

INVEST IN NCDs TODAY
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TOMORROW

Global Week for Action on NCDs, 5 - 11 September 2022

The Year of NCD Investment

#ActOnNCDs

This fact sheet gives a snapshot of NCD financing, possible ways to increase noncommunicable disease (NCD) investment, and key upcoming events. It's designed for members of the NCD Alliance network, decision-makers and global health advocates interested in the topic. We encourage you to use the fact sheet for your advocacy, including sharing it with your networks.

"41 million people die every year due to an NCD, and annual deaths from NCDs are projected to rise to 52 million by 2030. To better understand, in 2020 annual deaths from tuberculosis, malaria and HIV/AIDS reached 1.5 million, 627,000, and 680,000 respectively. Unless countries follow through on commitments to reduce mortality from noncommunicable diseases, the future of global health will be dominated by these chronic conditions. By investing in cost-effective actions now, countries can change this trajectory of disease and disability to one of healthy and prosperous populations."

Katie Dain, NCD Alliance CEO

Why is investing in NCDs urgent?

NCDs drain the global economy, perpetuate poverty and threaten health security

Also known as chronic diseases, NCDs cost the world's countries 3.5-5.9% of their annual gross domestic product. The five leading NCDs alone are estimated to cost countries an average of more than US\$2 trillion annually. Between 2011 and 2025 developing countries alone will lose US\$7 trillion — the combined GDP of France, Spain and Germany.

NCDs are both a cause and a consequence of poverty, and huge expenses due to out-of-pocket payments for NCD treatment push millions of people worldwide into extreme poverty every year.

Roughly 60-90% of COVID-19 deaths have been of people living with one or more chronic condition, like obesity, heart or kidney disease, or cardiovascular diseases. NCD action and investment must no longer be seen as an afterthought to infectious diseases and neglected within health services, but as fundamental to resilience, security, equity, and economic stability.

raising domestic resources – 'Sin' taxes help fund UHC in the Philippines

Universal Health Care (UHC) became law in the Philippines in 2019. Healthcare coverage was expanded by automatically enrolling all Filipinos in the National Health Insurance Program and strengthening the system of primary-care providers. The government estimated that the UHC would require US\$5 billion in its first year of operation. To help cover UHC costs, the government used revenues from taxes on unhealthy commodities. Funds generated by one particular law, the Tobacco Tax Law 2019, were projected to provide about US\$0.3 billion, while excise taxes on alcohol and tobacco alternatives were expected to generate around US\$0.5 billion.

Work to direct tax revenue to finance health services started years before, when the Sin Tax Reform Law of 2012 restructured taxes on tobacco and alcohol products. Subsequent laws raised those taxes and introduced new ones on e-cigarettes. A 2017 excise tax on sugar-sweetened beverages now raises at least US\$2 million daily. Revenue generated by those various taxes have allowed the Department of Health to triple its budget.

Tobacco taxes themselves had a positive impact on health. After the new tax was put in place in 2012, smoking prevalence fell from 29% to 22.7% in 2015. Tobacco use is one of the main risk factors for chronic diseases.

Today's level of investment and what's needed

Financing for NCDs has stagnated at a pitiful 1-2% of development assistance for health for two decades. Compare that to government handouts for fossils fuels and agriculture, which climb to \$1.8 trillion per year. A 2022 study demonstrated that investing US\$18 billion more every year from 2023 to 2030 would avert 39 million deaths in low- and mid-income countries. If ministries of health contribute 20% of their budgets, they would collectively reach this sum. The economic benefit would be \$2.7 trillion, or \$390 per person, found the study.

How to generate more NCD investment

An important step is for governments around the world to establish clear <u>national investment cases</u> for NCDs, which will identify financing priorities to meet their country's unique circumstances. The solution is not one silver bullet but a "blend" of the financing types described below.

Domestic resources

Generally, a country raises resources through taxes, which are then directed to different areas of government. Domestic resources are not strictly determined by how 'rich' or 'poor' a country is – they can be increased for instance by applying taxes or removing subsidies on items such as alcohol, sugary beverages, ultra-processed foods, tobacco and fossil fuels/pollutants. To increase domestic financing for NCDs, Ministries of Health must be able to present the investment case for NCDs to the Ministry of Finance, supporting it with national data and evidence.

Development financing and cooperation

Development financing comes as grants, loans and development aid. It can arrive as official development assistance (ODA) from countries or as other flows from bilateral, multilateral or private foundations. This financing is key for many low- and lower-middle-income countries, representing 29% and 12% of their health budgets respectively in 2017. NCDs receive a tiny share of development assistance for health, but it is unreasonable to expect low-income countries that spend less than 5% of their GDP on health to progress on fighting NCDs without catalytic funding from bilateral and multilateral donors to complement their efforts.

Innovative Financing

Over US\$ 7 billion has been raised for global health in the last 15 years using non-traditional financing mechanisms. Examples include lotteries, taxes to curb consumption of unhealthy products, and levies on airline tickets and extractive industries, following the UNITAID model. These approaches can be global or national in scope. Integrating NCDs into existing global health financing mechanisms, such as the Global Fund and Global Financing Facility, is another option given growing focus on strengthening Universal Health Care (UHC) and health systems and clear evidence of NCD co-morbidities with HIV/AIDS, TB and women and children's health.

