

ACT
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GLOBAL WEEK FOR
ACTION ON NCDS



POLICY BRIEF

INVEST TO PROTECT

**NCD financing as the foundation for
healthy societies and economies**



#ActOnNCDS

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This policy brief was written by Katie Dain, Nina Renshaw, and Hany Helmy of the NCD Alliance. The authors thank members of the expert advisory group on NCD financing, who generously contributed their expertise to the development of this brief: Laura Abadia, OECD Development Centre, France; Dr Mamka Anyona, WHO, UN Trust Fund for NCDs and Mental Health, Kenya/USA; Tamu Davidson, MD, Head of Chronic Disease and Injury Department, Caribbean Public Health Agency, Trinidad and Tobago; Arin Dutta, PhD, Asian Development Bank, Philippines; Dr Andrea Feigl, Health Finance Institute, Austria/USA; Leslie Rae Ferat, Framework Convention Alliance, Canada; Bent Lautrup-Nielsen, World Diabetes Foundation, Denmark; Dr Rachel Nugent, Vice President Global NCDs, RTI International, USA; Dr Douglas Webb, UN Development Programme, UK/USA.

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Design and layout: Mar Nieto



NCD Alliance | 31-33 Avenue Giuseppe Motta | 1202 Geneva, Switzerland
www.ncdalliance.org

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INVEST TO PROTECT PEOPLE, HEALTH SYSTEMS AND ECONOMIES

Since 2020, COVID-19 has shaken the foundations of health systems and economies worldwide, and up-ended the understanding of what strong and resilient health systems are. The pandemic response in all countries was undermined by an underestimated threat, previously overlooked in health security rankings: noncommunicable diseases (NCDs).

NCDs – the world’s most prevalent and deadly diseases – represent a pandemic in their own right, but when mixed with an infectious disease outbreak, the result has been devastating to health systems and the communities they serve everywhere. The COVID-19 pandemic revealed that the prevention, screening, diagnosis and treatment of noncommunicable diseases (NCDs) are indispensable to health systems’ preparedness and population resilience. The world will not be prepared for future health threats nor deliver on global commitments to Universal Health Coverage (UHC) for as long as the people at highest risk continue to be left behind.

This policy brief advocates for increased investment in NCD prevention and care, as part of delivering UHC and leaving no one behind. The longstanding failure of governments and the global health community to mobilise adequate funding for NCD prevention and care has amplified the human and economic cost of the pandemic, and remains the major barrier worldwide to improving health outcomes and ensuring health system resilience and sustainability. Especially in low- and middle-income countries (LMICs), which are the primary focus of this brief, NCD investment must no longer be an afterthought to infectious diseases or neglected within health services. Governments and the global health community must make substantial changes to achieve a more targeted and strategic approach to investment in the response to NCDs that will yield long-term dividends.

The following pages examine the investment gap and present an overview of the current state of NCD financing, relative to the global burden of disease and compared to other global health priorities. They outline the different sources for and pathways to NCD financing: domestic resource mobilization (DRM), bilateral and multilateral support, philanthropy, and innovative financing including the private sector.

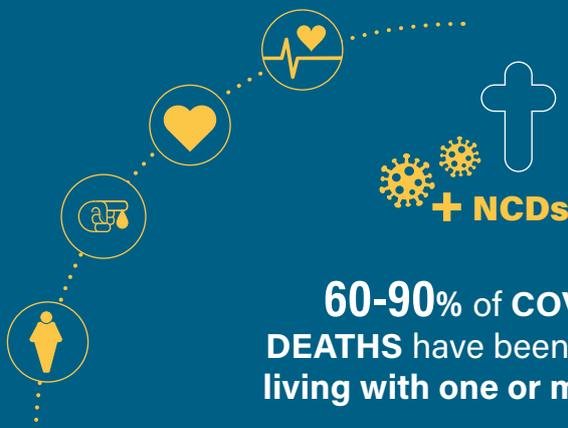
This brief is primarily intended for health and development advocates, to support engagement with financial decision-makers and investors, including Ministries of Finance, development agencies, multilateral agencies, and philanthropies. It makes the case for scaling up the currently insufficient investments in NCDs, outlines the cost of inaction, highlights viable pathways to increase funding, and proposes a call to action for the Second Global Financing Dialogue on NCDs set to take place in 2023 and forthcoming UN General Assembly High-Level Meetings on Universal Health Coverage in 2023 and NCDs in 2025.

This brief will be complemented by an additional publication of best practice case studies, aimed at health and finance decision-makers and donors, illustrating the solutions to and the feasibility of closing the NCD investment gap.

The syndemic of NCDs and COVID-19

The COVID-19 pandemic has shown that infectious and noncommunicable diseases are **two sides of the same coin**

The vast majority of the millions of people to date who have lost their lives to or became seriously ill with COVID-19 had underlying health conditions, most commonly hypertension, cardiovascular disease, diabetes and obesity.

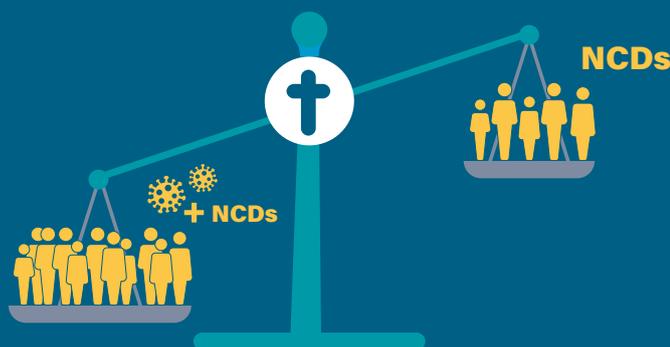


As of February 2022, the true death toll of COVID-19 is estimated to be almost four times higher than official figures and is closer to 20 million people, with a large part of the difference attributed to disrupted access to lifesaving healthcare for NCDs.³

1.7 BILLION PEOPLE, equivalent to 22% of the global population, live with at least one underlying condition (mainly NCDs) that puts them at increased risk of severe COVID-19.²



A **10% REDUCTION** in NCD mortality, through better access to healthcare, could have reduced COVID-19 fatalities by **20%** in LMICs.⁴



Please see [A Global NCD Agenda for Resilience and Recovery from COVID-19](#) for more on the syndemic and recommendations for action. **3 PILLARS : 12 RECOMMENDATIONS**

1 The Defeat-NCD Partnership 2021. "Examining the intersection of NCDs and COVID-19: Lessons and opportunities from emerging data" [Defeat-NCD-Partnership-and-EIU-study_ Examining-the-Intersection-Between-NCDs-and-COVID-19_-Lessons-and-Opportunities-from-Emerging-Data-examining.pdf](#). 2021

2 The Lancet. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. e1003-e1017. 2020. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30264-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30264-3/fulltext)

3 The Economist. [The pandemic's true death toll](#) | The Economist. 2022.

4 The Defeat-NCD Partnership 2021. Examining the intersection of NCDs and COVID-19: Lessons and opportunities from emerging data. [Defeat-NCD-Partnership-and-EIU-study_ Examining-the-Intersection-Between-NCDs-and-COVID-19_-Lessons-and-Opportunities-from-Emerging-Data-examining.pdf](#)

THE COST OF INACTION

The case for investment in NCDs

There is a strong and urgent imperative for investment in NCDs. The significant human toll caused by NCDs in terms of healthy life years lost is coupled with a staggering economic cost, due to both healthcare expenditure and the impact on human capital and productivity. For health and development advocates seeking to increase NCD funding, it is crucial to make this case crystal clear for governments and funders.

The human toll of NCDs

The human toll of NCDs is unacceptable, inequitable, and increasing. 41 million people die every year due to an NCD, accounting for 74% of all deaths worldwide, and annual deaths from NCDs are projected to escalate to 52 million by 2030. To put these figures into perspective, in 2020 annual deaths from tuberculosis, malaria and HIV/AIDS reached 1.5 million⁵, 627,000⁶, and 680,000⁷ respectively. Deaths attributed to the COVID-19 pandemic, from its beginning in 2019 to the release of this policy brief in April 2022, are nearing six million. Although the NCD burden is universal, LMICs are hit the hardest, with over three-quarter of all NCD deaths and over 85% of premature deaths between the ages of 30-70 from NCDs occurring in poorer countries.⁸

The deaths attributed to NCDs are just the tip of the iceberg, as many millions of people live with NCDs which are undiagnosed. For example, half of adults living with diabetes are undiagnosed and even in high-income countries only one in five people living with hypertension are under medical control, leaving one billion people untreated.^{9, 10} Chronic kidney disease also tends to go untreated, with up to 90% of cases undiagnosed until lifesaving dialysis or a transplant is needed.¹¹ What is certain is that premature deaths from NCDs will continue to rise without decisive action and sufficient investment now.

While reducing NCD mortality has been the main focus of global NCD strategies and targets, NCDs are also a major driver of disability and multimorbidity. NCDs now cause 80% of years lived with disability¹² in the world – a percentage that is growing. Heart disease, diabetes, stroke, lung cancer and chronic obstructive pulmonary disease were collectively responsible for nearly 100 million more healthy life-years lost in 2019 compared to 2000.¹³ Within the wide range of NCDs, mental health conditions are another leading cause of disability. Depressive disorders are responsible for over 65 million years lived with disability¹⁴, and dementia is also becoming an increasing concern with an ageing world population: the number of people living with dementia globally more than doubled between 1990 and 2016.

Disability and multimorbidity associated with NCDs make a more urgent case for NCD investment, but they also represent opportunities for high-impact investments in integrated care.

5 WHO. Tuberculosis deaths rise for the first time in more than a decade due to the COVID-19 pandemic. <https://www.who.int/news/item/14-10-2021-tuberculosis-deaths-rise-for-the-first-time-in-more-than-a-decade-due-to-the-covid-19-pandemic>. 2021.

6 WHO. More malaria cases and deaths in 2020 linked to COVID-19 disruptions. <https://www.who.int/news/item/06-12-2021-more-malaria-cases-and-deaths-in-2020-linked-to-covid-19-disruptions>. 2021.

7 UNAIDS.org. <https://www.unaids.org/en/resources/fact-sheet>. 2022.

8 [Noncommunicable diseases \(who.int\)](#)

9 Cho NH, Shaw JE, Karuranga S, Huang Y, da Rocha Fernandes JD, Ohlrogge AW, Malanda B. IDF Diabetes Atlas: Global estimates of diabetes prevalence for 2017 and projections for 2045. *Diabetes Res Clin Pract*. 2018 Apr;138:271-281. doi: 10.1016/j.diabres.2018.02.023. Epub 2018 Feb 26. PMID: 29496507.

10 [Hypertension \(who.int\)](#)

11 [Chronic Kidney Disease Change Package | National Kidney Foundation](#)

12 Institute for Health Metrics and Evaluation (IHME) *Findings from the Global Burden of Disease Study 2017*. Institute for Health Metrics and Evaluation; Seattle, WA, USA: 2018

13 [WHO reveals leading causes of death and disability worldwide: 2000-2019](#)

14 WHO. Global health estimates: Leading causes of DALYs. 2020. <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>

MULTIMORBIDITY: THE NEW NORMAL?

One fifth of the world's population is living with an NCD, and multi-morbidity - the coexistence of two or more chronic conditions which may be infectious, noncommunicable or impact mental health - is an increasing reality. For instance, it is estimated that three quarters of people living with diabetes also have high blood pressure, and high blood pressure and diabetes are the leading causes of kidney failure. Hypertensive disorders and gestational diabetes affect many pregnancies, risking potential lifelong health impacts for both mother and child if not effectively treated.¹⁵

And multi-morbidity is not limited to NCDs. People living with HIV have a significantly higher risk of cardiovascular disease and some cancers, while people living with tuberculosis are much more susceptible to diabetes and vice-versa. And it is known that in many countries, up to 94% of people who died from COVID-19 were living with NCDs.¹⁶

People living with multi-morbidities often have additional challenges when navigating health systems, as each disease may trigger or worsen other conditions. They often need to visit various healthcare providers, follow multiple treatments and face an increased likelihood of hospitalisation. This results in escalating healthcare costs. Investment in NCD prevention and integrated care at PHC level can help individuals and health systems to manage this growing burden at an early stage.

15 The NCD Alliance. FROM SILOES TO SYNERGIES: Integrating noncommunicable disease prevention and care into global health initiatives and universal health coverage, Geneva, 2021.

16 COVID-19 Provisional Counts - Weekly Updates by Select Demographic and Geographic Characteristics ([cdc.gov](https://www.cdc.gov))

NCDs are a human rights issue

NCDs represent far more than a health issue – they are a major human rights and equity issue, as they disproportionately affect the poorest and most vulnerable populations. We have seen this pattern before, for instance with HIV/AIDS. As with other health challenges, is it essential to work with communities to ensure that marginalised and poorer people living with NCDs are not left behind.

