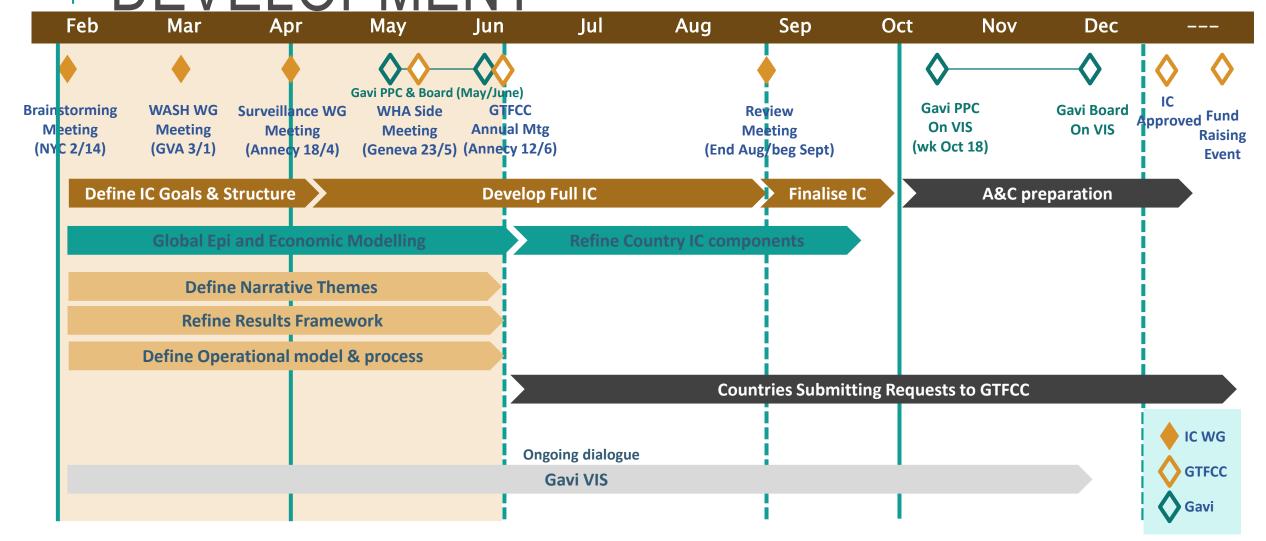


UPDATE ON CHOLERA INVESTMENT CASE

Guy Hutton, UNICEF Stefano Malvolti, MMGH 14 June 2018

#### UPDATE ON INVESTMENT CASE DEVELOPMENT

2019



## INVESTMENT CASE STRUCTURE AND CONTENT



The issue



The opportunity



Benefits



Resource requirements



Sustainability plan



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. . . ctratogias



Mitigation



Measurement and Evaluation



Funding Mechanism



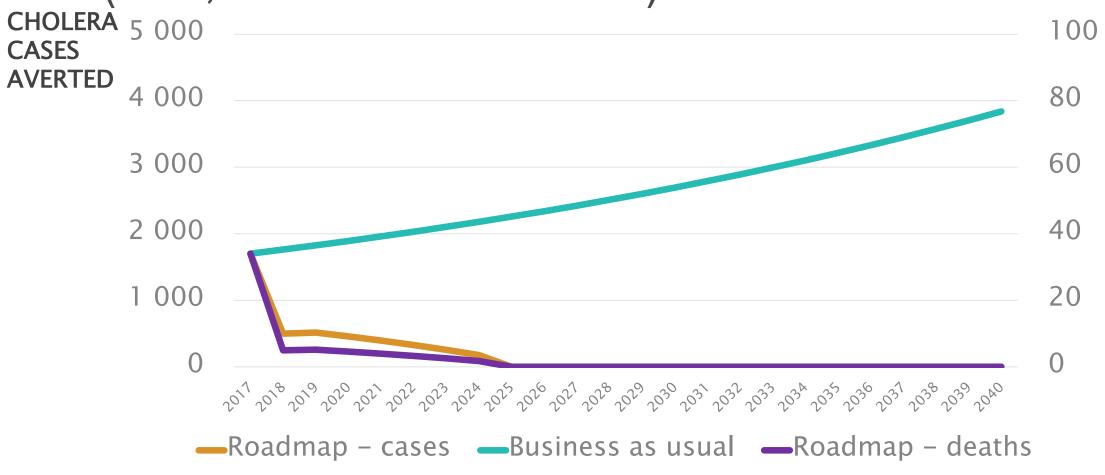
GTFCC Operational Model



#### COST-BENEFIT MODELLING

- 2 OCV campaigns assumed, 3 years apart (1 or 2 years to complete)
- All countries except conflict-affected projected to achieve 80% WASH coverage by 2030, from half the % of SDG baseline
- Start year: based on country's readiness to operationalize the roadmap
- End year: based on whether it is higher or moderate capacity, or crisis context – costs and benefits modelled until 2040
- Roadmap package includes response preparedness, surveillance, WASH interventions ('basic' plus safety), OCV and improved case management
- WASH benefits include reductions in diarrheal disease and time savings

