

NCD Alliance response to the WHO Working Group on Financing for NCDs
August 2015

The NCD Alliance welcomes the opportunity to provide comments on the Interim Report of the WHO Working Group on Financing for NCDs, *Financing national NCD responses in the post-2015 era*. These reports, and the efforts of the Working Group, are necessary to articulate actions to urgently scale up resources of all types for NCDs to levels commensurate with the burden of disease.

The provision of adequate, predictable, and sustained resources for NCDs at all levels is one of the most persistently neglected areas of the NCD response to date. Despite the evidence, existing global health initiatives and facilities remain largely focused on the MDG-era priorities, a trend perpetuated by myths that NCDs do not affect developing countries, or that NCD solutions are too costly to implement. Recent agreement of the final post-2015 development agenda including NCD-related targets and the outcomes of the Third International Conference on Financing for Development (FfD3), including the *Addis Ababa Action Agenda* (AAAA), provide sufficient and complementary directives to Member States and other stakeholders to devote greater financial and non-financial resources to NCDs, at all levels.

Below are the NCD Alliance's general comments and specific responses to the proposed recommendations contained in the interim report, for consideration by members of the working group.

General comments:

- Many of the recommendations contained within this report reflect important initial steps toward increasing the provision of global and national resources for NCDs. Working group members are encouraged to **further develop these initial recommendations to be far more specific**, in order to compel action without delay.
- In addition to increasing the level of specificity, **recommendations should be made for all relevant stakeholders, including proposed recommendations for WHO and for international partners**. This is in keeping with the need and calls for a whole-of-society response to NCDs, and to ensure that all committed resources are harmonized and maximized. Civil society organizations in particular have already proven to be critical actors in advocating for, providing, and delivering resources for NCDs and health.
- The report could **include a matrix of financing options for Member States**. Such a matrix could outline the different types of financing for NCDs (e.g. ODA, domestic resources, innovative financing, etc.), and the options best suited for countries at different levels of income. Such a matrix would in effect provide a practical, step-wise approach for how all governments can effectively scale up resources for NCDs, much in the same way that the priority low cost interventions for NCDs ("Best Buys") provide a basic package of interventions for countries with differing national circumstances, and countries in special situations (i.e. Small Island Developing States, Least Developed Countries, etc.).
- As highlighted in the outcome document of the 2014 UN Review and Assessment on NCD prevention and control, and in follow up to FfD3, the report should **include a sixth recommendation on improving the tracking and analysis of resources for NCDs**.

- **Incorporate recommendations made by the Working Group and captured in its final report into formal reporting to the 138th session of the WHO Executive Board.** This will support the dissemination of the recommendations and encourage Member States to take further action at the 69th World Health Assembly in 2016.

Recommendation 1: *Significant additional investments are required to attain the NCD-related targets included in the SDGs by 2030*

Proposed additional actions:

- **Develop an assessment of how and where NCDs fit into existing global and domestic financing frameworks.** This can include a listing of commitments, the leading agency/stakeholder responsible for implementing and reviewing the commitments, and their relationship to existing mandates and targets for NCDs.
- While important to raise awareness of the health burden caused by NCDs and their relationship to development, equally important is the need to **raise awareness on the impact of development policies on health and NCDs.** For example, policies on climate change have health and NCD impacts. This framing will help advance an understanding of the multisectoral nature of NCDs and the role of non-health determinants as both causes and solutions to NCD prevention and control.
- Costing national action versus inaction will require that **Member States are able to access and adapt standardised costing tools, as part of the technical assistance offered by WHO to Member States.** Various attempts have been made over the years to develop costing tools that can be used effectively at the country level. But these efforts have been piecemeal and, so far, uncoordinated. Ahead of the UN High-level Meeting on NCDs in 2011, WHO developed a costing tool, which resulted in the WHO report on best buys.¹ At the time, WHO reported that country-level adaptation of the tool in selected WHO Member States would commence shortly after the HLM. To the best of our knowledge, no information is available on experience in adapting the tool to the country-level context. This work could then inform the matrix of financing options for Member States, as suggested above. The development and execution of any costing exercises should be conducted in alignment with costing evaluations of FCTC implementation and NCDs. The Working Group could then clarify whether the recommended spending levels are still applicable (inflation adjusted) and propose their adjustments where necessary.
- **Make the recommendation on the implementation of universal health coverage (UHC) that includes NCD prevention and control across the continuum of care and throughout the lifecourse a standalone priority.** Comprehensive UHC packages will help ensure resources directed toward supporting UHC can be utilized for NCDs. UHC is also the means by which siloed approaches to diseases can be avoided in the post-2015 era, while also strengthening the health system and building country resilience against global health emergencies. Countries' realization of UHC should also consider a number of specific financing reforms for NCDs. These could include eliminating point-of-care payments, which can discourage preventive care and exacerbate the impacts of the chronic nature of NCDs, lowering provider payments for secondary interventions, which can act as a disincentive to the provision of primary care interventions, and pooled public procurement of NCD medicines.

