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Mobilizing the Means: Sustainable financing for health and NCDs in Post-2015

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Conference Room 9, UN Headquarters

How do we effectively mobilize resources for health to ensure countries respond effectively to the health challenges of the post-2015 era? This question set the tone for the interactive roundtable, ***Mobilizing the Means: Sustainable financing for health and NCDs in Post-2015***, co-hosted by the Permanent Missions of the Caribbean Community to the United Nations (CARICOM), UNDP, and the NCD Alliance. Held in the margins of the preparations for the July 2015 conference in Addis Ababa, stakeholders discussed the needs, challenges, and best practices for scaling up resources for health and non-communicable diseases (NCDs), as part of implementing the post-2015 development agenda.

Dr. Gloria Sangiwa, Senior Director and Global Technical Lead, Chronic Diseases at Management Sciences for Health (MSH), moderated the session, and began by imploring participants to consider the integrated agenda for health set forth by the proposed sustainable development goals (SDGs). Yet, the resource gap remains very large, particularly considering the global NCD burden.

In his opening remarks, **H.E. George Talbot, Permanent Representative of Guyana and Co-Facilitator of issues related to the Third International Conference on Financing for Development** noted that health overall now has significant cache in international discussions, including the ongoing preparations for FfD3. Questions on how to strengthen health systems loom large: how can countries approach financing to ensure appropriate investment in prevention as well as the ability to respond effectively to longer-term priorities including NCDs? Ambassador Talbot noted the double burden of communicable and non-communicable diseases facing many developing countries, including within his own region. He emphasized the opportunity of the implementation of the SDGs as a pathway for harnessing synergies within and beyond the health sector to reduce the burden of all diseases, while advancing sustainable development. Finally, he encouraged participants to think creatively about solutions to mobilize resources that can be proposed as part of the outcomes of the upcoming Third International Conference on Financing for Development.



Leading off the panel discussion was **Ms. Miriam MacIntosh, First Secretary, Permanent Mission of Suriname to the United Nations**, speaking on behalf of CARICOM. “Financing is to development as a steady supply of oxygen is to human life,” she said, noting the necessity of securing adequate financing in order to meet the health and NCD-related SDGs. Resources for NCDs have been highly insufficient thus far, with less than 2% of all donor assistance for health allocated to NCDs, despite accounting for over half of the global disease burden. Four myths seem to perpetuate this low level of resourcing: investing in NCD prevention and control detracts from achieving the MDGs; NCDs are diseases of affluence only;

there are no cost-effective solutions for NCDs; and, that they are a matter of lifestyle or personal choice. The CARICOM region in particular struggles with securing resources due in part to the classification of countries as high- and middle-income countries, despite immense domestic infrastructure and growth challenges. Domestic resource mobilization plays an important role as part of tax reform, but alone cannot sufficiently cover the needed resources for NCD prevention and control in the short-term.

Our collective task, she noted, is to secure a robust framework that will address the issue of financing in a comprehensive way. This implies a framework that also looks beyond the scope of fiscal resources and considers how to harness technology, trade, and capacity building to increase and improve health systems alongside NCD prevention and control.

Following upon Ms. MacIntosh's remarks was an intervention by **Dr. Douglas Webb, Senior Adviser, Health and Development for UNDP**, who spoke to the practical challenges the UN System is facing with regard to collaboration, coherence, and financing, as all partners look toward mounting a response to NCDs and broader SDG implementation. The demands on the UN are "high and growing," particularly around technical guidance and normative standards to support countries. However, fiscal space including existing mechanisms and voluntary contributions by Member States are constrained by adherence to the MDG priorities. Adjusting these structures and considering how to grow out existing health trust funds to incentivize and catalyse political and technical action, for example, is a priority going forward.

A logical starting point for the UN system's response so far has been to build on the work done around HIV, including joint service offerings and technical collaborations with countries. This work is already starting to appear out of the UN's Interagency Task Force (IATF) on NCDs. 26 agencies participate in the IATF, with regional structures emerging, and a series of successful joint country missions already completed. Dr. Webb ended by citing a crucial piece of work to help accelerate the mobilization of resources for NCDs, which is the development of an investment framework for NCDs. Such a framework will enable countries to assess the return on investing in a basic minimum package of NCD prevention and control interventions, an exercise that will use economics to inform political decisions but not determine them, while simultaneously making the case for low-cost and "obvious" interventions like tobacco control.

Professor Prabhat Jha, University of Toronto Endowed Professor in Disease Control and Executive Director of the Centre for Global Health Research, continued the discussion with a clear message: raising tobacco taxes is the "single best investment to reduce NCDs, and perhaps the single best health intervention that exists in the world." Taxation is a win-win for fiscal space and improving health outcomes. In fact, the only way to achieve the tobacco target in the NCD framework and the SDGs overall is if countries commit to significantly increase tobacco taxes. To the extent that tobacco taxes can be used to strengthen tax systems and decrease smuggling, they also enable governments to increase revenue that can be applied to securing other, more stable sources of revenue to finance sustainable development. Despite the nominal revenue collected through tobacco taxation by comparison to other sources of domestic revenue, the returns are amplified in reductions to mortality.

The real constraint in realizing increases in tobacco taxation, Professor Jha emphasized, is in political leadership. Our collective responsibility is to shift the mindset of those in power to see that that they implement high taxes with immediacy. Leaders should be additionally encouraged to scale up NCD interventions as part of the progressive realization of universal health coverage (UHC), and the full implementation of the Framework Convention on Tobacco Control (FCTC).

Once the floor was open, an intervention was made by a high-level representative from UNAIDS. Today, HIV/AIDS is managed as a chronic condition. Dynamic partnerships have played a central role in accelerating HIV/AIDS prevention and control, in addition to adopting people-centered approaches, connecting innovation to access to affordable medicines and treatment and overturning global pricing norms, and demanding the right to health for all. As 70 percent of AIDS budgets come from domestic resources, the capacity is there for countries to allocate appropriate resources for NCDs.

A representative from the World Health Organization emphasized the economic value of prevention: the cost of “best buys” for NCDs is approximately \$11 billion USD for population-based approaches in low- and middle-income countries, an amount that pales in comparison to the projected cumulative economic loss from NCDs of \$7 trillion USD by 2025. Increasing taxes on tobacco and alcohol can cover most of the costs associated with implementing these best buys, as well as provide fiscal support for implementing a basic package of essential services covered under UHC.

In summary, the roundtable highlighted that cost-effective interventions and practices for NCD prevention and treatment exist, and all speakers emphasized the need to ensure the Addis Conference produces a robust framework that encourages countries to mobilize resources for the health challenges of the post-2015 era.