

FREQUENTLY ASKED QUESTIONS

Bridging the investment gap on noncommunicable diseases

Global Week for Action on NCDs,
5 – 11 September 2022
The Year of NCD Investment

#ActOnNCDs



1. What are noncommunicable diseases and why are they important?

Seven of the top ten causes of death globally are noncommunicable diseases, or NCDs. They include cancers, cardiovascular disease, stroke, chronic respiratory diseases, diabetes, mental health and neurological conditions, and chronic kidney disease, among many others.

41 million people die every year due to an NCD, accounting for 74% of all deaths worldwide, and annual deaths from NCDs are projected to escalate to 52 million by 2030. Although the burden is universal, low- and middle-income countries (LMICs) are hit the hardest, with over 85% of premature deaths between the ages of 30-70 from NCDs occurring in poorer countries. This makes NCDs into far more than a health issue – they are a major human rights and equity issue, as they disproportionately burdening the poorest and most vulnerable populations with disease, disability and death.

Scaling up and accelerating action on NCDs should be seen as the fulfilment of a promise by governments. Every UN Member State committed to the Sustainable Development Goals (SDGs) in 2015, pledging to deliver health and wellbeing for all, achieve universal health coverage, and build a more prosperous, equitable and sustainable world. **NCDs are integrated throughout the SDGs, and have their own target, 3.4, to reduce premature mortality from NCDs by one third by 2030.**

2. What is the toll of NCDs on people, households and the economy?

NCDs cause death and disability, and they are both a cause and a consequence of poverty, destroying the economies of millions of families each year.

Catastrophic expenses due to out-of-pocket payments for NCD treatment push an estimated **100 million people** worldwide into extreme poverty every year. COVID-19 and its containment measures have exacerbated these inequities and created new vulnerabilities. National and global economies are being depleted by the direct and indirect costs of NCDs too. Annual GDP losses range from 3.5% – 5.9%, and the amount it will have cost developing countries alone between 2011 and 2025 will be \$7 trillion dollars, equivalent to the combined GDP of France, Spain and Germany last year.

In total the five leading NCDs – cardiovascular disease (CVD), chronic respiratory disease, cancer, diabetes and mental health conditions – have been estimated to cost US\$47 trillion between 2011-2030, an average of more than US\$2 trillion per year. The unequitable human toll of NCDs is reason enough for urgent action, but the economic impacts underscore that the world cannot afford to neglect NCDs any longer. **The cost of inaction on NCDs is far greater than the investment required.**

3. Why are NCDs a wise investment?

All countries – and especially LMICs – can achieve or nearly achieve SDG 3.4, saving 39 million lives by 2030, by introducing a cost-effective package of NCD prevention and treatment interventions.

These interventions are realistic and cost effective - with a return on investment of 19 to one. The bottom line is that governments can reap substantial economic rewards, in both the short- and long-run, by taking bold action on NCDs and thus ensuring the fiscal sustainability of their health systems. This requires a view of health as an investment not a cost, and one that requires long-term thinking.

4. What are the most effective investments for NCDs?

The WHO Best Buys are among the most effective NCD interventions – that is, they are affordable for all countries and guarantee a big return on investment in lives and money saved.

More specifically, the Best Buys are set of 16 NCD interventions which focus on preventing NCDs by addressing the major NCD risk factors – tobacco use, alcohol use, unhealthy diets and inadequate physical activity – and management of [cardiovascular disease](#), [diabetes](#) and cervical cancer. These interventions require on average an additional US\$0.84 per year, per person in LMICs, with a return of US\$7 for every dollar invested.

A new analysis fully aligned with and building on the WHO Best Buys looked at a broader package of 21 NCD prevention and treatment interventions that can form the backbone of effective national NCD strategies. The analysis revealed that nearly all countries can still achieve SDG 3.4 by 2030 by implementing locally tailored packages of cost-effective NCD interventions. Implementing this set of interventions will require, on average, an additional US\$18 billion annually over 2023–30; and is projected to avert 39 million deaths in LMICs and generate an average net economic benefit of \$2.7 trillion, or \$390 per capita. The economic benefits of this package outweigh costs by 19:1.