¹ *Scaling up action on noncommunicable diseases: how much will it cost?* World Health Organization, 2011

Recommendation 2: *These additional investments to implement national NCD responses will need to rely primarily on domestic public resources.*

Proposed additional actions:

- The multisectoral determinants of NCDs require a whole-of-government response, not only the Ministry of Health. Going forward, **governments should undertake regular reviews of NCD expenditure across multiple sectors/ministries.** Failing to capture how funding is allocated to a particular multisectoral issue such as NCDs often results in inefficiencies. A good example, and one that can be considered by the governments for NCDs is the model for public expenditure reviews developed by the climate change community – Climate Public Expenditure and Institutional Reviews (CPEIRs). These reviews involve the analysis of allocation and management of public expenditures across all government departments on climate, which is then used to guide strategic planning and budget preparation in order to identify key areas to improve efficiency and effectiveness of resource allocation.² They are funded by UNDP, and have proven to be quite effective.
- Given the importance of tobacco taxation as way to improve health outcomes while also providing a revenue stream for sustainable development, countries that are party to the WHO Framework Convention on Tobacco Control (FCTC) should meet their commitment to **adopt policies on taxes and prices that fulfill WHO FCTC Article 6 and its Guidelines on implementation.**
- **Lessons learned from tobacco taxation should be applied to guide countries in raising taxes on alcohol.** Countries should additionally consider moving toward the increasing taxes of sugar-sweetened beverages (SSBs) and high-processed, nutrient-low food products in order to make them less affordable, as mounting evidence links consumption to poor health outcomes and increased rates of NCDs. Taxes on unhealthy products can ultimately lower the demand on a health system.
- **Actions to reduce physical inactivity must also form a more integral part of a costed comprehensive package of prevention activities undertaken as part of the implementation of agreed commitments on NCDs,** using the recommendations within the WHO Global NCD Action Plan 2013-2020 and the WHO Global Strategy on Diet, Physical Activity, and Health as the guideline. Efforts to increase physical activity closely link to initiatives on sustainable, active transport as part of climate change mitigation efforts.
- **Current proposed action under Recommendation 1 to “set national spending targets for annual investments in national NCD responses” is better placed under Recommendation 2.** This is also linked to the need for a recommendation that Member States have access to appropriate technical assistance from WHO in order to set national spending targets.

Recommendation 3: *Equally important, these additional investments for NCDs require scaled up and more effective Official Development Assistance (ODA) to complement efforts of countries to mobilize resources domestically.*

² *Climate Public Expenditure and Institutional Review (CPEIR): a methodological note*, Overseas Development Institute and United Nations Development Programme, 2012

Proposed additional actions:

- **Harness ODA to support transformative health system strengthening and capacity building**, in addition to the catalytic role of ODA as a complement to domestic efforts to scale up national NCD efforts. This should include supporting the development of national civil registration and vital statistics systems (CRVS), human resources for health/health workforce training and capacity, and the implementation of UHC. These shorter-term, catalytic donor investments are particularly essential in bridging the gap in LMICS, as they move toward longer term systemic improvements.
- **Develop further evidence on the cost of implementing NCD best buys and other policy priorities in developing countries for use by donors.** This will inform the level of ODA needed and also support advocacy for increased international public financing for NCDs, while also helping countries develop a policy package that suits the national burden of disease.
- **Encourage donors to align resources with agreed principles of aid effectiveness, and with national accountability frameworks and mechanisms**, in addition to national health plans and IHP+ principles.

Recommendation 4: *Promoting investment from private business and finance in areas critical to addressing NCDs is also important, including contributions from philanthropists.*

Proposed additional actions:

- **Increase the regulatory systems for private business engagement**, and promote full transparency in all partnerships /exchanging of resources.
- **Move the action in Recommendation 5 to “promote better alignment between existing multistakeholder partnerships, such as the Global Fund and Gavi, with a view to encourage them to improve their contributions to health system strengthening and UHC in a way that would also ensure better health outcomes for NCDs” to Recommendation 4.** This Recommendation was recently affirmed by the AAAA.
- **Consider the role of non-health partnerships as innovative mechanisms for securing additional expertise and resources for shared outcomes for NCDs.**
- **Promote the role of civil society in the response to NCDs at the national, regional, and global levels.** Civil society is a vital partner and provider of technical expertise, capacity building, advocacy, implementation, and resources, and should be engaged in the full spectrum of the NCD response.

Recommendation 5: *There are also opportunities to resolve the coherence and consistency of financial, investment, trade, development and public health policy.*

Proposed additional actions:

- Move the recommendation to **support countries in implementing the full range of TRIPS flexibilities** from Recommendation 4 to Recommendation 5

Recommendation 6: *Improve tracking and evaluation of resources for NCDs, including domestic resources, ODA, and investments and contributions from civil society, the private sector, and philanthropics.*

- **Improve monitoring at the national level, including through the addition of indicators for NCDs in national systems of health accounts (SHAs).** This will increase the availability of data, increase the visibility of NCDs as a priority for budget allocation, provide the ability to compare spending on NCDs to spending other health and development priorities, and align overall health spending with national priorities.
- **Develop an OECD DAC CRS code for NCDs.** Official donor resource tracking does not present a full picture of all aid for health because of the way health ODA is categorised. OECD tracks health ODA with broad categories such as ‘basic health’ and ‘health systems’. Insufficient detail on project titles and descriptions under these categories does not allow analysis of aid expenditure on NCDs. Many bilateral aid agencies claim to be funding NCDs under the category of health system strengthening, but the current reporting and level of detail of data collected does not make this transparent. Furthermore, while there are disease-specific markers for HIV/AIDS, TB, Malaria, and reproductive health, there is not one for NCDs. The current OECD/DAC reporting system needs to be expanded to include a marker for NCDs in health ODA, in order to monitor government pledges in the 2011 UN Political Declaration on NCDs, promote accountability in the distribution of resources, and better align donor spending according to the principles of aid effectiveness.
- **Conduct a regular analysis of resource flows for NCDs.** Information collected through improved tracking should be regularly evaluated in order to monitor trends, improve accountability, and enable appropriate and timely advocacy and action to be taken, as necessary and appropriate.