In most countries, people who have a low socioeconomic status and those who live in poor or marginalised communities have a higher risk of dying from NCDs than people from groups and communities with more resources.¹⁷ As mentioned previously, 85% of premature deaths (between the ages of 30 and 70) from NCDs now occur in LMICs. This is due in part because exposure to some NCD risk factors tend to be higher among poorer communities than in those with high socioeconomic status. The country's stage of economic development, cultural factors, and social and health policies also influence the chances of receiving timely diagnosis and treatment for NCDs. At a household level, most people in LMICs pay out-of-pocket for much of their NCD treatment and care, and these catastrophic expenses push an estimated 100 million people worldwide into extreme poverty every year.¹⁸

COVID-19 and its containment measures have exacerbated these inequities and created new vulnerabilities. Worldwide, poor communities have become poorer, and the NCD burden has been aggravated due to missed diagnoses and treatment. As a result, undiagnosed cases have been stacking up. In the United Kingdom for example, for every week of confinement, an estimated 2,300 cancer cases went undiagnosed.¹⁹ And for LMICs, where levels of undiagnosed NCDs are already very high, this is likely to result in serious long-term public health consequences and a tide of avoidable mortality and morbidity from NCDs.

NCDs drain the global economy and pose a powerful threat to human capital

The unequitable human toll of NCDs is reason enough for urgent action, but the economic impacts underscore that the world cannot afford to neglect NCDs any longer. The cost of inaction on NCDs is far greater than the investment required. NCDs reduce productivity and human capital, while increasing healthcare costs from serious illness, disability and death. In total, the five leading NCDs – cardiovascular disease (CVD), chronic respiratory disease, cancer, diabetes and mental health conditions – have been estimated to cost US\$ 47 trillion between 2011-2030, an average of more than US\$ 2 trillion per year.²⁰

Globally, NCDs represent a substantial threat to human capital in the short-term by ending 15 million lives every year prematurely, and by reducing labour supply and productivity and increasing absenteeism in the workforce due to NCD-related illness and disability. Furthermore, healthy longevity is a crucial component of human capital as the world's population is ageing, and governments are grappling with policies to ensure their populations' additional years are healthy and productive. NCDs comprise the vast majority of avoidable disease burdens that impair the possibility of healthy aging; therefore, the longer we are able to prevent the onset of these conditions, the more productive our societies will be.

NCDs pose a powerful threat to human capital in the long term as well, by impeding the educational attainment of children and adolescents, and making it impossible for family caregivers to participate in the labour market. These negative impacts are greater for women and girls as they tend to bear more responsibility of health and social care in households.

17 Inequalities in non-communicable diseases and effective responses MRC-HPA Centre for Environment and Health, Department of Epidemiology and Biostatistics, Imperial College London, London, UK. DOI: [10.1016/S0140-6736\(12\)61851-0](https://doi.org/10.1016/S0140-6736(12)61851-0)

18 Tracking universal health coverage : 2017 global monitoring report (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/640121513095868125/Tracking-universal-health-coverage-2017-global-monitoring-report>

19 [How COVID-19 is impacting cancer services in the UK - Cancer Research UK - Cancer news](#)

20 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettnner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum

Beyond the impact on lost human capital, the direct healthcare costs from NCDs are a major share of governments' health budgets. For example, it has been estimated that the direct annual cost of diabetes alone worldwide is more than US\$ 827 billion²¹, and it is projected that the annual costs of treatment for diseases and complications resulting directly from obesity will top US\$1.2 trillion globally²² by 2025. Yet both diabetes and obesity can be curbed at a small fraction of this cost with effective NCD prevention policies.²³

NCDs perpetuate poverty in households and communities

The economic burden of NCDs on households poses major challenges to global poverty alleviation efforts and SDG1,²⁴ calling for an end to poverty in all its manifestations by 2030. The costs of treatment and care for NCDs in LMICs are all too frequently shouldered by individuals and households, referred to as out-of-pocket (OOP) expenditure, rather than by governments via national health insurance schemes, for example. Health insurance eliminates financial risk and avoids the medical impoverishment caused by high OOP expenditure.

As NCDs tend to be chronic, they often lead to on-going expenses which frequently trap poor households in cycles of debt and illness that perpetuate inequalities in health. In LMICs, OOP spending for NCDs surpasses 40% of non-food expenditure.²⁵ Catastrophic health expenditure has been found to occur in more than 60% of patient populations with cancer, cardiovascular disease, and stroke in some LMICs.²⁶ According to WHO and the World Bank, even before the pandemic, half a billion people were being pushed (or further pushed) into extreme poverty because of catastrophic OOP health expenditure.²⁷ It is expected that the pandemic has significantly exacerbated the situation. The economic burden also affects health and health-related behaviour through reduced adherence to long-term treatment, abandonment or interruption of treatment, and impaired quality of life²⁸.

“My medical expenses are all out of pocket. I do not have a regular income stream which means not being able to pay for a majority of my medical expenses. I spend an average of \$20,000 a year on expenses, which exceeds my household income by 80%. These expenses include medication, doctors' appointments, labs and tests, hospitalization i.e., emergency care. In many cases I avoid going to the doctor because of these tests I can't afford. Most of the cheaper public facilities also don't provide these services.”

Participant in Our Views, Our Voices Consultation on Universal Health Coverage participant, Kenya

“This disease has made me very poor since we had to sell all our assets to be able to afford treatment.”

Our Views, Our Voices Advocacy Agenda Consultation participant, Uganda

21 The Lancet. Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants. NCD Risk Factor Collaboration, *The Lancet*, April 6, 2016, dx.doi.org/10.1016/S0140-6736(16)00618-8.

22 Food Tank.com. Global Obesity Epidemic to Cost US\$1.2 Trillion Annually by 2025. <https://foodtank.com/news/2017/10/global-obesity-epidemic/>

23 NCD Alliance. ENSURING HEALTHY LIVES FOR ALL: Noncommunicable Diseases and Universal Health Coverage. Geneva. 2018.

24 Ibid.

25 Haakenstad et al. BMC Medicine (2019) 17:36 <https://doi.org/10.1186/s12916-019-1266-0>

26 Jan S, Laba TL, Essue BM, Gheorghe A, Muhunthan J, Engelgau M, Mahal A, Griffiths U, McIntyre D, Meng Q, Nugent R, Atun R. Action to address the household economic burden of non-communicable diseases. *Lancet*. 2018 May 19;391(10134):2047-2058. doi: 10.1016/S0140-6736(18)30323-4. Epub 2018 Apr 5. PMID: 29627161.

27 [More than half a billion people pushed or pushed further into extreme poverty due to health care costs \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/non-communicable-diseases)

28 WorldBank.org. More than half a billion people pushed or pushed further into extreme poverty due to health care costs. 2021. <https://www.worldbank.org/en/news/press-release/2021/12/12/more-than-half-a-billion-people-pushed-into-extreme-poverty-due-to-health-care-costs>

ACTION AND INVESTMENT ON NCDs: A prerequisite for resilience, pandemic preparedness and health security

In light of COVID-19, the global investment case for NCDs and costs of inaction need to be reassessed to account for vulnerability to epidemics of populations with a higher prevalence of NCDs (notably hypertension, diabetes, kidney disease and obesity). Failure to act on NCDs and their risk factors has been shown to put populations, health systems and the economy at increased risk of major impacts from epidemics such as SARS and MERS, as well as COVID-19. Countries with healthier populations, where people living with NCDs have timely access to diagnosis and care to manage their conditions, will increase their resilience to future health threats, reduce health costs of severe disease and hospitalisations, and mitigate productivity losses. As such, NCD investment must be an integral part of national pandemic preparedness and response plans, and a priority for international preparedness instruments and funds.

Inaction and underinvestment in NCDs will not only cost lives and economies, but it will also threaten health security and preparedness of countries to respond to future pandemics and health threats. This is a major lesson from COVID-19.



THE COST OF ACTION

Affordable solutions with economic returns

Scaling up and accelerating action on NCDs should be seen as the fulfilment of a promise by governments. Every UN Member State committed to the SDGs in 2015, pledging to deliver health and wellbeing for all, achieve universal health coverage, and build a more prosperous, equitable and sustainable world.

There is strong evidence that underscores the urgent need to invest now in proven strategies to save lives and prevent and treat NCDs. Investments in NCDs are not only cost-effective, they can save money even within a short timeframe.

In 2017, governments endorsed a package of 16 affordable, cost-effective and evidence-based NCD interventions, known as the WHO NCD Best Buys.²⁹ They focus on preventing NCDs by addressing the major NCD risk factors – tobacco use, alcohol use, unhealthy diets and inadequate physical activity – and management of cardiovascular disease, diabetes and cervical cancer.

According to the WHO Global NCD Investment Case³⁰, the Best Buys are affordable for every country (costing on average an additional US\$0.84 per year, per person in LICs and LMICs), and also contribute to social and economic development, with a return on investment of nearly 12:1 for certain interventions, namely healthy diets. Other interventions also make a strong case - for every dollar invested in reducing tobacco use, there is an estimated return of over US\$7; for alcohol, US\$8.30. On average, WHO NCD Best Buy measures return US\$7 for every dollar invested in lower income countries.

Investments in NCD Best Buys can have a significant impact even within the first five years of implementation. By 2030, implementation of the Best Buys could save close to 7 million lives, prevent 10 million cases of heart disease and stroke, and add a total of 50 million years of healthy life. When converted into economic and social benefits, these health gains are estimated to be worth more than US\$ 230 billion. While these benefits are substantial, this figure only represents the total value of economic output from those whose deaths would be averted, along with productivity gains from more people avoiding NCDs and social benefits from increased years of healthy life. This does not include healthcare cost savings to governments and individuals. This figure is also likely to underestimate the full health impact, as the additional benefits of protecting people from NCDs in terms of resilience to epidemics have not yet been considered in the analysis.³¹

While NCD policy inaction is estimated to cost US\$25 per person per year in low-income countries and \$50 per person per year in lower middle-income countries, WHO estimates that an investment of under \$1 per person per year in cost-effective measures to prevent and treat NCDs could save 7 million lives in LMICs by 2030.³²

Implementation of these “Best Buys” in LMICs would also avoid 10 million cases of heart disease and stroke, add a total of 50 million years of healthy life, and help realize US\$230 billion in economic gains by 2030.³³ This represents a return on investment of 7:1, arising from increased employment, productivity, and longer lives.

29 World Health Organization. (2017). Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. World Health Organization. <https://apps.who.int/iris/handle/10665/259232>. License: CC BY-NC-SA 3.0 IGO

30 Saving lives, spending less: the case for investing in noncommunicable diseases. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

31 Saving lives, spending less: the case for investing in noncommunicable diseases. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

32 [Ibid.](#)

33 [Ibid.](#)

The cost of policy *inaction* on cardiovascular disease, respiratory disease, diabetes and cancer in LMICs was previously estimated to cost LMICs in excess of US\$7 trillion between 2011 and 2025, equivalent to 4% of LMIC GDP.³⁴

A new analysis further develops the NCD investment case, by looking at a broader package of 21 NCD prevention and treatment interventions, that can form the backbone of effective national NCD strategies.³⁵ The list of interventions is fully aligned with WHO's Best Buys but adds some clinical interventions, including basic treatments for acute cardiovascular and pulmonary complications, some of which are also recommended by WHO. The Lancet NCD Countdown 2030 demonstrates the cost-effectiveness of this package of measures in 123 LMICs. The findings will support governments and donors to make the necessary investments to implement locally tailored packages of interventions.

The analysis demonstrates that:

- 90% of countries can still achieve SDG3.4 by 2030 by implementing packages of cost-effective NCD interventions, tailored to local disease burden and risk factors.
- Implementing tailored packages of NCD investments will overall avert 39 million deaths in LMICs between 2023-2030, with the most lives saved from cardiovascular diseases.
- Recommended clinical intervention packages vary across countries and regions, however policies to address risk factors, including tobacco and alcohol use and excess sodium intake are essential in all countries, accounting for nearly two-thirds of the projected health gains and will reduce demand for NCD treatment. If preventative interventions were not included, the cost of clinical interventions to reach SDG3.4 would triple to US\$38 billion per year.
- The interventions will continue to save lives beyond 2030 due to long-term benefits of prevention programmes.
- ***Implementing the most efficient package of interventions in each world region would require, on average, an additional US\$18 billion annually over 2023–30; this investment could generate an average net economic benefit of \$2.7 trillion, or \$390 per capita.***
- Economic benefits of this package of NCD interventions outweigh costs by 19:1.

In total, achieving SDG target 3.4 worldwide is projected to require US\$140 billion in new spending over 2023–30, equivalent to US\$18 billion per year. These costs would comprise a considerable share of LMICs' health budgets – by 2030 LMIC Ministries of Health would need to contribute around 20% of their budgets to the priority NCD interventions. To achieve this in LMICs will necessitate mobilisation of additional resources, including domestic resources, and many countries would also need external (bilateral, multilateral, philanthropy, private sector) support, particularly in light of the economic/fiscal impacts of COVID-19.

