

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization:
Type of organization (please add X next to your selection):

- ☐ Member States X
- ☐ UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify)

Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers

Multisectoral Strategic Plan for the Prevention and Control of Noncommunicable Diseases

- National Diabetes and Hypertension Standards
- National Cervical and Breast Cancer Standards (CACUM)
- Roadmap Towards the Elimination of Cervical Cancer in Mozambique
- CACUM training manual
- Handbook of Bronchial Asthma in adults
- Quality standards for Performance Measurement of Sexual Reproductive Health Services (CACUM)
- Quality Improvement Strategy in CACUM Services
- NCD Communication Strategy

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

Draft Emerging Messages for the Outcome Document of the International Financing Dialogue

Commitment to Global Cooperation, Inclusive Growth and Development, Sustainable Financing, Resilience and Risk Management, Technology and Innovation, job creation, and sustainable development, while ensuring equitable access and benefits for all.

Governance and Accountability, Capacity Building and Knowledge Sharing, Partnerships for Development, Monitoring and Evaluation

These draft messages aim to capture the consensus and priorities emerging from the International Financing Dialogue, reflecting a shared commitment to advancing global prosperity, sustainability, and resilience through coordinated international efforts.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

In summary, national health accounts serve as a comprehensive tool for understanding how health resources are allocated and utilized, providing critical information for policymakers, researchers, and advocates working to improve health systems' response to NCDs and mental health challenges.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Development Assistance for Health (DAH) plays a critical role in providing external financing for non-communicable diseases (NCDs) and mental health initiatives, especially in low- and middle-income countries where domestic resources are often insufficient to meet the growing health needs.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Domestic financing for Non-Communicable Diseases (NCDs) and mental health is a critical aspect of healthcare funding, particularly in low- and middle-income countries where external funding might be limited. Health taxes and other fiscal measures play a significant role in this context. Here's an in-depth look at their roles.

Health taxes and other fiscal measures are powerful tools for generating revenue, promoting healthy behaviours, and financing healthcare for NCDs and mental health. They require a multi-faceted approach, combining effective policy design, strong political commitment, and robust administrative capacities to maximize their impact on public health.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Non-communicable diseases (NCDs) and mental health issues pose significant challenges to global health systems, particularly in terms of financing, resource allocation, and effective service delivery. Addressing these challenges requires robust domestic financing strategies, prioritized health interventions, strategic purchasing, and efficient provider payment mechanisms.

By addressing these priorities, leveraging strategic purchasing, and implementing effective provider payment mechanisms, health systems can enhance their response to NCDs and mental health challenges, ensuring better health outcomes and sustainable financing.

5. Financial protection for NCDs and mental health: Why and how?

Providing financial protection for NCDs and mental health is crucial to reducing the economic and social burdens associated with these conditions. A multi-faceted approach involving health insurance, government funding, integrated care models, community-based interventions, cost-control measures, preventive strategies, financial risk pooling, and supportive legislation is essential to ensure that individuals receive the necessary care without financial hardship.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Addressing non-communicable diseases (NCDs) and mental health conditions requires strategic enhancement of the health workforce. Here are several approaches to increase workforce inputs effectively.

Training and Education, Task Shifting and Sharing, Incentives and Retention Strategies, Integration into Primary Care, Community Engagement and Support, Use of Technology, Policy and Advocacy, Research and Data, International Collaboration and Support.

By implementing these strategies, health systems can increase workforce inputs, thereby improving the capacity to address the growing burden of NCDs and mental health conditions effectively.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Non-communicable diseases (NCDs) and mental health disorders are leading causes of morbidity and mortality worldwide. The role of civil society in addressing these challenges is critical, encompassing a wide range of actions to

galvanize investment, drive action, and ensure accountability. Here's a comprehensive look at how civil society can play a pivotal role in these areas:

Advocacy and Awareness, Mobilizing Resources, Implementing Programs, Ensuring Accountability, Building Partnerships, Research and Evidence Generation, Empowering Patients and Families.

Civil society is a powerful force in the global effort to combat non-communicable diseases and improve mental health. By leveraging their strengths in advocacy, resource mobilization, program implementation, accountability, partnerships, research, and patient support, CSOs can significantly contribute to reducing the burden of these health issues and promoting healthier, more resilient communities.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Addressing NCDs, tobacco control, and mental health through strategic investments is vital for improving global health outcomes. These efforts require comprehensive and coordinated approaches involving governments, healthcare providers, and communities. By prioritizing these areas, we can achieve significant health and economic benefits and move closer to achieving global health goals.

Humanitarian health financing for noncommunicable diseases

Financing for NCDs in humanitarian settings requires a multi-faceted approach that combines traditional funding sources with innovative financing mechanisms. By integrating NCD care into broader health services, leveraging public-private partnerships, and advocating for increased attention and funding, it is possible to address the growing burden of NCDs even in the most challenging environments.

