FUNDING IN A CHANGING WORLD

The role of private philanthropy in financing the response to noncommunicable diseases

NCD Alliance

TIME TO LEAD
GLOBAL WEEK FOR ACTION ON NCDs

Acknowledgements

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Executive summary

Private philanthropy is a major actor in global health and sustainable development. Between 2020 and 2023, global philanthropy for development totalled US$68.2 billion, of which 40% was directed to health: the largest share of philanthropic giving to any sector.[1] However, there is a fundamental mismatch between the financing of noncommunicable diseases (NCDs) – like cancer, diabetes, cardiovascular diseases, chronic lung diseases, and mental health and neurological conditions – and the disease burden they represent.

NCDs cause 85% of premature deaths in low- and middle-income countries (LMICs) and are responsible for 80% of years lived with disability worldwide. NCDs also place sustained pressure on households, health systems and economies through the cost of long-term care, lost productivity and reduced participation in work and society[2], with the burden falling heaviest on groups that have been economically and socially marginalised[3]. Despite this, NCDs receive under 2% of overall development assistance for health[4].

Meanwhile, official development assistance is declining. Bilateral official development assistance (ODA) for health fell by 40% in 2023 from its COVID-19-related peak. ODA for health in 2025 was estimated to be up to 33% lower than in 2023, according to the OECD[1]. The dismantling of USAID in 2025 removed one of the largest single sources of funding for global health and sustainable development. Philanthropic giving is only a tenth of official aid[1]: private philanthropies alone cannot replace ODA funds or reverse decades of underinvestment in NCDs.

The purpose of this report is to consider the role that private philanthropies can play in strengthening the NCD response, drawing on examples of what others are doing, signposting potential areas for investment, and stimulating further discussion.

This is a particularly important moment for this analysis. Governments in LMICs are asking for a different kind of partnership: one that supports their national priorities rather than bringing externally defined agendas. The Lusaka Agenda and the Accra Reset both reflect this move towards country leadership. This redesign of 'global health architecture' creates a chance to build a system centred on integrated, person-centred care: an approach that reflects the reality of today's disease burden and better serves people living with NCDs, including mental health and neurological conditions[I].

Private philanthropy carries a responsibility to design funding that aligns with national priorities, strengthens sustainable health systems and supports governments to fulfil their responsibility to finance health, while minimising the risk of dependency.

This brief identifies five roles through which private philanthropies already strengthen the NCD response:

- Reaching people through services and support;
- Proving models that governments and larger mechanisms can scale;
- Building systems, institutions and capacity;
- Aligning through evidence, advocacy and convening; and
- Providing risk capital for innovation and research.

I NCD Alliance considers the term 'noncommunicable disease/s' as well as its acronym 'NCD/s' to be inclusive of mental health and neurological conditions.

Case studies illustrate each role being played by different types of funders and across diverse contexts. These case studies do not capture every funding model or philanthropic role but are intended to give a useful snapshot.

This brief sets out seven recommendations informed by the literature review and interviews and reinforced by findings from the case studies, as follows:

1. **Harness the independence of private philanthropy:** Commit for the long term, provide flexibility where it matters, and enable local partners to lead
2. **Coordinate strategic philanthropic funding for NCDs:** Share NCD specific data through the OECD reporting process to improve transparency and accountability
3. **Invest in country-led plans, not parallel systems:** Support the priorities governments have already set and strengthen national systems
4. **Support integration, and help to break the silos:** Invest in the data, workforce and primary care services needed to deliver person-centred care that addresses a range of conditions
5. **Fund civil society and community participation:** Support local organisations and meaningful involvement of people living with NCDs in shaping policies and programmes
6. **Invest in systems and evidence, not only services:** Invest in prevention, evidence, standards, data, advocacy and institutions, not only direct services
7. **Choose a role deliberately:** Decide where private philanthropy can add most value, whether through reach, proving models, building systems, improving policy decisions or taking risks others cannot.

The sections that follow draw on the experience of funders already putting these approaches into practice. The challenge set by this brief is not simply for private philanthropies to spend more on NCDs. It is a challenge to use their distinctive strengths where they can add most value, to help build a response that countries can lead, sustain and scale.

Context
A new era for global health financing

Two developments are reshaping how governments across Africa, Asia and Latin America finance health. Together, they mark a shift away from a donor-led model of global health towards one in which countries exercise greater control over priorities and financing. **For NCDs, this shift matters for two reasons: it creates greater scope for countries to shape their own response, while highlighting the gap between today's burden of disease and the way global health financing has historically been organised.** This transition creates an opportunity to better align investment with today's burden of disease, with NCDs at the centre of investment and health system reforms.

Firstly, governments in Africa, Asia and Latin America are asking for a different kind of partnership, set out in the Lusaka Agreement and the Accra Reset. The Lusaka Agenda, agreed in 2023, sets out how the fragmented system of global health initiatives, such as Gavi, the Global Fund and the Global Financing Facility, should reorganise around country leadership. It is built around five commitments: strengthening primary health care; sustainable domestic financing; health equity; better coordination among funders; and a single, country-led health plan and budget, rather than separate plans for each donor. The Accra Reset was launched in 2025 by African Heads of State, including the leaders of Ghana and Nigeria. It shifts the focus beyond donor coordination to questions of who sets priorities and controls resources: what gets funded, who decides, and on whose terms. External funders are expected to support nationally determined priorities rather than direct them.

Secondly, and at the same time, the financing environment has changed fundamentally. Official development assistance, which has long filled gaps in health financing, has fallen sharply and continues to decline. Following the exceptional increases during the COVID-19 period, bilateral official development assistance for health fell by 40% in 2023. The OECD forecasted that health ODA could decline by up to one third by 2025 compared with 2023 levels[1]. The dismantling of USAID in 2025 removed one of the world's largest health donors and, even if future administrations rebuild elements of the agency, the institutional capacity that has been lost will take years to restore; other major donor governments have also cut aid budgets. Regional dialogues convened across five continents in 2025 and 2026 reached a consistent conclusion: the old model is not coming back, and the question is what replaces it.[5,6]

The **combination of greater country ownership and shrinking external funding** makes it more important than ever to align health financing with the health needs countries and communities face today and in the future[2]. NCDs are central to this challenge: they affect people's health, livelihoods and economic security over many years.