Achieving SDG 3.4 to reduce premature NCD deaths by one third by 2030 would also deliver shared gains across key global issues, given the interconnectedness of NCDs, poverty, inequalities, economic growth, climate action and other SDG goals and targets. The bottom line is that governments can reap substantial economic rewards, in both the short- and long-run, by taking bold action on NCDs and thus ensuring the fiscal sustainability of their health systems. This requires a view of health as an investment not a cost, and one that requires long-term thinking.

34 World Economic Forum and WHO (2011): [WHO-WEF-cost-of-action-and-inaction.pdf](#)

35 NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries, *The Lancet*, Volume 399, Issue 10331, 2022, Pages 1266-1278, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(21\)02347-3](https://doi.org/10.1016/S0140-6736(21)02347-3). (<https://www.sciencedirect.com/science/article/pii/S0140673621023473>)

The investment gap

Despite their convincing investment case and destructive long-term impact on people and economies, NCDs are the most underfunded global health issue relative to the billions of people impacted. There is a fundamental mismatch between the healthcare needs and rights of people living with NCDs, particularly in LMICs, and the resources allocated to respond. Without concerted policy action and increased commitment from governments and donors, this gap is expected to widen due to the economic impacts of the pandemic on public finances and the continued rapid rise of NCDs in LMICs, which may be further impacted by significant numbers of people living with conditions related to 'long COVID'.

[Bridging the investment gap](#) for people living with NCDs offers the world's greatest potential to save and improve lives by 2030: most of the 15 million annual NCD deaths in LMICs of people between 30-70 years can be prevented or delayed. NCD investment is indispensable to reducing poverty and inequality in LMICs, where much of the cost is borne by people living with NCDs and their families, and to driving sustainable development.

NCD prevention and control is underfunded in most countries, at all income levels. UHC remains out of reach for the majority of people living with NCDs around the world, as health benefits packages largely exclude treatment and care for NCDs.³⁶

Insufficient priority and public financing for NCDs in LMICs

In 2019, health spending globally accounted for US\$ 8.5 trillion, or around 10% of global GDP.³⁷ There are vast differences between high- and low-income countries' health spending, with around 80% of this figure being spent in high-income countries (HIC) and about 80 times more spent per person (>\$3000), compared to per person spending in LICs (\$40).

Governments in HICs cover a much bigger proportion of healthcare costs for their populations, compared to governments in LICs: 70% of health costs are paid by governments in HICs.³⁸ In contrast, people in LICs cover almost half of healthcare costs (44%) out of their own pockets. But this average OOP health spending hides the particularly devastating and unjust impact on people living with NCDs in LMICs: OOP spending per visit is estimated to be twice as high for NCDs than for communicable diseases.³⁹ The findings of national NCDI Poverty Commissions in Ethiopia, India, Kenya, and Nepal confirm that NCDs and injuries require disproportionately higher OOP spending than infectious diseases and maternal and child health.⁴⁰

The share of NCD treatment costs that is not covered by public funding nor international aid is highest at primary care level - meaning that these costs are paid by private sources, including OOP. In contrast, governments and external aid cover a bigger share of PHC costs for infectious and parasitic diseases and reproductive health (*Figure 1*). This disincentivizes people from seeking timely NCD diagnosis or treatment, potentially leading to avoidable complications and higher costs at a later stage of disease. It is notable that spending on NCD prevention has remained consistently low, despite lessons learned from previous epidemics (including MERs and SARS) which demonstrated that people living with NCDs are at significantly higher risk. This indicates a need to re-evaluate resource allocation by LMIC governments. More investment in NCD prevention and treatment would strengthen health systems resilience and global health security.

36 World Health Organization. Primary Health Care on the Road to Universal Health Coverage: 2019 MONITORING REPORT. Geneva. 2019.

37 World Health Organization. Global spending on health: a world in transition. Geneva: World Health Organization; 2019 (WHO/HIS/HGF/HFWorkingPaper/19.4). Licence: CC BY-NC-SA 3.0 IGO.

38 World Health Organization. Global expenditure on health: public spending on the rise?. World Health Organization. 2021. <https://apps.who.int/iris/handle/10665/350560>. Licence: CC BY-NC-SA 3.0 IGO

39 Haakenstad, Annie Marie. 2019. Out-of-Pocket Payments for Noncommunicable Disease Care: A Threat and Opportunity for Universal Health Coverage. Doctoral dissertation, Harvard T.H. Chan School of Public Health: [Out-of-Pocket Payments for Noncommunicable Disease Care: A Threat and Opportunity for Universal Health Coverage \(harvard.edu\)](#).

40 Bukhman G, Mocumbi AO, Atun R et al. The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. *Lancet*. 2020; (published online Sept 14.) [https://doi.org/10.1016/S0140-6736\(20\)31907-3](https://doi.org/10.1016/S0140-6736(20)31907-3)

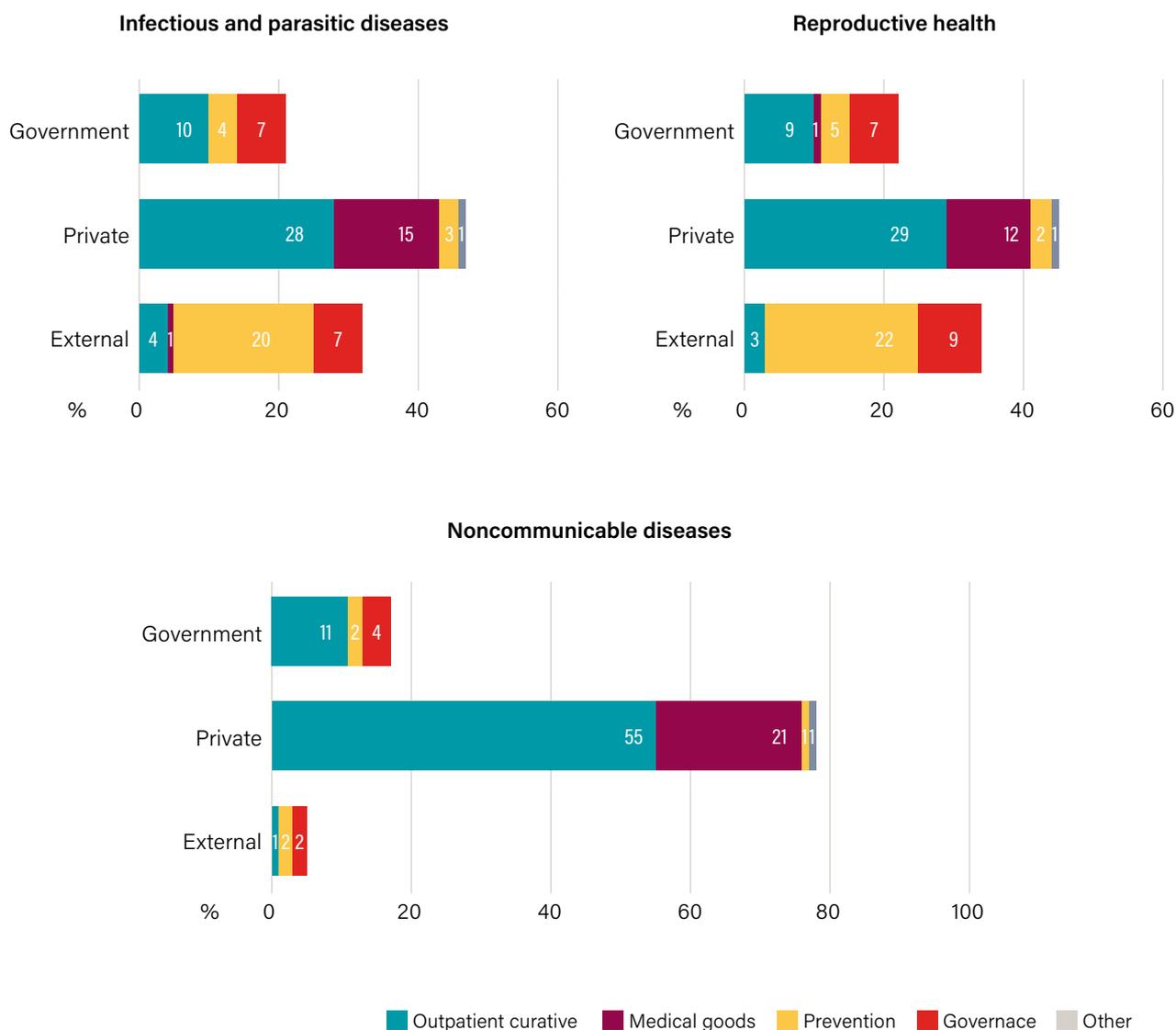


Figure 1: Who pays for NCDs in primary care, compared to infectious diseases and reproductive health? Share of primary health care spending, by funding source and healthcare function 2019 (%)

Data source: WHO Global Health Expenditure Database, 2021

While domestic financing constitutes around 75% of overall health spending in low-income countries and 97% in lower-middle income countries (where the global NCD burden is highest), specific data on domestic financing for NCDs is scarce, due to the absence of NCDs in National Health Accounts.⁴¹ In LMICs on the whole, government health spending is generally evenly split between NCDs and infectious diseases, however the proportion for NCDs tends to be much lower in the poorest countries.⁴²

41 The Lancet. Socioeconomic status and non-communicable disease behavioural risk factors in low-income and lower-middle-income countries: a systematic review. 2017 Mar;5(3):e277-e289. doi: 10.1016/S2214-109X(17)30058-X.

42 World Health Organization. Global spending on health: a world in transition. Geneva. 2019 (WHO/HIS/HGF/HFWorkingPaper/19.4). Licence: CC BY-NC-SA 3.0 IGO.

Neglect of NCDs by international donors and development assistance

Across LMICs, public health spending falls far short of the population's essential healthcare needs, and international donors provide catalytic development aid to complement health budgets. For low-income countries allocating less than 5% of gross national income to health, it is clear that progress on NCDs will require catalytic funding from international donors.⁴³ Overseas development aid amounts to 29% of health spending in low-income countries and 12% in lower middle-income countries.⁴⁴ This is likely to remain indispensable for a longer period, particularly considering the economic impacts of COVID-19.

Despite the catastrophic and growing global toll of NCDs, the proportion of total Development Assistance for Health (DAH) dedicated to NCDs has remained unacceptably low. The majority of DAH is still focused on the former Millennium Development Goal (MDG) global health priorities, with two-thirds allocated to infectious diseases and a quarter to maternal and child health conditions. In contrast, funding allocated specifically for NCDs has remained in the range of just 0.6%-1.6% of total DAH throughout the last thirty years (1990-2020).⁴⁵ Of the fraction of DAH that is allocated to NCDs, only one-tenth goes towards NCDs (and injuries) in the world's poorest countries - just US\$83 million between 2011-2016 (including injuries). The Lancet Commission on NCDI Poverty notes that international development agencies have neglected the NCD needs of the poorest billion people, contributing to high OOP payments for people living with NCDs.⁴⁶

“Development finance for health requires a shift [...] from targeted support to specific communicable diseases, to more systemic resources to prevent chronic diseases and meet the challenge of universal health coverage.”