General comments relevant to multiple papers:

These comments can be tailored to specific papers as needed, providing a comprehensive evaluation of various aspects of academic writing and research.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

There were no specific commitments or suggestions outlined by my organization regarding sustainable financing for noncommunicable diseases (NCDs) and mental health from Heads of Government. However, there are general principles and approaches that are often recommended in discussions around sustainable financing for health:

Domestic Resource Mobilization, Public-Private Partnerships, International Aid and Financing, Health Insurance and Social Protection, Research and Innovation.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: General Secretariat of Mental Health and Addiction Treatment, Ministry of Health and Population, Egypt.

Type of organization (please add X next to your selection):

Governmental organization ☒ X

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

There must be an increase support for mental health through different stakeholders, private sectors and civil society.

Driving attention to support for mental health in the primary health care.

Emerging need for capacity strengthen in economic evaluation and digitalization of health information

The need for mass media campaign for mental health promotion

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

1. we should have a document that frame whole of society cooperation and approach to mental health policies.
2. We should have a document that frame a health system design that guide investments and financing strategies for reshaping health policies and pricing of medicine and services.
3. We should have a document that frame the whole information system and data analysis.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

There is direct relation between spending on ncd and mental health and country income.

Mental health ranges from 10% of total NCD

International organization and ministries of health need more resources to allow them support mental health expenditure.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Government should development strategies that can any type of organization support financing for NCD and mental health.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Strong emphasis on tobacco excise taxes tobacco, alcohol and sugar sweetened beverage are highly effective but not highly implemented in our country.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments Provide sufficient training for health care providers for basic skills to detect mental health problems Building capacity for specialist in psychiatry field to gain essential competencies for risk assessment and management plan for patients with mental health problem.
5. Financial protection for NCDs and mental health: Why and how? It will typically revolve around prepayment to protect against infrequent , high cost services like hospitalization. Caretakers affected by mental health conditions face heightened financial risks due to lengthy duration of care Mental health patients has chronic health conditions make their opportunity to generate income less
6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions? Upskill Health workers who are already in service, improve re service training, improvement and revisions of licensing and regulations.
7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society CSOs can influence the health financing process from advocating for resources for new disease programmes as partner with government, they can also aid in policies implementation.
Additional documents
Noncommunicable diseases, tobacco control and mental health investment cases Health promotion through tobacco control programme: 1. Increase awareness for smoking mental/physical health problems. 2. Campaigns for tobacco cessation programs. 3. Increase availability for medications equipment's for tobacco cessation 4. Increase taxes for cigarettes as away of reduction smoking
Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health? Increase funding to support mental health services and trainings of mental health staff Increase cooperation with primary health care to raise awareness of mental screenings and services

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: Germany
Type of organization (please add X next to your selection): X Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ○ nongovernmental organizations, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify):
Please extend each of the boxes as needed to provide feedback: Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? In 2001, heads of state and governments from across Africa passed the Abuja Declaration, in which they unanimously resolved to each commit at least 15% of their annual budgetary allocations to funding healthcare. Even though many African countries have marginally increased health spending overall, only a handful of countries have met this target in any given year. Only two countries met the target in a longer period.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? German development assistance for health aims to sustainably and holistically strengthen health systems for Universal Health Coverage (UHC) in partner countries. The overall goal is that everyone has unhindered access to the quality health services they need, when and where they need them – including for NCDs and mental health – without suffering financial hardship, e.g. through out-of-pocket payments. A particular focus is set on strengthening primary health care (PHC). With PHC's holistic approach to supporting a person's needs throughout their life and its strong emphasis on health promotion and disease prevention, care for NCDs and mental health can be provided equitably and cost-effectively (as it ensures early detection, continuous care, and reduces the need for expensive hospital treatments). Further, to achieve UHC, Germany sets a strong focus on strengthening social protection in the event of illness, particularly considering poor, vulnerable and marginalized populations. They are the worst affected by these conditions, trapping them in poverty and reinforcing inequalities, among others due to catastrophic health spending.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? Countries must increase their efforts for domestic resource mobilisation. A broad range of options exists to mobilize resources, including health taxes. Social health protection mechanisms, such as social as public

health insurance as part of the solidarity system, can be mechanisms to raise and pool resources for health and ensure equitable access to health services, also for NCDs and mental health. However, the exact model, approach, and resource mix, needs to be context-specific, responsive to needs and other factors, including population size, size and structure of economy, political landscape. Additionally, financing for NCDs and mental health should not be raised separately.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Overall allocation of public resources for health has to be increased. These resources then have to be used efficiently, strategically and equitably, including to ensure coverage for NCDs and mental health. This means that priority setting, purchasing and models for provider payments need to be shaped by needs, ideally based on a needs assessment, articulated in a strategic plan and costed accordingly. Priority should be given to primary health care, as the most inclusive, equitable and cost-effective approach to promoting physical and mental health and wellbeing compared to secondary and tertiary care.

5. Financial protection for NCDs and mental health: Why and how?

The paper underlines that people living with NCDs, mental health conditions, and other chronic conditions, are more likely exposed to prolonged out of pocket spending on treatment and care, which can lead to financial hardship or impoverishment. It can also result in them not seeking care in the first place. The paper advises countries to extend exemptions or limits in prices for medication for the poorest households to those affected by chronic conditions (for example, by capping annual contributions or by using low fixed co-payments).

