

## **International dialogue on sustainable financing for noncommunicable diseases and mental health**

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### **Emerging messages to inform the outcome document**

#### **Context**

1. Preventing noncommunicable diseases (NCDs) and mental health conditions and addressing the needs of those living with them represent one of the most critical public policy challenges of the 21<sup>st</sup> century. NCDs represent 74% of all deaths and make up seven of the [world's top 10 causes of death](#), while mental health conditions (including neurological and substance use disorders) account for one in four years lived with disability globally. Furthermore, polluted air is now the fourth leading risk factor for health overall, contributing to 6.7 million deaths annually; most of the deaths, 85% or about 5.7 million, are due to NCDs. Accumulating evidence is also now showing how the climate crisis is impacting mental health via stresses and risks imposed by severe weather events and longer-term environmental changes.
2. While the inclusion of NCDs and mental health in the 2030 Agenda for Sustainable Development – with the commitment to *reduce premature mortality from noncommunicable diseases by one third through prevention and treatment and promote mental health and well-being by 2030* (SDG target 3.4.1) – was a key step towards galvanizing action, more than halfway into the SDG era, only a handful of countries are on track to meet the [SDG target 3.4](#) and [the nine voluntary targets of the NCD Global action plan](#). In some countries, [death rates due to NCDs have even increased](#) and millions of people, especially in lower-income settings, lack access to interventions that could prevent or delay NCDs, mental health conditions, and their consequences.
3. The costs of inaction are high; millions of avertable premature deaths; more than a billion people living with pain and other impairments; and trillions of dollars of economic output foregone each year as a result of lost productivity. Without concerted action, the chronic trajectory of NCDs and mental health conditions will have far reaching mid- and long-term impacts on people, households and on societies as a whole. Yet the recognition of and response to this escalating situation remains overlooked and inadequate. For example, development assistance for health to support domestic efforts targeted on the prevention and management of NCDs and mental health conditions is very limited. In part this is linked to the unfinished agenda of the Millennium Development Goals and competing priorities including climate change and global health security, but also NCDs and mental health conditions are perceived as diverse and complex to address.
4. It is not too late; each country still has the possibility to achieve the global SDG 3.4 target and progress towards SDG 3.8 target on universal health coverage (UHC) by strengthening public health functions and health systems through a Primary Health Care approach that enables scaled-up delivery of context-specific,

cost-effective priority interventions for NCDs and mental health. Achieving this will require modest additional investments that could generate huge benefits: for example, spending an additional US\$ 18 billion per year across all low- to middle-income countries for NCDs could generate net economic benefits of US\$ 2.7 trillion over the next seven years, including the prevention or delay of 39 million deaths, reduction of disability, and lost productivity; while for the most prevalent mental health conditions, depression and anxiety, economic analysis indicates a return on investment of at least 4:1 in terms of restored health and improved productivity.

## Objectives

5. In recognition of the above and building on the outcomes of the *Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control* (held in Copenhagen, Denmark in 2018), the World Health Organization (WHO) and the World Bank (WB) are convening the International Dialogue on sustainable financing for NCDs and mental health (international financing dialogue hereafter) with the following objectives:
  - a. To define and start building consensus among a range of interested stakeholders on actionable strategies and policy recommendations that can enable and enhance the integration of NCDs and mental health responses in public financing and national budgetary systems.
  - b. To unpack the implications of these strategies and recommendations in varied contexts to inform health financing reforms that can a) sustain adequate, stable, and predictable financing, b) enable strategic purchasing, and c) enhance financial protection.
  - c. To discuss and identify approaches on how to integrate prioritized NCDs and mental health responses within national health and financing plans – with the aim of providing high-quality, equitable NCD and mental health services that are integrated into existing health systems and broader public health ecosystems.
  - d. To inform a forward-looking agenda that can guide countries towards accelerating progress and realizing the targets under SDG 3.4 and 3.8 by 2030 – as a key milestone in the process for the 4th High-level Meeting of United Nations General Assembly on NCDs (2025) and beyond.
6. The international financing dialogue will take place on 20–21 June 2024 at the headquarters office of the World Bank, with participants joining from around the world representing Member States, UN agencies, bilateral and multilateral development organizations, civil society, and their own experience of living with an NCD or mental health condition.

## Framing the agenda

7. The *WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control* in 2018 already signalled the urgent need to prioritize NCDs as an essential pillar of sustainable development and an integral part of countries' efforts towards universal health coverage, and made several recommendations, including: the promotion of innovative and bold partnerships to mobilize additional funds to address NCDs; expansion of the fiscal space for health through an increase in general tax revenues, improved efficiency and equity, and better prioritization of health in public sector budgets; creation of an enabling legal and regulatory environment conducive to implementation of evidence-based, cost-effective NCD interventions; and complementing domestic resources with international cooperation, including official development assistance and other resources, to increase health expenditure on prevention and control of NCDs.