OECD (2020)⁴⁷



43 Collins TE, Nugent R, Webb D, Placella E, Evans T, Akinnawo A. Time to align: development cooperation for the prevention and control of non-communicable diseases. *BMJ*. 2019;366:l4499. Published 2019 Jul 31. doi:10.1136/bmj.l4499

44 OECD. Multilateral Development Finance 2020. OECD Publishing, Paris. 2020. <https://doi.org/10.1787/e61fdf00-en>

45 Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2020: The Impact of COVID-19. Seattle, WA: IHME, 2020. <https://www.healthdata.org/policy-report/financing-global-health-2020-impact-covid-19>

46 Bukhman G, Mocumbi AO, Atun R et al. The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. *Lancet*. 2020; (published online Sept 14.) [https://doi.org/10.1016/S0140-6736\(20\)31907-3](https://doi.org/10.1016/S0140-6736(20)31907-3)

47 OECD. Strengthening health systems during a pandemic: The role of development finance. OECD Publishing, Paris. 2020. <https://www.oecd.org/coronavirus/policy-responses/strengthening-health-systems-during-a-pandemic-the-role-of-development-finance-f762bffc/#fnotea0z18>

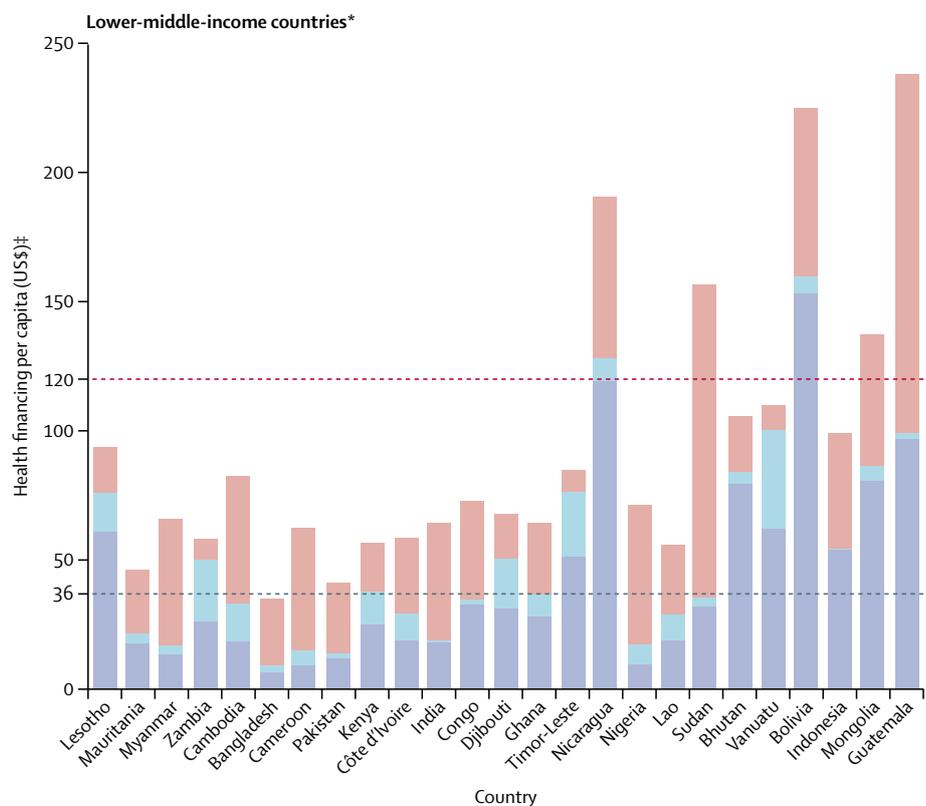
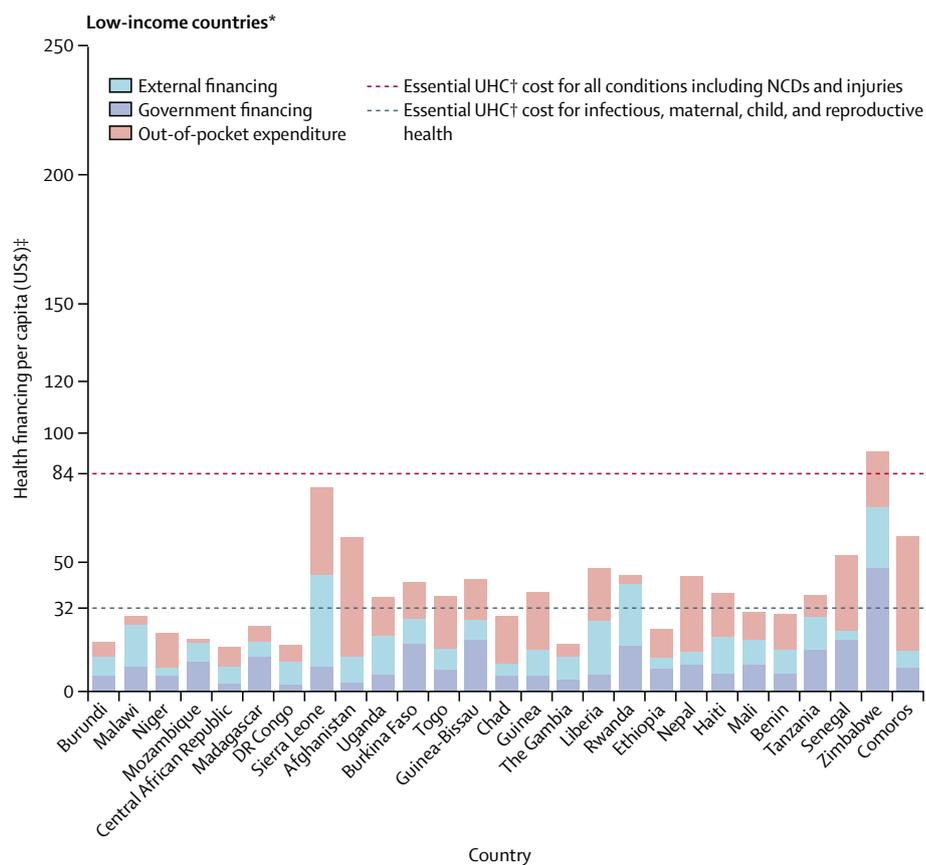


Figure 2: Sources for health financing in the poorest billion countries: government health expenditures, development assistance for health, and out-of-pocket expenditures, adapted from The Lancet NCDI Poverty Commission (2020)

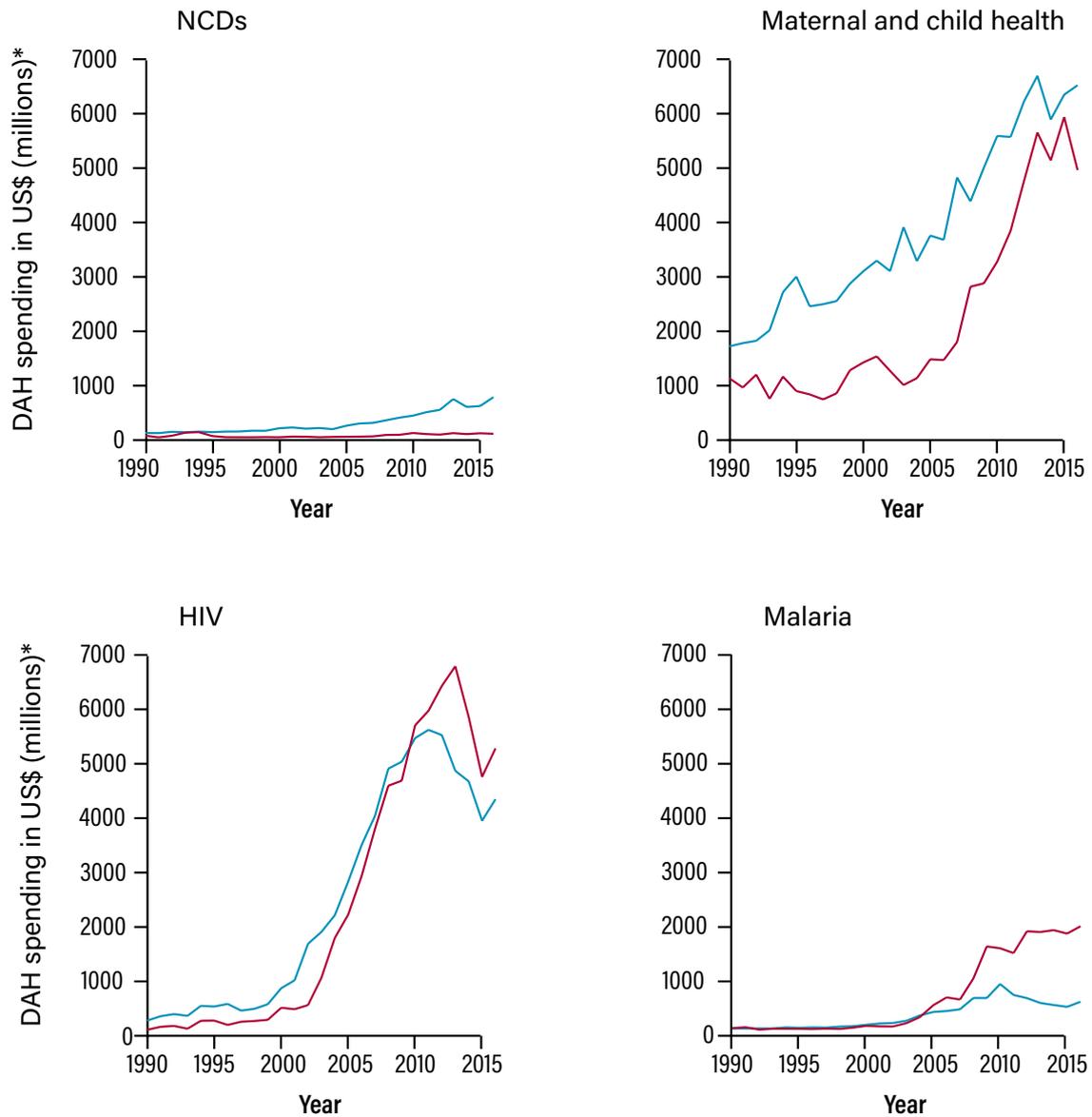


Figure 3: DAH going to poorest billion countries versus other countries by condition, 1990–2016

Data from the Institute for Health Metrics and Evaluation. Analysis by the Lancet NCDI Poverty Commission. (Red line is poorest billion countries, blue line is other countries).

Whilst bilateral donors are the dominant source of funding in global health more broadly, providing 52% of overall development assistance for health, they have until recently been largely absent in the field of NCDs.⁴⁸ Between 2010-2015, non-governmental organisations (NGOs) collectively provided more than twice as much aid for NCDs than bilateral donors, and considerably more than multilateral organisations such as the World Bank and WHO. In 2018, OECD development assistance committee (DAC) members reported a mere 0.1% of bilateral DAH disbursements allocated to NCDs, although this may be an underestimate.

In 2019, the UK and the US were the largest bilateral DAH investors in NCDs, although NCDs represent just 0.5% of US funding and 1.7% of UK funding⁴⁹ (see Figure 4). However, there are some more recent examples of development agencies' increasing recognition of NCDs as a priority, notably including Norway, Switzerland and Sweden. Development agencies are encouraged to increase priority for NCDs, and consider how existing vertical health programmes can be leveraged for greater integration with NCDs, which will result in health system strengthening. It will be important that these agencies share the impacts of these programmes to encourage other funding agencies to follow suit.

Key bilateral donor	Key policy document	Funder policy statement about NCDs	NCD funding	
			Donor's contribution to DAH on NCDs in 2019	Donor's internal allocation to NCD action in health funding portfolio in 2019
UK government	UK Aid: Tackling Global Challenges in the National Interest, 2015	Policy does not have any statements about NCDs	8% (US\$ 58 million)	1.7% (US\$ 58 million of US\$ 3.5 billion)
US government	National Security Strategy, 2017 USAID Policy Framework: Ending Need Foreign Assistance, 2019	Policy does not have any statements about NCDs	8% (US\$ 57 million)	0.5% (US\$ 57 million of US\$ 12 billion)
German government	Shaping Global Health Taking Joint Action Embracing Responsibility: The Federal Government's Strategy Paper, 2014	Policy has a statement about NCDs	4% (US\$ 29 million)	1.4% (US\$ 29 million of US\$ 2.1 billion)
French government	France's Strategy for Global Health, 2017	Policy has a statement about NCDs	2% (US\$ 11 million)	1.5% (US\$ 11 million of US\$ 760 million)
Canada government	Government website (Canada's efforts to promote global health) www.international.gc.ca	Website does not have any statements about NCDs	2% (US\$ 17 million)	4.9% (US\$ 17 million of US\$ 350 million)
Australian government	Health for Development Strategy, 2015–2020	Policy has a statement about NCDs	1% (US\$ 8.7 million)	2.5% (US\$ 8.7 million of US\$ 350 million)

Figure 4: Overview of bilateral donors' policy statements about NCDs and NCD funding contributions in 2019.⁵⁰

48 WHO Global Coordination Mechanism on the prevention and control of NCDs, [Final report and recommendations](#) from the Working Group on ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the Political Declaration of the High-level Meeting

49 Jailobaeva, K., Falconer, J., Loffreda, G. et al. An analysis of policy and funding priorities of global actors regarding noncommunicable disease in low- and middle-income countries. *Global Health* 17, 68 (2021). <https://doi.org/10.1186/s12992-021-00713-4>

50 Jailobaeva, K., Falconer, J., Loffreda, G. et al. An analysis of policy and funding priorities of global actors regarding noncommunicable disease in low- and middle-income countries. *Global Health* 17, 68 (2021). <https://doi.org/10.1186/s12992-021-00713-4>