Germany recognizes that sufficient, predictable and sustainable financing for social health protection is key to progress towards UHC. Financial protection should thus not vertically cover certain conditions and its care but should follow a holistic approach. Social health protection schemes should be built and strengthened to reduce overall out-of-pocket payments, including but not limited to payments related to treatment and medication for chronic diseases and mental health conditions, particularly considering poor, vulnerable and marginalized populations.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

The paper underlines that low- and lower-middle income countries are disproportionally more affected by the shortage of health workers. To address NCDs and mental health as well as other health services in LMICs, Germany's approach is to support health systems to increase the institutional capacities, the educational output and quality, and the absorption capacity of local labour markets in health.

Moreover, the paper states that "Brain Drain" is a key challenge to reaching a sufficient number of health workers in LMICs. Germany supports the alignment of recruitment activities to the WHO Global Code of Practice on the International Recruitment of Health Personnel. This supports countries most severely affected by the shortage of health workers. At the same time, international recruitment can represent a viable option both for sending and receiving countries to face their respective challenges. Sending countries can benefit of an organised recruitment that takes place under clearly defined framework conditions as well as from remittances of emigrated workers, whereas receiving countries can fill their demand of health workers.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Germany supports the points laid out in this paper and considers the involvement of civil society in the development and implementation of policies, programmes and monitoring strategies as crucial. Moreover, health services must follow a human rights-based approach, be inclusive, gender-responsive and address inequalities.

Suggestion: recognizing the importance of the primary health care approach according to the Alma Ata declaration, we would add the following points to the recommendations:

- Support health systems that are human rights-based patient- and community-centred and respond to their needs in a holistic and integrated way. This includes strengthening health systems horizontally integrating NCDs and mental health services within health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services throughout the life course.
- All building blocks of a health system (including service delivery; health workforce; health information systems; access to essential medicines; financing; leadership and governance) must be designed to be inclusive and accessible to all individuals, regardless of gender, age, disability status, cultural background, socio-economic background. Moreover, health systems should ideally be gender-transformative, or at the very least gender-responsive in order to reduce discrimination against women and girls, LGBTIQ+ persons and other marginalised groups.
- Therefore, the involvement of civil society organisations focusing on diverse issues such as gender and social inequality should be also welcomed in shaping health systems, including NCDs and mental health services.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Due to the principle of solidarity state in Germany, income from taxes, in this case tobacco and alcohol tax, are not earmarked for specific areas, they go as revenue into the federal budget.

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Financing for NCDs and mental health should be considered as part of sustainably and sufficiently financing health (systems) overall, ensuring that NCDs and mental health are integrated and covered in line with country and population needs. The developed recommendations should be non-binding and any implementation must be voluntary and comply with national laws and regulations. Furthermore, in Germany each specialized ministry receives the negotiated amount from the federal budget and is responsible for its own expenditure within the available budget.

Germany cannot agree to an obligation to increase the tax on tobacco products to 75% of the retail price. Higher taxes on alcohol or additional taxes on sugary or highly processed foods, for example, would not be in line either. The general reference in the template to the voluntary nature of the measures would make this point harmless. However, we could not agree to an obligation

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

Diálogo internacional sobre la financiación sostenible para las enfermedades no transmisibles (ENT) y la salud mental

Consulta en línea | Plantilla de comentarios

Nota: Se prefiere que los formularios sean completados en inglés, pero se aceptarán aquellos que estén en otros idiomas oficiales de la ONU. Estos últimos serán traducidos utilizando un traductor en línea, por lo que algunos mensajes podrían ser desvirtuados.

Organización: BOLIVIA
Tipo de organización (marque su selección con una X): Estados Miembros (X) Organismos, programas y fondos de las Naciones Unidas y otras organizaciones multilaterales Agentes no estatales ○ organizaciones no gubernamentales, incluidas aquellas que representan a personas con experiencia directa en estos temas de salud ○ fundaciones filantrópicas ○ instituciones académicas ○ otro (especificar):
Puede ampliar cada una de las secciones a continuación según sea necesario para proporcionar sus comentarios:
Versión preliminar del resumen de los documentos de antecedentes técnicos
Versión preliminar de los mensajes emergentes que servirán de base para el documento final del Diálogo Internacional sobre la Financiación Sostenible
1. Gasto sanitario relacionado con las ENT y la salud mental: ¿Qué podemos aprender de las cuentas nacionales de salud? El financiamiento para las ENT no se efectiviza de manera operativa, por lo que se debería promover la llegada efectiva y tangible de la cooperación hacia la persona, familia y comunidad.
2. Financiación externa para las ENT y la salud mental: ¿Cuál es el papel de la asistencia para el desarrollo destinada a la salud? Traducir el financiamiento en indicador de insumo (capacidad instalada en servicios de salud de primer nivel de atención, fortalecimiento del conocimiento actitud y práctica en el marco del desempeño técnico de calidad de los profesionales).
3. Financiación nacional para las ENT y la salud mental: ¿Cuál es el papel de los impuestos saludables y otras medidas fiscales? Como Programa Nacional de Enfermedades No Transmisibles no existe un beneficio directo de los impuestos saludables.
4. Financiación nacional para las ENT y la salud mental: prioridades, compras y pagos a proveedores Se debería promover a las ENT como prioridad para el financiamiento y promover la desburocratización en el proceso de compras.
5. Protección financiera frente a las ENT y la salud mental: ¿Por qué es necesaria y cómo lograrla? La previsión sostenible de fondos para la prevención de los factores de riesgo de las ENT es una inversión directa hacia el desarrollo humano, como un mecanismo de protección financiera. Se logrará una vez las ENT sean tomadas como prioridad dentro de la asignación del gasto público.
6. Recursos humanos para la salud: Cómo se pueden fomentar las contribuciones de la fuerza laboral para abordar las ENT y los problemas de salud mental? Incrementando recursos humanos designados al Programa Nacional de ENT para el trabajo por componente: prevención, seguimiento y control y Promoción de la salud.

