

# NCD Trailblazers

*Bridging the gap in  
financing for NCDs*

**Tuesday 31 March, 2020**




# Speakers

- **Ms. Priya Kanayson** - Policy & Advocacy Manager, NCD Alliance (Chair)
- **Dr. Rachel Nugent** - RTI International
- **Mr. Ingvar Theo Olson** - Norwegian Agency for Development Cooperation (NORAD)
- **Dr. Andrea Feigl-Ding** - Health Finance Institute
- **Mr. Brian Hutchinson** - RTI International
- **Ms. Leslie Rae Ferat** - Framework Convention Alliance
- **Dr. Vicki Pinkney-Atkinson** - South African NCD Alliance

# Agenda



- The State of NCDs Donor Financing
- Improved Health Impact and Sustainable Financing Of NCDs In LMICs - Norway's Approach
- The Role of Blended Financing Models for NCDs
- Investment Cases for NCDs
- National Budget Advocacy for Tobacco Control
- Health Financing In Action



**Setting the Scene: the state of NCD donor financing**

**NCDA Trailblazers webinar:**  
[Bridging the gap in financing for NCDs](#)

**Rachel Nugent, Vice President and Director,**  
Center for Global NCDs  
31 March 2020

A close-up photograph of a person's hand holding a black blood pressure monitor over a patient's arm. The monitor's screen displays '95' and '82'. The patient is wearing a teal hospital gown. The background is a patterned blanket. The image has a semi-transparent green overlay.

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**Less than 3 percent  
of global health donor financing  
goes to NCDs**

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# Methods

# Methods

## Data

- OECD Creditor Reporting System (CRS), disbursement data for 2010 – 2015
- Foundation Center Database
- WHO and WHO regional office programme budget
- World Bank, African Development Bank, and Inter-American DB project database
- VolAg Database, European Foundation and Charities, and GAVI database
- Direct correspondence with Bill & Melinda Gates Foundation, Bloomberg Philanthropies, & Asian Development Bank

## Analysis

- Search with 270 keywords reflecting NCDIs, in English, French, and Spanish
- Review of data at the project level, final list of over 6,800 projects
- All projects adjusted to 2015 USD using the Consumer Price Index to convert buying power when necessary
- Personal communication and follow-up in ambiguous cases/project definitions (i.e. WB, IADB, BMGF, PAHO, WHO, etc.)
- Collaboration with IHME on data source identification and harmonization of methods, where appropriate

# Definition of funders

- **Bilaterals:** represents flows from official (government) sources directly to official sources in the recipient country (e.g. country's ministry of finance)
- **Multilaterals:** represents core contributions from official (government) sources to multilateral agencies (are governed, by representatives of governments) where it is then used to fund the multilateral agencies' own programmes (e.g. World Bank)
- **Foundations:** independent entities set up for charitable purposes and typically deriving its funding from a single individual, family, or corporation, rather than public fundraising (e.g. Bill and Melinda Gates Foundation)
- **Non-profits:** do not have government representatives directly involved in their governance and consists of individuals acting in their private capacity (e.g. American Red Cross)



# NCD Disease Classifications

## NCDs INCLUDE:

- Cardiovascular diseases
- Cancer
- Diabetes
- Chronic respiratory diseases
- Kidney disease
- Mental health
- Substance use
- Neurological diseases and conditions
- Genetic diseases and conditions
- Disability
- Sensory organ diseases and conditions
- Hematological diseases
- Dental and oral health

## RISK FACTORS CONTRIBUTING TO NCDS:

- Unhealthy diet
- Physical inactivity
- Tobacco use
- Excessive alcohol use
- Ageing
- Obesity
- Infection (e.g. HPV, Hep B, and streptococci)

### **NCD COMPONENT**

Each project either contributed to one NCD, multiple NCDs, or was integrated with other non-NCD components (weighted by keywords)

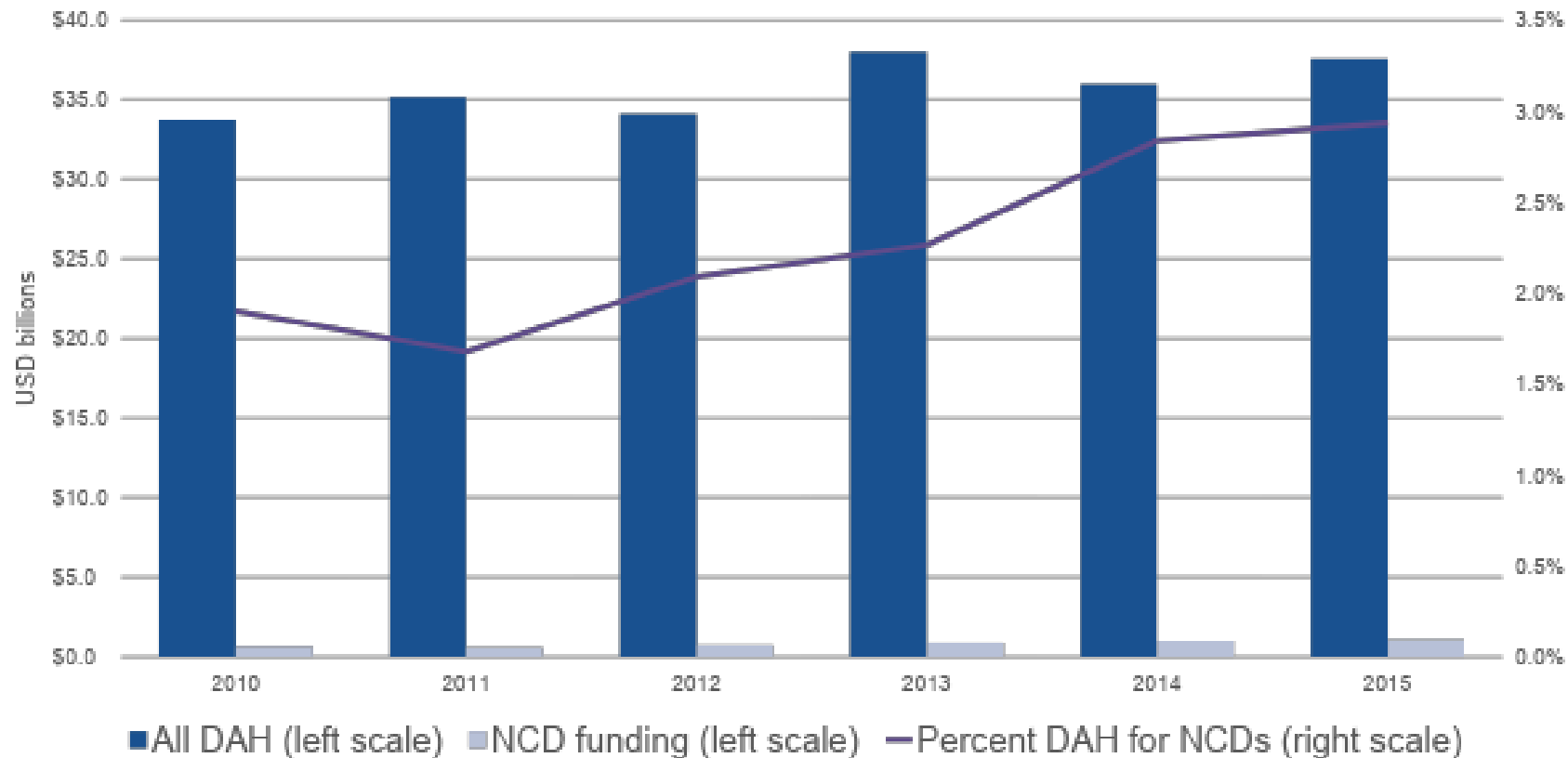
A close-up photograph of a person's hand holding a white pulse oximeter probe. The probe is connected to a white electronic device with a small screen and several buttons. The background is slightly blurred, showing a tiled floor and a person's leg in blue pants. The entire image has a light blue tint. The word "Results" is written in a large, white, sans-serif font across the center of the image.

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# Results

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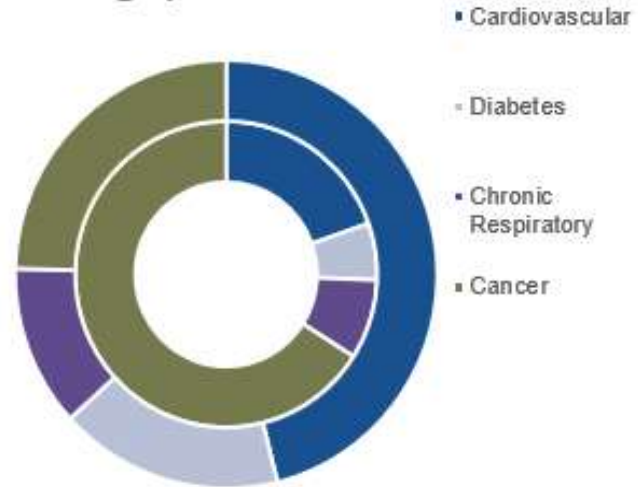
# Total DAH and NCD funding trends



Global NCD DALYs are in the outside circle, broken up by the four main NCDs. The inside circle shows those diseases broken up instead by the amount of funding they receive.

Based on DALYs, cardiovascular diseases account for almost half of DALYs, but receive less than a quarter of funding. Cancer receives a disproportionately large amount of funding compared to global DALYs. Funding for diabetes and chronic respiratory diseases more closely match their proportion of global DALYs.

