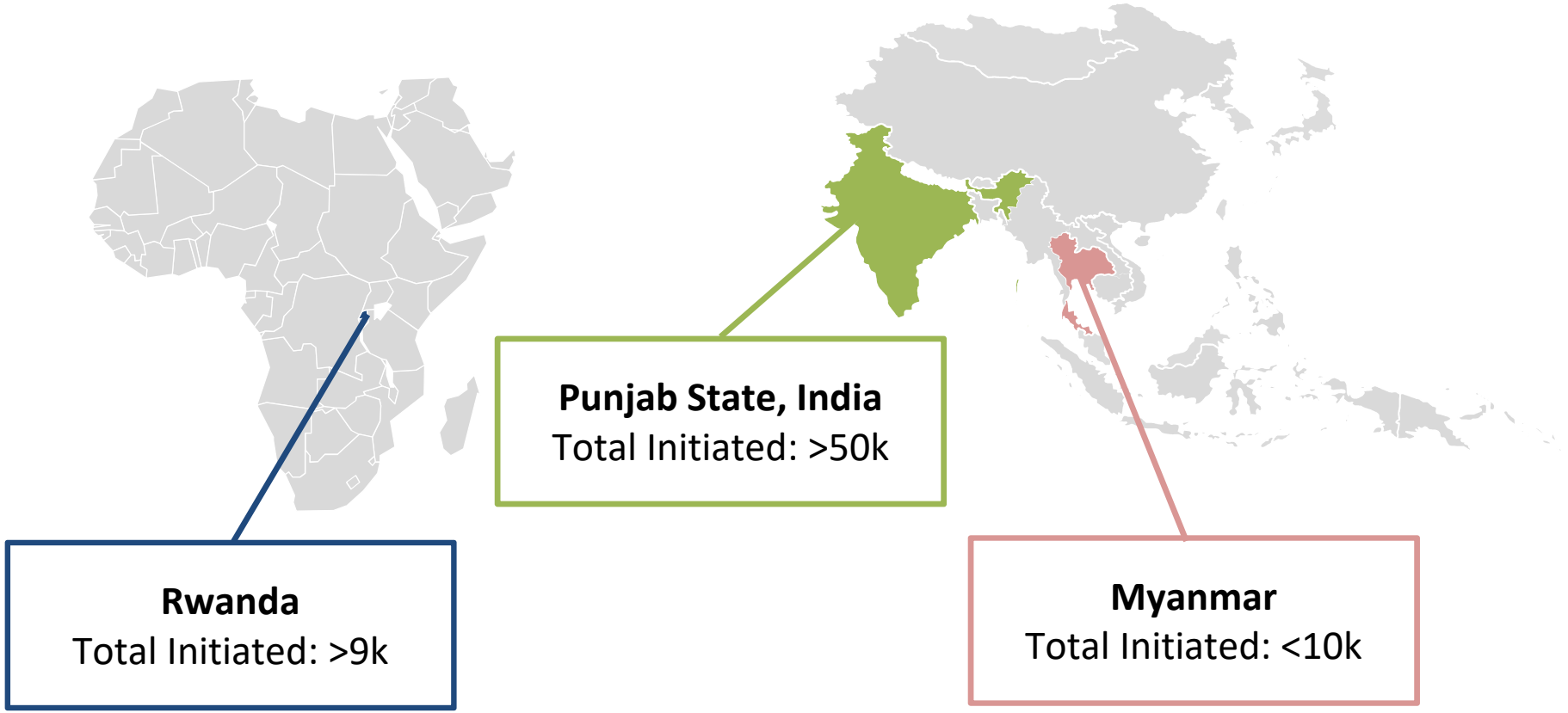
EXTERNAL FINANCING

- Donor funding
- Dev. bank loans
- Recoverable grants
- Remittances/diaspora bonds
- Academic grants

COMPREHENSIVE VIRAL HEPATITIS ELIMINATION FINANCING STRATEGY

Examples of successful viral hepatitis domestic financing: state/federal budget lines

Several LMICs have allocated domestic funding for HCV have seen strong results thus far. Domestic investment in commodities and programming have positioned these countries well to plan and fundraise for elimination.



Examples of successful viral hepatitis domestic financing: integration into insurance coverage

Several LMICs are leveraging health insurance to finance HBV and HCV commodity costs but coverage and reimbursement rates vary widely and many face a long path to full operationalization.