7. Impulsar la inversión, la actuación y la rendición de cuentas en torno a las ENT y la salud mental: el papel de la sociedad civil

La sociedad civil debe demandar mayor inversión en información y comunicación de los factores de riesgo de las ENT mediante medios masivos (conversatorios, debates, medios radiales, televisivos, redes sociales, otros) para fomentar la reconducción de hábitos y estilos hacia la protección de la salud y la vida.

Otros documentos

Caso a favor de la inversión en torno a las ENT, el control del tabaco y la salud mental

Financiación de la salud en crisis humanitarias dirigida a las ENT

Establecer un mecanismo de financiación dirigida a las ENT ante una amenaza de crisis humanitaria, generando un mecanismo de reinserción de la persona y su familia a un entorno armónico y adecuado a su cultura.

Observaciones generales relativas a varios documentos:

Por último, ¿tiene su organización alguna sugerencia sobre nuevos compromisos de los Jefes de Gobierno en relación con la financiación sostenible de las ENT y la salud mental?

Ampliar la gestión de financiamiento sostenible para dar una respuesta a la población demandante de atención en salud.

Por favor, envíe este formulario completado a OnTheRoadTo2025@who.int entre el 1 y el 26 de mayo del 2024.

Diálogo internacional sobre la financiación sostenible para las enfermedades no transmisibles (ENT) y la salud mental

Consulta en línea | Plantilla de comentarios

Nota: Se prefiere que los formularios sean completados en inglés, pero se aceptarán aquellos que estén en otros idiomas oficiales de la ONU. Estos últimos serán traducidos utilizando un traductor en línea, por lo que algunos mensajes podrían ser desvirtuados.

Organización: Costa Rica

Tipo de organización (marque su selección con una X):

Estados Miembros (X)

Organismos, programas y fondos de las Naciones Unidas y otras organizaciones multilaterales

Agentes no estatales

- ☐ organizaciones no gubernamentales, incluidas aquellas que representan a personas con experiencia directa en estos temas de salud
- ☐ fundaciones filantrópicas
- ☐ instituciones académicas
- ☐ otro (especificar):

Puede ampliar cada una de las secciones a continuación según sea necesario para proporcionar sus comentarios:

Versión preliminar del resumen de los documentos de antecedentes técnicos

Corresponde a una revisión de las orientaciones anteriores de la OMS y el Banco Mundial sobre la financiación en las ENT y las revisiones se realizaron mediante:

- revisiones bibliográficas estructuradas
- revisiones documentales de políticas nacionales sobre ENT y salud mental
- entrevistas con informantes clave del gobierno, la sociedad civil y la comunidad de donantes
- análisis cuantitativos.

Versión preliminar de los mensajes emergentes que servirán de base para el documento final del Diálogo Internacional sobre la Financiación Sostenible

No hay comentarios

1. Gasto sanitario relacionado con las ENT y la salud mental: ¿Qué podemos aprender de las cuentas nacionales de salud?

Gasto sanitario relacionado con las ENT y la salud mental 2020

2 256 289 065 140,00

Las cuentas de salud presentan una descripción sistemática de los flujos financieros relativos al consumo de los bienes y servicios de salud. Su intención es describir la salud desde la perspectiva del gasto, por ende las cuentas de salud son herramientas fundamentales para comprender y gestionar el sistema de salud la cual en este caso relacionada con las enfermedades ya que es crucial comprender la carga de las enfermedades a través de un clasificador que no solo nos indica el gasto sobre dicha enfermedad, si no también nos orienta a que se pueda intervenir y aplicar ciertas políticas en salud para el bienestar de la población y que incidencia puede tener en la economía de un país.

2. Financiación externa para las ENT y la salud mental: ¿Cuál es el papel de la asistencia para el desarrollo destinada a la salud?

No hay financiación externa solamente se dio para COVID-19, sin embargo, esta enfermedad no entra entre ENT y salud mental.