## Global DALYs (outside) versus Global Donor Funding (inside)



# What funders are funding

## Bilaterals



## Multilaterals



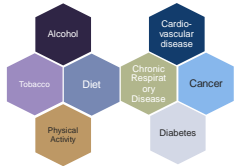
## Foundations



## Non-profits



# Topic of largest project for top NCD donors, 2010-15



## World Health Organization

- **Topic:** chronic NCD conditions, risk factors for health, and healthier environment

## Project Orbis International, Sightsavers International, and Helen Keller International

- **Topic:** eye care and prevention of blindness

## Bloomberg Foundation

- **Topic:** tobacco control

## CURE International and Mercy Ships

- **Topic:** surgery for those with disabilities (e.g. cleft lip and club foot)

## IADB

- **Topic:** primary health care program for managing NCDs

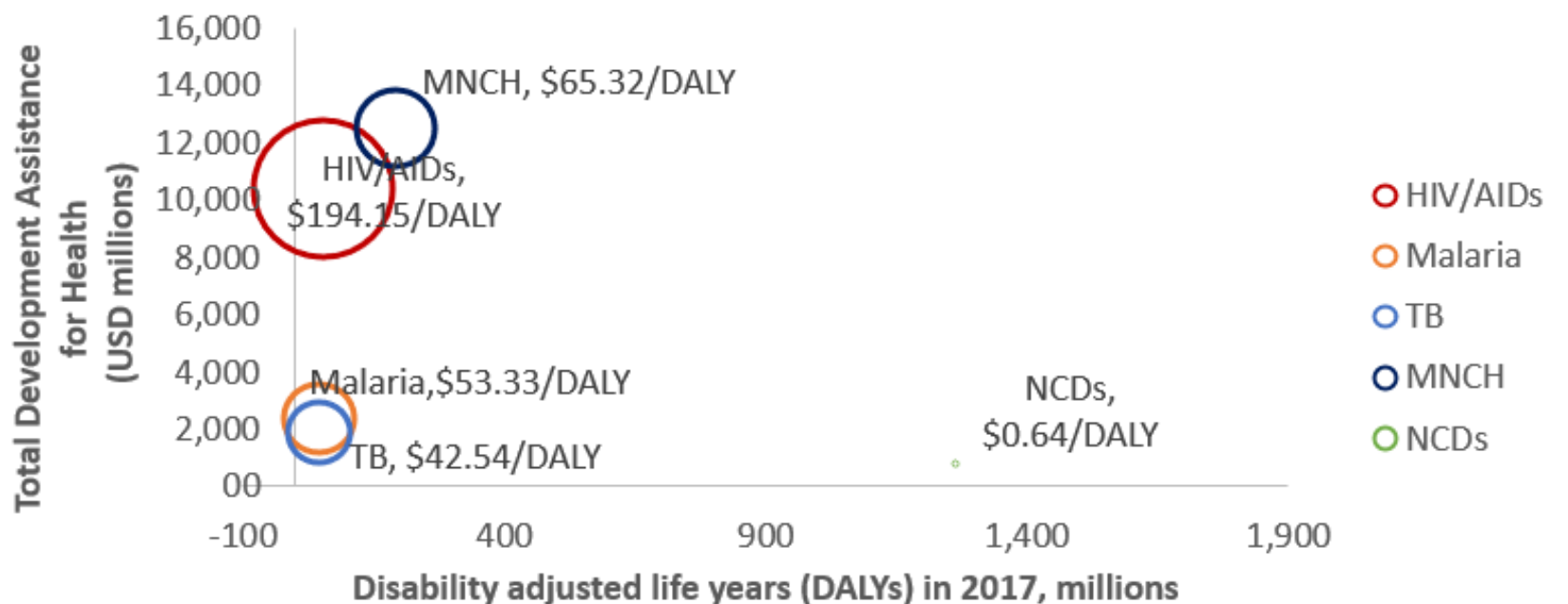
## United Arab Emirates

- **Topic:** contributions to cancer research

## The World Bank

- **Topic:** improve and increase coverage of public health programs addressing NCDs

# Donor funding for global health



Source: RTI Calculations from 2017 Global Burden of Disease results tool & IHME Global Health Financing Viz, IHME.

	HIV/AIDS	Malaria	TB	MNCH	NCDs
LMIC DALYs	53,567,471	45,005,406	44,666,899	191,352,588	1,262,876,868
DAH (USD)	10,400,000,000	2,400,000,000	1,900,000,000	0	814,300,000
Dollars per DALY	194.15	53.33	42.54	65.32	0.64

# Thank You

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@rachelnugent



**Other contributors to this work:**

Andrea Feigl, Anu Aryal, Brian Hutchinson,  
Fabian Moser, Julia Makayova, and Jessica Hale



# Q&A

IMPROVED  
HEALTH IMPACT AND  
SUSTAINABLE FINANCING  
OF NCDs IN L/MICs

NORWAY'S APPROACH

NCD ALLIANCE

31 MARCH 2020

INGVAR THEO OLSEN



**Norad**

# NORWAY'S NCD STRATEGY

The strategy is a set of priorities for Norwegian development assistance in the area of NCDs and has these areas of priority:

- A global advocacy role for Norway
- Strengthening primary health care;
- Prevention targeting leading NCD risk factors (Taxation will be a major instrument)
- Strengthening standards and guidelines, as well as health data and information systems.

Norwegian development assistance will prioritize WHO as a main partner, and in accordance with the general policy of Norwegian development assistance will target low income countries with an emphasis on Africa.

## 2. NCD Taxes and Financing

**NCD –  
Pro-health taxes**

**DRUM –  
Domestic resource  
utilisation and  
mobilisation**

TWO PRIORITIES IN NORWEGIAN GLOBAL HEALTH COOPERATION

# NCD – PRO-HEALTH TAXES

## MAIN OBJECTIVE:

*IMPROVED HEALTH IMPACT* THROUGH  
REDUCED CONSUMPTION OF HARMFUL  
PRODUCTS SUCH AS TOBACCO, ALCOHOL AND  
IN- AND OUTDOOR AIR POLLUTION



**DRUM -  
DOMESTIC  
RESOURCE  
UTILISATION  
AND  
MOBILISATION**

**MAIN OBJECTIVE:**

***SUSTAINABLE FINANCING*** OF HEALTH CARE  
AND PUBLIC HEALTH INTERVENTIONS  
(INCLUDING NCDS)

- SUSTAINABLE DEVELOPMENT GOALS
- FINANCING FOR DEVELOPMENT (F4D)

# PROPOSED APPROACH - NORWAY

- **PRO-HEALTH-TAXES**
  - «HEALTH IMPACT STREAM» – NORWEGIAN PUBLIC HEALTH INSTITUTE, WHO, BROOKINGS, CDG
  - «RESOURCE MOBILISATION STREAM» - WB/GLOBAL TAX PROGRAMME, ...
- **INCREASED AND IMPROVED TAX CAPACITY AND MANAGEMENT IN COUNTRIES**
  - CAPACITY OF TAX AUTHORITIES, SUPPORTING EQUITABLE PROGRESSIVE TAX SYSTEMS, ETC.
  - TAX FOR DEVELOPMENT – NORAD AND NORWEGIAN TAX AUTHORITIES,
  - POTENTIAL COUNTRIES: RWANDA, TANZANIA, GHANA, NEPAL, ...
- **PRIORITIZATION AND ALLOCATION**
  - UNIVERSITY OF BERGEN
- **AFRICA LEADERSHIP MEETING - INVESTING IN HEALTH**
  - AU, GF, GAVI, WB, WHO,
- **GLOBAL ACTION PLAN FOR HEALTH RELATED SDGS (GAP) - SUSTAINABLE FINANCING ACCELERATOR**
  - GF, WB/GFF, GAVI

**AFRICA LEADERSHIP MEETING  
- INVESTING IN HEALTH  
ADDIS ABABA CALL TO ACTION (FEB. 2019)**



**Leadership of President Kagame  
(Rwanda)**



**Technical Working Group (TWG)**

**Health Financing Progress 'Tracker' Sub-  
Committee**

**Regional Health Financing 'Hubs' Sub-committee**

**Private Sector engagement sub-committee**



# GLOBAL ACTION PLAN: THREE SUSTAINABLE FINANCING ACCELERATOR THEMES

Through consultation, the core partners have identified three themes to focus on to raise adequate and sustainable revenues for achieving the health-related SDG's, and an associated set of actions to accelerate progress under each theme



## Domestic Resource Mobilisation

Stimulating evidence-based dialogues between national budget and health officials in the MoF and MoH

Ensuring the voice of communities in the determination of overall health budgets and priorities

## Value for Money

Delivering support for countries to facilitate better budgeting for health

Providing enhanced support to countries to increase the efficiency and effectiveness of health spending

## Efficient Development Assistance

Expanding the utilization of joint funding mechanisms to provide additional funds for health

