



World Health
Organization

Saving lives, spending less:

the case for investing in
noncommunicable diseases



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Data analysis: Robert Totanes, Melanie Bertram

Writer: Iain Simpson; with contributions from Susannah Robinson, Jin Ni, Aikaterini Botsiou, Gulia Sharipova, and Rosemary Mamka Anonya

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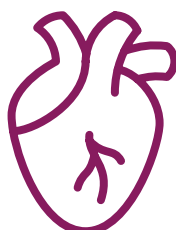
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Investing in the Best Buys for Noncommunicable Diseases now means that by 2030:

Close to
7 million
lives saved



Nearly
10 million
cases of heart attack
and stroke averted



US\$ 230
billion
in economic
gains



This investment yields
a return of:

US\$ 7
for each dollar invested

* For this analysis, 76 low- and lower-middle income countries were included. Relative to the original report published in 2018, there have been changes to the list of countries due to shifts in their income classification – Algeria, Belize, Iran (Islamic Republic of), and Samoa have been added, while Armenia, Georgia, Guatemala, Jordan, and Republic of Moldova have been dropped. The list also excludes the West Bank and Gaza, which is not a WHO Member State. Furthermore, the Democratic People's Republic of Korea, Eritrea, South Sudan, and the Syrian Arab Republic were excluded due to a lack of GDP data available to project prices. Kiribati has been excluded as insufficient baseline epidemiology was available.

FOREWORD

Dr Tedros Adhanom Ghebreyesus

Director-General, World Health Organization

Noncommunicable diseases (NCDs) such as heart disease, diabetes, cancer and respiratory disease have long been the leading causes of premature mortality in high-income countries. What is less well-known is that 85% of all premature deaths from NCDs globally now happen in low- and middle-income countries. Not only does that have a devastating impact on families and communities, it also exacts a heavy toll on health budgets, social participation and productivity. The anticipated global financial impact of NCDs between 2010 and 2030 has been estimated to be as high as US\$ 47 trillion.

Even before the COVID-19 pandemic, many countries were already at risk of missing their commitment to reduce premature NCD deaths by one third by 2030. COVID-19 has exacerbated this challenging situation. People with NCDs are at increased risk of severe disease and death from COVID-19, and the pandemic has also severely disrupted NCD prevention and treatment services. In a 2020 rapid assessment by WHO, nearly 75% of countries reported disruptions to NCD services due to the pandemic.

We know what needs to be done. WHO has identified significant health and economic returns through investment in key NCD Best Buy interventions and policies. The 2018 WHO report *Saving lives, spending less* showed that countries and donors could save millions of lives lost to NCDs through cost-effective interventions. For each dollar invested in these interventions, a return of up to US\$ 7 could be generated through reduced health costs and improved productivity.

The updated figures in this new edition show that with the right strategic investments, countries that bear a significant amount of the NCD burden can change their disease trajectory and deliver significant health and economic gains for their citizens. Donors may also find this publication useful, following the example of Norway, which used the 2018 publication to guide its investments in global health.

WHO's target is to see one billion more people enjoying better health and well-being by 2023. As part of that commitment, we stand ready to support governments in using these Best Buy policies to protect people from NCDs. Working together, we can do this in a way that minimizes costs while maximizing health and economic benefits for countries.

In a world filled with uncertainty, one thing we can be certain of is that without action, NCDs will continue to be a significant threat to global health. Investing in evidence-based policies is an investment in a healthy future.

INTRODUCTION

The urgent challenge for health in the 21st century



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Investing in the fight against noncommunicable diseases (NCDs) has never been more important. These diseases currently cause seven out of every ten deaths around the world. Yet many of the deaths could be prevented with an additional investment of less than one dollar per person per year.

Since the beginning of 2020, much of the world's attention has been focused on COVID-19 and the immense health and economic damage done by this new disease. But COVID-19 is not the only health crisis facing the world today – far from it. Long before the pandemic began, NCDs were already responsible for the majority of global deaths. They continue to be leading threats to health in all countries and have also contributed substantially to deaths and serious illness from COVID-19.

NCDs such as cancer, diabetes, heart disease, chronic respiratory diseases and stroke have a major impact on health and well-being and are responsible for around 74% of global deaths every year.¹ These diseases and the major risk factors that contribute to them (tobacco use, alcohol use, unhealthy diet and lack of physical activity) also have significant negative consequences on economic productivity and financial stability for individuals and households.

