

EVENT REPORT

Integrating health financing to achieve UHC and NCD SDG targets

A roundtable co-hosted by:

Access Accelerated, NCD Alliance, the World Bank, and the World Diabetes Foundation

19 September 2023 | 7:30-9:30 EDT
Harvard Club of New York, New York City, USA

Roundtable participants (listed alphabetically)

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|---|--|
| Access Accelerated | Ministry of Health of Tanzania |
| Bayer | NCD Alliance |
| Bloomberg Philanthropies | PATH |
| Blue Circle Diabetes Foundation | PEPFAR |
| Bristol Myers Squibb | PharmAccess |
| City Cancer Challenge Foundation | Resolve to Save Lives |
| Eli Lilly | Siemens Healthineers |
| European Association for the Study of Obesity | Sumitomo Pharma |
| Global Alliance for Tobacco Control | Takeda |
| Global Fund for AIDS, Tuberculosis, and Malaria | UNICEF |
| Government of Scotland | United for Global Mental Health |
| Health Finance Institute | United Kingdom Foreign, Commonwealth, and Development Office |
| The Leona M. and Harry B. Helmsley Charitable Trust | United Nations Development Programme |
| Hriday | Vital Strategies |
| IFPMA | World Bank |
| International Finance Corporation | World Diabetes Foundation |
| Management Sciences for Health | World Health Organization |
| MedAccess | World Heart Federation |
| Medtronic Labs | World Obesity Federation |
| Ministry of Foreign Affairs of Denmark | |
| Ministry of Health of Ghana | |



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Introduction

Context

On Tuesday, 19 September 2023, Access Accelerated, NCD Alliance, the World Bank, and the World Diabetes Foundation convened a closed-door high-level roundtable, “*Integrating Health Financing to Achieve UHC and NCD SDG Targets*,” as a parallel event to the opening of the 78th Session of the UN General Assembly and the High-Level Meeting on Universal Health Coverage (UHC).

Participants at the roundtable included representatives from national governments, the UN system, advocates with lived experience, NGOs, philanthropies, and the private sector.

The organizers held the meeting to:

Encourage and build up further cross-sector dialogues to share success stories of NCD investment within national UHC strategies;

Present innovative solutions to advance NCD care and investment;

Discuss how to bridge existing gaps around NCD financing in the next year in the lead-up to the 2nd Global Financing Dialogue on NCDs.

This report summarizes the range of topics and thematic components of the discussion as the meeting moved through rounds of scene-setting introductory remarks, reviews of progress since the 1st Global Dialogue on Partnerships for Sustainable Financing for NCDs held in 2018, and forward-looking considerations of what is needed to ensure productive outcomes from the 2nd Global Financing Dialogue on NCDs (2GFD) in 2024. The meeting was held under the Chatham House rule, and it does not reflect the positions of the hosting organizations unless otherwise indicated.



The roundtable

Scene-setting on NCDs and investment

With the ecosystem for investment in health and development at a critical juncture and with shrinking fiscal space and increasing health threats, the horizontal integration of NCD prevention and control in UHC is urgently needed.

Greater coordination between governments, multilateral development banks (MDBs), and the World Health Organization (WHO) is needed to **identify and target national investment towards integrated services.**

- While the recommended interventions presented in the WHO Global NCD Action Plan, commonly referred to as the “NCD Best Buys,” are based on the latest findings on cost-effective interventions, their implementation is still far from complete - **they have not been implemented to their fullest extent by any Member State.** While these interventions generate a high return on investment and should be feasible for governments, various factors **have impeded the progress and implementation of many recommendations, particularly concerning those involving fiscal measures and regulations of health-harming industries** such as tobacco, alcohol, and sugar-sweetened beverages.
- The UN system, MDBs, and NGOs can help countries **intensify efforts to implement and scale integrated care models in primary healthcare (PHC) oriented health system reforms,** as more governments become interested in these horizontal models and lessons learned from COVID-19.
- Responsibility for **good governance and implementation is needed at all levels** to maximize existing resources and leverage new ones. Multi-sectoral collaborations have begun to show the catalytic effect these approaches can have and are continuing to build an important evidence base that is critical to expanding resources for NCD prevention and control and UHC.
- Millions of people living with NCDs are being pushed into poverty and poor health and many of them face catastrophic expenditure (classified as over 40% of income being spent on health) because of structural weaknesses in health systems and the high, continuous costs of NCD treatment. Additionally, people living with NCDs are often indirectly burdened by restrictions on time, stigma, and employment opportunities. Integrated care must **put people at the center and offer holistic, barrier-free services** to fulfill people’s right to health.



The role of governments in financing and showcasing success

There is a general consensus that the most effective administration of and primary responsibility for health financing and UHC lies with governments.