Shifting from Input to Output based funding modalities, where appropriate

# Q&A

# Closing the financing gap for non-communicable diseases:

## THE ROLE OF BLENDED FINANCE

NCDAlliance NCD Financing Webinar

March 31, 2020

Presenter: Andrea Feigl, Phd

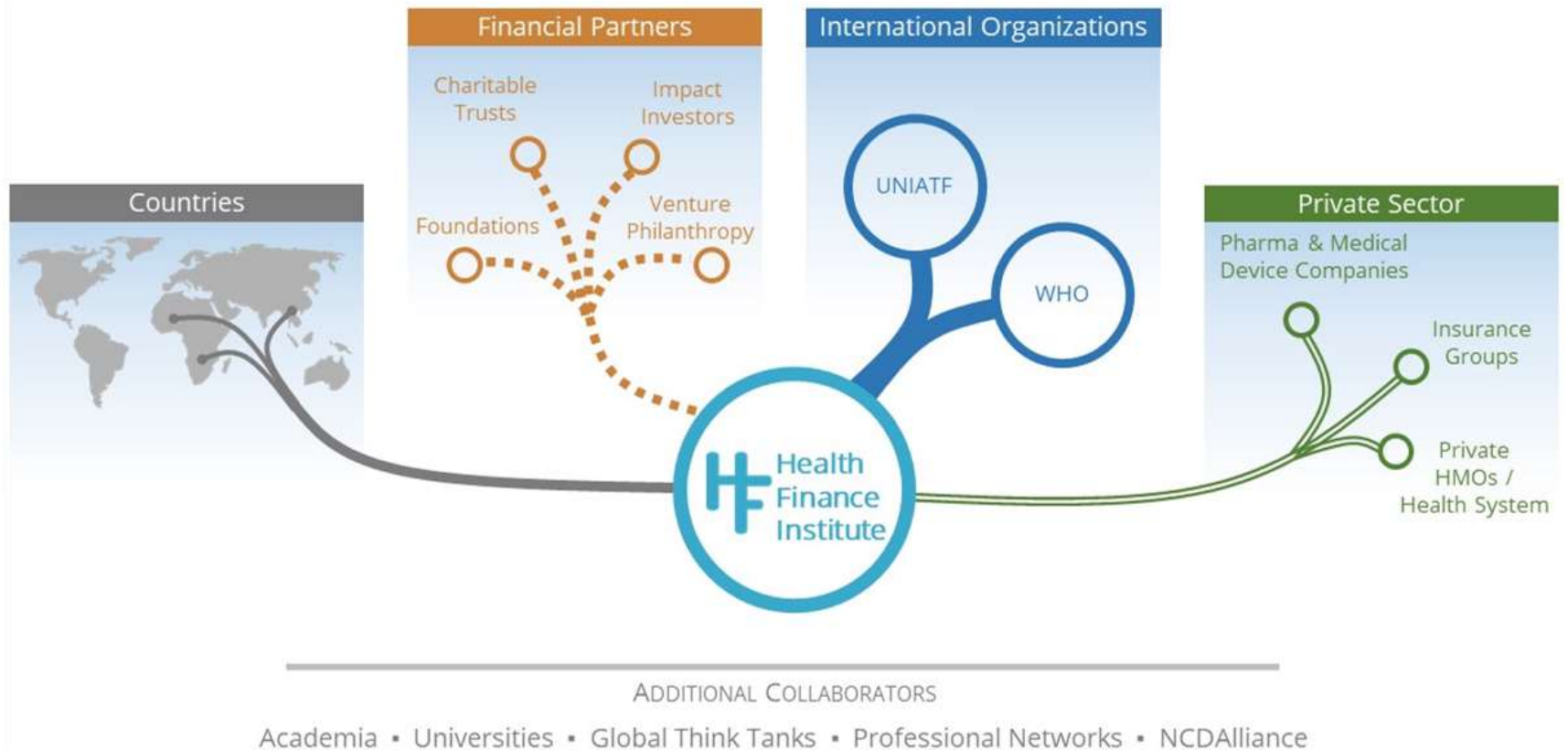


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# Educating the non-communicable disease investment thesis



# HFI catalyzes blended finance solutions



## 360° Public-Private NCD Investment Cases

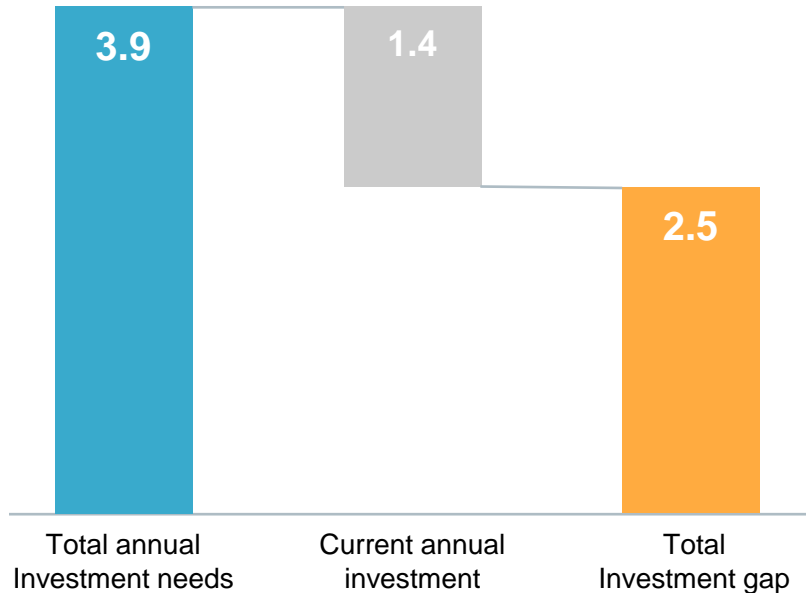
- Create dynamic economic-epidemiological models
- Identify cost-effective, high-impact NCD interventions
- Identify needed public and market investments to reduce the NCD burden

## Formation of Public-Private NCD Partnerships

De-risk NCD investment at a threshold of 1:5

## The Sustainable Development Goals are at risk due to the 2.5 Trillion financing gap

**Estimated Investment Gap in Key SDG Sectors, 2015-30**  
Trillions of USD, annual average

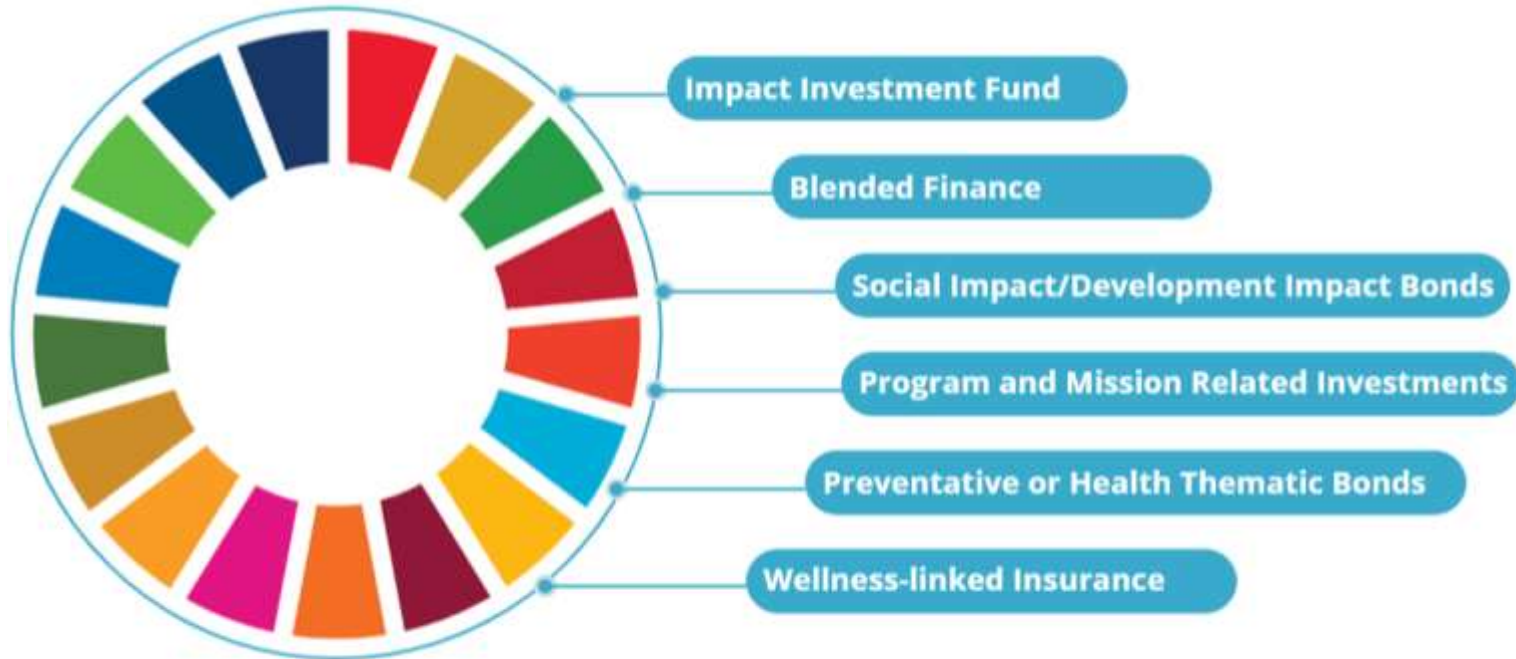


### Billions Spent, Trillions Needed

There is consensus that the current financing gap puts the SDGs at risk

- UN: achieving the Sustainable Development Goals (SDGs) will take between US\$5 to \$7 trillion, with an investment gap in developing countries of about \$2.5 trillion.
- 2016 Overseas Development Assistance: \$142.6 billion
- World Bank: 50-80% of needed resources from domestic resources
- Business & Sustainable Development Commission: achieving SDGs could open up \$12 trillion of market opportunities in food and agriculture, cities, energy and materials, and health and well-being alone and create 380 million new jobs by 2030