The COVID-19 pandemic has further highlighted the often unseen impact of NCDs. Diabetes, heart disease and hypertension, cancer, lung diseases, and obesity all significantly worsen the effects of COVID-19, increasing the risk of serious illness or death. NCDs are also known to increase the risks from other infectious diseases, interacting in various ways and undermining people's health.

Although COVID-19 has touched both the rich and the poor, its impact on poorer people has been more severe. The poorest and most vulnerable members of society have the highest risk of serious illness and death from COVID-19 and its intersection with other health conditions, especially NCDs. This underscores the need to invest in NCD prevention and protect those whose health is most vulnerable.

In light of the pandemic, countries around the world are looking for new ways to protect people's health for the future.

Investing now to tackle NCDs would reduce the impact of these diseases and their risk factors for many years to come. As a public health investment, NCD prevention and control is a remarkable bargain, yielding a return of US\$ 7 for every dollar invested by 2030, saving millions of lives and adding millions of healthy life-years. Preventing NCDs will also help vulnerable populations better resist future pandemics by improving people's cardiovascular and overall physical health. Investing in the NCD Best Buys as part of strengthening primary health care (PHC) and including NCDs into universal health coverage (UHC) is an important part of preparedness.

There has never been a better – or more important – time to invest in NCD prevention and control. For governments, donor agencies and philanthropists, this is both an urgent challenge and an opportunity for impact. This investment case spells out the need for investment and why now, more than ever, is the time to focus on this critically underfunded area.

WHAT IS THE PROBLEM?

NCDs such as diabetes, heart disease, cancer, chronic respiratory diseases and stroke kill 41 million people annually and damage the health of millions more. These conditions often strike when people are in their most productive years, with more than 15 million people dying prematurely between the ages of 30 and 69 each year.²

Eighty-five percent of all premature deaths caused by NCDs occur in low- and middle-income countries.³ On top of the human toll, this also means that these countries are the most affected by the economic losses connected to NCDs. Premature deaths take away individuals during their most productive economic years, reducing human capital and decreasing productivity while increasing costs from serious illness, disability and death.

In addition to ending lives prematurely, NCDs cause lasting social and economic harm to individuals, their families, communities and countries.

Tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity all increase the risk of becoming sick and possibly dying from an NCD.⁴ Yet in many cases, these risk factors are driven by public policy choices that can influence the decisions that individuals make. Many of the risk factors are modifiable, meaning that action can be taken to change them. In addition, basic management of existing NCDs can prevent unnecessary deaths and improve the quality and duration of people's lives. Policies that prevent, manage, and control NCDs are therefore a robust long-term investment in improving health and well-being.

WHAT CAN BE DONE?

In 2017, the World Health Assembly endorsed a package of 16 affordable, cost-effective and evidence-based NCD interventions. These are known as the NCD Best Buys. They focus on addressing the major NCD risk factors – tobacco use, harmful alcohol use, unhealthy diets and inadequate physical activity – and management of priority disease areas – cardiovascular disease, diabetes and cervical cancer.

Despite the devastating impact of NCDs and the availability of evidence-based strategies to reduce their impact, there continues to be massive underinvestment in these measures. The investment case presented here examines in more detail the costs and benefits of using the Best Buys for low-income countries (LICs) and lower-middle-income countries (LMICs). It highlights how a relatively modest investment can help prevent NCDs and deliver significant benefits.



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The 16 NCD Best Buy Interventions

TOBACCO



- 1 Increase excise taxes and prices on tobacco products
- 2 Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
- 3 Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
- 4 Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport
- 5 Implement effective mass-media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke

ALCOHOL



- 6 Increase excise taxes on alcoholic beverages
- 7 Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- 8 Enact and enforce restrictions on the physical availability of alcohol in sales outlets (via reduced hours of sale)

HEALTHY DIETS



- 9 Reduce salt intake through the reformulation of food products to contain less salt, and the setting of maximum permitted levels for the amount of salt in food
- 10 Reduce salt intake through establishing a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable low-salt options to be provided
- 11 Reduce salt intake through behavior change communication and mass-media campaigns
- 12 Reduce salt intake through the implementation of front-of-pack labelling

PHYSICAL ACTIVITY



- 13 Implement community-wide public education and awareness campaigns for physical activity, including mass-media campaigns combined with other community-based education, motivational and environmental programmes aimed at supporting behavioral change around physical-activity levels

MANAGE CARDIOVASCULAR DISEASE AND DIABETES



- 14 Provide drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total-risk approach) and counselling for individuals who have had a heart attack or stroke and for persons with high risk ($\geq 30\%$) of a fatal or non-fatal cardiovascular event in the next 10 years

HPV VACCINATION & CERVICAL CANCER SCREENING



- 15 Vaccination against human papillomavirus (two doses) of girls aged 9 to 13 years
- 16 Prevention of cervical cancer by screening women aged 30 to 49 years, either through visual inspection with acetic acid linked with timely treatment of precancerous lesions; pap smear (cervical cytology) every 3 to 5 years, linked with timely treatment of precancerous lesions; human papillomavirus tests every 5 years, linked with timely treatment of precancerous lesions

How does this investment case help?



