## **Development Assistance and NCDs**

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Linked to the current absence of NCDs in the global development agenda is the significant lack of development assistance for NCDs. The Institute for Health Metrics and Evaluation (IHME) produced a report [1] in which they stated at \$377 million in expenditure and only 1.2% of total Development Assistance for Health (DAH), NCDs remain one of the smallest areas of funding. DAH for NCDs varies across regions. For example, Latin America and the Caribbean region received above and beyond the highest DAH per DALY for NCDs, while on the other hand, East Asia and the Pacific, with a large population and rapidly growing economies, has consistently received some of the lowest DAH per DALY for NCDs. The region has not received more than 16 cents per DALY over the entire two-decade period highlighted.

While the HLM Political Declaration recognised that resources are not "commensurate with the problem" and encourages governments to explore bilateral and multilateral channels, we are yet to see a major shift in resources. Most of the bilateral aid agencies do not fund NCDs as a matter of policy because they do not feature in the MDGs. Yet by doing so, donors are neglecting their commitments to aid effectiveness, which require them to align and harmonise their aid to recipient country priorities, not global agendas. It is this aid policy that the NCD Alliance will be campaigning to reverse, through forums such as the Organisation for Economic Co-operation and Development (OECD).

# Our position

For the NCD Alliance, increasing development assistance for NCDs is a priority. At the same time as advocating for the integration of NCDs into the post-2015 development framework, we will focus on influencing aid policies of the major bilateral aid agencies. The global NCD community cannot afford to let bilateral aid agencies off the hook until 2015 – human, financial and technical assistance are urgently required for NCDs by many low- and middle-income countries. Our advocacy will draw upon tools such as the Paris Declaration on Aid Effectiveness and focus on building the case with bilateral aid agencies through the OECD, as well as working with our membership in both recipient and donor countries to put pressure on their own governments and bilaterals.

We are producing advocacy toolkits including briefing papers and other support materials and will make these available with supporting Calls To Action as they are

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#### Links

[1] https://www.healthdata.org/policy-report/financing-global-health-2013-transition-age-austerity