# Types of Innovative Financing Models



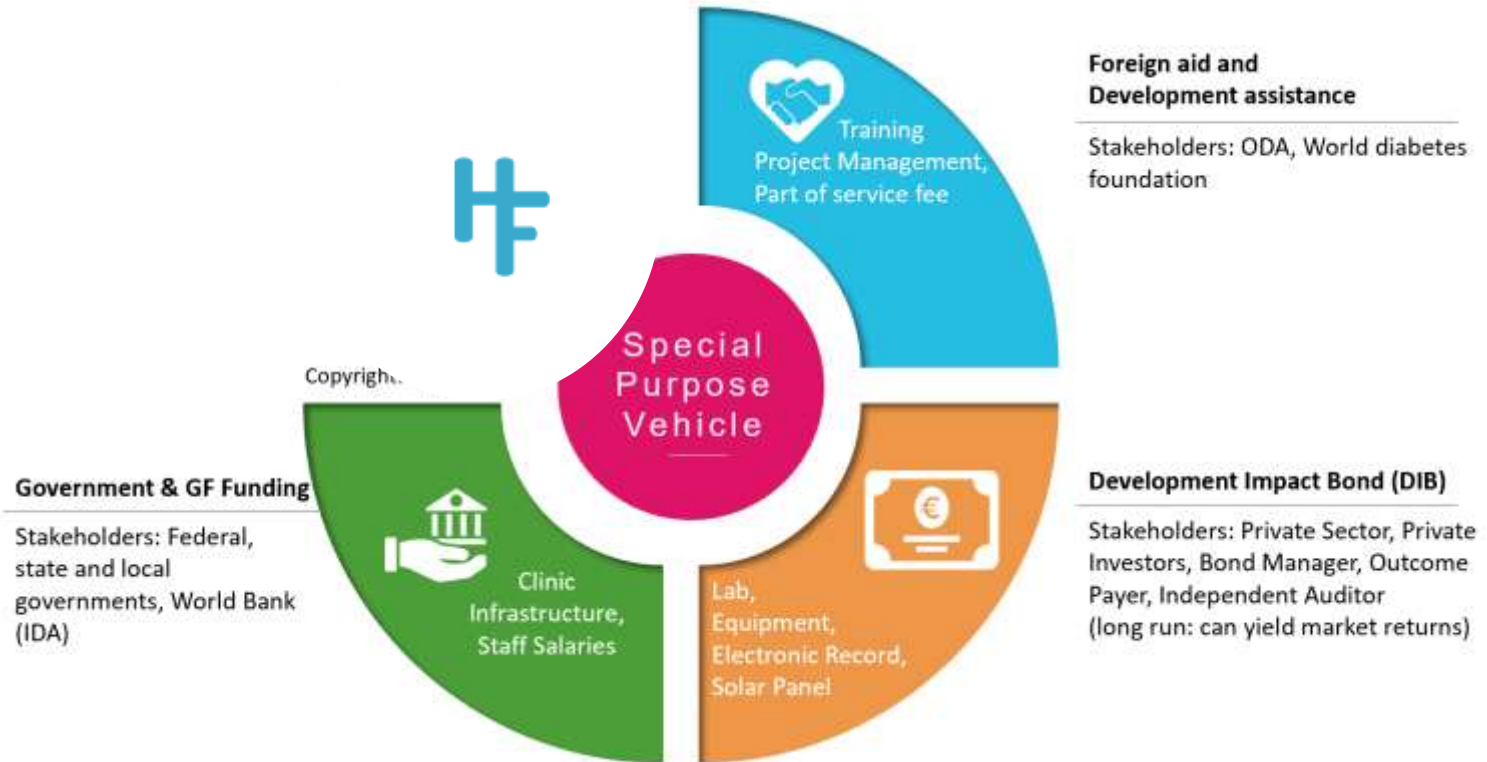
# What is Blended Finance ?



Source: OECD



# Schematic of blended finance option for scaling up NCD treatment



*\*note that the DIB portion can be replaced with a for profit option depending on the type of deal/economic environment*

## Examples: How can blended finance solve NCD funding short gap?

Transaction	Value	Country	LMIC/UMIC	Blending Instruments (equity, debt, guarantees, insurance, hedging, grants, technical assistance)	Participants	Risks	Type of health intervention	Healthcare value chain
Elazig	EUR 360m	Turkey	UMIC	Debt and equity MIGA political risk insurance		Political risk	Healthcare infrastructure	Infrastructure Providers (hospitals)
Cameroon Cataract Bond	USD 2.5m	Cameroon	LMIC	Development Impact Bond	OPIC, Netri foundation (Investors), Magrabi ICO Cameroon Eye Institute, Conrad N. Hilton Foundation, The Fred Hollows Foundation, and Sightsavers			Providers – eye care
Medical Credit Fund	USD 50m	Multiple countries in SSA	Mostly LMIC	First loss capital: \$7.75 Debt: 41.5m TA: 12m	Pharmaccess  Various donors  Local financing orgs	Financial risks mitigated by TA (strengthening business sustainability)		Providers (small – medium sized)

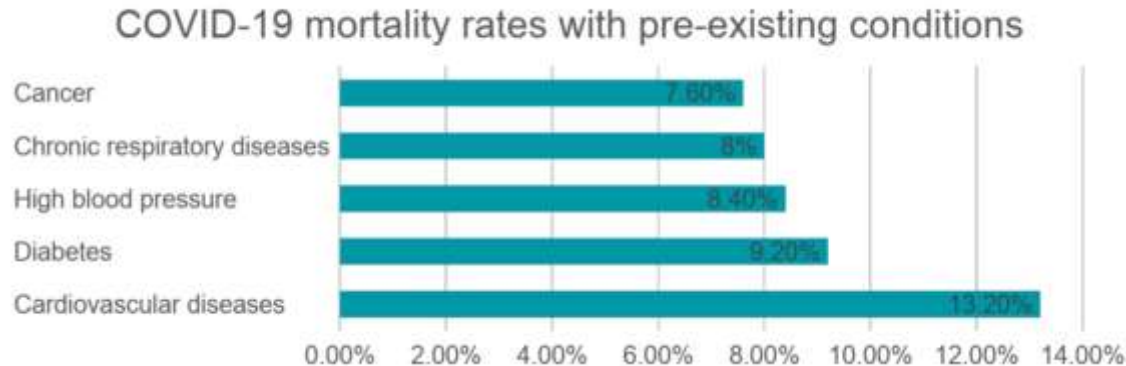
# COVID-19 and NCDs

## Shared NCD and COVID-19 risk factors

- Smoking is a well-known NCD risk factor
- Data is emerging that smokers and tobacco users are 14 times more likely to be infected by COVID-19 and experience worse outcomes as compared to non-smokers<sup>1,2</sup>

## Link between NCDs and COVID-19 severity

- Patients with NCDs are more likely to suffer severe COVID-19 illness or mortality due to infection; *The Guardian*: 99% of COVID deaths in Italy in patients with chronic conditions: heart disease, COPD, diabetes



<sup>1</sup>World Health Organization. COVID-19 and NCDs. Information Note. 2019. Available online : <https://www.who.int/internal-publications-detail/covid-19-and-ncds>

<sup>2</sup> Zhou F, Yu T, Ronghui D, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet; published online March 2020. DOI: [10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3).

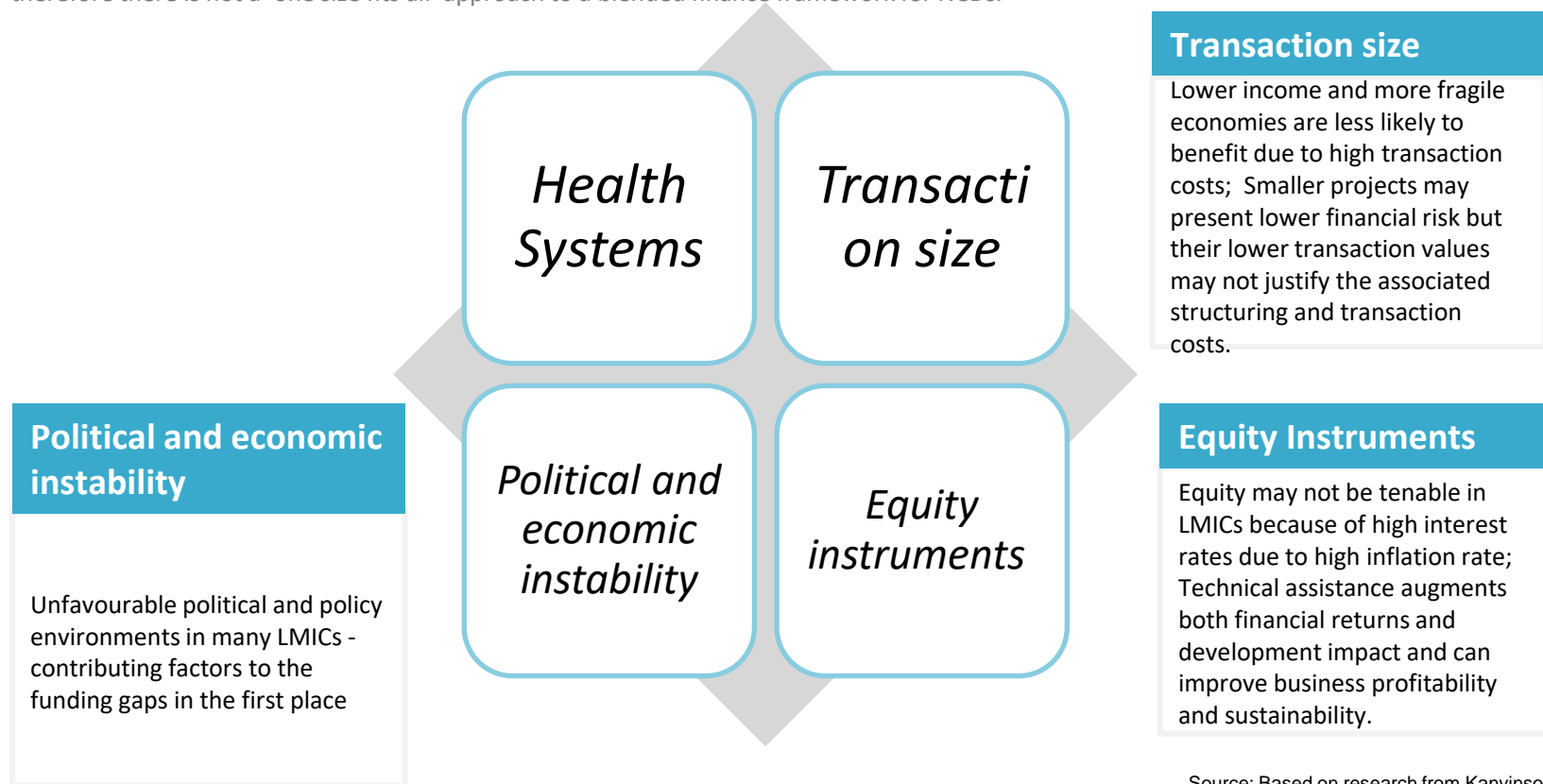
# HFI's COVID-19/NCD Response Framework

In anticipation of the development of a COVID-19 vaccine and treatment in the medium term, HFI aims to:

