

## Funding Requirement for SCI 2018-2021

### Summary

The budget requirement for SCI has been presented across 3 financial years; 2018-2019, 2019-2020 and 2020-2021 as per the UK financial year which SCI adopts.

In line with the strategic vision of SCI to eliminate schistosomiasis (SCH) in sub-Saharan Africa, our ideal funding scenario prioritises:

- Ensuring ongoing support for SCH and STH interventions in existing countries within SCI's portfolio
- Expanding treatment to all at-risk populations to achieve elimination goals
- Enhanced Monitoring and Evaluation activities to strengthen programme interventions and improve coverage.

At higher funding revenues, we would expand to include other countries within the African region who do not have a current committed funding source for treatment of SCH and STH.

### *Assumptions: Spreadsheet: GiveWell Funding Scenarios 2018 – 2021*

This is a projection of where countries might be in the WHO 'control of morbidity' and 'elimination of public health problem' phases over the next 3 years, also taking into account periods of reassessment where morbidity targets may have been met.

WHO treatment strategy adopted	Target	Cost per Treatment
Control of morbidity	100% of WHO Population requiring PC for SCH annually	£0.18
Reassessment after 5 rounds of treatment	50-100% of WHO Population requiring PC for SCH annually	£0.18 - £0.27 £100,000 for reassessment (included in MER costs)
Elimination as a PHP	50% of WHO Population requiring PC for SCH annually	£0.27

Each country has been assigned a programme phase and calculations made accordingly to estimate the associated MDA costs.

	Assumption/Calculation
<i>Ideal Scenario 2018-2021 Tab</i>	
Delivery Cost	Calculated as Target population x cost per treatment
Target Population	Assumes a constant target population year on year. SCI expects to update these targets
DRC Target population	Assumes total funding requirement for national coverage.

	The MoH is working on developing a plan for treatments by funder therefore SCI proportion is expecting to reduce according to MoH requirements. This will be updated when available.
Nigeria Target population	Consolidates the 5 states in which SCI funding is leverage to reach full coverage of all endemic LGAs and including a 6 <sup>th</sup> state, Osun, over the 3 year period.
Additional PZQ required	Assumes all PZQ for SAC will be leveraged from the WHO donation programme which is scaling to 250 million tablets per year. Additional PZQ is therefore required to be procured for the remaining target population at 3 tablets per person.
Cost per tablet	Assumes the 2017 average cost per tablet purchased remains stable at £0.08
<i>Expansion Scenario 2018-2021 Tab – should higher revenue be received</i>	
Cost per treatment	Assumes a higher initial cost per treatment in the first year of implementation at £0.27
New Programme countries	Assumes control of morbidity only during the start-up phase targeting coverage in SAC only
<i>Reduced Scenario 2018-2021 Tab – should reduced revenue be received</i>	
Assumptions as per existing programmes	
Treatment beyond SAC in countries only where there is a precedent in existing programmes	
No additional PZQ procurement; leveraged PZQ donation and purchased PZQ through DFID only	