This investment case looks at how the NCD Best Buys could benefit 76 LICs and LMICs whose populations total almost 4 billion – about half of the people in the world.⁵ It also estimates the costs of scaling up the NCD Best Buys in these countries through 2030 and shows the potential health impact when they are fully implemented. The lives saved, diseases avoided and healthy life-years gained are then translated into the economic and social benefits that would have been lost in a business-as-usual scenario where no new or additional action was taken.

WHAT INVESTMENTS ARE NEEDED?

This analysis shows that an additional investment of US\$ 0.84 per person per year in LICs and LMICs could deliver a package of measures that will reduce the burden of NCDs. The measures would reduce tobacco use, curb the harmful use of alcohol, improve diets, increase physical activity, reduce the risk of cardiovascular diseases and diabetes, and prevent cervical cancer.

The calculation takes into account the human and capital resources needed to fully implement the NCD Best Buys in LICs and LMICs. The amount invested represents approximately 5% of annual domestic government health expenditure in these countries – a relatively low figure, considering the health burden it addresses. If grouped by income classification, the average per capita investment required is even less for LICs: US\$ 0.51 annually. For LMICs the per person average is US\$ 0.90.

WHAT DO WE GET FROM THE NCD BEST BUYS?⁶

The investments in NCD Best Buys can have a significant impact even within the first five years of implementation. By 2030, they are projected to save close to 7 million lives, avoid 10 million cases of heart disease and stroke and add a total of 50 million years of healthy life. While these benefits are substantial, they likely underestimate the full health impact, due to limitations of the model.⁷ Furthermore, the additional benefits of protecting people from NCDs in terms of COVID-19 outcomes have not yet been considered in the analysis.

When converted into economic and social benefits, these health gains are estimated to be worth more than US\$ 230 billion. This figure represents the total value of economic output from those whose deaths would be averted, along with productivity gains from more people avoiding NCDs and social benefits from increased years of healthy life.

The NCD Best Buys are highly cost-effective interventions. Comparing the estimated cost of implementation with the projected economic gain yields an overall return on investment (ROI) of nearly US\$ 7 for every dollar invested, making them a truly value-for-money investment.



Investing in the NCD Best Buys

For an
additional
US\$ 0.84
per person
per year



7 million
lives saved



10 million
heart attacks and
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50 million
healthy life-
years gained

US\$ 230 billion
in economic
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US\$ 7
Return on each
dollar invested

