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COMMENTARY

Resource tracking for neglected tropical disease programmes: the first step for developing a sustainable financing strategy

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The adequacy of resources for programme implementation is a premise for achieving the targets set in the road map for neglected tropical diseases (NTDs) 2021–2030. During the decade 2010–2020, international health aid and pharmaceutical donations have driven progress to control and eliminate NTDs. In the next decade, domestic financing will be critical to sustain NTD control and elimination programmes. Tracking domestic resources for NTD programmes through country health accounts, a relatively mature health system resource tracking platform, could be the first step in raising the visibility of NTDs in the discussion of national health resource allocation.

Keywords: financing, health accounts, health resources, investment, neglected tropical diseases

The newly developed global strategy for tackling neglected tropical diseases (NTDs), 'Ending the neglect to attain the Sustainable Development Goals—a road map for neglected tropical diseases 2021–2030',[1] recommended three strategic shifts: from process measurement to impact measurement, from programmatic approaches to cross-cutting approaches and from programme ownership to country ownership. And one of the indicators for country ownership and financing is to see NTDs 'integrated in national health plans and budgets' and supported by substantial domestic funding.[1] This commentary discusses the current knowledge on NTD financing mechanisms and proposes using health accounts (HAs) as a platform to track NTD expenditure as the first step in assessing the mainstreaming of NTD programmes and services into health system financing.

During the decade 2010–2020, international health aid has driven progress to control and eliminate NTDs

NTDs disproportionately affect people living in poverty and marginalized communities with little political voice and thus low profile and status in public health priorities. Consequently, there are shortages of both reliable data to track the burden of NTDs and of sufficient financing for effective interventions against all the NTDs that are prevalent in a country.[2] The importance of treating these diseases in improving the health and welfare of poor and deprived populations has been recognized globally, notably in the Sustainable Development Goals, by adding an ambitious target to reduce by 90% the number of individuals requiring interventions against NTDs by 2030.[3]

During 2010–2020, the global health community and pharmaceutical companies have worked actively to control, eliminate and eradicate NTDs. In 2012, the signatories to the London Declaration on Neglected Tropical Diseases committed to doing their part against 10 NTDs. The US Agency for International Development (USAID) and the UK Department for International Development (DFID) conducted a donor landscape that found an increasing trend in donor support both in terms of the number of beneficiary countries and in the number of donors working in countries endemic for NTDs in 2017 compared with 2012–2015.[4] The external funding has been an important motor for the substantial progress in NTD reduction in the last decade. However, the NTDs that are not covered by these donations and donor funding are further shadowed by this success. More systematic expenditure tracking across all 20 NTDs will help to leave no one behind.

Although the governments of NTD-endemic countries welcome the support of the international health community to end NTDs, their own investment has not been systematically recorded. In 2014, ministers from 26 African countries signed the Addis Ababa Neglected Tropical Diseases Commitment and promised to increase domestic investment against NTDs. This encouraging political engagement, however, does not appear to be translated into incremental government investment on NTD programmes. The scant evidence in the scientific literature

on the use of national general health services to implement NTD-related interventions shows that gains in domestic investment were achieved by reallocating existing resources rather than by adding incremental resources.[5,6] In addition, the financial risk borne by affected individuals and communities due to out-of-pocket expenditures has also proven substantial. The benefit (averted out-of-pocket expenditures and lost productivity) to affected individuals of achieving the 2030 goals was estimated to be US$342 billion in the Diseases Control Priorities 3.[7] Understanding and tracking government and individual expenditures increases the visibility of NTDs and calls attention to the double jeopardy of poor communities affected by disease and left alone to bear a significant burden for their own treatment, leaving them to fall further behind.

Domestic financing will be critical for the success of NTD programmes in the next decade

Domestic financing guarantees sustainable progress towards eliminating NTDs

One of the biggest risks to the sustainability of any disease programme that mainly relies on external funding is the potential that funding is lessened or completely reallocated at the funders' discretion. The duration and level of NTD-specific aid or donations are often conditioned by the endemicity of diseases, or donor priorities and goals, in beneficiary countries. As we are getting closer to the elimination goals, the marginal cost for further reducing incidence could be increasing. This is the so-called expensive last mile. This trend could reverse the cost-effectiveness of the investment in elimination, especially in the places where the health system is weak. Therefore continuous domestic investment in strengthening the national health system will be a crucial condition for achieving elimination goals. On the other hand, even if the elimination goals could be achieved by externally supported intensive interventions, continuous actions—especially in morbidity management, surveillance and monitoring and evaluation—remain essential to consolidate gains. The availability of domestic resources to sustain NTD programme activities in the post-elimination period will therefore be crucial if external funding is withdrawn for NTDs that no longer attract the attention of donors.

Budget release is an important indicator of political will

Domestic financing, especially government budget release, is above all a strong indicator of political commitment in the fight against any disease. This political will is even more important for NTD programmes because achievement of the goals for NTDs relies heavily on cross-sectoral collaboration, such as with programmes on vector control, water sanitation and hygiene and zoonotic diseases and with the public health and education sectors.[8] Tracking domestic resources for NTD programmes could raise the visibility of NTD programmes in the discussion of national health resource allocation and draw political attention, including at subnational levels.

Domestic resources are fundamental to cover ALL NTDs that are endemic in a country

The distribution of global health development aid among NTDs is unequal. The NTD road map 2021–2030 includes 20 diseases and disease groups.[1] However, much of the external commitments are currently limited to a few diseases, for example, the 10 diseases in the London Declaration. The diseases targeted for control in the NTD road map 2021–2030 are those with the biggest funding gaps. For the NTDs that fail to attract external investment, domestic financing will provide the main funding source for those programmes. Tracking resources for all NTD programmes will give important information holistically on funding gaps to both governments and external partners.

Tracking resources for NTDs through HAs

The first step in mainstreaming NTD programmes into country health financing discussions is to track resources for NTDs through HAs. The World Health Organization (WHO) recommends that HAs be based on the System of Health Accounts 2011 version.[9] HAs help countries to trace each dollar spent on health—from the source to its use—by measuring the magnitude and flow of spending on health-defined services consumed by the resident population of a given country across a specified period of time—generally a year—regardless of where the money originated. Given that interventions against NTDs are implemented by a sometimes-fragmented and partly 'non-traditional' coalition of health sector partners, including, for example, faith-based organizations, the scope of stakeholder engagement and data collection may have to be increased beyond that of the usual HAs exercises.

Using HAs to trace expenditures on NTD programmes can answer the sustainability question by monitoring spending from specific sources (e.g. domestic vs external or public vs private), by matching political commitment with actual expenditures and by benchmarking spending against countries' peer practices. By standardizing data collection, the data in country HAs can be pooled into the WHO Global Health Expenditure Database (GHED), a unique repository of cross-country comparable health spending estimates worldwide.[10]

At the time of this commentary, the GHED is not designed to cater for NTD-disaggregated information, neither as a group nor specifically for any of the 20 diseases in that group. If the goal is to help fill in this information gap, data on NTD programme expenditures should be mainstreamed into countries' health system expenditures records as proposed in the NTD road map. The WHO HA team will provide support to countries by providing clear guidance on how to create NTD expenditures data in a national HA and carefully review data quality. In this way, resources for NTDs that would contribute to the confirmation of policymaking can be posted alongside those for other transmissible diseases, such as human immunodeficiency virus/acquired immune deficiency syndrome, tuberculosis and malaria.

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