Norway's Better Health, Better Lives strategy 2020-2024

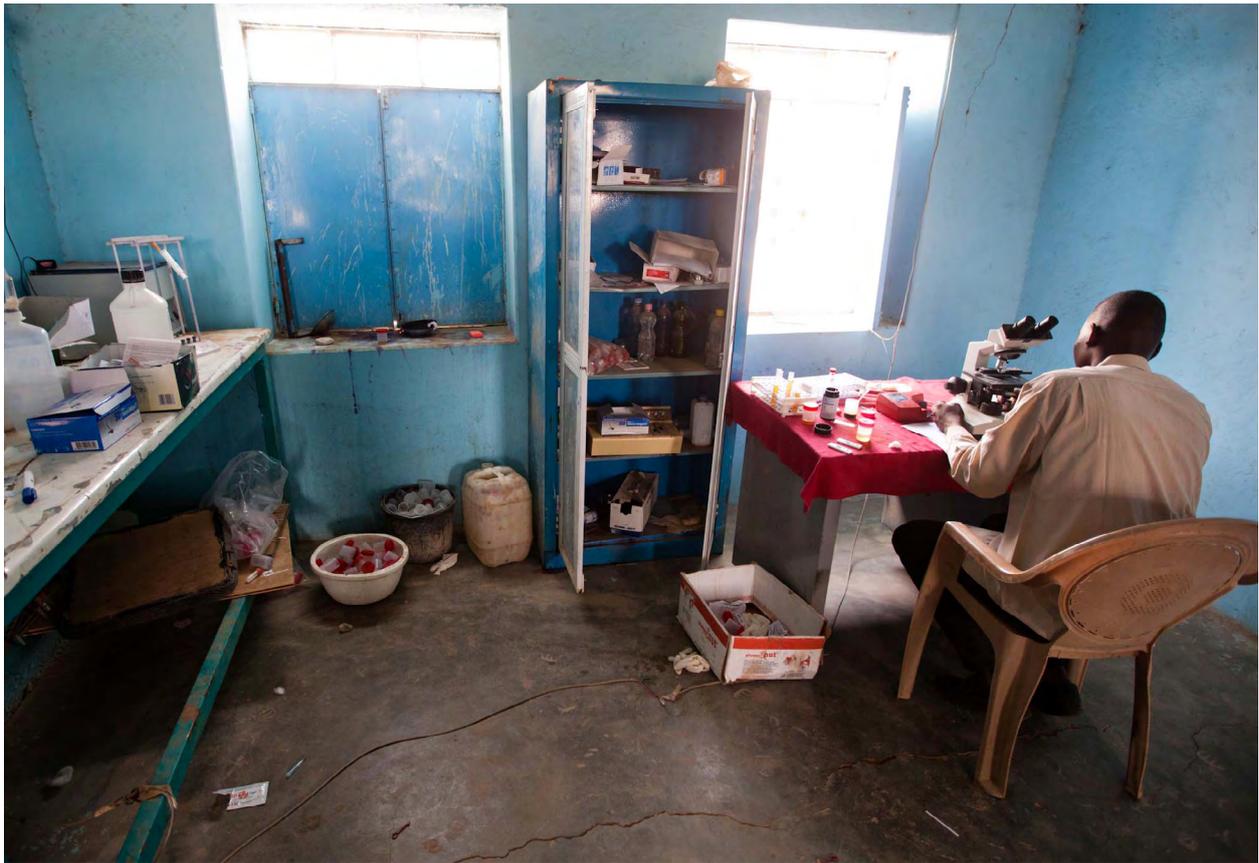
The Norwegian Government announced a trailblazing initiative in 2019. The Better Health, Better Lives strategy is the first-ever international health and development strategy specifically focused on combatting NCDs in low-income countries. The strategy is coordinated by the Ministries of Foreign Affairs and Health and Care Services and runs from 2020-2024. The budget of around US\$20 million per year adds Norway to the top development donors for NCDs.

The Norwegian strategy focuses on 3 main areas:

1. Preventing and reducing NCD risk through measures across sectors to prevent disease and premature death, where regulation, taxation and multi-sectoral measures are important. The initiative will target risk factors that also affect children and young people.
2. Strengthening primary health care by improving prevention, diagnosis and treatment of NCDs, and ensuring everyone has access to health care subsidised by public authorities.
3. Strengthening global public goods, including normative work, access to health data and health information, digitalisation and research.

The strategy aligns with the priority focus areas in Norwegian development policy, with emphasis on health, education, sustainable food systems, climate and environment, renewable energy, humanitarian efforts, needs of people with disabilities, digitalisation and good governance.





Agencies will also find it instructive for their funding allocations to compare investment in global health priorities relative to the global burden of disease (expressed as US\$ per attributable disability adjusted life year, DALY) for NCDs, maternal disorders, neonatal disorders, tuberculosis, HIV/AIDS, and malaria. NCDs receive the least funding relative to the global burden by a huge margin, with \$0.64/DALY. All other conditions received far greater investment relative to global burden of each disease (Figure 5). To illustrate the devastating neglect of NCDs by international donors: With \$194/DALY, funding for HIV/AIDS is 300 times higher than for NCDs, relative to the burden of disease.

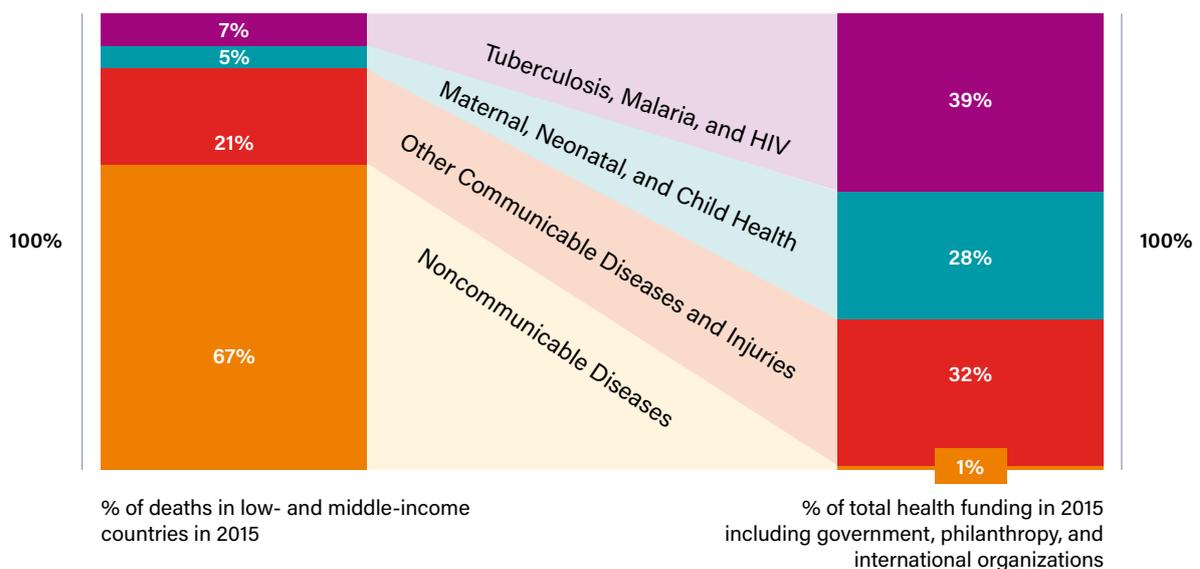
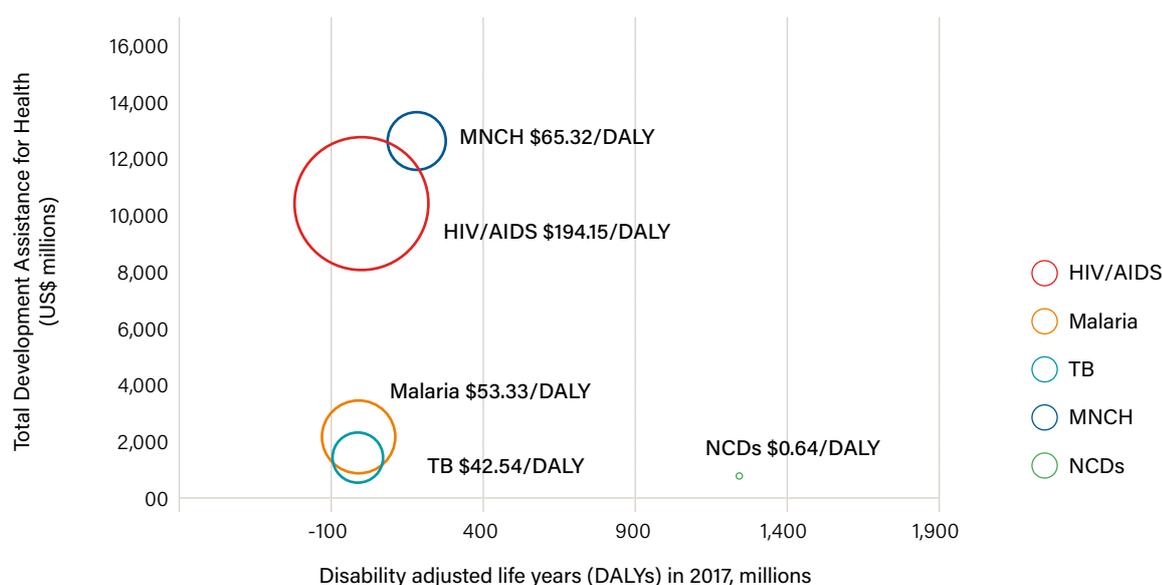


Figure 5. Source: Institute for Health Metrics and Evaluation

Donor funding for global health



	HIV/AIDS	Malaria	TB	MNCH	NCDs
LMIC DALYs	53,567,471	45,005,406	44,666,899	191,352,288 12,500,000,00	1,262,876,868
DAH (US\$)	10,400,000,000	2,400,000,000	1,900,000,000	0	814,300,00
Dollars spent per DALY	194.15	53.33	42.54	65.32	0.64

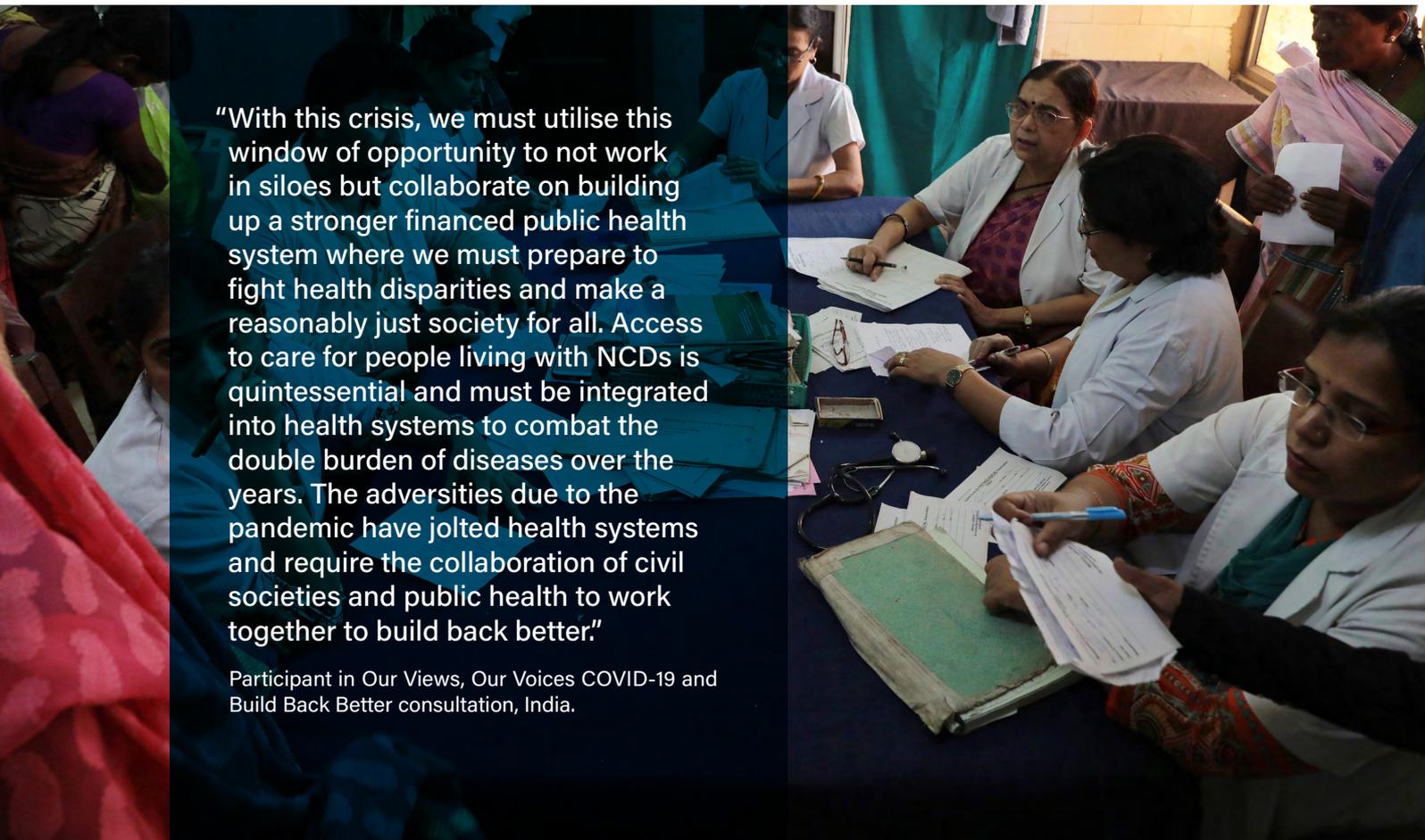
Figure 6: Global funding (US\$ bn) compared to disease burden (disability affected life years, DALY) for global health priorities. Data from IHME; Analysis by Dr Rachel Nugent, RTI Center for Global NCDs.