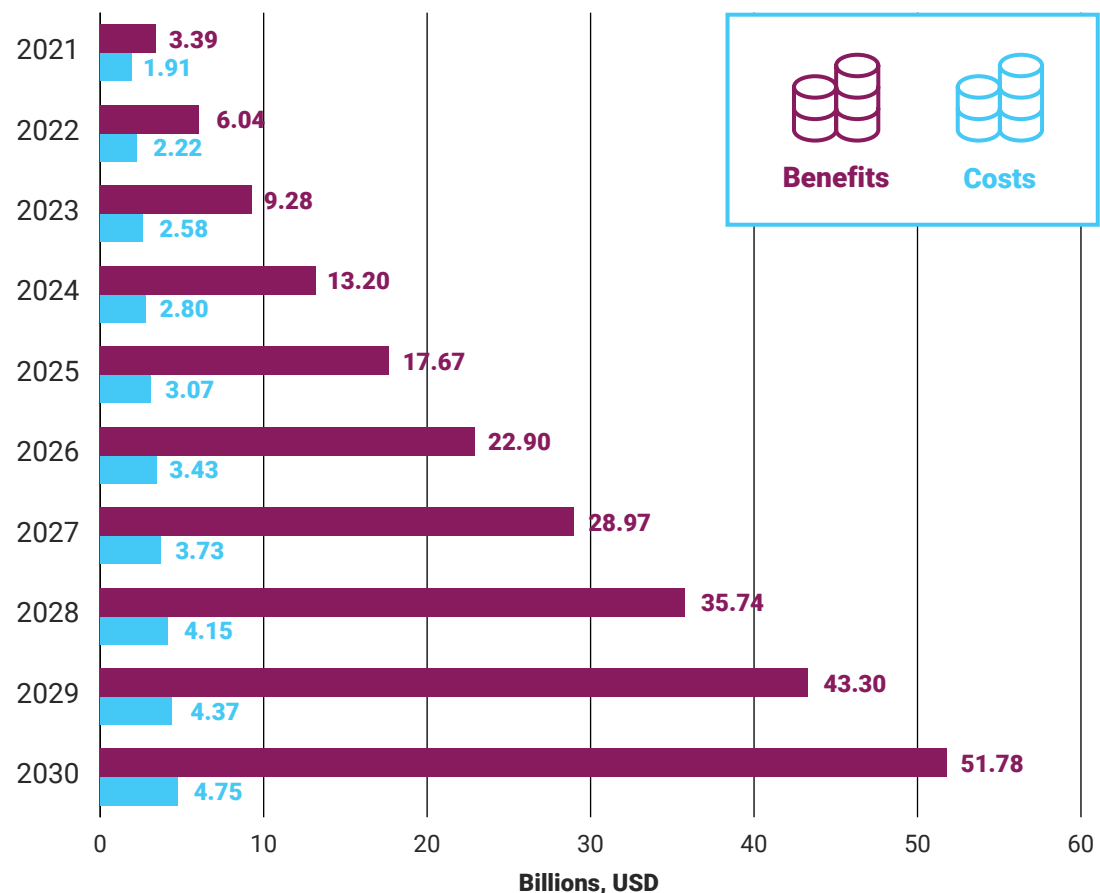
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HOW DO THE INVESTMENTS WORK?

Most of the NCD Best Buys focus on prevention. The policies include increasing health taxes, restrictions on marketing and sales of harmful products, information and education and vaccination. They also include several actions connected to managing metabolic risk factors, such as hypertension and diabetes, in order to prevent more-severe disease and its complications. All of the interventions are relatively inexpensive and require little capital investment but will help avoid much of the high cost of treatment in future.

Around the world, health budgets are more constrained than ever due to the impact of COVID-19. They are also facing significant increases in future spending. This makes the case for NCD prevention even more attractive – and even more urgent. By making a relatively small investment now, governments and donors can have an immediate impact on health outcomes, with a return that will continue for many years, and can also help to ensure preparedness, with vulnerable populations in better shape to resist future pandemics. Every dollar invested is expected to produce a return of US\$ 7 on average within the next ten years, and that return will continue to accrue long beyond 2030.

Value of Economic and Social Benefits vs. Costs of Implementing the 16 NCD Best Buys



Based on an ambitious scale-up pattern for all 76 LICs and LMICs included in the analysis, where all policy interventions are immediately implemented and pharmaceutical interventions reach 50% coverage in 2030. Many of the investments needed are in prevention activities. Further details of the assumptions and analytic process are detailed in the accompanying methods document.

A SELF-SUSTAINING INVESTMENT

The 16 NCD Best Buys include measures that will actively generate revenue for governments that implement them; namely, increased taxes on tobacco and alcohol. These measures have been shown to reduce risks to health while generating significant revenues. The net financial benefit to governments will also continue for many years.

By investing the equivalent of less than US\$ 1 per person each year in the NCD Best Buys through 2030, countries will accrue valuable long-term benefits. In addition to the direct health impact, these interventions have a multiplier effect that can help deliver substantial economic benefits in the longer term and can help every country build back better from the impact of the COVID-19 pandemic.

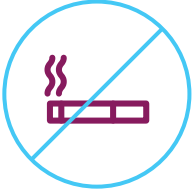
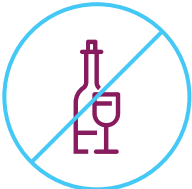
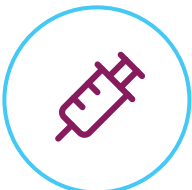
BETTER RETURNS WHEN IMPLEMENTED TOGETHER

The analysis also looks at the returns on investment for each of the NCD Best Buy intervention packages covering the critical policy areas. It shows that while each of the interventions can be implemented individually, their effects are stronger and produce a greater return on investment when introduced together. For example, increasing taxes on or prices of tobacco products at the same time as introducing plain packaging and/or large graphic health warnings will have a greater impact on overall rates of tobacco use. Similarly, reducing salt intake through reformulation of food and education while at the same time promoting physical activity will more rapidly reduce the risk of cardiovascular disease.