- Create a framework to identify [NCD] risk groups for severe COVID-19 illness
  - Prioritization of vaccine and treatment roll-out based on risk-factor assessment
- Model the impact of prevention and control of NCDs on COVID-19 outcomes, health systems burden and global economies
- Develop financing models for investment in COVID-19 vaccines and treatment
  - Financing models to reduce disinvestment of other interventions, especially disinvests from NCDs
  - Create confidence in economies

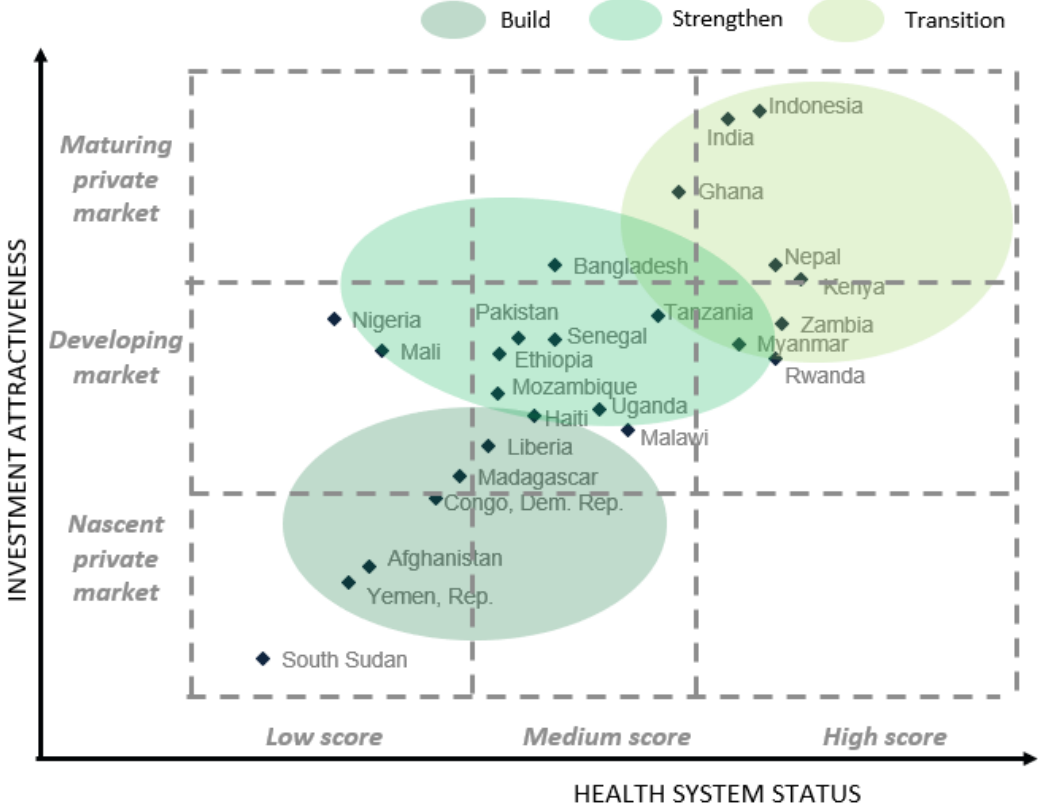
# Determinants of blended finance potential

Country health financing needs are very diverse across UMIC, LMICs, LICs and LDCs with significant variations within each category, therefore there is not a 'one size fits all' approach to a blended finance framework for NCDs.



# Blended finance is more attractive in maturing markets – NCD financing remains a development issue

**USAID’s PCMD countries mapped across 3 blended finance**



# How HFI Works With Blended Finance Partners



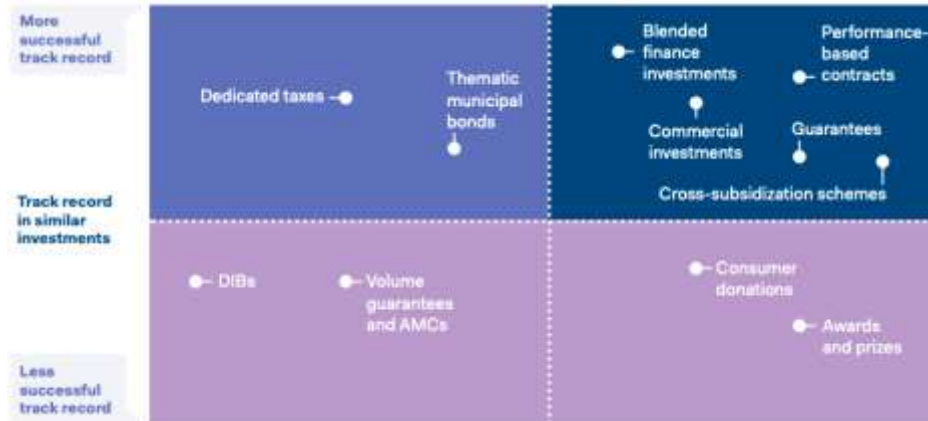
## Partner

i.e. blended finance partners / government / IGO / implementer



## HFI Services

1. Ascertain disease area, country/geographic area, size of investment, relative importance of health/economic/other impact
2. Determine best investment structure
3. Assemble relevant stakeholders and engage investors
4. Roll out program, monitor outcomes with digital data collection means / M&E





# HFI Country Engagement

- HFI's country work includes collaboration with international organizations and in-country stakeholders
- HFI is unique in its application of novel techniques applied to existing relationships and infrastructures
- Countries with HFI partnership/country scoping
  - Nigeria
  - Jordan
  - Malaysia
  - Kenya
  - South Africa





# Contact Us

Reach out to me at  
[andrea@healthfinanceinstitute.org](mailto:andrea@healthfinanceinstitute.org) to  
discuss partnership opportunities



[www.healthfinanceinstitute.org](http://www.healthfinanceinstitute.org)



@healthfininst

## ANTICIPATED MILESTONES: YEAR 1



Global NCD Financing  
Partnership with public  
& private sector formed



Successful financing  
advocacy and global  
dialogue



Algorithm and tool on  
highest impact NCD  
investments for public,  
philanthropic, and  
private use



Formalized agreement  
for pilot projects in 2+  
countries



Establish NCD investment pipeline,  
modifiable based on client

## ANTICIPATED IMPACT: YEAR 2



Roll-out of  
investment pilot in  
min 2 countries



Increased number and  
reach of formal  
partners to >5



Instrumental in  
increasing deal-flow for  
NCD projects for min  
50 million USD



Successful mid-term  
evaluation of 2  
financing pilots



Utilization of Impact list: HFI recognized as  
go-to organization to educate the NCD  
investment thesis

# Our Theory of Change

1. We unpack and translate evidence for funders and investors

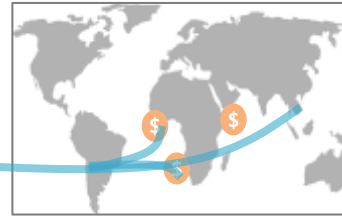


EVIDENCE

2. We develop tailored financing solutions



FUNDERS & INVESTORS



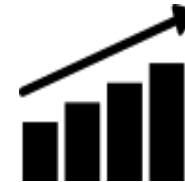
INCREASED DEAL FLOW

3. ... to increase the fiscal space for NCDs...



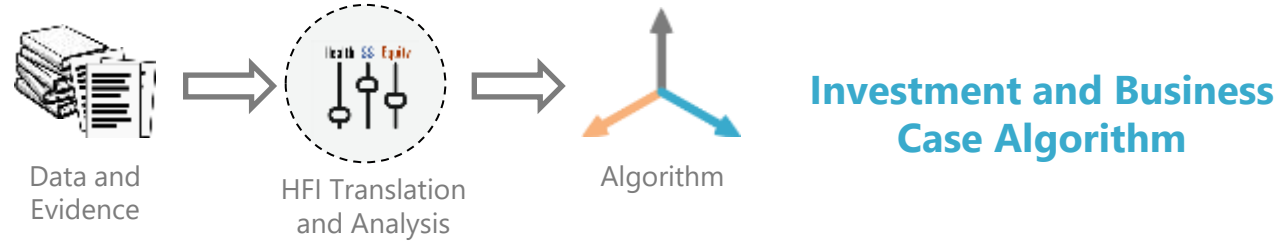
(SHORT TERM)

4. ...and to create economic, social, and health gains.