The scale of this need is enormous: an estimated 1.3 billion people live with hypertension and 537 million live with diabetes, conditions that require long-term care. Living with an NCD can mean prolonged illness, disability and loss of independence. These impacts are greatest among people who are already socially and economically disadvantaged, who face higher risk of illness and premature death and are less able to afford the costs of care. Around 1.4 billion people face healthcare costs that can cause severe financial hardship, with NCD-related care contributing significantly to this burden. NCDs cost more than US$2 trillion each year through healthcare costs and lost productivity. The consequences therefore extend beyond individual health to families, communities, health systems and economies. This makes integrating and accelerating action on NCDs central to the future of global health. As populations age and more people live with multiple and chronic conditions, health systems need to provide continuous, person-centred care across the life course rather than disease-specific interventions. NCDs also intersect with wider global priorities, including Universal Health Coverage (UHC), poverty reduction, gender and health equity and resilience to pandemics, humanitarian crises, climate change and air quality. Integrated, person-centred systems that can respond to NCDs, mental health and other conditions together are essential to meeting changing health needs and building sustainable health systems.

Yet the institutions and financing arrangements that have shaped global health over the past two decades have not kept pace with this reality. They remain largely 'NCD-blind', shaped by the priorities and delivery models of the early 2000s, with financing often organised around vertical programmes for infectious diseases, maternal health and child survival. These investments delivered major gains, but their structures were not designed for a world in which chronic conditions require intersectional action on prevention, and integrated care across the life course. NCDs have consequently remained poorly integrated into global health institutions, financing arrangements and health system models.

The **current health reforms therefore present an opportunity** to transform the system around integrated, person-centred care and UHC. This would require a stronger focus on NCDs, where the greatest share of the global disease burden now lies. The choices being made now, in consultations, replenishments and budget negotiations, will determine which path is taken[2].

Governments are not waiting. Ghana removed the legislative cap on its 2.5% National Health Insurance levy in 2023, so that the full levy, around US$880 million (10 billion Ghanaian cedi), now flows directly into the National Health Insurance Scheme, funding a range of care including NCD services. Kenya raised its basic oncology benefit package to around US$6,000 per patient and built in an automatic safety net for people who exceed the coverage limit. Jamaica earmarks part of its tobacco tax revenues for NCD interventions through its National Health Fund. Rwanda now funds 67% of its national NCD budget from domestic resources.[7] Most examples come from Africa, where the reform agenda is currently most visible and best documented, but the broader direction of travel is global. **These examples show that greater country ownership is already leading to changes in how NCDs are financed and delivered.**

This is the context in which private philanthropy must now work. Governments are moving toward financing more of their own NCD response. The overseas development aid that once filled gaps is shrinking. The multilateral system meant to support countries remains under-resourced, and global health architecture needs to better integrate NCDs into funding systems. The remainder of this brief considers how private philanthropy can best complement these shifts and help shape a stronger financing architecture for NCDs.

Private philanthropy and NCDs today

Private philanthropy has long been an important funder and partner in global health. Around US$68.2 billion was given for development between 2020 and 2023, with 40% going to health, making it the largest sector for philanthropic giving. More than half of health-related giving came from a single funder, the Gates Foundation.[1] Philanthropy therefore has an important role to play in shaping the future global health agenda, including by strengthening the NCD response.

Private philanthropies will not fill the gap left by falling aid budgets. The argument in this brief is different. Private philanthropy's value lies not in replacing lost aid, but in using its independence to influence far larger systems and sources of finance. Private foundations who have interests ranging much wider than health can also view their work using an 'NCD lens'. The intersectionality between NCDs and other priorities is wide-ranging, encompassing issues such as the climate crisis, gender equity, food systems, air pollution and education.

Private philanthropy is diverse

Beyond the largest funders, private philanthropy encompasses a wide range of institutions with different sizes, structures and approaches to deploying funds. These differences shape how funders make decisions, the risks they are willing to take, and the ways in which they can contribute to the NCD response. Funders range from small family foundations to institutions disbursing billions of dollars each year. They may be country-based and only operate domestically, or they may work across borders. They also vary in how far they are embedded in the existing global health architecture: the largest funders sit on the boards of many of the institutions now under reform, while most foundations have no such role.

> "Philanthropy can go where the private sector won't go and the government can't go."
>
> **Holly Wheeler**, Mohamed bin Zayed Foundation for Humanity

Funders also differ in their institutional models and the tools they use to deploy funding. A pharmaceutical foundation with a parent company's commercial interests operates differently from an independent family foundation, which differs again from a re-granter with no endowment of its own and which raises every dollar it gives away. Some funders provide grants only; others are comfortable using recoverable grants, guarantees or blended finance. Some are closely guided by their own theory of change; others are led primarily by the priorities identified by grantees or government partners.

The interviews highlighted an emerging source of innovation in NCD philanthropy. Funders most convinced of the case for NCD investment, and often the most willing to innovate in how they fund, were those based in Asia and the Middle East: institutions in India, Singapore, Hong Kong and the Gulf whose own populations are living with a fast-rising NCD burden. Research across Asia reaches a similar conclusion, that private philanthropic funding in the region is increasingly deployed as risk capital for early-stage innovation.[11] These experiences offer useful insights for funders elsewhere as they consider how philanthropy can support innovation and take on appropriate levels of risk.

BOX 1

The largest funders

Although private philanthropy is diverse, a small number of very large foundations have a significant influence on global health priorities. Any account of private philanthropy and NCDs must therefore consider the four funders whose scale and influence on global health priorities set them apart:

Bloomberg Philanthropies is the largest philanthropic funder of NCD prevention. It has invested US$1.6 billion in tobacco control since 2007, working with governments in more than 110 low- and middle-income countries on taxation, advertising bans, smoke-free laws and mass media campaigns.[8] It also funds road safety and healthy food policy with partners including the Gates Foundation and the public health organisation Resolve to Save Lives, which works with governments on nutrition policy and cardiovascular health. Bloomberg's founder serves as WHO Global Ambassador for Noncommunicable Diseases and Injuries, and Bloomberg Philanthropies is a supporter of the NCD Alliance.