3. Financiación nacional para las ENT y la salud mental: ¿Cuál es el papel de los impuestos saludables y otras medidas fiscales?

No hay comentarios

4. Financiación nacional para las ENT y la salud mental: prioridades, compras y pagos a proveedores

Es un tema que le competencia de la CCSS, del cual no tenemos injerencia, se les pidió la revisión, pero a la fecha no remitieron respuesta.

5. Protección financiera frente a las ENT y la salud mental: ¿Por qué es necesaria y cómo lograrla?

Es un tema que le competencia de la CCSS, del cual no tenemos injerencia, se les pidió la revisión, pero a la fecha no remitieron respuesta.

6. Recursos humanos para la salud: Cómo se pueden fomentar las contribuciones de la fuerza laboral para abordar las ENT y los problemas de salud mental?

No hay comentarios

7. Impulsar la inversión, la actuación y la rendición de cuentas en torno a las ENT y la salud mental: el papel de la sociedad civil

No hay comentarios

Otros documentos

Caso a favor de la inversión en torno a las ENT, el control del tabaco y la salud mental

Control de Tabaco

- 1. Se adjunta documento elaborado por la Secretaría del Convenio Marco de Control de Tabaco de la Organización Mundial de la Salud en el año 2021: **“Caso a favor de la inversión en la aplicación del Convenio Marco de la OMS para el Control del Tabaco en Costa Rica”**. El estudio incluye información específica que fue mencionada en los documentos proporcionados a esta solicitud.
- 2. La **Política Nacional de Salud 2023 – 2033**, establece las metas en Control de Tabaco y los recursos estimados para ejecutar las intervenciones estratégicas durante el periodo 2024 - 2028:

Indicador	Línea Base	Meta
6.3 Porcentaje de población de 12 a 70 años que redujo el consumo activo de productos de tabaco.	2022: 11,30%	2033: 8,80%

Acción Estratégica	Indicador	Línea base	Meta	Estimación de recursos	Responsable
O6.AE6. Aumento de la cobertura de servicios de atención especializada para el abordaje de consumo de Sustancias Psicoactivas (SAP).	O6.AE6.I1. Porcentaje de personas que consultan por primera vez en la vida en los servicios del IAFA.	2021: 45,02%	2024: 45,3% 2025: 45,6% 2026: 46,0% 2027: 46,3% 2028: 46,5%		
	O6.AE6.I2 Número de personas que utilizan servicios de atención derivados del consumo de sustancias psicoactivas.	2021: 20.388	2024: 22.550 2025: 26.300 2026: 28.950 2027: 31.000 2028: 33.250		
O6.AE7. Implementación de la estrategia de regulación mediante las inspecciones en materia de control de tabaco y sus derivados.	O6.AE7.I1. Porcentaje anual de inspecciones realizadas por el Ministerio de Salud en materia de Control de Tabaco y sus derivados	2023: 100% (20.456 inspecciones)	2024-2028:100% 2024: 20% 2025: 20% 2026: 20% 2027: 20% 2028: 20%	2024-2028: 4.100.000.000 2024: 900.000.000 2025: 800.000.000 2026: 800.000.000 2027: 800.000.000 2028: 800.000.000	Ministerio de Salud / Dirección General de Salud / Nivel Regional, Director (a) Nivel Local, Director (a)
O6.AE8. Implementación del Procedimiento Administrativo Sumario para resolución de las actuaciones administrativas en materia de control de tabaco y sus derivados	O6.AE8.I1. Porcentaje anual de procedimientos administrativos sumarios realizados por el Ministerio de Salud en materia de Control de Tabaco y sus derivados	2023: 100% (646 procedimientos administrativos sumarios)	2024-2028:100% 2024: 20% 2025: 20% 2026: 20% 2027: 20% 2028: 20%	2024-2028: 5.443.000.000 2024: 643.000.000 2025: 1.200.000.000 2026: 1.200.000.000 2027: 1.200.000.000 2028: 1.200.000.000	Ministerio de Salud / Dirección General de Salud / Nivel Regional, Director (a) Nivel Local, Director (a)

3. Con respecto a las medidas fiscales:

El gobierno de Costa Rica percibe ingresos por impuestos especiales a los productos de tabaco y sus derivados:

- Desde el año 2012, se estableció la creación de un impuesto específico para los cigarrillos y similares (cigarrillo, cigarro, puros de tabaco y sus derivados, de producción nacional o importado). El impuesto no aplica a los productos de este tipo destinados a la “exportación, los sucedáneos de tabaco y los extractos y jugos de tabaco empleados en la preparación de insecticidas o parasiticidas.”