(LONG TERM)

# What We Do



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## Brokerage of Investments



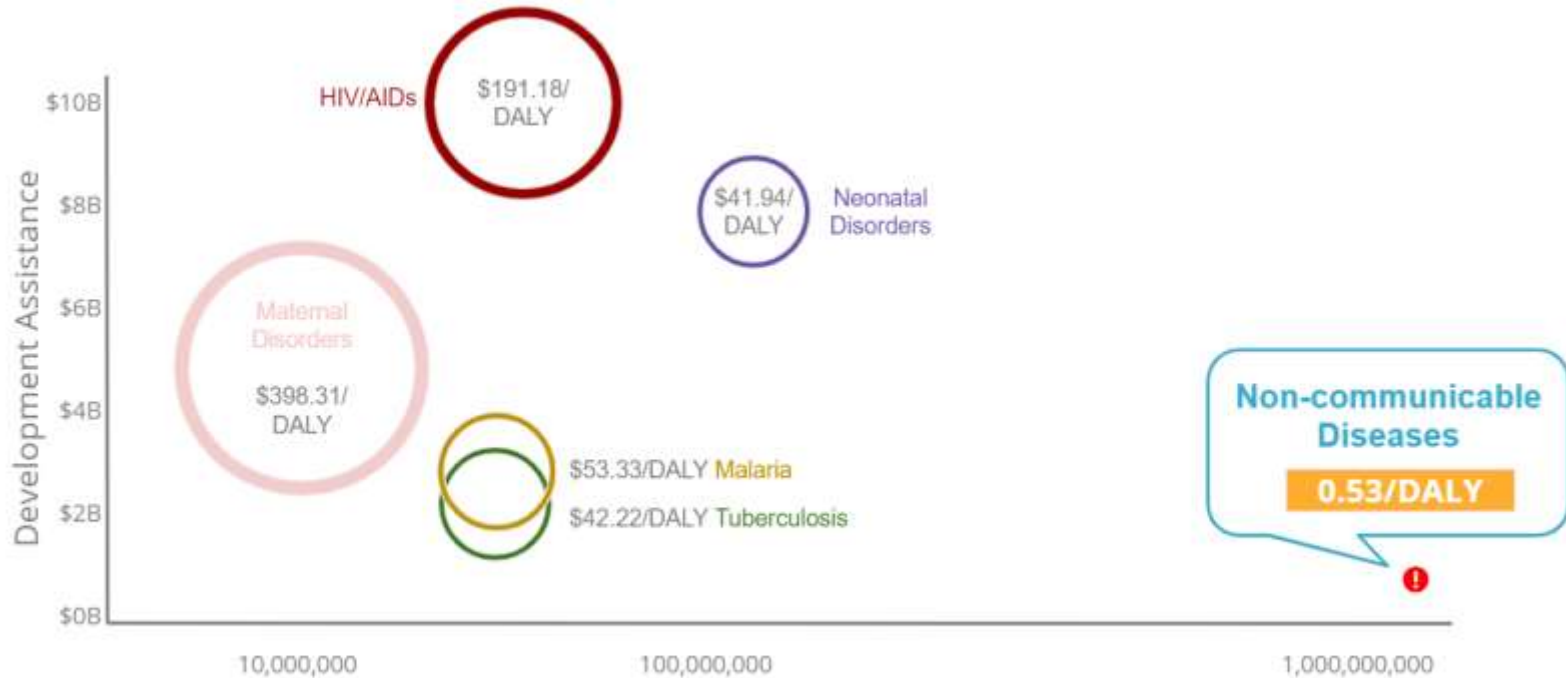
# What We Do: Brokerage of Investments



Examples	Decision Factors	HFI Guidance and Expertise	Investment Modalities
	<ul style="list-style-type: none"> <li>• Quality of data systems</li> <li>• Lag between intervention and impact</li> <li>• Human development stage</li> <li>• Diseases and disease profiles</li> </ul>	<ul style="list-style-type: none"> <li>• Roadmap</li> <li>• Support structuring investment deals</li> <li>• Feasibility assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Blended/ Innovative financing models (e.g. DIBs, SIBs)</li> <li>• Health bonds</li> <li>• Domestic resource mobilization</li> <li>• Traditional aid</li> <li>• Other</li> </ul>

# The financing gap is especially significant for SDG3 – health and wellbeing

Dollars per DALY\* for six global health areas, 2017

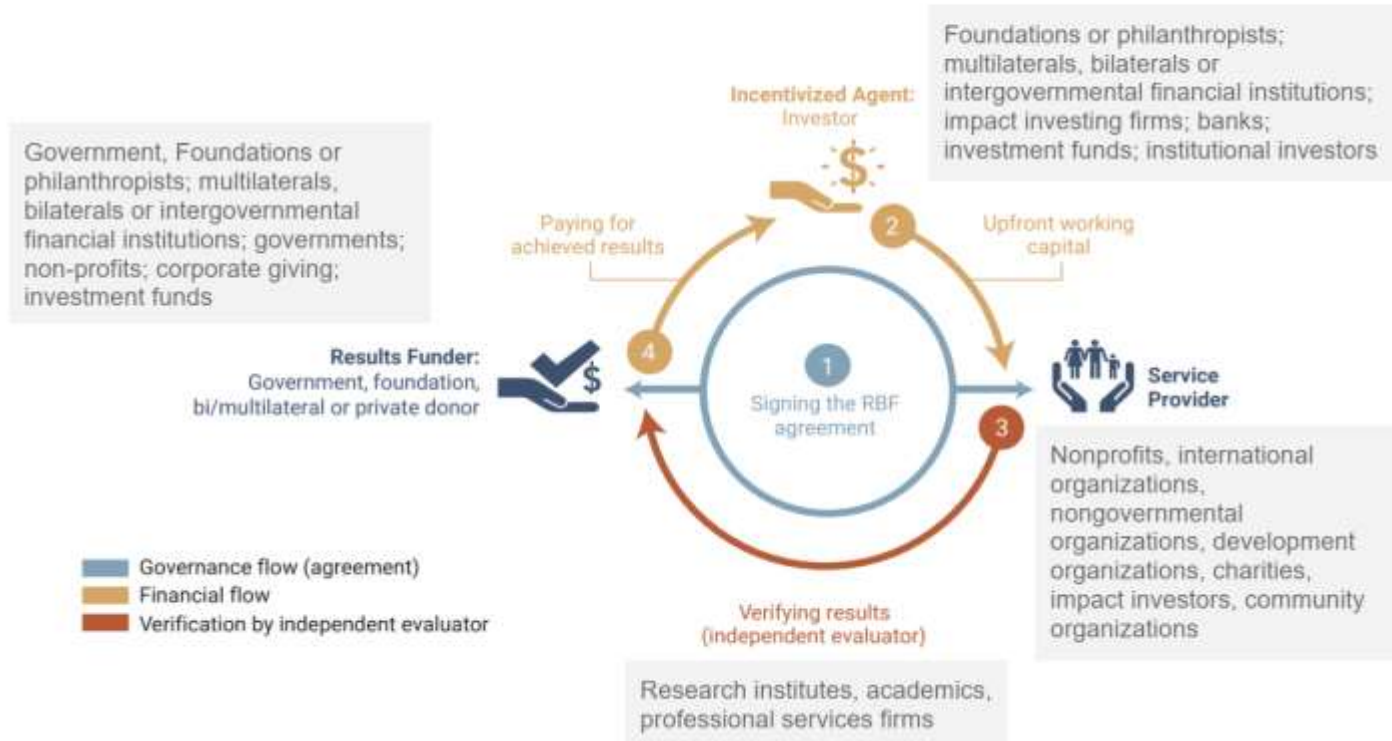


\* DALY: Disability Adjusted Life Year – a measure of disease burden, adding disease and premature mortality

\*\* Data Source: The Institute for Health Metrics and Evaluation (IHME)

# How blended Finance can help NCDs

Using SIB (Social Impact Bonds) and DIB (Development Impact Bonds) as examples



# Contact Information

## Email



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## Website



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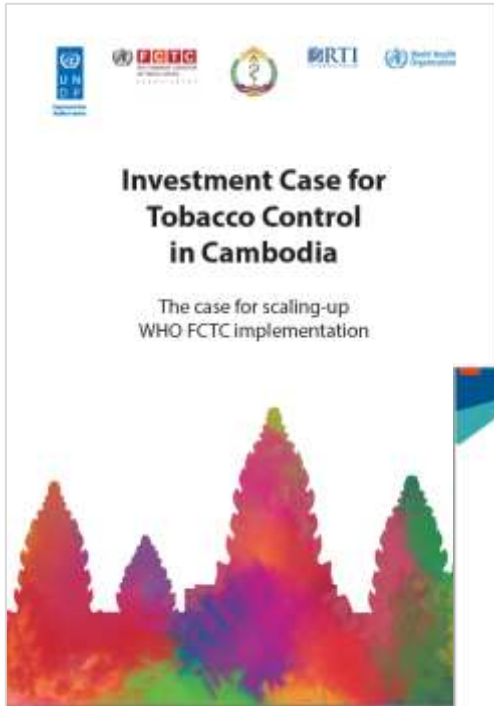
## Twitter