The <u>UN Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health</u>, was established in 2021 to catalyse national action on NCDs. WHO says the impact of the first US\$250 million invested will be: 250,000 lives saved; 2 million healthy life-years gained; US\$10 billion in economic losses averted and US\$1.5-2 billion in health investments leveraged.

UNITAID rises to innovative financing challenge

Since 2006, UNITAID – founded by a group of governments (Brazil, Chile, France, Norway and the United Kingdom) – has used an airline-ticket tax in specific countries to fund its work. Launched to tackle tuberculosis, HIV and malaria, UNITAID expanded to fighting NCDs in 2019 by including prevention of cervical cancer in its mandate.

A partner in WHO's Global Strategy to Accelerate the Elimination of Cervical Cancer, in 2000 UNITAID was the largest funder of innovative tools to find and treat pre-cancerous lesions in women living in low-resource settings. At that time, it was on-target to reach one million women within three years, with an estimated 100,000 additional lives saved over eight years.

Private sector and philanthropic funding

Institutional investors, such as pension funds, insurers and sovereign wealth funds, had roughly US\$100 trillion in assets under management in 2019 in countries of the Organisation for Economic Cooperation and Development alone. This represents a major potential source of long-term financing to support sustainable development generally and for NCDs in particular. The private sector is yet to be fully leveraged through initiatives such as public-private partnerships or blended finance — using development finance and philanthropic funds to mobilize private investments towards social and economic impacts in low- and mid-income countries.

"There's a widespread belief in the global health and development community that tackling NCDs is too expensive and that it isn't feasible in countries with very limited resources. Our report thoroughly debunks this idea. We show that there are a range of highly cost-effective options for preventing and treating NCDs, most of which can be delivered through primary healthcare systems."

Dr David Watkins, Department of Global Health, University of Washington, Seattle. Lead author of <u>Lancet NCD Countdown 2030 investment paper</u>.

WHO and ITU mobilize private sector funds

Since 2012, Be He@Ithy Be Mobile, a joint programme of WHO and the International Telecommunication Union, has raised millions of dollars from the private technology and pharmaceutical industries to develop mobile health solutions to tackle NCDs and their risk factors. The initiative works with governments to introduce evidence-based mHealth services into their national health systems, institutionalize them nationally on a large-scale, evaluate their impact, and share best practices.

Be He@Ithy Be Mobile supports programmes in a mix of low-, middle- and high-income countries, sharing content and experiences between them to accelerate the adoption of best practices.

DEVELOPMENT FINANCING — Norway leads with NCDs strategy

In November 2019 the Government of Norway became the first country to launch a strategy to fight NCDs as part of its development policy. **Better Health, Better Lives** aims to contribute to cutting premature deaths from NCDs in low-income countries by a third by 2030 (Sustainable Development Goal 3.4), and to improve people's health throughout their lives. It includes US\$21.9 million in financing.

An English-language summary of the strategy states: "There is global consensus on the measures needed to prevent and control non-communicable diseases and to reverse the negative trend. We need to fight NCDs and turn a global crisis into a success story. Norway wishes to contribute to this goal, and to save millions of lives, ensure people enjoy better health throughout their lives and encourage positive economic development in low-income countries.

"The main goal of the initiative is to help combat poverty and promote economic development and welfare in low-income countries," adds the summary. "The initiative will be designed to ensure that we reach the poorest and most vulnerable groups, and help us achieve the main objective of the 2030 Sustainable Development Agenda – that no one is left behind. As a basis for the initiative, countries must prioritise non-communicable disease actions in national policy."

Upcoming opportunities to create momentum for NCD investment

In 2025 the fourth <u>High-Level Meeting of the UN General Assembly on the prevention and control of NCDs</u> will assess progress on a set of nine voluntary global targets for the prevention and control of NCDs. Many events will occur in the lead-up to the High-Level Meeting. These include:

2023

High Level Meeting on Universal Health Coverage

A one-day meeting in New York in Sept. 2023 to review progress on UHC commitments and accelerate action at the midpoint of the SDGs

2023

Second WHO Global Dialogue on Financing national NCD responses

Information to come. See WHO webpage on first meeting.

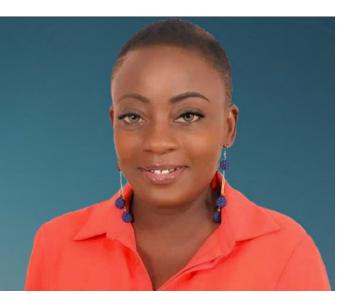
2025

4th HLM on NCDs (and preliminary processes)

Dates and scope of the 4th HLM on NCDs will be decided closer to the date.

"My endometriosis journey within the Ghanaian health system has been very expensive, as endometriosis care is not covered by medical insurance. My monthly treatment costs are on average \$350 - \$500. To afford this, I have had to secure loans, both for managing the condition and also for the eight surgeries I have undergone. Each surgery costs on average \$2,500 - \$4,000."

Katherine Berkoh, Member, NCD Alliance, Ghana





Visit <u>actonneds.org</u> and get involved in the Global Week for Action on NCDs, taking place from 5 to 11 September 2022.