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ROI for Specific Intervention Areas

		Return on Investment (ROI) per dollar invested
TOBACCO US\$ 1		US\$ 7.11
ALCOHOL US\$ 1		US\$ 8.32
HEALTHY DIETS US\$ 1		US\$ 11.93
PHYSICAL ACTIVITY US\$ 1		US\$ 3.20
MANAGE CARDIOVASCULAR DISEASE AND DIABETES US\$ 1		US\$ 3.12
HPV VACCINATION & CERVICAL CANCER SCREENING US\$ 1		US\$ 2.34

Investment implications

WHAT DOES INVESTMENT IN NCD PREVENTION MEAN FOR COUNTRIES AND POLICYMAKERS?

Despite the destructive long-term impact of NCDs on people and economies, NCD prevention and control in many LICs and LMICs has received relatively little investment. The additional impact of COVID-19 has left more people at higher risk of dying, being undiagnosed, untreated, and unprotected. This needs to change. The measures with the highest return on investment in the table above are low-cost primary prevention and control measures with the potential to deliver high impact. Returns on these investments will begin quickly and will continue for many years. In the case of hypertension and diabetes management, for example, the benefits are immediate and will last well beyond 2030 (the period used for these calculations).

Countries that have invested in implementing the NCD Best Buys have seen – and continue to see – impressive returns. For the wider economy, the benefits come in the form of increased productivity, greater contribution to economic growth and more government revenue through taxation. For an individual, the benefits can be measured in increased life expectancy, more healthy years of life, greater earning potential and protection from the financial consequences of living with NCDs. The health and economic benefits for a young person who is prevented from becoming a smoker or excessive drinker will last throughout that person's life, which is why it is important to invest in preventing NCDs now.



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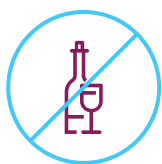
COUNTRY SUCCESS STORIES

The NCD Best Buy interventions have already been successfully implemented in several countries across the world. Below are some real-world examples of how these measures have had significant impact in those countries:



BRAZIL

In 2019, Brazil made history when it achieved the highest marks in all WHO MPOWER⁸ tobacco control measures through strong national laws, advertising bans and increases in tobacco tax rates. Despite pressure and intense lobbying from the tobacco industry on multiple fronts, the country has been able to maintain and build on its tobacco control efforts. In effect, smoking prevalence decreased from 23.9 % in 2000 to 13.1% in 2020.⁹ For a country with more than 200 million people, these figures mean that millions of lives have been saved and millions of people have avoided chronic illness and disability associated with tobacco use. On top of the health impact, the country has brought in billions of dollars of tax revenue through tobacco taxation.¹⁰



RUSSIAN FEDERATION

In 2003, the Russian Federation had one of the highest levels of alcohol consumption in the world: 20.4 liters of alcohol per capita. Hazardous drinking patterns observed in the country were associated with high mortality and harm, with excessive alcohol consumption a contributing factor to low life expectancy for men. However, by 2016, alcohol consumption had been reduced by almost half, to 11.7 liters per capita.¹¹ This was achieved through applying the Best Buys for alcohol – taxation and price increases, restrictions on the physical availability of alcohol and bans on alcohol marketing as part of Russia's national strategy for reducing alcohol consumption.



SOUTH AFRICA

In 2005, the average salt intake of South African adults was at 8.1 grams per day. A significant portion of the salt consumption was non-discretionary intake, with the highest proportion coming from bread, margarine and soup mixes.¹² To help reduce salt intake, South Africa adopted a comprehensive approach and strategy consisting of a series of interventions. In 2013, it enacted legislation limiting the amount of salt in certain products, triggering the reformulation of a wide range of processed foods. Manufacturers were required to comply with these targets in a two-step process by 2016 and 2019, with early evidence suggesting good adherence overall.¹³ Some early evidence also suggests that these regulations have been effective in lowering salt intake in young adults by 0.82 grams per day,¹⁴ with a full evaluation of the programme still pending. As part of its effort to reduce salt intake, the government also published a set of guidelines for voluntary front-of-pack labelling and has been supporting mass-media campaigns to increase public awareness of the benefits of lower salt intake.