Participants at the roundtable shared examples from a range of national-level investment initiatives as well as how international collaboration and **development aid can - and should - enhance and complement the national contexts** of recipient countries.

- Tanzania's Ministry of Health is moving towards an integrated PHC model, which has shown the importance and **necessity of an integrated approach and a well-trained health workforce**. In one programmatic country case¹, it was highlighted how hypertension and diabetes services can be integrated with existing HIV infrastructure in a way that produces clinical and economic benefits. These two NCDs, along with cancer (cervical and breast), sickle cell disease, and mental health are now included in training packages for providers to retain accreditation amidst the country's increasing NCD burden.
- The need for **improved data collection and improved patient identification systems** has been critical to Ghana's UHC initiatives. Data analyses have helped direct the focus of the Ministry of Health towards prioritizing diabetes and hypertension. While progress has been made in this regard, it was noted that the country continues to face financing challenges due to the increasing NCD burden and the number of people being diagnosed, as well as the limited uptake and implementation of excise taxes.
- Integration of excise taxes into NCD and UHC financing was noted to be a central component of the investment cases that have been carried out by UNDP and WHO. The case study analyses provide governments with information on the **economic burden of the most common NCDs and pinpoint the most cost-effective initiatives** that can be taken. Tracked engagement and advocacy by civil society and other UN agencies revealed that several countries have implemented **taxes on health-harming products, driving up revenue and reducing consumption**.



¹ Kivuyo, Sokoine Baptista, Eleanor et al. Integrated management of HIV, diabetes, and hypertension in sub-Saharan Africa (INTE-AFRICA): a pragmatic cluster-randomised, controlled trial. The Lancet, Volume 402, Issue 10409, 1241 – 1250. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01573-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01573-8/fulltext)

Building “alliances of care” across sectors

Innovative models of financing and partnerships should build “alliances of care,” which focus on **empowering people and communities**. Several participants at the meeting highlighted the initiatives undertaken by their affiliated organizations while others referred to important barriers that need to be addressed in order for these interventions to be successful.

These initiatives and points were shared throughout the meeting and the trending thematic components and contextual examples were as follows:

- Civil society organizations are **working to maximize impact by serving as the bridge to collaboration with the private sector**. Organizations can mitigate risks for supply propositions, serve as bulk buyers to secure better rates, and engage in strategic purchasing to ensure that people and health centers are getting the essential medicines and diagnostics when and where they are needed.
- Technology-based tools and innovations like mobile phone-based services can help patients adhere to prescribed medication regimes and keep them up-to-date on medical visits, which **reduces the need for higher levels of care in the longer term**. This lowers costs for the individual and health systems. Additionally, new technologies can help people, healthcare providers, and other stakeholders streamline care delivery and payment processes. For example, technology can facilitate the integration of NCD care with UHC benefit packages by bridging gaps in how services are paid for and who pays for them.
- The lack of data on NCD prevalence makes it difficult for public health and government officials to target the needs of their populations in the development of UHC benefits packages as well as plan financially for the specific demands on their health systems. Enhanced **data collection benefits these “alliances of care” by allowing NGOs and governments to negotiate more effectively for competitive pricing and effective care delivery**. There is an opportunity to address the poor quality of NCD data by including data collection as an integral part of future health initiatives.
- There still exists a certain level of skepticism and lack of trust in multistakeholder initiatives, particularly in relation to private sector engagement. Unlocking private sector capital and expertise is critical to expanding resources for NCDs, so **trust must be built between all stakeholders** for these “alliances of care” to be effective. Within “alliances of care,” participants stressed that investment initiatives and interventions must be developed as person-centric and strengthen an individual’s knowledge and agency in seeking NCD care.



“It makes cents”

Leveraging existing resources and the business case

There was a consensus among participants at the roundtable that addressing NCDs provides a major return on investment from health, economic, and development perspectives, but **these benefits must be made better known beyond the health space.**

Improving communication with Ministries of Finance and the private sector was viewed by many as a critical next step in mobilizing resources for NCDs.

- NCD investment can improve health outcomes and profits and **this argument should be made to business leaders.** One participant noted that their organization sees the private sector serving as a “canary in the coal mine”, if they understand that NCD investment improves their own outcomes by impacting future markets and that they can be potential allies in calls for policy changes.
- Issues around efficiency and transparency in many places make it difficult to maximize existing resources. **Integrating services reduces the fragmentation of costs** within the system, since costs are not being pulled from separate vertical systems and instead converge towards UHC/PHC regardless of disease category. This is one of the main ways integration can greatly benefit NCDs.
- NCD investment case projects can provide governments and other decision-makers with the necessary **analysis of the costs of NCDs and forecasted returns on the interventions** with the highest impact. Development actors in the room cited that there is **increasing demand for this kind of data**, demonstrating a general trend among countries, and there is an opportunity to pair this analysis with a broader program of support for financing.