@healthfininst



# Q&A

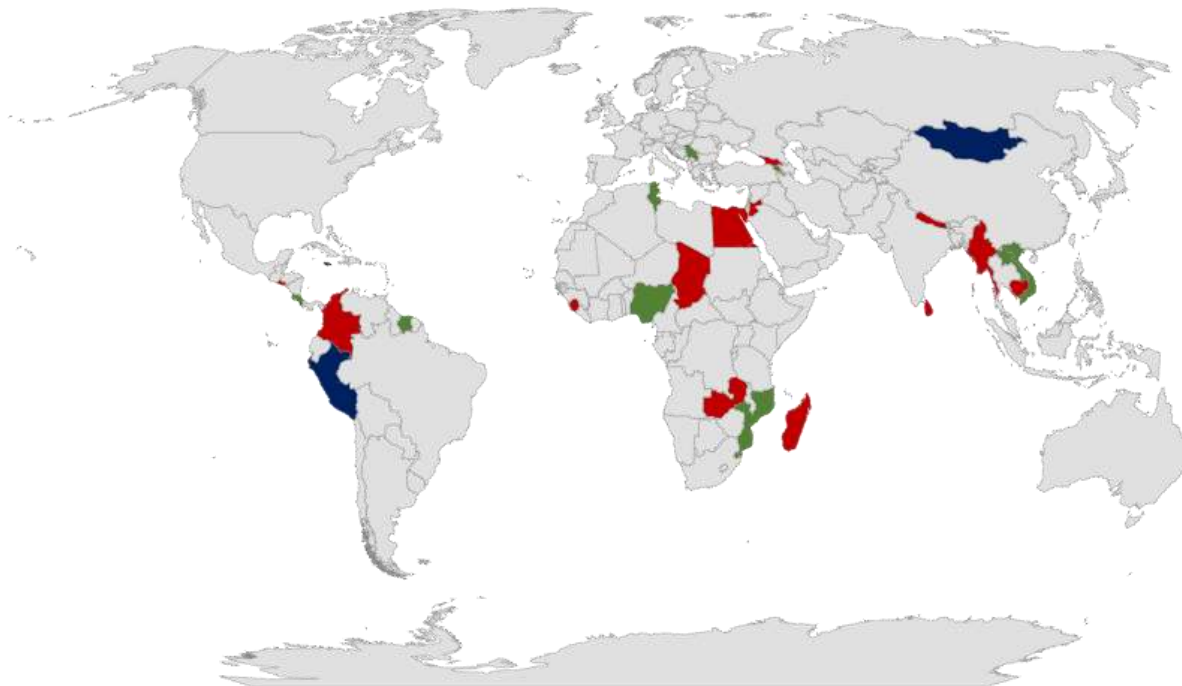


# Investment Cases for the Prevention and Control of NCDs

Brian Hutchinson, RTI International  
*NCD Alliance Webinar - Bridging the gap in financing for NCDs*  
March 31, 2020

# NCD and tobacco-control investment cases

Cape Verde  
Cambodia  
Chad  
Colombia  
Egypt  
El Salvador  
Georgia  
Jordan  
Madagascar  
Myanmar  
Nepal  
Samoa  
Sierra Leone  
Sri Lanka  
Zambia  
Jamaica  
Mongolia  
Peru  
Armenia  
Chad  
Costa Rica  
Swaziland  
Fiji  
Laos  
Mozambique  
Serbia  
Suriname  
Tunisia  
Nigeria  
Vietnam



■ Tobacco IC  
■ NCD IC  
■ Forthcoming

What is an investment case?

What kind of information does it provide?

How have investment cases been used?



# What is an investment case?

1. Describes the current disease burden

2. Surveys the policy environment for feasibility of actions

3. Identifies effective and locally relevant interventions

4. Analyzes the costs and benefits of interventions for ROI

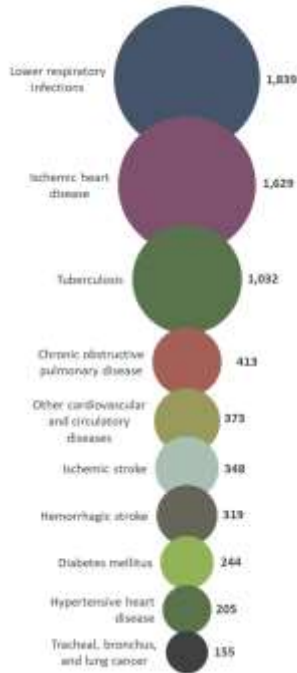
5. Frames current health spending against needs

6. Identifies the funding gap and potential sources of financing



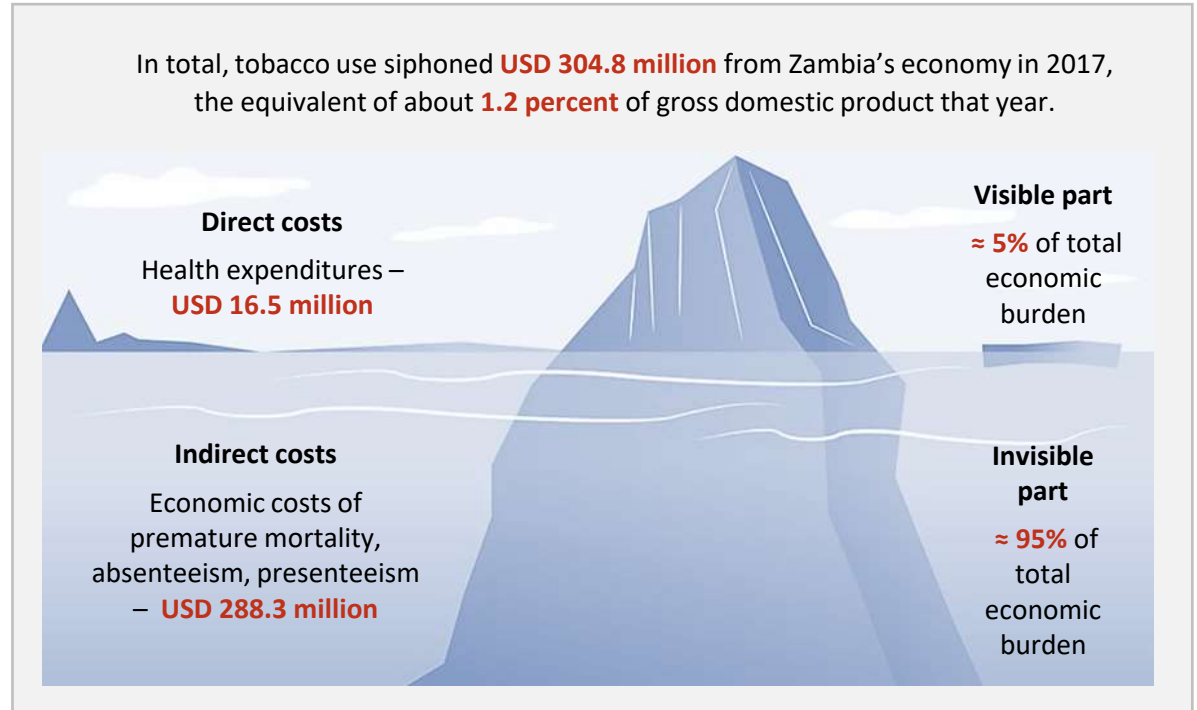
# The current burden of tobacco use in Zambia

## Health burden (tobacco-attributable mortality)



## Economic burden

In total, tobacco use siphoned **USD 304.8 million** from Zambia's economy in 2017, the equivalent of about **1.2 percent** of gross domestic product that year.



# Clinical interventions and policy measures



## Cardiovascular disease

- e.g., Treatment for individuals with high blood pressure ( $\geq 140$ mmHg)



## Diabetes

- e.g., Screening for diabetic retinopathy, and laser photocoagulation therapy for individuals with sight-threatening retinopathy.



## Mental health conditions

- e.g., Intensive psychosocial treatment and anti-depressant medication for moderate to severe cases of depression



## Tobacco use

- e.g., Enact and enforce a comprehensive ban on all forms of tobacco advertising sponsorship and promotion (FCTC Article 13)



## Harmful or hazardous alcohol use

- e.g., Increase excise taxes on alcoholic beverages (beer, wine, liquor)



## High sodium consumption

- e.g., Develop public-private partnerships to set target levels for the amount of salt in meals and popular food products, and implement strategies to lower salt content.

# Costs and benefits (USD), by intervention package – 15-year time horizon

Intervention package	Total costs	Total benefits	ROI
Salt	44.7	3,693.6	82.6
Tobacco	55.6	1,000.6	18.0
Alcohol	60.2	254.2	4.2
Anxiety	431.2	884.6	2.1
Depression	907.8	1,203.9	1.3
CVD	2,263.5	2,656.4	1.2
Diabetes	1,006.1	1,036.0	1.0
All packages	4,769.1	10,729.4	2.2

- Framing health spending (% of THE or GHE)
- Covering the financial gap
- Framing economic gains by leveraging national priorities



# Contributions of investment cases

## Advocate for public health priorities

Ministries of health use investment case findings to draw attention to public health needs, amidst other public sector demands. In Jamaica, the Minister of Health used investment case findings to support health priorities in a speech to the House of Representatives in June 2018.



## Advance policies and interventions

Investment cases are not always expected to lead directly to policy change – at least, not immediately. But, instances exist where an investment case has fed policy conversations. The Zambia investment case was presented directly to Parliament, and is being re-tooled for use in a government regulatory impact assessment of a comprehensive tobacco control law.



Ministry of Economy  
and Finance

**Coalition-building.** Investment cases speak the language of sectors outside of health by providing evidence on social, economic, and environmental needs that are interwoven with health issues.

# Q&A

# **Bridging the Gap in Financing: Budget Advocacy for Tobacco Control**

Leslie Rae Ferat  
Managing Director  
Framework Convention Alliance

March 31, 2020

1. What is budget advocacy?
2. Budget advocacy project
3. Pilot project in Senegal and Uganda
4. Budget advocacy workshop
5. Budget advocacy toolkit
6. Looking ahead

# What is budget advocacy?

**“...a strategic approach to influence governments’ budget choices, aimed at achieving clear and specific outcomes—e.g., healthier people, less poverty, or improved governance.”** (International Budget Partnership, 2020)

**“...the structured lobbying of fiscal policies by an organization or group of people.”**

(ACF International, Save the Children, SUN SC platform from Senegal, 2017)

**- In the context of tobacco control (TC), budget advocates lobby for TC to be given financial priority in the national budgetary agenda.**

# Budget Advocacy Project

**Critical challenge:** The lack of capacity within the TC community to advocate for the level of resources required to run effective, FCTC-compliant TC programmes as part of the country's national budgeting processes.

**Opportunity:** To explore how a budget advocacy approach, similar to those used by CSOs in other areas of health and development, may be used to influence TC spending in LMICs, particularly AFRO, to address a major obstacle to further progress FCTC implementation.