Wellcome, with two of its three health challenge programmes being relevant to NCDs: mental health and climate and health. It committed US$270 million (£200 million) to mental health science in 2020 and plans to spend nearly US$22 billion (£16 billion) across its programmes over the decade to 2032.[9,10] Wellcome is also an active voice in the architecture reform debate, convening regional dialogues on the future of the global health system and funding civil society engagement in that process, which the NCD Alliance is engaged in.[5]

The Gates Foundation concentrates on infectious disease, maternal and child health and product development, and provided more than half of all philanthropic health funding between 2020 and 2023. It has funded NCD work, notably tobacco control alongside Bloomberg, and it has announced plans to double its spending over the next 20 years, with a focus on the least developed countries. Its priorities, set two decades ago when the burden of disease looked different, are one reason the global health architecture grew up around infectious disease.

The Novo Nordisk Foundation is an enterprise foundation with philanthropic objectives. Its mission is to advance research and innovation in the prevention and treatment of cardiometabolic and infectious diseases, and to develop knowledge and solutions that support a green transformation of society. In 2025, the Foundation awarded approximately US$1.7 billion in grants. Building on a legacy of more than 100 years in diabetes and metabolic disease, a core contribution of the Foundation to global health is to reduce the burden of cardiometabolic diseases (CMDs) and to increase healthy lifespan with a focus on East Africa and India. This work spans clinical and translational research through to stronger delivery of integrated prevention and care for CMDs, such as through areas of education of health professionals; equitable access for people living in vulnerable populations; early prevention and home-grown school feeding; and facilitate scaling of models of care.

Private philanthropy is independent

Private philanthropy's distinctive contribution is its independence. It can take risks that government budgets, shaped by political accountability and competing public priorities, are often less able to take. It can stay committed to a problem over many years, even when public and multilateral priorities shift between funding cycles. It can fund the work that more constrained sources of finance often cannot: advocacy, civil society, prevention, action on the upstream drivers of NCDs, and the slow work of building institutions where results may not be visible in the first year. In a future built on country leadership, independence offers another advantage: funders free from taxpayer and shareholder constraints can align behind a country's own priorities and plans.

These characteristics of risk tolerance, patience and flexibility are what allow private philanthropy to play a catalytic role. Rather than substituting for government financing or replacing aid, philanthropic funding can be used to unlock larger and more sustainable sources of investment in NCDs. **The case studies in this brief show what this can look like in practice: private philanthropy can 'reach' people through services, 'prove' approaches for wider adoption, 'build' the systems that underpin care, 'align' evidence and policy, or 'risk' funding early-stage ideas that other sources of finance cannot.**

"The ability to do what large systems often cannot do, like move quickly, take risks, invest in people and ideas before they are at a proven stage."

Seema Srivastava, Beyond Type 1, on what private philanthropy adds

BOX 2

"Catalytic": what we mean by it

The word catalytic is everywhere in philanthropic writing, and it is used to mean different things: investment in new technology, being the first funder of an unproven idea, or small grants designed to unlock much larger co-financing.[12] This brief uses the word in one specific sense: funding deployed to release more funds. That can happen in several ways, outlined in the five roles below: proving a model a government then scales, supplying early risk capital for innovation and research that no other investor will yet touch, or funding the evidence and advocacy that shift far larger public budgets. Where a more specific term fits, the brief uses it: 'patient capital' for long-term funding that is willing to wait for an outcome, first-loss capital for money that absorbs early losses so others can invest, and blended finance for structures that combine grants with commercial investment. .

The opportunity, and the risks

Engaging more deeply in the NCD response increases both the opportunities and the risks for private philanthropy. This brief argues that the opportunity is worth pursuing, and that the risks can be reduced if they are recognised and actively managed.

The opportunity

The opportunity is structural. The major global health initiatives built around specific diseases are already bringing an 'NCD lens' to HIV, TB, malaria and maternal and child health. Private philanthropy can invest in the connective tissue that vertical institutions may be less able to resource: the intersecting risk factors for NCDs, integrated primary care platforms, shared data systems, and the workforce needed to treat people rather than individual diseases. Delivering on UHC and the Lusaka commitments means delivering on NCDs. Funding that strengthens prevention, health promotion and integrated health systems supports the NCD response, even when NCDs are not explicitly mentioned.

Air pollution shows how broad this opportunity can be. It caused more than 7.9 million premature deaths in 2023, most of them from cancers, cardiovascular disease and respiratory disease: NCDs driven by factors beyond the health sector.[13] Yet philanthropic funding for outdoor air quality totalled only around US$478 million worldwide between 2019 and 2023, representing a small fraction of 1% of global giving, with a single re-granter, the Clean Air Fund, providing roughly 8% of this.[14] Areas such as this, where the potential gains for NCD outcomes are significant and philanthropic investment remains limited, offer opportunities for private philanthropy to have greater leverage.

The current moment strengthens this opportunity. Funders who engage now, in support of country priorities, can help ensure that the emerging system reflects the health conditions responsible for most premature deaths, disability and financial hardship.

The risks

The opportunity comes with responsibilities. Scale brings influence, and influence can reshape systems. Researchers have documented how the engagement of very large donors can shift funding flows and institutional priorities towards those donors' chosen areas of focus, a phenomenon sometimes described as the "Gates Effect" after its most studied example[15]. The point is a general one, not a criticism of any individual funder: any donor large enough to anchor a field will inevitably influence what receives attention and what does not. The concentration of health funding on infectious diseases over the past two decades is one reason NCDs are not well-integrated into health funding.

Displacement is another risk: where private funding visibly covers a service, governments may reduce their own investment, weakening the domestic financing that the Lusaka Agenda seeks to strengthen and raising legitimate questions about who sets health priorities. Finally, there is accountability: philanthropic funding is accountable to trustees rather than elected representatives or taxpayers. This independence is a source of private philanthropy's value, but it also creates a responsibility for transparency and engagement with the communities and governments affected.

Risks can be reduced or managed in a range of ways, as the evidence gathered for this report demonstrates. Good practice includes: following national governments' health strategies; engaging with affected communities when designing funding approaches; coordinating with other funders, as described later; and sharing data on NCD-related funding, see recommendation[2]. Going beyond grants and using funds in new ways, as described in Box 3, can give governments and civil society greater autonomy.

Five roles played by private philanthropies

This section sets out five roles being played by philanthropic funding, based on insights gained from the case studies. The roles are not ranked: a funder may play one or several and move between them as circumstances change.