8. The International financing dialogue reaffirms the continuing vital relevance of these recommendations, yet also acknowledges that their implementation at national, regional and global levels has been less than expected or desired. Accordingly, detailed consideration has been given in this dialogue to barriers and bottlenecks to progress, as well as to newly available opportunities, evidence and approaches. Particular emphasis is also placed on what actions can be undertaken at the national level, based on and informed by a series of country case studies and missions carried out in the months preceding the dialogue. In view of the common co-occurrence of NCDs and mental health conditions and shared approaches to their appropriate management within health care systems, this Dialogue explicitly and fully includes mental health conditions.
9. It is also important to note how the world has changed since 2018. In particular, the COVID-19 pandemic created a seismic shock to health systems, resulting in millions of deaths, a surge in mental distress and a mass of missed diagnosis and treatment of NCDs. In addition, pre-existing social and income inequalities were exacerbated by the pandemic and continue to grow in its wake. The impact on national economies worldwide was also immense, with long-term implications for countries' fiscal space and policies; increased rates of interest, inflation and indebtedness are all putting a squeeze on public spending, including for health and development. Since 2018, there is also markedly increased recognition and realisation of the threats posed to public health and sustainable development by climate change, the commercial determinants of health, and – again in the wake of the COVID-19 pandemic – mental health.

## Key messages and highlights emerging from the Dialogue

The Dialogue was informed by and built on several relevant reports (other partners) of the international financing dialogue put forward and publications, as listed in the concept note. In addition to these, several technical background papers are being developed and will be shared with participants before the dialogue. A synthesis of these resources has provided a preliminary draft of country-focused key messages and highlights for discussion to inform the outcome document. The outcomes of the strategies and recommendations from the international financing dialogue may also inform the 2024 progress report of the UN Secretary-General and the Fourth United Nations High-level Meeting on NCDs in 2025.

### a. “Whole of society” approach

The promotion of physical and mental health, as well as the prevention and management of NCDs, mental health conditions and their risk factors, needs a ‘whole of society’ approach realised. The credibility, social support, and effectiveness of NCDs and mental health policies rely on a participatory approach with meaningful engagement of people with lived experience of these conditions, nonstate actors (nongovernmental organizations, private sector entities, philanthropic foundations and academic), public and private sector service providers and all relevant arms of the government.

### b. External development support

National development objectives and overall health sector strategies often do not adequately integrate NCDs and mental health. Better linkages could allow for external support from development partners to be aligned in the context of broader priorities and catalytic in affecting needed changes in existing system and service delivery capacities and outcomes.

### c. Health system design

Local shifts in epidemiology and demographics reveal the shortcomings of current system organization and service fragmentation. Opportunities emerge to guide investments and financing strategies for reshaping health systems to help diagnose as well support the unique care and support needs of people living with NCDs, mental health

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conditions and other chronic diseases, including through elaborating and implementing tailored chronic disease management approaches.

**d. Resource and capacity planning**

In the context of evolving population needs, fiscal space realities, and fragility, there is a need to plan forward investments, financial and human resources to inform decision-making on strategic, phased investments that can be more systemic and sustainable over time.

**e. Information systems**

Routine health information and data systems are not adequately invested in and developed from the perspective of supporting population health management and continuity of care. Information systems developed from this perspective could support better integration of health financing mechanisms (including provider payment systems) and enable effective person- centred care that is high quality, equitable, and coordinated.

**f. Fiscal policies**

There is increasing evidence from countries of ‘win-win’ fiscal policies that can increase government revenues, reduce exposure to risk factors for NCDs and mental health and improve health outcomes, such as the addition of taxes on products that are harmful to health, and the removal of subsidies that are costly and harmful to health.

**g. Health financing reforms**

Health financing reforms, including targeted incentives and provider payment data systems, are important elements towards the effective prevention and management of people living with NCDs, mental health conditions and other chronic diseases, and are key to enhancing continuity of care and avoiding fragmented service delivery or financing.

**h. Health benefits packages and budgeting**

National health strategies and priorities do not systematically identify and include cost-effective interventions for the prevention and management of NCDs and mental health conditions in health benefit design and packaging and, therefore, are not able to translate this entitlement into practice through explicit linking to output-based budgeting and provider payment processes.

**i. Financial and social protection**

Households affected by NCDs, mental health conditions and other chronic diseases are subject to high levels of cumulative out-of-pocket spending, increasing the risk of financial hardship. Opportunities to mitigate these financial hardships revolve around revision of financial protection policies, but will also depend on how goods and services are purchased, contracts are structured and, particularly in the case of medicines, how they are distributed.

**j. Pricing of medicines**

Prices of essential medicines for NCDs and mental health conditions are inflated due to the presence of import tariffs and taxes, poorly designed or inexistent regulations, and limited negotiation capacity. This presents a challenge to many countries that are already fiscally constrained and need to plan for ensuring uninterrupted NCD and mental health care.