**Sustainable financing: the Achilles heel of the non-communicable diseases response**

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In recent years, the United Nations and governments have increasingly recognised the growing burden of noncommunicable diseases (NCDs) as one of the major health and development challenges of the 21st century[[1]](#endnote-1). The inclusion of a target to reduce NCD premature mortality in the recently adopted *2030 Agenda for Sustainable Development* [[2]](#endnote-2) is an unequivocal sign of this. NCDs are now firmly on the agenda. However, unlike other health issues, political commitment has yet to translate into sustainable and adequate resources.

NCDs - namely cancers, cardiovascular disease, chronic respiratory diseases and diabetes - cause 49.8% of death and disability in low and middle-income countries (LMICs) and result in $7 trillion in economic losses in these countries over the next two decades [[3]](#endnote-3),[[4]](#endnote-4). Yet they are the target of just 1.7% of development aid for health (or $611 million)[[5]](#endnote-5). Whilst bilateral donors are the dominant source of funding in global health more broadly, they have been largely absent in NCDs. A recent analysis[[6]](#endnote-6) showed that in 2011, NGOs collectively provided more aid for NCDs than bilateral donors, and almost as much as multilateral organisations such as the World Bank and WHO. This reflects the narrative the NCD Alliance has repeatedly heard from bilateral donors over recent years, namely *we are focused on the MDG health priorities, and will focus on NCDs after 2015*.

So how can the global resource gap in NCDs be closed? Earlier this year a working group of the WHO Global Coordination Mechanism (GCM) was formed to help answer this question. The group published an interim report[[7]](#endnote-7) for comment, with five preliminary recommendations. Whilst the report provides a useful overview of the challenges, it falls short of the ambition and approaches required to close the gap.

First and foremost, there is an urgent need for more and better data on resource flows for NCDs. Current data on domestic financing is almost non-existent, in part due to the absence of NCDs in National Health Accounts, and the challenge of tracking expenditure across all governments departments. Important lessons could be drawn from the climate change community, with Climate Public Expenditure and Institutional Reviews (CPEIRs)[[8]](#endnote-8) providing valuable analysis of the allocation and management of public expenditures across all government departments and guiding strategic investments. Similarly, improvements need to be made in how bilateral aid for health is tracked, with the inclusion of a purpose code for NCDs in the OECD Creditor Reporting System (CRS)[[9]](#endnote-9).

Secondly, the GCM working group should call for a comprehensive investment framework for NCDs. Investment frameworks exist for HIV/AIDS[[10]](#endnote-10) and women and children’s health[[11]](#endnote-11), and have been powerful tools in facilitating focused and strategic use of scarce resources. Whilst economic analysis exists for NCDs[[12]](#endnote-12),[[13]](#endnote-13), a robust case to incentivise investment by multilaterals, bilaterals, governments and business alike is lacking. This framework needs to catalyse a major shift in focus from costs and expenditure to a quantification of the return on investment. It could also provide evidence and analysis to underpin a new political target for NCDs on the global resource gap, which could be adopted by governments as part of the 2018 UN High-Level Review on NCDs.

Thirdly, closing the resource gap demands a balanced approach of domestic resource mobilisation and international development assistance. When governments met for the Third International Conference on Financing for Development in July and adopted the *Addis Ababa Action Agenda*[[14]](#endnote-14), a clear message was domestic resources will play a more important role in financing than in the MDG era. Consequently, tobacco taxation was rightly elevated as a win-win solution for raising revenue for health and decreasing consumption. However, whilst domestic resources will no doubt be important, this must not diminish the role of development agencies and aid for NCDs. For low-income countries allocating less than 5% of GDP to health, it is unreasonable to expect progress on NCDs without catalytic funding from donors.

The inclusion of NCDs in *Agenda 2030* and the *Addis Ababa Action Agenda* provides a political mandate for increasing sustainable financing for NCDs. However, only with better data, a more compelling investment case, a political target for increasing resources, and a balanced approach to financing will political rhetoric translate into tangible results.

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I declare no competing interests.

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