El impuesto se distribuye de la siguiente forma:

a) Un cincuenta y cinco por ciento (55%) de los recursos se destinarán a la Caja Costarricense de Seguro Social (CCSS), para que sean utilizados en:

- i) El diagnóstico, el tratamiento y la prevención de enfermedades asociadas al tabaquismo.
- ii) El fortalecimiento de la Red Oncológica Nacional, para que sea utilizado en la prevención, el diagnóstico, el tratamiento, la rehabilitación y los cuidados paliativos del cáncer.

b) Un veinte por ciento (20%) se destinará al Ministerio de Salud, para que cumpla las funciones encomendadas en la presente ley.

c) Un cinco por ciento (5%) se destinará al Instituto sobre Alcoholismo y Farmacodependencia (IAFA), para el cumplimiento de los fines establecidos en la presente ley.

d) Un veinte por ciento (20%) se destinará al Instituto Costarricense del Deporte y la Recreación (ICODER), para el cumplimiento de sus funciones vinculadas con el acceso al deporte y la recreación para toda la población, como medios eficaces para la promoción de la salud. Al menos un cincuenta por ciento (50%) de estos recursos se invertirá en las provincias costeras, las zonas fronterizas y las comunidades rurales del país.

La recaudación de este impuesto, tiende a la baja:

Tabla 7. Asignación presupuestaria total a las cuatro instituciones beneficiarias por concepto de la Ley 9028, 2013-2020 -En millones de colones-

ESQUEMA GENERAL

	2013	2014	2015	2016	2017	2018	2019	2020
Recaudación total del impuesto al tabaco	₡ 38 859,59	₡ 32 276,77	₡ 33 680,79	₡ 32 560,00	₡ 30 590,00	₡ 30 768,00	₡ 27 186,00	₡ 23 897,00
Asignación presupuestaria	NO CALCULABLE	NO CALCULABLE	₡ 24 252,90	₡ 28 105,74	₡ 26 867,07	₡ 24 481,90	₡ 22 728,67	NO CALCULABLE

ESQUEMA ESPECÍFICO

	2013				2014			
RECAUDACIÓN	₡ 38 859,59				₡ 32 276,77			
ASIGNACIÓN TOTAL	NO CALCULABLE				NO CALCULABLE			
INGRESO A INSTITUCIÓN %	MINS ₡ 6 218,72 NO CALCULABLE	CCSS ₡ 30 384,00 NO CALCULABLE	ICODER ₡ 5 064,00 NO CALCULABLE	IAFA ND NO CALCULABLE	MINS ₡ 5 298,30 NO CALCULABLE	CCSS ₡ 20 304,00 NO CALCULABLE	ICODER ₡ 2 755,33 NO CALCULABLE	IAFA ND NO CALCULABLE
	2015				2016			
RECAUDACIÓN	₡ 33 680,79				₡ 32 560,00			
ASIGNACIÓN TOTAL	₡ 24 252,90 72%				₡ 28 105,74 86%			
INGRESO A INSTITUCIÓN %	MINS ₡ 4 515,80 13,4%	CCSS ₡ 14 267,80 42,4%	ICODER ₡ 3 226,10 9,6%	IAFA ₡ 2 243,20 6,7%	MINS ₡ 2 836,00 8,7%	CCSS ₡ 22 706,14 69,7%	ICODER ₡ 2 220,30 6,8%	IAFA ₡ 343,30 1,1%
	2017				2018			
RECAUDACIÓN	₡ 30 590,00				₡ 30 768,00			
ASIGNACIÓN TOTAL	₡ 26 867,07 88%				₡ 24 481,90 80%			
INGRESO A INSTITUCIÓN %	MINS ₡ 3 762,30 12,3%	CCSS ₡ 18 454,17 60,3%	ICODER ₡ 2 825,70 9,2%	IAFA ₡ 1 824,90 6,0%	MINS ₡ 2 634,00 8,6%	CCSS ₡ 16 385,90 53,3%	ICODER ₡ 2 731,00 8,9%	IAFA ₡ 2 731,00 8,9%
	2019				2020			
RECAUDACIÓN	₡ 27 186,00				₡ 23 897,00			
ASIGNACIÓN TOTAL	₡ 22 728,67				NO CALCULABLE			
INGRESO A INSTITUCIÓN %	MINS ₡ 4 282,00 15,8%	CCSS ₡ 14 645,50 53,9%	ICODER ₡ 2 349,90 8,6%	IAFA ₡ 1 451,27 5,3%	MINS ND NO CALCULABLE	CCSS ₡ 12 267,20 NO CALCULABLE	ICODER ₡ 1 498,33 NO CALCULABLE	IAFA ₡ 2 556,80 NO CALCULABLE

Fuente: SIME Consultoría, con base en los datos obtenidos por las diferentes fuentes que se detallan más adelante para cada institución.