5. What sources are available for NCD investment?

There are various sources of funding for investment in health and NCDs. They are:

Domestic financing

This is funding that comes from a country's own resources, which are generally raised through taxes and then allocated to different areas of government. Domestic resources are not strictly determined by a country's level of economic development – they can be increased by introducing taxes or removing subsidies on alcohol, sugary beverages, ultraprocessed foods, tobacco and fossil fuels/pollutants.

Development financing and cooperation

Development financing refers to funding coming in the form of grants, loans and development aid. This funding can come through official development assistance (ODA) and other official flows from countries who are members of the OECD *Development Assistance Committee (DAC)* as well as *non-DAC countries*. Development financing makes up an important part of many low- and lower middle-income countries' health budgets, representing 29% and 12% respectively in 2017.

Innovative financing

Innovative financing initiatives include for example credit card rounding plans, taxes to curb consumption of unhealthy products, and initiatives that aim to expand on the idea of the UNITAID airline tax scheme. They can be implemented at the global or national level. There are also big opportunities for integrating NCDs into the existing global health financing mechanisms, such as the Global Fund and Global Financing Facility, given the increasing focus on UHC and health system strengthening and the clear evidence of NCD co-morbidities with HIV/AIDS, TB and women and children's health.

Private sector financing

Tapping into the world's vast pool of private capital to mobilise institutional investors' assets towards NCDs is critical to address the systemic funding gaps. The private sector is yet to be fully leveraged through initiatives such as public-private partnerships.

LMICs need to leverage multiple financing sources and solutions for NCDs, depending on their disease burdens, fiscal capacity, existing donor relationships, and other factors. The result will be **“blended” financing for NCDs**: a mix of domestic financing, development financing, innovative financing, and relevant private financing. Given the scale of the challenge, action will be needed on many fronts to mobilise adequate, predictable and sustainable financing for NCDs.

6. What is the NCD investment gap?

NCDs are the most underfunded global health issue relative to the billions of people impacted.

Despite the catastrophic and growing global toll of NCDs, the proportion of total Development Assistance for Health (DAH) dedicated to NCDs has also remained unacceptably low for the past 30 years, with two-thirds allocated to infectious diseases and a quarter to maternal and child health conditions. In contrast, funding allocated specifically for NCDs has remained in the range of just 0.6%-1.6% of total DAH. Of the fraction of DAH that is allocated to NCDs, only one-tenth goes towards NCDs (and injuries) in the world's poorest countries - just US\$83 million between 2011-2016 (including injuries). Similarly, global funding per disability affected life year (DALY) for NCDs is \$0.64, while it hits \$194, \$53, \$42, and \$65 per DALY for HIV, Malaria, TB, and MNCH respectively.

There is a fundamental mismatch between the healthcare needs and rights of people living with NCDs, particularly in LMICs, and the resources allocated to respond. **Bridging the investment gap for people living with NCDs offers the world's greatest potential to save and improve lives by 2030.**

7. What does investment in NCDs have to do with COVID-19 and pandemic preparedness?

The lack of investment in NCD prevention and care over the years has amplified the toll of the COVID-19 pandemic: 1.7 billion people, equivalent to 22% of the global population, live with at least one underlying condition (mainly NCDs) that puts them at increased risk of severe COVID-19, and 60-90% of COVID-19 deaths have been of people living with one or more NCD, most often hypertension, [cardiovascular disease](#), [diabetes](#), [kidney disease](#) or obesity.

Investment in NCDs is therefore an investment in epidemic preparedness and health security.

NCDs represent a pandemic in their own right, but when mixed with an infectious disease outbreak, the result has been devastating to health systems and the communities they serve everywhere. The COVID-19 pandemic revealed that the prevention, screening, diagnosis and treatment of NCDs are indispensable to health systems' preparedness and population resilience. The world will not be prepared for future health threats nor deliver on global commitments to Universal Health Coverage (UHC) for as long as the people at highest risk continue to be left behind. As such, NCD investment must be an integral part of national pandemic preparedness and response plans, and a priority for international preparedness instruments and funds.

Useful resources for civil society action on NCD financing:

- "[Invest to Protect](#)", NCDA policy brief launched in April 2022
- "[Saving lives, spending less](#)" WHO report
- [NCD Countdown 2030](#): efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries

Do you want to know more?

Visit actonncds.org and get involved in the **Global Week for Action on NCDs**, taking place from 5 to 11 September 2022.