- **Reach:** Supporting services that reach people now, such as community-based screening, education and self-management programmes. Done well, this strengthens government systems rather than creating parallel ones, helping address immediate gaps while building longer-term capacity.
- **Prove:** Testing and refining a model at a scale where it can be assessed, adapted and, if successful, taken to national scale by governments or larger financing mechanisms. As governments assume greater responsibility for financing health and NCD prevention efforts, they need approaches with evidence behind them that can be integrated into public systems.
- **Build:** Investing in the institutions, workforce, data systems and standards that health responses depend on but that rarely attract funding on their own. Prevention, and integrated, person-centred care requires this underlying infrastructure, even when it does not produce immediate or easily measured results.
- **Align:** Funding the evidence, advocacy and convening needed to influence policy decisions, funding priorities and the choices of governments and other actors[II].
- **Risk:** Providing risk capital for early-stage innovation, research and development that markets and public budgets are not yet able or willing to fund. This allows promising ideas, technologies and approaches to develop before they are ready for wider investment.

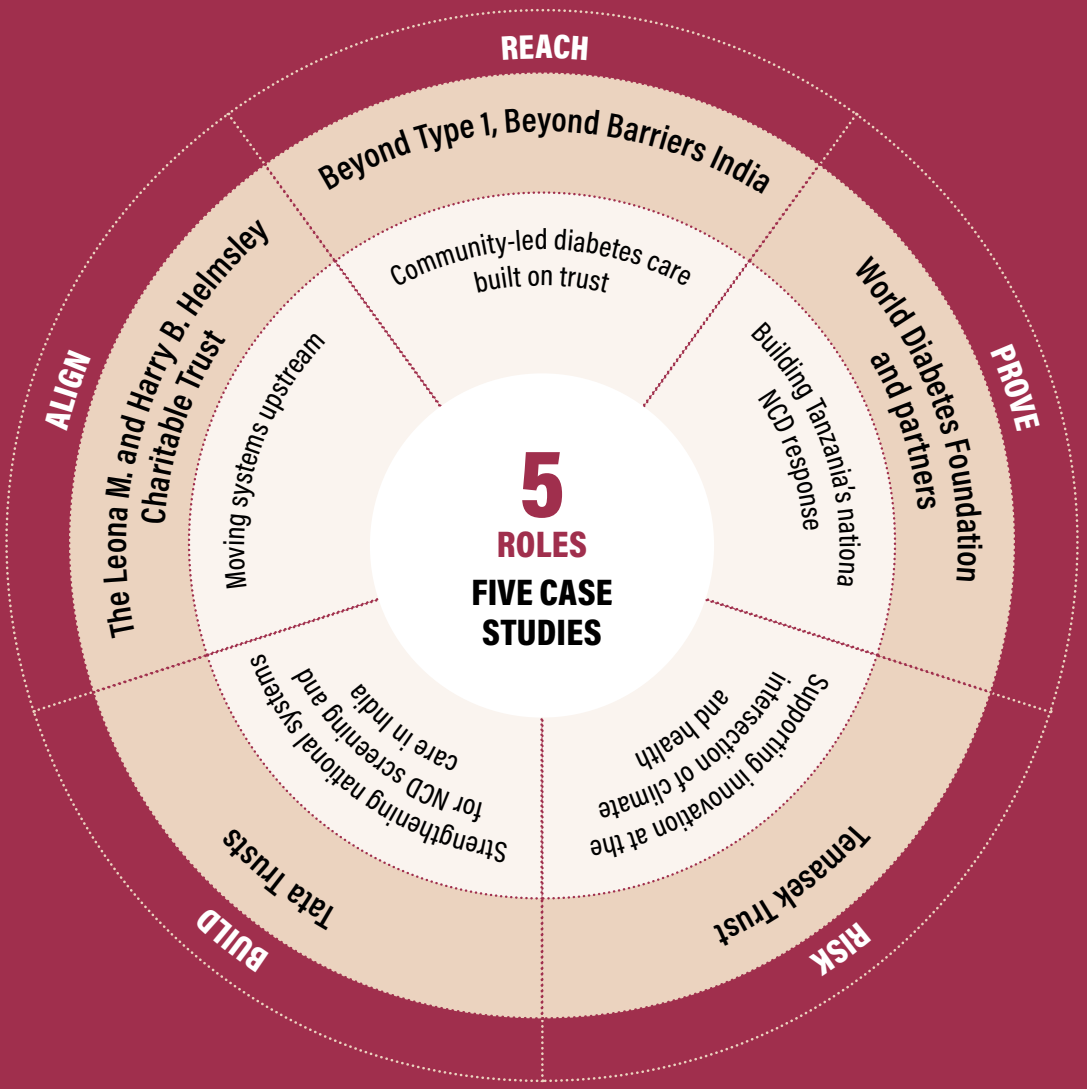
BOX 3

Key funding terms

- **Patient capital:** Long-term funding from an investor willing to wait years for results.
- **Risk capital:** Funding committed to unproven, high-risk work that others will not fund, on the understanding that some of it will not succeed
- **Recoverable grant:** A grant repaid if the funded work succeeds financially.
- **Blended finance:** Structures combining grants or concessional money with commercial investment.
- **First-loss capital:** Money that absorbs early losses so that more cautious investors can join.
- **Guarantee:** A promise to cover losses that lets others lend.
- **Pooled fund:** A shared pot governed jointly by several funders.

II US tax law limits lobbying by organisations with 501(c)(3) status.

The independence of philanthropic money...



...stronger, country-led NCD responses that others scale and sustain.

Five case studies
NCD philanthropy in action

The five case studies below show how these roles operate in practice, including where private philanthropy can support direct NCD action and where it can influence the wider conditions that shape NCD outcomes. These examples also show how private foundations have gone beyond grant-making and used their funds as risk capital, in blended finance and pooled funding.

REACH

Beyond Type 1, Beyond Barriers India

Community-led diabetes care built on trust

Beyond Barriers is Beyond Type 1's community-centred diabetes programme, which fuels education, access and community-led solutions in under-resourced communities. Launched in India in 2025, the programme was designed and implemented in partnership with HRIDAY, a trusted local partner identified through a landscape review of diabetes organisations in India. Through the programme, ten innovation grants were awarded across four states, a network of over 200 community ambassadors was established and utilized, and a scientific council of endocrinologists was convened to validate the resources produced.