TABLA 1: Recaudación del impuesto específico en Costa Rica
Del 2012 al 2020

2020	₡ 23 897,00
2019	₡ 27 186,00
2018	₡ 30 768,00
2017	₡ 30 590,00
2016	₡ 32 560,00
2015	₡ 33 680,79
2014	₡ 32 276,77
2013	₡ 38 859,59
2012	₡ 19 851,71

Presupuesto Ley de la República

PERIODO	Presupuesto MS (millones de ₡)
2020	₡3 826,00
2019	₡4 282,00
2018	₡2 634,00
2017	₡3 762,30
2016	₡2 836,00
2015	₡4 515,80
2014	₡5 298,30
2013	₡6 182,71

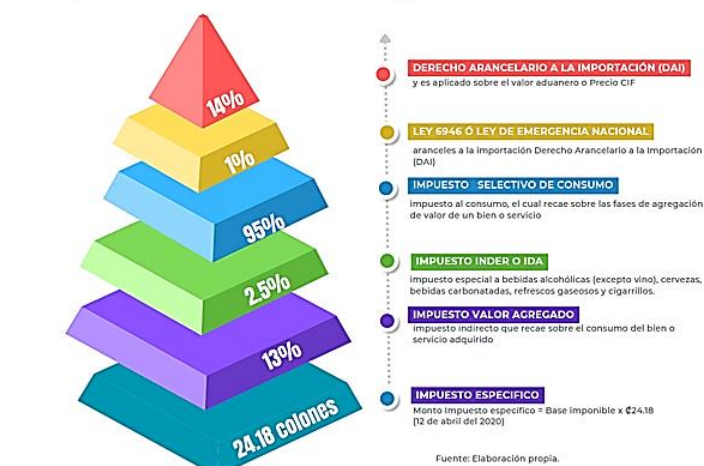
Fuente: Informe FCTC 2030, 2021.

- Desde el año 2021, se estableció la creación de un impuesto con destino específico sobre la venta de los Sistemas Electrónicos de Administración de Nicotina (SEAN) y Sistemas Similares sin Nicotina (SSSN), así como sobre los dispositivos electrónicos que utilizan tabaco calentado y tecnologías similares, sus accesorios y otros bienes complementarios, incluyendo el líquido para su uso, de producción nacional, así como sobre la importación de estas mercancías.

El impuesto beneficia a la Caja Costarricense de Seguro Social (CCSS), para que sea utilizado exclusivamente en la compra de medicamentos de alto impacto financiero, que sean necesarios para el tratamiento de patologías relacionadas con el tabaco, a saber: cáncer, aparato cardiovascular, problemas pulmonares y cualquier otra patología grave que se detecte por el uso de los dispositivos regulados en esta ley.

Asimismo, los productos de tabaco deben de pagar otros impuestos establecidos en leyes especiales (Ejemplo: ad Valorem, IVA, entre otros). Sin embargo, la sumatoria porcentual de los impuestos en nuestro país, se encuentran por debajo del umbral recomendado por la OMS del 75% del precio minorista. Siendo de 55 %.

Impuestos a los productos de tabaco y derivados



Fuente: Fonseca. H. (2022). Programa Control de Tabaco. Ministerio de Salud.

Actualmente, se discute en el plenario legislativo el proyecto de ley N.º 23.880 “Ley para la Responsabilidad Social del Consumo de Tabaco”, presentado por un diputado de la Asamblea Legislativa.

- Se adjunta informe y resumen de la “Estimación de Carga de Enfermedad, carga económica e impacto de los impuestos al tabaco en 8 países de América Latina” elaborado por el Instituto de Efectividad Clínica y Sanitaria (Argentina) en el año 2020; en el que se detalla costo de carga de enfermedad y mortalidad por consumo de tabaco en Costa Rica.

Financiación de la salud en crisis humanitarias dirigida a las ENT

No existe partidas específicas y en crisis de emergencia nacional se activa la Comisión Nacional de Emergencias

Observaciones generales relativas a varios documentos:

No hay comentarios

Por último, ¿tiene su organización alguna sugerencia sobre nuevos compromisos de los Jefes de Gobierno en relación con la financiación sostenible de las ENT y la salud mental?

No hay comentarios

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Ministry of Health, Republic of Indonesia
Type of organization (please add X next to your selection): Member States X UN agencies, programmes and funds, and other multilateral organizations Non-State actors - o nongovernmental organizations, including those representing lived experience of health conditions - o philanthropic foundations - o academic institutions - o other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue - Point 3: The point accurately reflect the current financing landscape for noncommunicable diseases (NCDs) and mental health. However, it's critical to emphasize the substantial disparity in funding relative to the burden these health issues pose. Although more than half of health spending is directed towards NCDs and mental health, only a fraction (~1%) of developmental assistance is allocated to these areas. This gap underscores the urgent need for increased financial commitment and support. - Point 9: The emerging messages capture the essential elements needed to guide the outcome document effectively. However, they could be further strengthened by emphasizing the dual impact of NCDs and mental health on COVID-19 vulnerability. The pandemic has shown that individuals with these conditions are more susceptible to severe outcomes, which not only exacerbates the spread of the virus but also stresses the health systems. Therefore, a dual strategy that integrates the management of communicable diseases with NCDs and mental health is essential for holistic health system resilience. - Key messages: Promotion and Prevention: Given the chronic nature of NCDs and mental health issues, there is a pressing need for a robust focus on evidence-based promotion, prevention, early detection, and timely treatment. Strategies such as community-based health programs, public awareness campaigns, and school-based interventions have proven effective and should be expanded. Research and manufacturing capacity: It's vital that lower and middle-income countries (LMICs) develop local capacities for research and the manufacturing of diagnostics and therapeutics. This will not only ensure timely access to essential tools but also bolster local economies and healthcare independence. Comprehensive health system transformation: Given the interdependence of health system components, it is paramount for countries to undertake comprehensive health system transformation to address multiple challenges simultaneously, including strengthening primary and secondary healthcare, pandemic and pharmaceutical resilience, healthcare workforce, financing, and information technology.
1. Health spending on NCDs and mental health: What can national health accounts tell us? The National Health Account provides a snapshot of healthcare spending in a country, encompassing both public and non-public schemes. NHA serves as a tool for systematically and comprehensively recording the flow of funds within a country's healthcare system. This account offers information on healthcare expenditures that can trace the sources of funding, funding mechanisms, fund management institutions, service providers, and the utilization of these expenditures. NHA can provide an overall picture of spending patterns and can be used to evaluate healthcare