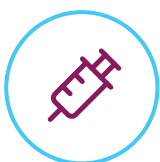
JAMAICA

Poor physical activity had long been identified as an important focus area for Jamaica to deal with its high rates of cardiovascular diseases. The Jamaican Ministry of Health and Wellness launched an island-wide campaign, Jamaica Moves (#JaMoves), aligned with the WHO Global Action Plan on Physical Activity 2018-2030.¹⁵ The campaign encouraged the population to move for at least 30 minutes per day. It involved social media, mass media (TV, radio, newspapers), brochures and posters. It featured physical activity ambassadors and personal stories from people who were #LivingWithAnNCD. Other initiatives included fitness competitions between popular influencers, the Get Moving corporate challenge, advocacy on global health days and several island-wide activities.



PANAMA

In 2018, more than one quarter of all deaths in Panama were attributed to cardiovascular diseases.¹⁶ To tackle the problem, the government introduced a national program in November 2018 using the WHO HEARTS technical package¹⁷ to focus on reducing rates of hypertension, a major risk factor for many forms of heart disease. By July 2020, 52,872 patients were enrolled in the program across 37 health facilities. The program saw the country's 6-month hypertension control rate – a measure for better hypertension control – improve from 40% in January 2019 to 77% in March 2020.¹⁸



RWANDA

In 2016, 13% of deaths in Rwanda were estimated to be caused by cancer,¹⁹ with cervical cancer as the leading cause of cancer-related death in women.²⁰ In 2011, Rwanda became the first African country to implement a national human papillomavirus (HPV) vaccination program. The Ministry of Health, together with the Ministry of Education, designed a school-based strategy to deliver the required three doses of the vaccine. WHO and other partners supported broader community mobilization. As a result of these efforts, more than 1 million girls received the first dose of the HPV vaccine (98% of the target).²¹ The vaccination programme has contributed to thousands of cervical cancer cases being averted in the country and lives being saved.

WHAT DOES THIS INVESTMENT IN NCDs MEAN FOR DONORS?

For donors, the NCD Best Buys are an investment that is impactful, sustainable and inexpensive.

In the past, NCDs have not been prioritized by sovereign donors or private philanthropists. Data from 2018 and 2019 indicate that NCDs accounted for about 7% of external aid to low and middle income countries, reflecting both direct support for NCDs and the attribution of some cross-cutting aid (e.g. for health systems overall) to NCD services.²² Growing evidence for the health and economic benefits of NCD policies, combined with the harsh spotlight COVID-19 has shone on the damage done to people living with or at risk for NCDs, makes tackling these diseases a priority. Donors making substantial new investments in this area can expect to see significant impact from their investment, which will also bring more attention and visibility to the problem of NCDs. This will be key to building preparedness for future pandemics and humanitarian crises.

Some of the measures are already being supported by significant funders in health and development. These include the Governments of Norway and the Russian Federation, Bloomberg Philanthropies and the European Commission, among others. Their commitments and related work have proven the impact that investing in NCDs can have, and has set a trend for others to continue.

The figures from this investment case are clear: supporting the package of NCD Best Buys in LICs and LMICs is a wise investment with strong and sustainable benefits for years to come.



NORWAY: A PIONEER IN INTERNATIONAL AID AND NCDs AS PART OF THE DEVELOPMENT AGENDA

The first WHO global investment case on NCDs was launched in May 2018. In November 2019, Norway launched a new international development strategy Better Health, Better Lives, specifically designed to prevent and control NCDs. The government committed to offering US\$ 130 million in international development assistance to help LICs tackle NCDs, including cancer, heart diseases, respiratory diseases, mental health conditions and diabetes.

Their decision to invest was based partly on the ROI data from the investment case. The Minister of International Development, Dag-Inge Ulstein and the Minister of Health, Bent Høie, noted that if the WHO Best Buy interventions were implemented in all LICs and LMICs, more than 8 million lives could be saved by 2030.²³ The country was especially supportive of the use of taxation and regulation measures to discourage the consumption of tobacco and alcohol, along with integrated support to countries through all three levels of WHO for the prevention and control of NCDs together with partners.

Norway is the first country in the world to introduce an NCD strategy as part of its international development policy. It is hoped that its success will inspire other countries to follow suit. With many LICs continuing to shoulder the greatest burden from these diseases, overseas development assistance will be an essential part of the solution.

How can financing be raised for these measures?

The following are some promising financing opportunities emerging in the NCD space. It should be noted that “global” fundraising mechanisms, which can be disease- or intervention-specific, differ substantially from domestic financing arrangements, which are best integrated within overall health budgets.