Beyond Type 1 describes the model as one grounded in hyperlocal insights, shaped by community needs and strengthened by mutual trust between Beyond Type 1 and its local partners. The organisation collaborated with these partners, providing mentorship, materials and operational support that smaller organizations could not otherwise have afforded. One rural partner organisation, working with HRIDAY's support, secured government permission to run school-based testing and found 1,117 people living with diabetes, 111 of them with type 1, in a community that had assumed diabetes did not exist there.

The programme's awareness campaign, built around people's lived experience rather than clinical messaging, has reached an estimated 800 million people. Some of the ambassadors trained through the programme are now part of the coalitions that helped secure two new Indian government policies guaranteeing free testing and insulin for children with diabetes through public health centres. The programme demonstrates how reach can translate into lasting impact: awareness drives ambassador participation, ambassadors become advocates, and their collective action helps systems change.

"We don't prescribe a model, we co-create that model with our implementing partners, who understand the local context and the needs of their communities."

Seema Srivastava, who led the programme at Beyond Type 1

What this shows

Philanthropy can extend reach most effectively when it works through trusted local partners, strengthens community capability, and builds pathways for services to become part of public systems.

PROVE

World Diabetes Foundation and partners

Building Tanzania's national NCD response

The World Diabetes Foundation has supported diabetes prevention and care in Tanzania since the early 2000s, working alongside the Tanzania Diabetes Association, the Ministry of Health and other funders, including the Novo Nordisk Foundation. What began as smaller-scale projects to strengthen diabetes awareness, screening and treatment gradually evolved into a broader national NCD response. Through successive initiatives, approaches were tested, refined and expanded, building the evidence and institutional capacity needed for greater government ownership. Over two decades, this collaboration contributed to the development of a government-led National NCD Programme, delivered through Tanzania's public health system, including 700 primary care health centres.

The shift from donor-supported pilot projects to a government-led national response did not happen by accident. Multisectoral steering committees, an annual NCD Week inaugurated by the Prime Minister, and training programmes for clinical staff all helped build the case, over time, for government to take on greater leadership of the response. By 2021, Tanzania had incorporated diabetes and wider NCDs into its national health strategy, with government coordination structures and financing in place to sustain the response. Tanzania's experience has since been highlighted by WHO as an example of building a multisectoral national response to NCDs.

What this shows

Philanthropy can help prove models for government adoption when it works alongside local partners, tests and adapts approaches over time, and builds the evidence needed for sustainable integration into public systems.

BUILD

Tata Trusts

Strengthening national systems for NCD screening and care in India

Tata Trusts is a long-established Indian philanthropic organisation working across health and development. When India recognised NCDs as its leading cause of mortality, the government launched a national screening programme for three cancers, hypertension and diabetes, covering adults over 30. Delivering that at scale needed a digital system to track people through screening, diagnosis, treatment and follow-up.

Tata Trusts, working with the Government of India and the technical partner Dell Technologies, built that national digital platform, rolled out across every state and district. It now supports the enrolment of more than 600 million people and the screening of around 350 million, with follow-up care where needed. Recognising that a digital system alone would not be used well, Tata Trusts also funded the training of around 137,000 frontline health workers to use it as part of routine care.

Tata Trusts' own reflection on the work is direct: philanthropy adds most value when it strengthens a government programme rather than building a parallel one. It committed to an eight-year timeframe from the outset, with the explicit aim of transferring not only the technology but the institutional capacity needed for the system to be sustained through government structures.

What this shows

Philanthropy can create lasting impact by investing in the underlying systems—data, workforce, infrastructure and institutions—that allow government programmes to work at scale.

ALIGN

The Leona M. and Harry B. Helmsley Charitable Trust

Moving systems upstream

The Leona M. and Harry B. Helmsley Charitable Trust ("Helmsley") shows how philanthropy can help strengthen health systems by supporting the evidence, partnerships, and the financing mechanisms that shape global care for NCDs.

One focus of Helmsley's broader health portfolio is type 1 diabetes (T1D), a severe chronic condition affecting more than 9 million people worldwide that rarely reaches a health ministry's priority list. Helmsley's T1D work in low- and middle-income countries combines support for care delivery on the ground with efforts to inform national policies and expand access to quality care in ways that reflect country priorities, echoing the country-led approach behind the Lusaka Agenda.

The same philosophy carries through at the regional level, where Helmsley grantees work alongside ministries of health and technical partners to integrate proven care models into national health systems. In the African Region, for example, support for the PEN-Plus model[III] has helped countries accelerate and scale the integration of care for severe chronic conditions.

To enhance global NCD guidance, Helmsley supported the first World Health Organization guidelines specific to type 1 diabetes and the first guidelines on diabetes and pregnancy, work that has since bolstered additional collaboration on maternal and child health and diabetes beyond Helmsley's initial investment. And to sustain that impact over time, the Trust pools its funding with the World Bank's Health System Transformation and Resilience Fund — the first philanthropy to do so — backing governments as they build stronger health systems for everyone living with NCDs.

Helmsley's philosophy is investing in on-the-ground care and in standards, guidelines, and pooled financing goes hand in hand, together moving much larger systems than either could alone. This multi-level model allows Helmsley and its partners to achieve impact at scale. Success is not only the number of people reached today, but the durable capacity for countries to deliver holistic, world-class care for T1D and other NCDs over the long term.

"Closing the type 1 diabetes gap is achievable. What really matters is how we align our resources, our will, and our efforts to make sure that we're complementing what governments and people living with type 1 diabetes want and need."

James Reid, Helmsley Charitable Trust

What this shows

Philanthropy can align and strengthen health systems by connecting support for care delivery with investments in evidence, standards and partnerships.

III https://penplus.afro.who.int/pen-plus-model/

RISK

Temasek Trust

Supporting innovation at the intersection of climate and health

Temasek Trust, a Singapore-based philanthropic institution, demonstrates how philanthropic risk capital can support emerging solutions to drivers of NCDs that sit beyond the health sector. Its Climate and Health platform, launched in 2024, backs early-stage approaches where climate risks and health outcomes intersect: marine carbon removal, seaweed-based circular economy materials, and digital tools that help track and manage heat-related health risk. These are areas with strong potential but limited access to commercial finance.[16]

Investment decisions weigh climate and health outcomes together, and the Trust draws on technical expertise from research institutes and outside advisers to assess ideas that are too early for most investors. It can support them over a longer timeframe than most funders, helping move an idea from early development toward later public or private investment.