Ensuring universality in UHC

Shared responsibility for action on UHC and NCDs does not rest with one stakeholder; we must collectively ensure that UHC “leaves no one behind,” which means strengthening political will and investment to reach the most marginalized and vulnerable.

- NCDs are typically associated with adult populations, but more and **more children and young people are being affected**. A life course perspective can strengthen the financing argument, particularly with respect to the prevention and integration of NCDs in maternal, newborn, child, and adolescent health (MNCAH) initiatives.
- Leveraging HIV/AIDS infrastructure with certain NCD services represents a key opportunity to demonstrate the benefits of integration². For example, mental health has seen gains by having institutions like the Global Fund undertaking this policy transition, which reflects current epidemiological shifts.
- The delivery of NCD health services in **humanitarian settings**³ has become increasingly important given the rise in conflict, displacement, and natural disasters. Working outside of silos is critical to address the prevention, care, and control of NCDs, as it will require joint collaboration between governments, humanitarian organizations, and UN agencies. **Improving and directing responses to address the highest unmet needs as well as strengthening systematic responses is a challenge** and is a topic that should also be addressed in the next Political Declaration on NCDs in 2025.
- The healthcare workforce must also be included in integration initiatives, **and education and training on NCDs is critical to strengthening early diagnosis** efforts. In an integrated model, healthcare professionals such as nurses, doctors, community health workers and dietitians are critical in identifying and responding to a range of NCD-related health challenges.



2 Hutchinson B., Morrell L, Spencer G. Spending Wisely: Exploring economic and societal benefits of integrating HIV/AIDs and NCD service delivery. NCD Alliance Policy Research Report 2023. <https://ncdalliance.org/resources/spending-wisely-exploring-the-economic-and-societal-benefits-of-integrating-hiv-aids-and-ncds-service-delivery>

3 Neglected and in Crisis: Delivering NCD Care in Humanitarian Settings. NCD Alliance Discussion Paper 2022. <https://ncdalliance.org/resources/discussion-paper-%E2%80%93-neglected-and-in-crisis-delivering-ncd-care-in-humanitarian-settings>

Summary

Participants agreed that the integration of NCDs should be emphasized in the development of UHC health benefits packages.

A suggested categorization of approaches to be considered can and should include legislative policies linked to addressing determinants of health, insurance modalities, domestic health budgeting, international partnerships, and new financing models. Further integration of the NCD agenda within other existing health frameworks such as PHC, HIV, tuberculosis, and MNCAH will also help make strides to address the needs of vulnerable populations at early entry points into health systems and programs. To reach the point of successfully implementing NCD prevention and care initiatives, **all populations**, including those living with health conditions such as HIV, children and adolescents, and those living in humanitarian settings, **must be able to access and receive adequate and equitable care.**

Participants also shared cases studies of integration and highlighted the success of several countries including Ghana, Denmark, the Philippines, and Tanzania for NCD integration in their health and development strategies. In all cases, it was emphasized that **governments worked across sectors to finance and deliver** NCD-integrated care – a point that was also highlighted by a number of participants whose organizations specialize in in-country service delivery and procurement.

The discussion was optimistic about the impact multisectoral action could have on maximizing the efficiency of existing resources and widening the fiscal space for NCDs, and participants stressed the need for further **development of NCD financing targets, enhanced data** on disease burdens and distributions, and **people-centered approaches** as the conversation moves forward toward the 2nd Global Financing Dialogue on NCDs in 2024 (TBC) and the 4th UN High-Level Meeting on NCDs in 2025.



Call to Action

Responding to the discussion and with an eye towards to 2nd Global Financing Dialogue on NCDs, all stakeholders are encouraged to engage further in the process and share the following calls to action outlined by the NCD Alliance at the end of the meeting:

Governments

Take action to support the integration of NCDs in health investments, including developing integration strategies that highlight cost-effectiveness, and establishing a benchmark for NCD spending targets within UHC;

Improve data collection and tracking on investment in NCDs in national health accounts;

Identify local and national best practices and present evidence from case studies to support scale-up elsewhere.

Development actors

Take the NCD burden into consideration across health initiatives and programming, integrating NCD indicators and action within other health agendas and health system strengthening efforts;

Give implementing partners support and more time to develop, implement, and evaluate NCD-related programs.

NGOs

Add budget advocacy and accountability to NCD advocacy toolkits and plans;

Build up examples of programmatic interventions that have worked to maximize existing resources;

Highlight examples of innovative initiatives that have worked to reduce inefficiencies.

Private sector and philanthropies

Pursue new opportunities and build multi-stakeholder partnerships with governments, international financing actors, development institutions, and NGO partners;

Explore and deploy innovative financing models that catalyze and pool capital.



PROMOTE HEALTH. PROTECT RIGHTS. SAVE LIVES.



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