As highlighted in Figures 5 and 6, disease-based approaches still dominate the global health funding architecture. Despite the 2015 shift from the MDGs to the SDGs, which have UHC at their heart, funding priorities have been slow to follow. Members of the OECD DAC are strong supporters of these vertical funds. Between 2016 and 2018, OECD DAC members contributed an annual average of US\$ 129.5 million in health development finance to vertical funds. The largest bilateral development partner, the United States, also channels a large part of its health development finance through its own vertical fund, namely the President’s Emergency Plan for AIDS Relief (PEPFAR)⁵¹.

However, the pandemic has reinforced the arbitrary nature of vertical and disease-specific approaches, missing out on opportunities for building integrated programmes and health services at primary healthcare level, given the interlinkages and co-morbidities between NCDs and other global health priorities such as HIV/AIDS, TB, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and COVID-19. It has become clear through COVID-19 that integrated health systems are stronger and more resilient, and in the case of vertical approaches that target specific infectious diseases, there are possibilities for synergies with NCD prevention and care. The solid infrastructure that is in place thanks to some of these vertical health programmes can now be leveraged.

For example, people living with HIV also have an elevated risk of cardiovascular disease, cervical cancer and mental health conditions. However, while HIV treatment is now widely accessible and costs are largely covered by public or programme funding, the same people are likely to face barriers to accessing care for their NCD needs, including high OOP costs. This indicates untapped potential for integrated approaches within health systems, particularly at the primary care level, to expand the work done in more targeted disease areas. Indeed, there is increasing demand from governments to global actors such as WHO for support on integration; for example, the top demand for technical assistance from WHO in the area of NCDs is for guidance on integration of NCDs into UHC and PHC, with requests from over 80 national governments.

51 OECD (2021), “Financing transition in the health sector: What can Development Assistance Committee members do?”, *OECD Development Policy Papers*, No. 37, OECD Publishing, Paris, <https://doi.org/10.1787/Od16fad8-en>.



“With this crisis, we must utilise this window of opportunity to not work in siloes but collaborate on building up a stronger financed public health system where we must prepare to fight health disparities and make a reasonably just society for all. Access to care for people living with NCDs is quintessential and must be integrated into health systems to combat the double burden of diseases over the years. The adversities due to the pandemic have jolted health systems and require the collaboration of civil societies and public health to work together to build back better.”

Participant in Our Views, Our Voices COVID-19 and Build Back Better consultation, India.

Increasing importance of philanthropic financing for global health

In the last 30 years, private philanthropic donors have also gained importance as part of DAH. In global health, international foundations have become the second-largest funder after the US government, with the Bill and Melinda Gates Foundation by far the largest philanthropic contributor. However, foundation funding remains strongly focused on the MDG era global health priorities, such as infectious diseases and women and children’s health. Just 5% is estimated to go specifically towards NCDs – which includes spending on NCD and mental health care, prevention initiatives with regard to tobacco, alcohol and drugs, and NCD research.⁵² However, the real share may be greater when health systems provide support or PHC initiatives are considered, which are beneficial to people living with NCDs.

52 OECD. Private Philanthropy for Development – Second Edition : Data for Action. <https://www.oecd-ilibrary.org/sites/cdf37f1e-en/index.html?itemId=/content/publication/cdf37f1e-en>

UNFULFILLED PROMISES

Ten years of policy commitments to NCD financing

For the past decade, the question of adequate, proportionate, and sustainable financing for the NCD response has been addressed in global health and development policy discussions. And yet a plethora of commitments have yet to translate into tangible actions and sustainable funding. Investment in NCDs should not be considered a choice, but rather an obligation to follow through on commitments made.

<p>2011</p> <p>First United Nations High-Level Meeting (UN HLM) on NCDs</p>	<p>World leaders committed to explore the provision of adequate, predictable and sustained resources, through all channels.⁵³</p>	<p>2013</p> <p>WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020</p>
<p>2015</p> <p>2030 Agenda for Sustainable Development</p>	<p>SDG Target</p> <p>3.4 Reduce premature mortality caused by NCDs by one-third and promote mental health and well-being.</p> <p>3.5 Strengthen the prevention and treatment of substance abuse, including drugs and alcohol.</p> <p>3.8 Achieve UHC, including financial risk protection, access to quality essential healthcare</p>	<p>services and access to medicines and vaccines for all.</p> <p>3.9 Substantially reduce the number of deaths and illnesses from pollution.</p> <p>3.A Strengthen implementation of the WHO Framework Convention on Tobacco Control.</p>
<p>2018</p> <p>Global investment case for NCDs - saving lives, spending less</p>	<p>Laid out for the first time the health and economic benefits of implementing the most cost-effective and feasible interventions to prevent and control NCDs (WHO Best Buys) in LMICs</p>	<p>Report of the WHO Independent High-Level Commission on Non-communicable Diseases⁵⁶</p> <p>A set of key recommendations for decisionmakers across government sectors, called for the establishment of a trust fund, and served as guiding input towards the third High-Level Meeting of the UN General Assembly on NCDs.</p>
<p>2019</p> <p>First UN HLM on Universal Health Coverage (UHC)</p>	<p>Political Declaration recognized the need to address NCDs and focus on primary care in order to achieve UHC23, highlighted the importance of "price and tax measures" and reiterated the need to act on catastrophic out-of-pocket health expenditure.</p>	

53 United Nations General Assembly Political declaration of the high-level meeting of the general assembly on the prevention and control of non-communicable diseases. 2011. (A/RES/66/2).

54 United Nations General Assembly Resolution of the high-level meeting of the general assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases. 2014. <https://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

55 United Nations General Assembly Resolution adopted on 27 July 2015. [A/RES/69/313: Addis Ababa Action Agenda of the Third International Conference on Financing for Development \(un.org\)](https://www.un.org/press/en/2015/20150727.unres69313.docst1.html)

The 66th World Health Assembly endorsed the GAP including a menu of policy options for governments, with an emphasis on cost-effectiveness and affordability.

2014
Second UN HLM on NCDs

Reiterated the need for financing and focused on the need for governments to translate global targets on addressing NCDs to national contexts.⁵⁴



Third International Conference on Financing for Development (Addis Ababa Action Agenda)⁵⁵

Committed to substantially increasing health financing. Recognized the NCD burden and emphasized tobacco taxes to reduce consumption and generate revenue for development. Called for improved alignment between multi-stakeholder partnerships to strengthen health systems, including the Global Fund, GAVI and the Global Financing Facility.

Multi-Stakeholder Dialogue on NCD Financing⁵⁷

Convened by WHO to demonstrate the links between financing NCD responses and broader global health and development efforts to strengthen health systems and achieve UHC.

Third UN HLM on NCDs

Political Declaration committed governments to “promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate” to address the main NCD risk factors.⁵⁸

2021

UN Multi Partner Trust Fund for NCDs and Mental Health

WHO, UNDP and UNICEF established MPTF to catalyze country action on NCDs and mental health.

Updated global investment case for NCDs - saving lives, spending less.⁵⁹

The analysis revealed that investing less than one dollar per person per year could save seven million lives in low- and lower-middle income countries by 2030.

56 Time to deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases. Geneva: World Health Organization; 2018. Licence: CC BY-NCSA 3.0 IGO.
57 World Health Organization. (2019). Global dialogue on partnerships for sustainable financing of NCD prevention and control: meeting report, Copenhagen, Denmark, 9-11 April 2018. World Health Organization. <https://apps.who.int/iris/handle/10665/312289>. License: CC BY-NC-SA 3.0 IGO
58 73rd United Nations General Assembly Resolution on the prevention and control of NCDs. Geneva. 2018. https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2/2
59 Saving lives, spending less: the case for investing in noncommunicable diseases. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. <https://apps.who.int/iris/rest/bitstreams/1399949/retrieve>

SOLUTIONS AND PATHWAYS TO MOBILISE SMART AND SUSTAINABLE INVESTMENT IN NCDs

Given the scale of the challenge, action will be needed on many fronts to mobilise adequate, predictable and sustainable financing for NCDs.

The solutions lie in 1) ensuring the essential data and investment cases are in place at global and country levels to catalyse investment and support monitoring and accountability on NCD financing; and 2) leveraging multiple financing sources, depending on a countries' disease burden and epidemiological trends, fiscal capacity, existing donor relationships, role of the private sector and other factors. The result will be a "blended" stream of financing for NCD programmes, tailored to country contexts and needs.

This section first summarises the key data required for increasing NCD investment, followed by a brief summary of the financing sources available for NCDs. A complementary publication will unpack the solutions for NCD financing and best practice case studies, as part of the 2022 Global Week for Action on NCDs campaign.

Improvements in NCD financing data, monitoring, and accountability

You can't manage what you don't measure, and data are central to ensuring policymakers have comprehensive, relevant and actionable information to set priorities and take evidence-informed decisions on health budgets and investment priorities. There are often many competing issues and priorities, both related and unrelated to health, for decisionmakers to grapple with. Urgent issues and those that are seen to deliver immediate measurable results often take precedence within budgets and divert resources from seemingly "slow-burning" areas, such as NCDs⁶⁰.

Within the context of NCDs, ensuring availability of reliable, high-quality and relevant data on the economics of NCDs and resource flows is essential. Better data availability to quantify the economy-wide costs of inaction on NCDs, costs and benefits of prevention, screening, diagnosis and treatment for NCDs, to better understand the return on investment (ROI), will support increased investment and financing for NCDs as an urgent global health priority.

Data at all levels – global, regional and national – is essential, but strengthening context specific NCD economic and financing data at the national level is particularly important. Present data on domestic financing for NCDs particularly in LMICs is very weak and non-existent in some contexts, in part because of the absence of NCDs in National Health Accounts. In larger decentralised countries, [sub-national data can be essential](#) as well to know exactly where national funding is being distributed and how it is used. Furthermore, given that NCDs are a whole-of-government issue interacting across a range of sectors, there is a need to track decisions impacting on NCDs across all government departments, like transport, environment, and agriculture. For example, such as health-harming subsidies for fossil fuels, tobacco growing or alcohol production, or healthy incentives to support cycling, walking or growing vegetables. OECD supports countries in undertaking public health expenditure reviews, which can be specifically focused on NCDs as the main disease burden.

In addition to the lack of data on domestic funding for NCDs, historically this has also been the case for spending and resource flows for NCDs at the global level, particularly development assistance and ODA. This was partly because NCDs were not included in the MDGs and therefore, unlike other global health priorities, NCDs have been absent from the way OECD track and monitor ODA within the Development Assistance Committee Creditor Reporting System (DAC CRS). It was only in 2019 that NCDs were finally added as a dedicated purpose code to the OECD CRS, and consequently data on international donor funding for NCDs is years behind HIV/AIDS or RMNCAH for example. This is arguably one of the reasons there are no political targets on NCD financing that governments have committed to – a stark contrast to the HIV/AIDS response, which has had global political targets on financing since the creation of the [Global Fund for AIDS](#) in 2001.

However, strong national responses had been in place as early as the 1980s – the same decade as the outbreak of the HIV epidemic. The NCD response can learn valuable lessons from the success of the HIV/AIDS response.

It is also important for countries and international actors to understand the factors that improve efficiency of spending in health and NCDs, particularly as health spending growth rates decline or sources of funding plateau. Increases in spending in health and NCDs specifically do not necessarily translate into improvements in access to care, quality of care, or health outcomes. Additional research and evidence is needed to identify policies – such as strengthening supply chains – and attributes of health systems and governments – such as reduced corruption – that lead to more efficient spending and improvements in intermediate outputs and outcomes of health systems.

Strengthening the global case for investment in NCDs

Looking to the future, the global NCD investment case may become increasingly compelling as populations age.⁶¹ The case should be made more clearly to those actors – primarily outside the health sector – who are called on to invest, and clearly explain who will reap the benefits and over what timeframe, noting that returns within political cycles are key. Global demographic shifts will necessitate re-evaluation of domestic and international health investments. Today, around 57% of DAH is allocated to population groups between 5 and 64 years old, as a result of the historical focus on HIV/AIDS, and maternal and child health – although the impact of NCDs on these younger age groups will overtake the burden of other diseases in all regions by 2030. Only 9% of DAH focuses on those 60 and older, even though that age group accounts for 26% of the total health burden in LMICs.^{62, 63} As rapid demographic changes and NCDs become a major hurdle for health systems in all countries, there is increasing urgency to dismantle silos in global health financing, prioritize integration and focus on UHC and resilient health systems.