The case illustrates the fact that many of the drivers of poor health, including extreme heat and air pollution, sit outside the health sector altogether. It also shows how philanthropy can occupy the earliest, riskiest stage of the innovation and research pipeline, the stage public budgets and markets will not fund, which is where the treatments, technologies and models the NCD response needs will come from. Wellcome's Climate and Health programme illustrates the same role at a larger scale, investing in research and innovation to understand and address the health impacts of climate change before many other funders are willing or able to do so.

What this shows

Philanthropy can take on the earliest and highest-risk stages of innovation, supporting ideas and approaches that are unlikely to attract public or private investment until their potential is demonstrated. This includes innovation beyond the health sector itself, where climate, environment and other drivers influence future NCD risk.

Working with other funders

A mature landscape of global alliances, federations, partnerships and initiatives already exists to advance the NCD agenda, and funders entering this space should understand how these efforts fit together.

These include the WHO Global Coordination Mechanism on NCDs, which brings together governments and non-state actors; Access Accelerated and its Financing Accelerator Network, which support countries to strengthen NCD financing; the NCD Alliance and its Advocacy Institute; disease-specific collaborations such as AlignT1D on type 1 diabetes and the PEN-Plus Partnership on severe NCDs among the poorest populations; and initiatives such as Resolve to Save Lives, which focuses on cardiovascular health. Broader health-system initiatives, including the World Bank's Health System Transformation and Resilience Fund and Health Works initiative, also have relevance for NCDs through their focus on health system strengthening and universal health coverage.[18]

BOX 4

Preserving independence, increasing collective impact

Collaboration is essential for an effective philanthropic response to NCDs, but it requires navigating an important tension: how to preserve the independence that makes philanthropic funding valuable while working together to increase collective impact. Collaboration does not have to mean giving up independence through a pooled fund. The INTRAC Praxis Note on funder collaboration sets out a six-level spectrum, from least to most integrated: information exchange, co-learning, informal strategic alignment, formal strategic alignment, pooled funding and joint ventures[17].

The practical question for private philanthropy is not always "should we pool our funding?" but "what level of collaboration do we need, and what can we sustain?" Even sharing information on who else is funding what, can improve targeting, reduce duplication and identify gaps where additional resources can add value.

Improving the availability and quality of information on philanthropic funding will be an important part of this wider collaboration. Improvements in tracking, evaluating and reporting NCD-related philanthropic funding are urgently needed. Better data would help the sector understand where funding is going, identify gaps across regions and areas of the NCD response, and fund more strategically. Larger foundations can report to the OECD's Creditor Reporting System, with consistent coding for their NCD funding. Medium and smaller foundations, including those outside the OECD, can contribute through their financial and organisational surveys.

Earlier efforts to strengthen alignment among health funders, including the OECD netFWD initiative on health and private philanthropy, have so far struggled to gain traction. The World Diabetes Foundation offers a different model that has been more durable: rather than pooling money, it works through partnerships with governments, providers, civil society and academic institutions, while funding shared global public goods. These include WHO's 2023 global mapping of multisectoral action on NCDs and mental health, which gathered evidence from 46 countries into a practical framework that governments and funders can use.[19]

BOX 5

The Health4Life Fund

The UN Health4Life Fund, established in 2021 by WHO, UNICEF and UNDP, is the most recent pooled mechanism created specifically for NCDs and mental health, and the clearest existing route for philanthropy to support a UN-led, country-owned approach. It provides catalytic grants intended to address specific bottlenecks in a country's NCD response and mobilise domestic co-financing.[20]

Private philanthropy makes up the largest contribution to the fund, with Eli Lilly and Company Foundation committing $4 million to the Health4Life Fund in 2024 through a partnership agreement with UNICEF USA.

The Fund also reports interest from other private philanthropies, including from funders exploring innovative mechanisms for pooling global health financing through blockchain solutions. The 2025 political declaration on NCDs and mental health reaffirmed the Health4Life Fund as a country-led financing platform that responds to national priorities on NCDs and mental health and recognised it as a concrete example of aligned UN action that is delivering results and ready to scale.

"This partnership threads the needle between the mechanism of pooled funding and meeting philanthropic funders' outcome needs."

Mamka Anyona, Health4Life Fund

Recommendations
Meeting the moment

At this moment, private philanthropy has a particular opportunity: to use its independence to support the country-led health systems that will shape the future of the NCD response.

These recommendations are based on analysis of the interviews conducted for this brief, evidenced by the case studies, along with the wider literature on global health architecture reform. They are addressed primarily to medium-sized foundations already funding health, with a closing message for the largest funders, whose choices shape the environment in which others operate.

The central recommendation is simple: **Philanthropies can identify the role they are best placed to play, be clear about it, and use their distinctive strengths to support priorities that countries have already identified.** The recommendations below set out what that means in practice.

1. Harness the independence of private philanthropies

Funders can **use their independence to make strategic choices about what role they play, based on the evidence.** For example, the Beyond Type 1 'Beyond Barriers' programme was able to 'reach' people with services by committing to civil society over multiple years, co-creating rather than directing delivery, and providing support beyond the grant itself through ongoing mentoring. Helmsley could work further 'upstream' in the health system, 'aligning' the evidence to strengthen policy and funding guidelines. Temasek Trust chose to take risks and fund early-stage interventions that might be difficult for others to justify.

2. Share information on philanthropic funding for NCDs

Analysing their portfolios with an NCD lens will mean that private philanthropies have better data on the contribution they are making to this central issue in all health systems. **Improvements in tracking, evaluating and reporting NCD-related philanthropic funding will strengthen collaboration and help funders to make strategic choices about their roles and whether to 'reach', 'prove', 'build', 'align' or 'risk'.** Better data would help the whole sector to identify gaps across regions and areas of the NCD response, and fund more strategically. Larger foundations can report to the OECD's Creditor Reporting System, with consistent coding for their NCD funding. Medium and smaller foundations, including those outside the OECD, can report through their financial and organisational surveys.[1]

3. Invest in country-led plans, not parallel systems

The Lusaka Agenda and the Accra Reset place country leadership at the centre of the evolving global health architecture. **Rather than creating separate NCD programmes alongside existing systems, funders should make sure they are included in national health plans, budgets and public health services.** The case studies in this brief show how private philanthropic investment was effective because governments owned the outcome. Starting with the relevant national or subnational plan identifying where the gaps are, and funding the part of the NCD response where the contribution can add most value. This may be to take the 'reach' role and support services or chose other roles such as 'building' the system or 'aligning' policy with evidence.