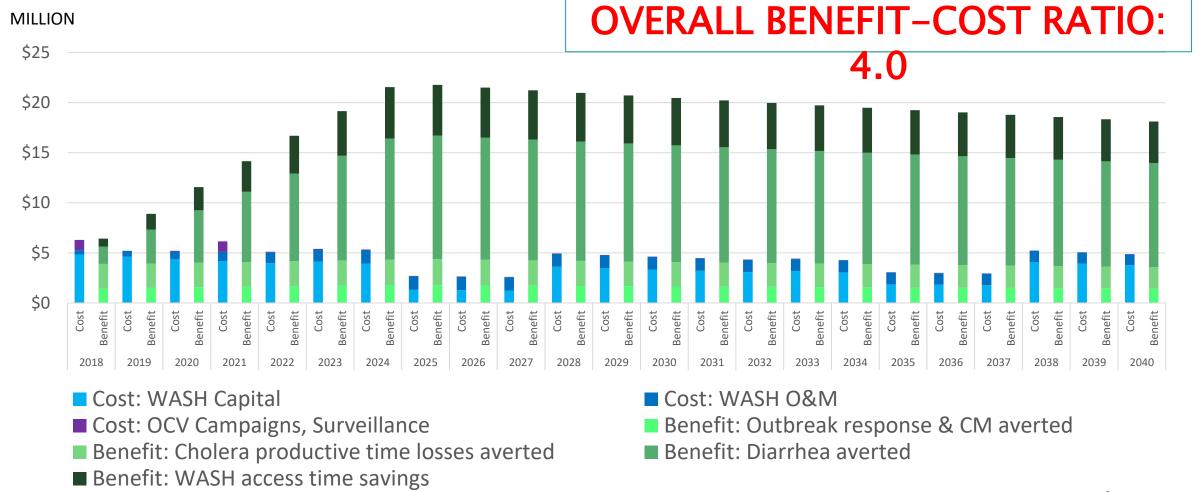
# PROJECTED HEALTH BENEFITS (CHOLERA) OF IMPLEMENTING ROADMAP IN ILLUSTRATIVE URBAN HOTSPOT (200,000 POPULATION)



**DEATHS** 

**AVERTED** 

## COST-BENEFITS IN ILLUSTRATIVE HOTSPOT



# NEXT STEP: SCALING UP TO ALL 47 COUNTRIES

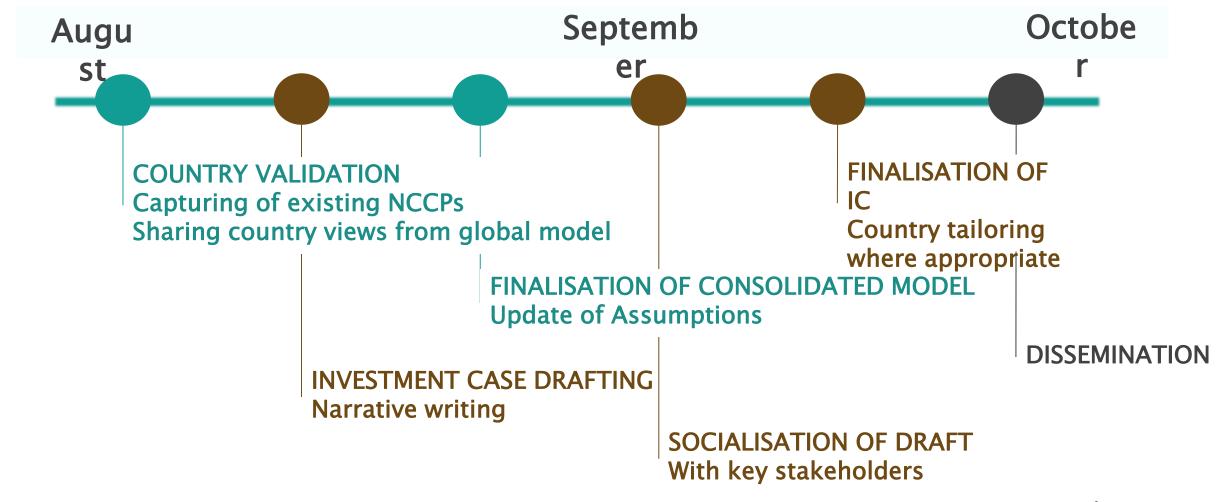
- Hotspot population and cholera disease burden based on JHU estimates
- OCV coverage, effectiveness, and prices same as GAVI investment case
- WASH disease burden from WHO burden of disease study & MICS/DHS
- WASH unit costs from SDG cost study + in-country validation
- Outbreak responses & costs global assumptions + in-country validation
- Sensitivity analysis used on key variables (assumptions, data uncertainties)
- Not included in global quantitative cost-benefit analysis, but

## FURTHER STEP: MODEL AVAILABLE TO COUNTRIES

Based on the global model:

- 1. Basic cost-benefit model with list of variables and values used for each country in global investment case
  - Opportunity to add other variables?
- 2. Output screen (tables, graphs)
- 3. Reporting template automatically filled
- 4. Written guideline to be provided on how to adjust and adapt model
- 5. In-country technical assistance

#### **NEXT STEPS**



#### IMMEDIATE ACTIONS

- Discussion and validation of current Model Assumptions started with today's lunch
- Mapping and collection of existing National Cholera Control Plans (NCCP)
- Mapping and sizing of current Financing Flows and Sources
- Alignment of Investment Case with Advocacy and Fund Raising strategies
- Sharing of Global Model to countries
- Start of drafting of Investment Case Narrative incorporating GTFCC input
- Outreach to stakeholders



#### THANKS FOR THE ATTENTION