COUNTRY	INSURANCE COVERAGE DETAILS
Thailand	Sofosbuvir and sofosbuvir/ledipasvir are covered by the 3 main health insurance systems in the country at no cost to the patient
Vietnam	HBV and HCV screening costs reimbursed by the national health insurance system for patients exhibiting symptoms as well as confirmatory viral load testing. DAAs are now covered by health insurance but coverage has not yet been operationalized.
Mongolia	The national health insurance system, which covers 98% of the population, reimburses HCV treatment costs up to ~US $265 (DAA costs ~$585 per 12 week course)
Nigeria	HBV & HCV testing and treatment is in the process of being included in the National Health Insurance Scheme, which covers 4% of the total population, primarily in the formal sector.
Rwanda	The community-based health insurance system covers the costs of HBV testing and treatment. HCV costs not yet included.

Examples of successful viral hepatitis patient payment: revolving drug fund in Nasarawa State, Nigeria

Without a budget line to fund diagnostics and treatment, the Nasarawa State MOH established a revolving drug fund in 2017 to ensure availability of viral hepatitis commodities at the lowest price possible.

- Nasarawa State is estimated to have an HCV prevalence over 10% (~240K chronic HCV infections).
- The state MOH is highly motivated to respond to the epidemic but lacks the fiscal resources to cover commodity costs for patients.
- Until the appropriate long-term financing can be secured, the state MOH has provided seed funding for a revolving fund to consolidate procurement and provide generic DAAs to patients at prices much lower than offered through the private sector.
- The state MOH also partnered with drug and diagnostic suppliers to provide seed stock for screening and viral load commodities to drive case finding efforts.

Examples of successful viral hepatitis external financing: Global Fund support for HIV/HCV co-infected population

The Global Fund has permitted several programs to allocate resources to HCV commodities and programming. Successful proposals utilize local data to make a case for support, align with HIV and HCV strategic plans.

COUNTRY	GLOBAL FUND SUPPORT
Rwanda	Strong baseline epi-data for the HIV/HCV co-infected population used to argue for GF underspend to be allocated to viral load and treatment. The program has begun to initiate HIV/HCV co-infected patients and on a path to eliminate within the ART cohort.
Cambodia	Cambodia was permitted to allocate $1.29M to screen over 42k ART patients and treat ~1,700 HIV/HCV co-infected patients in a 2 year period (2018-2019).
India	Using local evidence supported HCV co-infection as the second highest co-morbidity amongst the HIV cohort, India secured ~$5.8M in GF resources for a three year period (for both programmatic and commodity support.

Examples of successful viral hepatitis external financing: Egypt World Bank loan to support elimination

By declaring HCV as a priority area for health investment, the Egypt MOH was able to secure a loan from the World Bank to help finance their HCV elimination plan.

Egypt HCV World Bank Loan Terms

- Egypt has the highest prevalence of HCV in the world (7%; 4.5M infected).
- The Egyptian MOH has already utilized domestic budget to screen 5M people and treat 1.6M but needs to screen 43M and initiate 4M to achieve elimination.
- The MOH secured over $250M in debt financing from the World Bank to screen 35M and treat 1.5M people.
- The Egyptian government will cover the costs to screen the remaining 8M and treat 2.5M required to reach elimination and repay the loan over a 25 year period.

Not all potential financing mechanisms will be appropriate/applicable to a country's viral hepatitis context

The MOH should establish a process for vetting financing options, together with a TWG of stakeholders, that fit into a centrally-coordinated financing work-plan. CHAI-supported MOH efforts to develop financing strategies and work-plans has yielded several key lessons-learned thus far:

1. **Ministry of Finance input** is key to understanding a country's long-term health financing context and what has/has not worked in the past.

2. Consulting **non-health sector stakeholder**s can provide valuable insight into development financing options appropriate for the Senegal context.

3. Pursuing **short-term catalytic opti**ons can jump-start programming while long-term options develop.

4. Consider whether there are actions that will **better position the viral hepatitis program** to aggressively fundraise both domestically and internationally.

5. Forming a **technical working-group of private and public sector stakeholders** is valuable in supporting the MOH to evaluate financing options and to fundraise.

Key first steps in developing a viral hepatitis financing strategy

To get started in building a strong and comprehensive financing strategy, countries should first:

Senegal?

1. Publish a national strategic plan with defined targets for elimination ✓

2. Cost the programmatic activities detailed in the strategic plan to quantify resource gaps ✓

3. Form a diverse technical working group to scope, evaluate, and pursue financing options **NEXT!**