4. Support integration and help to break the silos

The reform debate has made integrated, person-centred care a central theme, but existing structures still tend to fund individual diseases rather than the systems that connect them. **Private philanthropy can help bridge that gap by investing in the structures and systems needed to prevent, detect and manage NCDs as part of routine care:** shared data systems, a workforce equipped to provide integrated care, primary care that can prevent, detect and manage multiple conditions, and preventive action on risk factors such as air pollution that sit outside the health sector. This is the 'build' role in action. Delivering Universal Health Coverage and achieving the Sustainable Development Goals means addressing NCDs: funders can support progress across these priorities through integrated, person-centred systems.

5. Fund civil society and community participation

Private philanthropy can invest in the local organisations and networks led by and working with people most affected by NCDs. They strengthen policy, improve accountability by monitoring NCD commitments and budgets and build community support for action. Funding should build on existing local organisations and networks rather than creating parallel structures and should support people living with NCDs and their carers to participate in shaping policies, programmes and services. This ensures that country-led NCD responses are grounded in local priorities and responsive to the people they are intended to serve. **Working with civil society and communities will 'reach' people with services and 'prove' what works by testing and refining approaches together also strengthens accountability.**

6. Invest in systems and evidence, not only services

As governments take on greater responsibility for financing prevention and care, some of the most important unmet needs in the NCD response will be the things that service budgets rarely cover: addressing environmental causes and risk factors for NCDs, wider prevention, standards, guidelines, registries, mapping and advocacy. These include **Helmsley's investment to 'align' evidence and support the first WHO guidelines on Type 1 diabetes, and the World Diabetes Foundation's choice to 'prove' an approach that the Tanzanian government subsequently adopted.** Neither produced a simple beneficiary count in the first year, but both helped shape systems far larger than the grants themselves.[19]

7. Choose a role deliberately

The five roles described above give a range of options: reach, prove, build, align and risk. Funders that make the greatest use of their independence are those that understand both their strengths and their limits, focus on where they can add distinctive value, and share their plans so others can coordinate around them.

BOX 6

To the largest funders

The largest philanthropies occupy a distinctive position in global health because of the scale of their resources and their ability to convene others, including through transparent reporting. Their choices can influence priorities, partnerships and the direction of the wider field. Four implications follow.

First, large funders can help set direction. Their choices often influence where others look, invest and collaborate. Using that influence deliberately can help accelerate progress where it is most needed, through clear priorities, consultation and alignment with country-led plans.

Second, the burden of disease has changed. Portfolios established two decades ago have not always evolved with it. One of the strongest signals large funders could send would be greater support for prevention and integrated care and the inclusion of NCDs and mental health within the future global health agenda.

Third, convening power is a form of capital. Large funders can bring governments, medium-sized foundations, researchers and implementers together, helping align resources and multiply the impact of their own funding.

Fourth, long-term partnerships can be transformative. Large funders can play a defining role in building fields, but their withdrawal can also leave significant gaps. The strongest investments build lasting institutions, capabilities and partnerships so that progress can continue beyond any single funder.

Concluding remarks

Addressing NCDs is essential for delivering Universal Health Coverage and achieving the Sustainable Development Goals. This time of change in the global health architecture brings a significant opportunity to put NCDs at the heart of health and global development. This could save millions of lives and release billions of people from years of illness, disability and financial burden[2]. Private philanthropies looking for better ways of funding NCDs can use this brief as a guide. It gives examples, signposts roles and interventions, and identifies areas for further exploration.

Private philanthropy enters this moment with an asset few other funders bring: independence. Independent funding is not tied to an electoral cycle, a national budget round or shareholder reporting requirements. It can commit to a plan before all the evidence is in, back an institution that may take a decade to mature and stay engaged in a country after donor governments have moved on. The case studies in this brief show what this can make possible in practice. Beyond Type 1 backed a local partner in India to improve the reach of services, without controlling how it delivered; the World Diabetes Foundation stayed in Tanzania long enough to prove that a pilot programme should become a national one; Tata Trusts helped build national screening infrastructure over eight years; Helmsley aligned funds with the World Bank on terms few other donors could offer; and Temasek Trust funded risky ideas at a stage too early for most commercial investors. These examples show the value of having the freedom to decide where to act, how to act and for how long.

The same quality that gives private philanthropy its freedom can place it outside the lines of accountability that structure a country-led system. Governments answer to their citizens; multilateral funds answer to their member states; private philanthropies ultimately answer to their own boards. This difference goes to the heart of who shapes the NCD response, and whose needs it serves. Independence does not remove the responsibility to act accountably. The risks of displacement and undue influence set out earlier in this brief underline the importance of using philanthropic capital responsibly: funding that is large enough to shape a field can influence its direction, even if that was not the intention. Private philanthropies can strengthen accountability by aligning funding with nationally agreed plans, sharing information on where funding goes, engaging the communities their funding is intended to serve, and being prepared to step back once a model is proven.

Much of the thinking in this field, and much of the literature it draws on, still centres funders in North America and Europe. That may not remain the case. Some interviews for this brief point in a different direction. Institutions in India, Singapore, Hong Kong and the Gulf, closer to the rising burden of NCDs in their own populations, described using their independence with confidence and a willingness to move beyond grants into blended and risk-bearing capital.[11] This brief draws on only a handful of these funders and cannot claim to have mapped the field. But it is worth watching whether the next generation of independent NCD philanthropy is shaped increasingly by institutions in regions experiencing the growing burden of disease, alongside those that have historically set the agenda.

Private philanthropy can address NCDs and their wider determinants. Some funders are already doing this, and the evidence gathered here shows what this funding can achieve when it is used deliberately. The opportunity now is for philanthropies to build on these strengths by choosing where they can add the most value, being clear about their contribution, and using their independence responsibly. In doing so, funders can help ensure that, as the global health architecture is rebuilt, the conditions responsible for a growing share of the world's disease burden are better reflected in its priorities, and that the resulting response is one that countries can lead, sustain and scale.