- 61 Fertility, mortality, migration, and population scenarios for 195 countries and territories from 2017 to 2100: a forecasting analysis for the Global Burden of Disease Study. *The Lancet*, 2020; 396: 10258. [https://www.thelancet.com/article/S0140-6736\(20\)30677-2/fulltext](https://www.thelancet.com/article/S0140-6736(20)30677-2/fulltext)
- 62 Global burden of 369 diseases in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*, 2020; 396: 1204–22. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30925-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30925-9/fulltext)
- 63 Roth, G.A., Forouzanfar, M.H., Moran, A.E., Barber, R., Nguyen, G., Feigin, V.L., Naghavi, M., Mensah, G.A. and Murray, C.J., 2015. Demographic and epidemiologic drivers of global cardiovascular mortality. *New England Journal of Medicine*, 372(14), pp.1333-1341.

Tailored national NCD investment cases

To date, more than 30 governments have developed national NCD investment cases with support from the UN Inter Agency Task Force on NCDs, along with investment cases developed for specific diseases and risk factors; for example, many national tobacco control investment cases have been conducted with support from [FCTC2030](#), and obesity and mental health investment cases have been carried out in additional countries.

NCD investment cases are national economic and political analyses of current and potential interventions to prevent and treat NCDs. The aim is to define the costs of inaction or the status quo response, identify priority areas of action, and quantify the benefits of these actions. They provide an important vehicle for countries to deliver strategic, feasible and sustainable responses to NCDs. The process of developing investment cases provides countries with new opportunities to explore fiscal space and options for innovative funding together with Ministries of Finance and other relevant government departments, to use available evidence to understand better the health and economic benefits of timely and smart NCD investments, and to address inefficiency in NCD programmes. The case for investment incorporates both economic and political perspectives to ensure that the recommendations are made in the context of institutional capacities and economic and political environments.

The latest Lancet NCD Countdown 2030 analysis (2022) demonstrates the cost-effectiveness of tailored packages of NCD interventions in 123 LMICs. National level application will require further analysis considering local implementation and utilisation context – as well as consultation with local civil society, including people living with NCDs..

Investment cases are important tools in demonstrating that health measures, such as introducing taxes or removing subsidies on health-harming commodities – such as alcohol, sugary beverages, tobacco and polluting fuels – can increase fiscal space while reducing consumption, NCD prevalence and healthcare costs. For example, UNDP has recently launched guidance on benefits of fossil fuel subsidy reform.⁶⁴ Fiscal measures on health-harming commodities are indispensable in all economic contexts to provide a double dividend: the domestic resources that can be used for health systems and whilst also improving health. Recommendations on economic instruments should be accompanied by WHO guidance to governments on how to identify and deal with interference in decision-making by vested interests from health-harming industries.

National investment cases should confront difficult choices faced by governments for use of domestic resources, not least other urgent global threats including epidemics, climate change, antimicrobial resistance and health workforce shortages. Recommendations should seek to maximise co-benefits across health and development priorities and across sectors (health security, co-morbidities, gender equity, education, environment, employment, etc.), particularly highlighting the opportunities of health systems strengthening via PHC and NCD prevention.

64 <https://www.undp.org/blog/fossil-fuel-subsidies-reform-could-limit-climate-change-while-tackling-global-inequalities>

FINANCING SOLUTIONS FOR NCDs

Countries need to leverage multiple financing sources and solutions for NCDs, depending on their disease burdens and epidemiological trends, fiscal capacity, existing donor relationships, and other factors. The result will be a “blended” stream of financing for NCDs, including domestic financing, development financing for LMICs, innovative financing, and relevant private financing⁶⁵.

Domestic financing

Domestic sources of financing can be private, which include private insurance and OOP payments, or public, which include taxes and other mandatory, prepaid, pooled mechanisms organised by the government. As far as health financing is concerned, public domestic resources should be the primary pillar of health spending and expenditure, and OOP spending should be minimised, as committed to by governments in the 2015 Addis Ababa Action Agenda for Sustainable Financing⁶⁶. It is important to highlight that government revenue generation is not predetermined by the country’s level of economic development. It is very much a question of fiscal policy and political choices. Globally, the primary factor driving increases in government health spending was greater prioritisation of the health sector.⁶⁷

Countries can increase public spending on health in three ways:

- Raise more tax revenues, or redirect other subsidies, to spend on all public services, including health (“fiscal capacity”);
- Allocate a greater share of available funds to health; and
- Capture part of the “dividend” from economic growth to increase overall public spending on health.

To increase domestic financing allocated to NCDs, Ministries of Health must be engaged and able to present the investment case for NCDs to the Ministry of Finance, supporting it with nationally generated data and evidence.

One important pathway for increasing domestic financing for NCDs and reducing out-of-pocket spending is by including them within national UHC responses and social protection packages supported by public funding. These measures include social health insurance, tax-financed health care and other funding mechanisms that seek to minimize OOP spending.

Increasing domestic funds by introducing taxes or removing subsidies on alcohol, sugary beverages, ultra-processed foods, tobacco and fossil fuels/pollutants is a proven fiscal tool with a ‘double dividend’: raising domestic resources, whilst also improving health by reducing harmful consumption. More than a decade after the adoption of the WHO Framework Convention on Tobacco Control (FCTC), there is compelling evidence that raising tobacco prices substantially through taxation is the single most effective way to reduce tobacco use and save lives. However, despite their potential, taxes on sugar, tobacco, alcohol and fossil fuels are underused by policy makers, largely due to the industries producing and selling these products, who aggressively interfere in policymaking to prevent governments implementing them.

65 WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) Working group paper.

66 Addis Ababa Action Agenda of the Third International Conference on Financing for Development. United Nations. New York. 2015.

67 Global Burden of Disease Health Financing Collaborator Network. Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995-2050. *Lancet*. 2019 Jun 1;393(10187):2233-2260. doi: 10.1016/S0140-6736(19)30841-4.

Development financing and cooperation

Development financing refers to external support for health including official development assistance and other official flows from DAC and non-DAC countries as well as private philanthropic funds. These funds can be extended in the form of grants and loans from multilateral agencies and development banks, and development aid from bilateral, multilateral or private foundations. Although development assistance for health has plateaued since 2010 and has been decreasing as a share of overall health spending due to the rise in other sources, health-related development finance is still important in many low- and lower middle-income countries. In 2017, more than 140 countries across all income groups received external funding for health. That same year, aid represented 29% of the health spending in low-income countries and 12% in lower middle-income countries.⁶⁸

For NCDs, which have received a very small share of DAH over the years, development financing and cooperation are an important and untapped opportunity for increasing financing for NCDs in LMICs. For low-income countries that allocate less than 5% of GDP to health, it is unreasonable to expect progress on NCDs without catalytic funding from bilateral and multilateral donors to complement national efforts to raise public and private finance for national NCD responses. International development agencies must grasp the opportunity presented by the SDGs to mobilize catalytic ODA to support domestic responses to NCDs in LMICs.

It is important that development financing and DAH follow the development aid effectiveness principles from Paris, Accra, Busan and Addis Ababa and of country ownership, harmonisation and alignment. To ensure that scarce financing has the greatest impact for NCDs, it is essential that multilateral and bilateral donors base their DAH and technical cooperation on LMIC priorities, as articulated in their own national health and NCD plans and strategies, as well as national development priorities and UN Sustainable Development Cooperation Frameworks (UNSDCFs). National governments, in turn, must give NCDs the adequate importance in such plans.

For low- and lower middle-income countries, explicitly incorporating the prevention and control of NCDs into poverty reduction strategies, national sustainable development plans, and UNSDCFs aimed at the poorest income quintiles and those living in extreme poverty is key. Where development financing can be mobilised to address NCDs, it should target the poorest countries and most vulnerable segments of the population. This will ensure alignment with the development mandate of these actors, and allocate scarce development finance to address the greatest financing gaps.

DAH in particular serves a critical role to develop institutional capacity with adequate knowledge and skills to formulate national NCD responses in the poorest and most vulnerable countries with limited domestic resources. These countries face particular challenges. Global donor support for technical and institutional capacity to enable countries to implement policies can provide essential capacity to address NCD risk factors⁶⁹.

With trends in health-related development financing showing a greater reliance on loan mechanisms versus more traditional forms of ODA/DAH, greater engagement with development banks is imperative to ensure a continuing shift from MDG to SDG-related financing. The World Bank for example, has a diversified portfolio of investment operations in health systems and health services in support of NCDs, totaling approximately US\$1.5 billion (2019)⁷⁰. This represents about 12% of the World Bank's overall health, nutrition and population (HNP) lending. Regional development banks also have a number of pre-existing and newly negotiated loans on NCDs.

Where bilateral development agencies remain committed to vertical global health programmes and funding mechanisms for other health issues such as infectious diseases, COVID-19 and RMNCAH, there is a strong imperative to integrate NCDs and maximise synergies with health system strengthening and the UHC agenda. Given the synergies between NCDs and other global health issues, there are opportunities to maximise existing investments and health service delivery platforms for the prevention, screening, diagnosis, care and treatment of NCDs.

68 OECD (2021), "Financing transition in the health sector: What can Development Assistance Committee members do?", OECD Development Policy Papers, No. 37, OECD Publishing, Paris, <https://doi.org/10.1787/0d16fad8-en>.

69 Jackson-Morris, A. and Nugent, R., 2020. Tailored support for national NCD policy and programme implementation: an over-looked priority. *BMJ Global Health*, 5(8), p.e002598.

70 Responding to the Challenge of NCDs: The World Bank. Accessed at: <https://documents1.worldbank.org/curated/en/208501570807014679/pdf/Responding-to-the-Challenge-of-Non-Communicable-Diseases.pdf>

South-South cooperation (SSC) is making a vital contribution to the implementation of the SDGs, as a complement, not a substitute, to North-South cooperation. As South-South cooperation continues to expand, there is opportunity to further advance both South-South and triangular cooperation as effective modalities of development cooperation for NCDs, both financial and non-financial, including for technical assistance, technology transfer and capacity building for NCDs.

Innovative financing

Innovative financing gained prominence following the International Conference on Financing for Development in 2002, as a means to provide additional financing for global health. Over US\$ 7 billion has been generated for global health issues over the last 15 years using non-traditional financing mechanisms.⁷¹

Innovative financing initiatives, which can be implemented at the global or country level and channelled towards national NCD responses, generally fall into one of three categories:

- **Voluntary contributions.** Voluntary contributions have included credit card rounding plans, lotteries and cause-related marketing schemes.
- **Compulsory levies or taxes.** These exist both at the national level with the introduction of excise taxes to curb consumption of unhealthy products, and also at the international level with initiatives that aim to expand on the idea of the UNITAID airline tax scheme.
- **Financing mechanisms.** This category may include global institutional mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the GAVI Alliance; or local institutional arrangements, such as microfinance. It can also include international borrowing, and public-private financing arrangements, such as the Global Financing Facility.

The first innovative financing mechanism dedicated to NCDs, the UN Multi-Partner Trust Fund on NCDs and Mental Health, was established in 2021. This fund will also support countries to address NCDs and mental health as part of COVID-19 response and recovery on the path to the Sustainable Development Goals. Its aim is to catalyse national action to mobilise domestic funding; ensure coherence in pursuit of the SDGs and integration into UHC; strengthen fiscal, legislative and regulatory frameworks; strengthen the collection and use of data; and engage communities and affected populations⁷².

There are also significant opportunities for integrating NCDs into the existing global health financing mechanisms, such as the Global Fund and Global Financing Facility, given the increasing focus on UHC and health system strengthening and the clear evidence of NCD co-morbidities with HIV/AIDS, TB and women and children's health. There have been significant shifts at the strategic and policy level within global institutions like these to prioritise NCD integration with their existing programmes, for example in HIV/AIDS the new AIDS Strategy and the addition of the UN HIV/AIDS target to ensure 90% of people living with or at risk of HIV can access the full range of essential health services, specifically including NCD and mental health care. Similar approaches can be considered for other mechanisms, including GAVI and the Global Financing Facility for Every Woman, Every Child.

Private sector and philanthropic financing

The Addis Ababa Action Agenda recognises the important contribution the private sector can make towards the achievement of the SDGs. With an estimated \$100 trillion in assets under management in 2019 in OECD countries alone⁷³, institutional investors, such as pension funds, insurers and sovereign wealth funds, potentially represent a major source of long-term financing to support sustainable development globally. Tapping into the world's vast pool of private capital to mobilise institutional investors' assets towards NCDs is critical to address the systemic funding gaps, but the hopes for private sector resource mobilisation via blended finance have yet to be fulfilled.

