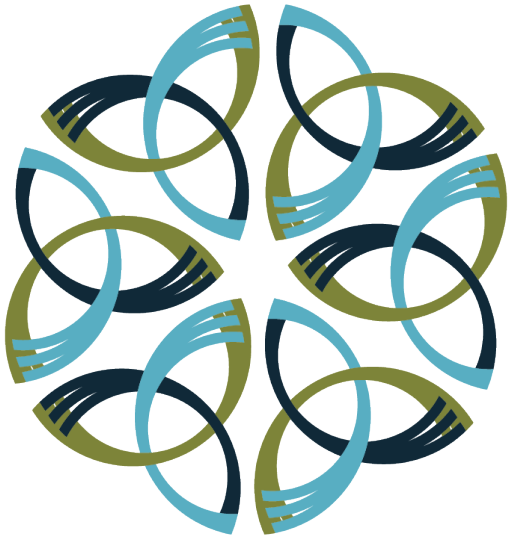
PMAC PRINCE MAHIDOL AWARD CONFERENCE 2018



PARALLEL SESSION 4.5

BRINGING SOLUTIONS INTO FOCUS: HARNESSING THE POWER OF AN ECONOMIC LENS

| BACKGROUND

Beyond the tragic loss of human life, the economic impact attributable to epidemics and pandemics can be catastrophic. SARS, $30 billion; Pandemic H1N1: $40 billion; Ebola: $2.8 billion in the three West African economies alone. Recent estimates place the inclusive costs from a moderately severe influenza pandemic at $570 billion annually, within the range projected for the annual cost associated with global climate change. And, without intervention, the cumulative economic impact from anti-microbial resistance (AMR) through 2050 is projected to exceed $100 trillion (two-thirds of which is in low- and middle-income countries), substantially more than current annual global economic output.

Despite a repeated pattern of costly response, the economic case for investing in proactive, preventive measures targeting a reduction in the pressures that facilitate disease emergence has not been widely adopted. A yearly investment of $1.9-3.4 billion to strengthen animal and human public health systems would yield a global public benefit estimated at over $30 billion annually through avoided economic damages associated with pandemics. High return on investment is expected even if only a portion of pandemics are prevented, and strengthened One Health capacity in countries may confer additional benefits via improved prevention and control of endemic disease and AMR. However, challenges in mobilizing capital; an anemic evidence base and difficulty in translating evidence into policy advocacy with budget decision-makers; competing priorities for scarce health systems funding; and inequitable distribution of costs and benefits across sectors and stakeholders are all amongst the impediments to adopting the economic case for investing in preventive approaches.

Recent efforts designed to address these challenges have employed a range of approaches. Structures prioritizing risk avoidance and transference are being developed (e.g. multi-sectoral health security planning and capacity investments; epidemic/pandemic insurance structures). Also underway are new models capturing the economic impact of disease emergence as a function of land use, which will enable the disease regulatory role of ecosystems to be fairly valued and incorporated into payment for environmental services frameworks. And global financing structures promoting targeted, multi-sectoral systems strengthening and incentivizing investments in preparedness are being established.

| OBJECTIVES

- Highlight successful practices and approaches that have demonstrated promise in fostering decision making informed by economic analyses;
- Profile structures with proven utility in transcending the identified challenges, including resource prioritization and inequitable sectoral cost and benefit distribution;
- Discuss approaches that strengthen the economic evidence base for investments in proactive, preventive disease mitigation approaches; and
- Review policy and regulatory options, such as tax and incentive structures, that can contribute to a favorable investment environment for more wide scale adoption of risk mitigation approaches

Panelist

Gavin Yamey

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Gavin Yamey MD, MPH, MA is the Director of the Center for Policy Impact in Global Health based in DGHI. The Center is an innovative policy lab that addresses critical challenges in financing and delivering global health. He trained in clinical medicine at Oxford University and University College London, medical journalism and editing at the BMJ and public health at the London School of Hygiene and Tropical Medicine. He was Deputy Editor of the Western Journal of Medicine, Assistant Editor at the BMJ, a founding Senior Editor of PLOS Medicine, and the Principal Investigator on a $1.1 million grant from the Bill & Melinda Gates Foundation to support the launch of PLOS Neglected Tropical Diseases. In 2009, he was awarded a Kaiser Family Mini-Media Fellowship in Global Health Reporting to examine the barriers to scaling up low cost, low tech health tools in Sudan, Uganda and Kenya. Dr. Yamey currently serves as a commissioner on the Lancet Commission on Tuberculosis. He previously served on two international health commissions, the Lancet Commission on Investing in Health and the Lancet Commission on Global Surgery. He has been an External Advisor to the WHO and to TDR, the Special Program for Research and Training in Tropical Diseases. Dr. Yamey has published extensively on global health, neglected diseases, health policy, and disparities in health and has been a frequent commentator on National Public Radio. He directs the Global Health Track in Duke's Program on Global Policy and Governance in Geneva. Before joining Duke, Dr. Yamey led the Evidence-to-Policy Initiative in the Global Health Group at the University of California, San Francisco (UCSF) and was an Associate Professor of Epidemiology & Biostatistics at the UCSF School of Medicine.