References

1. OECD (2026) Private philanthropy for development (third edition): taking stock of philanthropy. The Development Dimension, p53. Paris: OECD Publishing. Available at: https://doi.org/10.1787/98e676c0-en

2. NCD Alliance (2026) *NCDs and the Future of Global Health Architecture*. Geneva: NCD Alliance. Available at: https://ncdalliance.org/sites/default/files/2026-05/global_health_policy_paper_ncda_may2026_final.pdf (Accessed: 9 August 2026)

3. NCD Alliance (2022) Invest to protect: NCD financing as the foundation for healthy societies and economies. Geneva: NCD Alliance. https://ncdalliance.org/resources/invest-to-protect-ncd-financing-as-the-foundation-for-healthy-societies-and-economies

4. NCD Alliance (2022) Mobilising private investments to address the NCD funding gap. Geneva: NCD Alliance. Available at: https://ncdalliance.org/resources/mobilising-private-investments-to-address-the-ncd-funding-gap

5. Wellcome (2026) From rethinking to reform: the way forward for the global health system. A global synthesis across five regional dialogues. London: Wellcome, March 2026. Available at: https://wellcome.org/insights/reports/rethinking-reform-way-forward-global-health-system

6. Salinas, D., Khatib-Othman, H. and Lush, L. (2026) EU and like-minded donors' reflection process on reform of the global health architecture: reform ideas and options. Final report. Brussels: Knowledge Hub to the European Commission on Health, Inequalities and Social Protection (HISP), 19 February 2026. Available from HISP (ec-hisp.eu).

7. Access Accelerated (2026) Financing NCDs for impact: country evidence, experience and progress. Key insights and next steps from the sidelines of the 79th World Health Assembly. Access Accelerated, with PATH and Sanofi. Available from Access Accelerated (accessaccelerated.org).

8. Bloomberg Philanthropies (2025) Reducing tobacco use [web page]. Available at: https://www.bloomberg.org/public-health/reducing-tobacco-use/ (Accessed: 17 July 2026).

9. Wellcome (2021) Mental health at Wellcome: looking forward [web page]. Available at: https://wellcome.org/insights/articles/mental-health-wellcome-looking-forward (Accessed: 17 July 2026).

10. Wellcome (2022) Wellcome's ambitions for 2022 and beyond [web page]. Available at: https://wellcome.org/news/wellcomes-ambitions-2022-and-beyond (Accessed: 17 July 2026).

11. Centre for Asian Philanthropy and Society (2026) Philanthropy as risk capital in Asia: bridging innovation to impact. Commissioned by the Philanthropy Asia Alliance. Singapore: Philanthropy Asia Alliance. Available at: https://philanthropyasiaalliance.org/our-impact/global---public-health/calls-to-action/philanthropy-deployed-as-risk-capital-holds-potential-to-scale--early-stage-innovations-in-asia--new-report-finds

12. Gates, B. (2014) 'Catalytic philanthropy: innovating where markets won't and governments can't', Gates Notes [blog]. Available at: https://www.gatesnotes.com/Catalytic-Philanthropy-Innovating-Where-Markets-Wont (Accessed: 7 July 2026).

13. Clean Air Fund (2025) The state of global air quality funding 2025. Seventh edition. London: Clean Air Fund, produced with data from Climate Policy Initiative. Available at: https://www.cleanairfund.org/resource/air-quality-funding-2025/

14. Clean Air Fund (2026) Philanthropic foundation funding for clean air: unlocking co-benefits for people and the planet. 2026 edition. London: Clean Air Fund. Available at: https://www.cleanairfund.org/resource/philanthropic-foundation-funding-2026/

15. Ramachandran, S. (2025) The Gates effect: private foundations and donor funding shifts in global health. WIDER Working Paper 2025/109. Helsinki: UNU-WIDER. Available at: https://www.wider.unu.edu/publication/gates-effect-private-foundations-and-donor-funding-shifts-global-health

16. Li, F. (2026) 'Ryan Tan speaks about catalytic investment in climate and health', Alliance magazine [blog]. Available at: https://www.alliancemagazine.org/blog/ryan-tan-speaks-about-catalytic-investment-in-climate-and-health/ (Accessed: 7 July 2026).

17. James, R. (2013) Funder collaboration: a compelling and cautionary tale. Praxis Note No. 64. Oxford: INTRAC. Available at: https://www.intrac.org/resources/praxis-note-64-funder-collaboration-compelling-cautionary-tale/

18. World Bank (no date) 'Health System Transformation and Resilience Fund', World Bank [web page]. Available at: https://www.worldbank.org/en/topic/health/brief/health-system-transformation-resilience-fund (Accessed: 7 July 2026).

19. World Health Organization (2023) Global mapping report on multisectoral actions to strengthen the prevention and control of noncommunicable diseases and mental health conditions: experiences from around the world. Geneva: World Health Organization. Available at: https://www.who.int/publications/i/item/9789240074255

20. NCD Alliance (2024) UN Health4Life Fund: a case study on NCD financing. Everybody's Business: a series on bold actions to close the NCD funding gap, paper two. Geneva: NCD Alliance. Available at: https://ncdalliance.org/resources/un-health4life-fund-everybodys-business-a-series-on-bold-actions-to-close-the-ncd-funding-gap

Further reading

NCD Alliance (2024) Building momentum for change through the G20: better data for better NCD financing. Policy brief. Geneva: NCD Alliance. https://ncdalliance.org/resources/better-data-for-better-ncd-financing-building-momentum-for-change-through-the-g20

World Health Organization (2024) Compendium report on multisectoral actions for the prevention and control of noncommunicable diseases and mental health conditions: country case studies. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789240088801

Alliance magazine (2026) 'Rethinking philanthropy as risk capital in Asia', Alliance magazine [blog]. https://www.alliancemagazine.org/blog/rethinking-philanthropy-as-risk-capital-in-asia/

United Nations General Assembly (2025) Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being. Text agreed at the high-level meeting of 25 September 2025; adopted by the General Assembly as resolution A/80/L.34 on 15 December 2025, following a recorded vote of 175 in favour, 2 against (United States, Argentina) and 1 abstention (Paraguay), after the United States withheld consensus at the September meeting itself. New York: United Nations. Available at: https://docs.un.org/en/A/80/L.34

Accelerating action on NCDs to promote health, protect rights and save lives