71 Dalberg. Innovative financing for development: scalable business models that produce economic, social, and environmental outcomes. 2014 [cited 2016 May 18]. Available from: http://www.citifoundation.com/citi/foundation/pdf/innovative_financing_for_development.pdf

72 UN Interagency Task Force on NCDs. United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health. WHO. 2020. <https://apps.who.int/iris/bitstream/handle/10665/341905/9789240028944-eng.pdf?sequence=1&isAllowed=y>

73 OECD. Mobilising Institutional Investors For Financing Sustainable Development. 2021.

Blended finance refers to the strategic use of development finance and philanthropic funds to mobilize additional private investments towards social and economic impacts in LMICs. The conditions for raising blended finance remain underdeveloped and there has been less interest in health and education opportunities as compared to other sectors such as energy. However, there is growing focus on blended finance in health, following the economic impact of COVID-19. To secure commitments, an enabling policy environment should provide more confidence regarding financial return pathways for commercial investors, and more clarity on the potential catalytic role of the private sector.

OECD adopted five DAC Blended Finance Principles for Unlocking Commercial Finance for the SDGs in 2017.⁷⁴ Furthermore, multiple UN/WHO political and policy documents⁷⁵ have reinforced the important role relevant private sector⁷⁶ have in the global NCD response, provided the necessary parameters and safeguards are in place to protect against commercial and other vested interests. There are a number of instruments and strategies that can be explored to leverage the private sector's contribution to mobilise resources for NCDs.

Public-private partnerships for the purpose of delivering a project or in-kind services traditionally provided by the public sector can be an effective means of making the supply of NCD-related public goods and NCD services more reliable and affordable, while complementing government resources. If properly designed and managed, these can offer a way for governments, development actors and the private sector to pool resources and work together for efficiency. Public-private partnerships can provide innovative solutions in many NCD areas, but there is a tendency in current public-private partnerships to focus on short-term returns, whereas many NCD interventions will have long-term returns on investment.

Using public finances to crowd in private sources via blended finance mechanisms can be a relevant approach for creating mutual benefits. By shifting some of the risk or cost of a project from the private to the public sector, it can enhance risk-return profiles for investors and thus help attract commercial finance towards NCD investments delivering development impact in emerging and frontier markets, which would otherwise not have materialised.

Other more result-based financing instruments such as development impact bonds (DIBs), or social impact bonds (SIBs), are also being explored as a way to pool capital from many different stakeholders for investing in infrastructure with pre-agreed performance targets. These have however proved particularly complex to set up and time-consuming and few have actually been launched in the health sector.⁷⁷

There has been a growing interest in raising the bar for how responsible and sustainable investments can positively impact society through 'social impact investing'. By directing capital to businesses that are serving societal needs, these investments seek to generate a market rate of return on capital while also furthering a social and/or environmental purpose. For example, businesses are being incentivized to adopt sustainable practices and find ways to integrate them as part of their business strategies, such as healthcare companies.

Furthermore, many philanthropies are prioritising investment strategies and portfolios that intentionally focus on companies that engage in desirable behaviours (such as renewable energy companies, entities that create jobs for disadvantaged communities, industries that provide quality jobs for women, etc.), in line with their missions and values, and divest from companies that are unethical or produce products that are harmful to health. These divestment strategies have been leveraged particularly in relation to the tobacco industry, with sovereign wealth funds, pension funds, large retail and investment banks, and insurance companies divesting in stocks and shares in the tobacco industry, given there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. As highlighted by Tobacco-free Portfolios, eliminating financial support of tobacco companies is a crucial and yet neglected element in global efforts to control tobacco. The same approach could be applied to other unhealthy commodity industries such as alcohol, ultra-processed foods and beverages, and fossil fuels.⁷⁸

74 <https://www.oecd.org/dac/financing-sustainable-development/blended-finances-principles/>

75 World Health Organization. (2019). Global dialogue on partnerships for sustainable financing of NCD prevention and control: meeting report, Copenhagen, Denmark, 9-11 April 2018. World Health Organization. <https://apps.who.int/iris/handle/10665/312289>. License: CC BY-NC-SA 3.0 IGO

76 In accordance with the WHO Framework Convention on Tobacco Control (FCTC), there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. Therefore there is no role for the tobacco industry in public health, NCD or tobacco control responses. Furthermore, NCD Alliance's definition of relevant private sector excludes industries involved in alcohol, ultra-processed food and beverages, fossil fuel extraction and arms industries, given their products are considered as either harmful to health or may increase the risk of NCDs.

77 World Health Organization. (2019). Global dialogue on partnerships for sustainable financing of NCD prevention and control: meeting report, Copenhagen, Denmark, 9-11 April 2018. World Health Organization. <https://apps.who.int/iris/handle/10665/312289>. License: CC BY-NC-SA 3.0 IGO

78 OECD. Private Philanthropy for Development – Second Edition, Data for Action, 2021. <https://www.oecd.org/development/private-philanthropy-for-development-second-edition-cdf37f1e-en.htm>

CALL TO ACTION

INVEST TO PROTECT

A roadmap to mobilise NCD financing by 2023

It is still feasible for the world to reach SDG3.4 by 2030, if the necessary investment can be mobilised to implement tailored packages of NCD interventions in every country. For a global investment of US\$18 billion per year, 39 million lives can be saved by 2030. This investment would pay for itself many times over for LMICs, with a projected return of US\$19 for every dollar spent – equating to a global benefit of US\$2.7 trillion by 2030.

In 2023, governments and international institutions, including the WHO and World Bank, will meet for the Second Global NCD Financing Dialogue. This is an unmissable opportunity to mobilise the necessary investment. This call to action provides a set of recommended actions and a roadmap for all sectors - governments, donors, civil society and the private sector - to maximise the Global NCD Financing Dialogue and close the gap on NCD financing.

LMIC governments

Scaling domestic investment for NCDs

- Expand the **fiscal space for health and NCDs** through an increase in general tax revenues, improved efficiency and equity, and better prioritization of health in public sector budgets, with a commitment to spend **at least 5% of GDP on health** and ensure government expenditure per capita of at least US\$ 86.⁷⁹
- Track expenditure on NCDs across all government departments, **include NCDs in National Health Accounts and set national spending targets for annual investment in NCD responses.**
- Reaffirm commitment to the full and timely implementation of the policies and actions of the **Addis Ababa Action Agenda** in order to increase sustained investment in NCDs, as it relates to domestic public resources and taxation, domestic and international private business and finance, and international development cooperation.
- Develop **national investment cases and costed national NCD strategies and plans**, in consultation with civil society and people living with NCDs, ensuring coherent policies across all government departments.
- Incorporate **NCDs into national UHC benefit packages and national health insurance and social protection schemes.**
- Incorporate **NCDs into national health and development plans**, UNSDCF, PRSPs and proposals for other global health and development funding mechanisms (i.e. Global Fund / Global Financing Facility).
- With appropriate safeguards in place, **leverage private sector and philanthropic financing** to support national NCD priorities and goals, including via innovative and catalytic public-private partnerships.
- Implement **globally recommended fiscal policies** including price and tax measures on tobacco, as agreed in Article 6 of the FCTC, and on ultra-processed foods and drinks, including sugar-sweetened beverages, alcohol, and fossil fuels as part of a comprehensive approach.
- Phase out **health-harming subsidies on production and promotion of unhealthy commodities**, including tobacco, alcohol, fossil fuels and ultra-processed food and drinks.

79 O'Hare BA. International corporate tax avoidance and domestic government health expenditure. Bull World Health Organ. 2019 Nov 1;97(11):746-753. doi: 10.2471/BLT.18.220897. Epub 2019 Sep 3. PMID: 31673190; PMCID:

HIC governments and development agencies

Catalytic financing and technical cooperation

- Incorporate **NCDs in global health and international development cooperation strategies and priorities**.
- Scale up and align **ODA funding and technical cooperation for NCDs with LMIC government national NCD plans**, with a particular focus on the most marginalised and fragile countries and poorest billion.
- Harness the **role of ODA to develop institutional capacity with adequate knowledge and skills for developing national NCD responses** in the poorest and most vulnerable countries with limited domestic resources.
- Fulfil **all ODA commitments**, including the commitment to achieve 0.7% of ODA/GNI and 0.15-0.2% of ODI/GNI for the least developed countries.
- Ensure **transparent and comprehensive tracking and reporting of ODA for NCDs to OECD** via the Creditor Reporting System (CRM) to improve data on development financing for NCDs.
- Ensure the **WHO NCD programme is adequately funded and other multilateral programmes and funds**, such as the Multi-Partner Trust Fund for NCDs and Mental Health.
- Commit to use **strategic lending, grants and technical assistance** provided by multilateral development banks, other international development banks and regional development banks to finance national NCD responses.
- Employ the know-how of international development agencies to explore pathways for collaboration, including **North-South, South-South and triangular cooperation** on technical support for NCDs.
- Expand the remit of **existing global health and development financing mechanisms and instruments to include NCDs**, including for communicable diseases, RMNCAH, UHC, pandemics and health security, and health systems resilience.

Multilateral agencies

Global solidarity and cooperation

- Promote **global solidarity and cooperation on the NCD response in LMICs**, particularly by driving investments in NCD-relevant global public goods and technical packages and programmes in LMICs.
- Prioritise **NCDs within multilateral agency and financing institution strategies, action plans and budgets**, and respond to technical cooperation requests from LMICs on NCDs.
- Strengthen the **evidence base on the global and national investment case for NCDs**, as well as data and regular reporting on global NCD financing trends and flows.
- Mobilise and **secure government commitments on NCD financing at the highest political level** at relevant UN High-Level Meetings and global forums, including the 2025 UN High-Level Meeting on NCDs and the Global NCD Financing Dialogue.
- Ensure **alignment, coordination and joint programming across the UN system on the global NCD response**, as outlined in the Global Action Plan for Healthy Lives and Wellbeing for All and led by the UN Interagency Task Force on NCDs (UNIATF).
- Promote and disseminate **best practice and policy research on implementation of NCD financing solutions** at national and regional levels.
- Strengthen the **integration of NCDs into existing global health and development financing instruments and mechanisms**, as well as NCD-specific trust funds such as the Multi-Partner Trust Fund for NCDs and Mental Health.

Foundations and philanthropy

Responsive and catalytic funding

- Scale up **philanthropic investment and funding mechanisms to drive impact in NCDs**, including via grants, mission and programme-related investments, competitions and prizes, and venture philanthropy.
- **Focus on using philanthropic funding for catalytic purposes**, bridging funding gaps and kickstarting national NCD responses in LMICs, as well as investing in structural, systemic bottlenecks in the response.
- Strengthen **coordination and joint activities on NCDs across philanthropy / foundations** and other sectors to pool knowledge, reduce overlap of funding, organise co-funding arrangements, and overall boost impact for NCDs.
- **Provide and promote non-financial resources to the global NCD response**, including via technical assistance, capacity development and knowledge sharing.
- Ensure increased **transparency and accountability** in philanthropy for NCDs, and that philanthropic donors align funding with local circumstances and national NCD policies and priorities.
- Divest **equity and investments from unhealthy commodity industries**, such as tobacco and alcohol industries.

Private sector

Innovation, partnerships and social impact

- **Scale up relevant and appropriate private financing for NCDs**, aligning to national government priorities and plans for NCDs and respecting safeguards in place to protect against potential or real conflict of interest.
- Embed **ESG frameworks into core business strategies and models of companies** to drive alignment of corporate, public health and development goals and shared value for NCDs.
- Engage in **goal-oriented and sustainable public-private partnerships for NCDs**, that put national government priorities and people living with NCDs at the centre.
- Create opportunities to **leverage the knowledge, expertise and experience of relevant private sector in the NCD response**.
- Explore **innovative financing, blended financing and result-based financing instruments** such as development impact bonds (DIBs), or social impact bonds (SIBs) to pool capital for NCDs.
- Ensure increased **transparency, accountability and reporting** on private financing for NCDs, including reporting on social impact for NCDs.
- Divest **equity and investments from unhealthy commodity industries**, such as tobacco and alcohol industries.

Civil society

Advocacy, technical expertise and accountability

- Lead **advocacy with governments at the highest political level and across government** (including Ministries of Finance) to ensure fulfilment of commitments and targets on NCD investment and financing.
- Call upon **national or state governments to strengthen monitoring, tracking and reporting on expenditure and financing of NCDs**, including via national health accounts.
- Call upon **governments to develop national NCD investment cases and costed national NCD plans** (as well as disease-specific and risk factor-specific equivalents), and collaborate in the development process and implementation of both.
- Call upon governments to **develop and commit to national targets on NCD investment and financing**, and global targets at the Global NCD Financing Dialogue and future UN High-Level Meetings on NCDs.
- Drive advocacy on the **proven solutions and strategies for NCD financing**, including supporting governments to implement effective fiscal policies and encouraging increased ODA for NCDs.
- Generate, promote and disseminate **best practice in NCD financing** from countries and regions.
- Promote **integration of NCDs into existing national and global health and development financing instruments** and coordination mechanisms.
- Conduct **civil society budget tracking and monitoring on NCDs** to hold governments to account on NCD financing.



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