spending, addressing issues of adequacy, equity, efficiency, effectiveness, and sustainability of healthcare funds. Another benefit of NHA is its role in improving evidence-based planning and budgeting, as well as advocating for relevant stakeholders. Therefore, NHA can serve as a reference for spending on NCDs/mental health in a country when making evidence-based policy decisions regarding interventions for NCDs and mental health issues.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Although the document outlines potential opportunities for Development Assistance for Health (DAH),(Table 4), potential opportunities for mental health could also include support for a) deinstitutionalisation of mental health services, and b) increasing availability of modern mental health medicine in LMICs. Moreover, Development Assistance for Health (DAH) should fill the gap in domestic funding.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Tax incentives are effective tools for reducing Non-Communicable Diseases (NCDs). For instance, taxing sugary beverages encourages manufacturers to produce healthier options with lower sugar content, thereby potentially lowering the prevalence of NCDs. These taxes should be used for activities that are promotive and preventive in nature, including regulatory development.

Similarly, higher taxes on alcohol can lead to reduced consumption, potentially decreasing alcohol-related mental health issues. Additionally, raising tobacco taxes can discourage smoking by increasing the cost of cigarettes, which may contribute to a decline in NCDs such as cancer, heart disease, and lung ailments. Tobacco taxes are returned to the regions to fund the National Health Insurance premium and healthcare facility provision.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

A) Priorities and purchasing:

1. NCDs are chronic diseases that require lifelong treatment with expensive medical costs. Therefore, the most appropriate strategy is prevention, which can be implemented at primary healthcare facilities. Efforts for prevention at primary healthcare facilities include:
 1. Screening for NCDs, such as diabetes, cervical cancer, and mental health.
 2. Funding through a comprehensive insurance system under the National Health Insurance and its benefits including mental health services.
 3. Due to the high cost of NCDs, payment under the national health insurance can use prospective payment instead of fee-for-service to control costs.
 4. Promoting healthy living through various media channels.
 5. Ensuring compliance with continuous monitoring of treatment by healthcare professionals.
 6. The government needs to invest in laboratories to increase screening and medical equipment for NCD treatment.

B) Provider payments:

1. Through social insurance or private insurance, payments in primary care are through capitation, while in referral services (hospitals), they are through claims (benefit packages).
2. Through out-of-pocket payments.

5. Financial protection for NCDs and mental health: Why and how?

NCD and mental health are chronic diseases that can occur throughout life, and their treatment becomes more expensive as the diseases worsen. Therefore, the best financial protection is through health insurance / universal health coverage.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Strengthen the health workforce through training and capacity building to provide comprehensive and equitable healthcare services. For example, in cervical cancer interventions:

1. Enhance clinical and allied health capacity building and training for healthcare professionals in cervical cancer interventions and evidence-based information aligned with national guidelines.
2. Optimize the size and distribution of the healthcare workforce to ensure comprehensive and equitable delivery of cervical cancer interventions.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Civil society can participate in the prevention of NCDs and mental health issues by collaborating with the government to form Movements on healthy lifestyles through:

1. Establishing communities engaged in healthy lifestyles, such as running clubs, senior citizen exercise groups, and cancer survivor support groups.
2. Mobilizing philanthropic funds for NCDs and mental health diseases.
3. Providing input on government intervention programs in combating NCDs and mental health issues.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases
Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers: Perhaps more interviews could be done asking consumer groups and government in different countries on the challenges they face and the support needed.
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health? The lessons learned from the COVID-19 pandemic provide a valuable foundation for a comprehensive approach to tackling NCDs and mental health. These insights highlight the interconnectedness of communicable and noncommunicable diseases and the necessity for integrated health strategies that view human health as both an individual and societal responsibility. Financial Commitments: The stark contrast in funding allocation for NCDs and mental health versus their impact on global health underscores the need for a drastic increase in developmental assistance. We urge Heads of Government to commit to scaling up funding substantially to bridge this gap. Medicine Accessibility: Inequality in the availability of effective and safer medications in LMICs is a significant concern. We propose implementing tiered pricing, pooled procurement, patent pools, and technology transfer agreements to enhance accessibility and affordability of essential medicines.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.