# Pilot Project in Senegal & Uganda

- FCA aims to build CSO capacity to:
  - Understand how decisions about spending on health issues are made.
  - Carry out budget advocacy campaigns aimed at increasing budget allocation for TC plans and programmes.
- FCA targeted two AFRO countries to pilot and conduct this work: La Ligue Sénégalaise contre le Tabac (LISTAB) in Senegal and The Uganda National Health Users'/Consumers' Organization (UNHCO) in Uganda
- These two organisations, with years of experience in TC formed a coalition with organisations with academic, budgetary, and fiscal expertise in order to conduct effective budget advocacy.

# Budget Advocacy Workshop

FCA convened a budget advocacy training workshop in February in Senegal, together with CRUK and ACS, with CSOs from Senegal and Uganda.

## *Objectives of the workshop:*

- Understand the current tobacco control landscape
- Develop a clear picture of the institutional and political framework of tobacco control financing
- Understand the concept and importance of budget advocacy
- Explore the budget cycle and timetable in Uganda and Senegal
- Estimate the costs of inaction and implementation of an FCTC-compliant package of tobacco control measures
- Explore the key elements of effective budget advocacy strategies



# Budget Advocacy Workshop



# Budget Advocacy Toolkit

- **Module 1:** Key elements of tobacco control and current obstacles to financing
- **Module 2:** Essential elements for conducting budget advocacy
- **Module 3:** Understanding the budget cycle and process
- **Module 4:** Methodology and tools for analysis of the costs of TC implementation
- **Module 5:** Development of a good strategy for budget advocacy
- **Module 6:** Sharing experiences on practical cases of success and failure involving budget advocacy for tobacco control and/or in similar domains in Africa, Asia and Latin America

# Looking Ahead...

- Continue to develop and finalise budget advocacy strategies with national partners
- Implement strategies through:
  - The development of budget advocacy materials to communicate key messages
  - Lobbying key stakeholders
  - Organising events
  - Participating in media advocacy
  - Lessons Learned

“What brings us together... Is our belief that people have a right to influence the public choices that shape our lives.

Public budgets are the chief instruments by which governments make these decisions and civil society the greatest tool to ensure that people are part of that process.”

(Jim Shlutz, Democracy Center in Bolivia, 2001)



Thank you!

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# Q&A



SOUTH AFRICAN  
**NON-COMMUNICABLE  
DISEASES ALLIANCE**

# Health financing in action

**Lessons from the sugar sweetened beverages tax**

**Vicki Pinkney-Atkinson**

31 March 2020

[vicki@sancta.org.za](mailto:vicki@sancta.org.za)

# HEALTH FINANCING

health system building block



For the  
health  
needs

- Mobilise = raise funds
- Accumulate = pool
- Allocate = purchase/ provide services



individual

collective





## Raising funds - Taxes

### Excise applies to specific goods

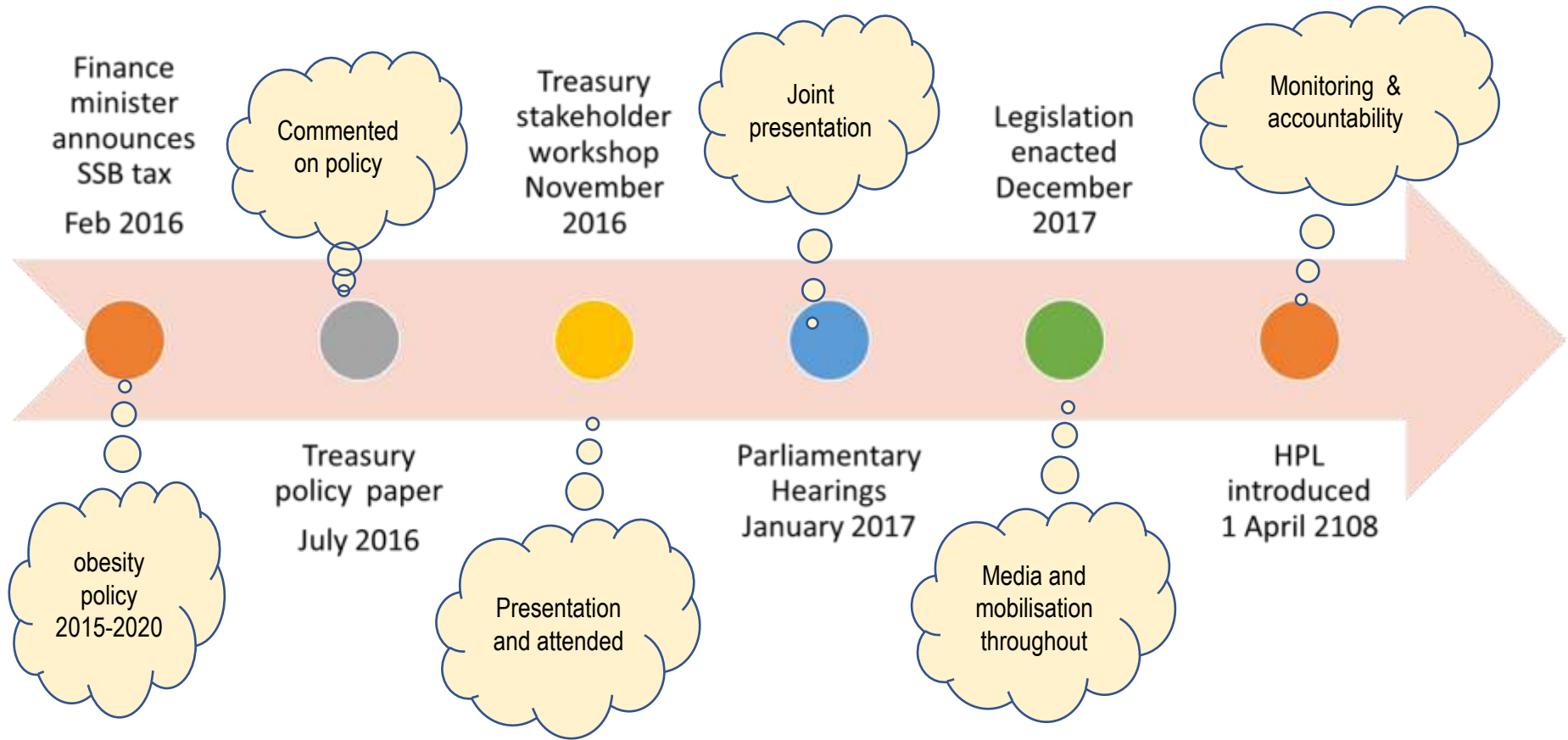
*“sin taxes” but not really*



- Alcohol > 100 years
- Tobacco >50 years but increased regularly for 20 years
- Sugar sweetened beverages (SSB)- 1 April 2018 only 2 years

SSB tax only appeared on the agenda in 2015

# Sugar tax timeline SANCDA involvement



# Our unique contribution

## What we did

- Added a human face to the tax  
People living with NCDs
- Took it beyond academic and a public health policy debate
- Asked for portion of proceeds given to prevention and control of NCDs
- Brought together NCDs stakeholders

## How we did it

- Not one cent in additional funding
- Did not get additional funding
- Stood up to bullies and unscrupulous pressure
- Refused to be divided

# Beyond legislation – the journey continues

- Policy coherence making sure that gains are implemented
- Accountability tracking revenue collection and budgets - how much and where ZAR 100 million – 10 million
- Including the public beyond economists and accountants and the chosen frozen
- National NCDs coordinating mechanism - transparency and efficiency



# Q&A

# Webinar slides and recording

## Become a Member...

And ACCESS our  
exclusive  
BENEFITS for  
NCDA MEMBERS,  
such as...

### WEBINARS



TAILOR-MADE  
RESOURCES

VISIBILITY  
OPPORTUNITIES



&

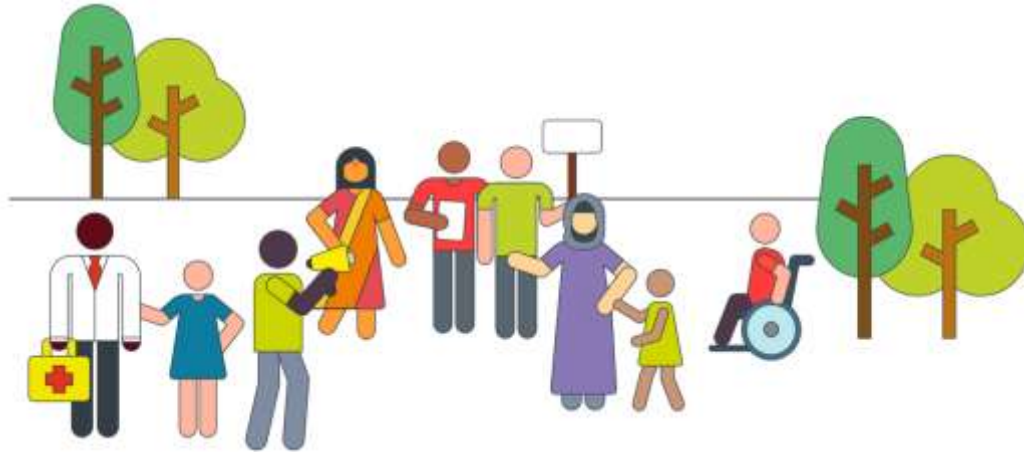
MORE



including  
priority invitations  
to virtual and  
in-person events  
led by NCDA

# Webinar on COVID-19 and NCDs

The NCD Alliance is convening a **members-only webinar** to facilitate an exchange of the latest expertise on the impact of the COVID-19 pandemic on people living with NCDs.



More information to follow shortly. Please visit our [website](#) for a list of COVID-19 and NCDs resources.

# THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.

   #NCDs @ncdalliance

MAKING NCD PREVENTION & CONTROL A PRIORITY, EVERYWHERE