PRIORITIZE NCDS AND HEALTH IN DOMESTIC BUDGETS

WHAT

Funding in national budgets for health, including for UHC and NCD prevention.

WHY

Population health is a priority for all governments, to build healthy societies for the future. Allocating domestic funding for health shows commitment to finding the resources needed to fund this critical area.

TAXATION

WHAT

Increased excise taxes on tobacco, alcohol and other health-harming products.

WHY

Raising taxes on tobacco and alcohol is a proven, efficient and cost-effective way for governments to reduce consumption and raise additional revenue.

SUPPORTING EVIDENCE

In 2016, a WHO analysis estimated that raising cigarette excise in all countries by 1 international dollar (PPP\$) per pack (about US\$ 0.8 per pack) would increase cigarette excise revenue by 47%, from PPP\$ 402 billion to PPP\$ 593 billion, providing an extra PPP\$ 190 billion (US\$ 141 billion) in revenue.²⁴ The Addis Ababa Action Agenda 2015 recognizes that tax measures on tobacco can be an effective means of reducing tobacco consumption and health-care costs and that they represent a revenue stream for financing for development. Taxation of tobacco and alcohol are both Best Buys.



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INNOVATIVE FINANCING / PUBLIC-PRIVATE PARTNERSHIPS

WHAT

Initiatives that ethically and sustainably create a steady source of revenue that can be channeled to national or regional NCD programmes.

WHY

In a world of limited resources, there is clear appetite for new funding models, especially models that generate sustainable income. There is also clear interest in public-private partnerships. If properly designed and managed, these can offer a way for governments, development actors and the private sector to pool resources and work together for efficiency.

SUPPORTING EXAMPLES

Since 2006, UNITAID – founded by a consortium of governments (Brazil, Chile, France, Norway and the United Kingdom) – has used an airline-ticket tax in specific countries to fund work. Organized to focus on tuberculosis, HIV and malaria, UNITAID expanded its focus to NCDs in 2019 by including the prevention of cervical cancer. The newly established WHO Foundation, created to support and complement WHO's resource mobilization efforts, is a non-profit grant-making foundation that aims to strengthen world health by providing funding to address the most critical global health issues, including programmes for NCDs.²⁵ Since 2014, Be He@lthy Be Mobile, a joint programme of ITU and WHO, has brought in millions of dollars from the private technology and pharmaceutical industries to support NCD programmes.²⁶ Other examples of initiatives to help bring funding from the private sector include the Defeat-NCD partnership²⁷ and WHO's collaboration with St. Jude's Research Hospital²⁸, the World Diabetes Foundation and other key stakeholders to tackle NCDs.²⁹

UN TRUST FUNDS, GRANTS AND BILATERAL FUNDS

WHAT

Targeted donor or development bank funding to help countries cover the initial costs of introducing a new NCD policy.

WHY

Initial investment can help countries prove the benefits of a new policy, making it easier to guarantee longer-term public investment. It can also increase private sector confidence in a programme, encouraging its participation.

SUPPORTING EXAMPLES

Grants. Since 2007, Bloomberg Philanthropies has committed over US\$ 1 billion to combat tobacco use worldwide. The Government of Italy has also provided catalytic funding for tobacco control programmes in several countries in Africa. The Russian Federation has contributed US\$ 40 million for NCD programmes between 2019 and 2023³⁰. In addition, Germany, Luxembourg and Denmark are providing funds for NCD programmes to organizations such as WHO. *Loans.* In 2015, the World Bank provided US\$ 350 million to the Government of Argentina to finance the Protecting Vulnerable People Against NCDs project. *ODA.* In 2019, Norway was the first country in the world to introduce an NCD strategy as part of its international aid work, allocating more than NOK 200 million for 2020.³¹ *Trust funds.* In 2021, WHO, UNICEF and UNDP established the NCD and Mental Health MPTF to support countries in achieving the Sustainable Development Goal (SDG) Targets.

OTHER FINANCIAL ACTIONS TO SUPPORT THE NCD BEST BUYS

DIVESTMENT

WHAT

Country and donor investment portfolios shifted to exclude industries that undermine health.

WHY

Sovereign wealth funds, pension funds, large retail and investment banks and insurance companies all hold stakes in industries whose modus operandi is directly at odds with the aims of the global health community. Addressing the financial support that the tobacco industry in particular receives is an important and often overlooked part of the NCD financing challenge.

SUPPORTING EXAMPLES

The WHO Framework Convention on Tobacco Control (FCTC) guidelines for implementation stipulate that government institutions and their bodies should not have any financial interest in the tobacco industry. By working with the world's largest financial organizations, Tobacco Free Portfolios has worked with dozens of leading financial organizations from more than 20 countries to implement tobacco-free finance policies spanning lending, investment and insurance.³²

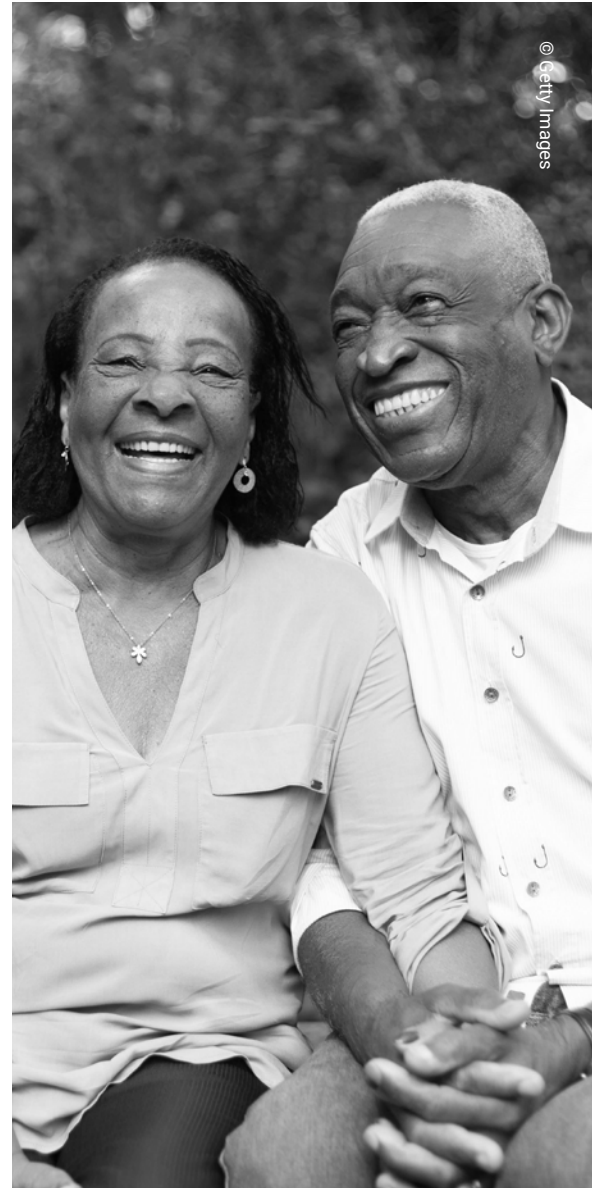
TRACKING NCD EXPENDITURES

WHAT

An Organisation for Economic Co-operation and Development (OECD) code for tracking NCD investment, created in 2019.

WHY

Although NCDs constitute two thirds of the global burden of disease, recent estimates show that NCD funding still constitutes only 7% of overall health aid.³³



KEY POINTS

- Current domestic and external funding and technical support for NCDs are far from sufficient in LICs and LMICs.
- There is no “Global Fund for NCDs,” and traditional official development assistance (ODA) donors remain focused on communicable diseases. The amount of ODA for NCDs constitutes about 7% of overall health aid.³⁴
- Households bear the brunt of health care spending on NCDs and have limited financial protection in most LMICs. Several of the National Noncommunicable diseases and injuries (NCDI) Poverty Commissions found evidence that spending on NCDs involves disproportionately high out-of-pocket spending.
- Government donors such as Norway and private philanthropies such as Bloomberg Philanthropies have been early pioneers in funding NCD programmes in LICs and LMICs. Norway was the first country in the world to include funding for NCD programmes in its international development agenda in 2020.
- There are new opportunities around multi-donor and investment funds for NCDs. The *UN Multi Partner Trust Fund to Catalyze Country Action on NCDs and Mental Health* has been established to catalyze domestic financing and action and elevate NCDs on the global health and development financing agenda.³⁵
- The new WHO Framework Convention for Tobacco Control (WHO FCTC) Investment Fund will source financial contributions beyond the traditional health sector, establishing a capital investment fund, the earned revenue of which will be used to support the activities of both the Convention and the Protocol to Eliminate Illicit Trade in Tobacco Products.³⁶
- There are promising opportunities within innovative financing and taxation, and other pooled funding mechanisms.

WHO has prioritized funding for NCD programmes in its Thirteenth Global Programme of Work, given that NCDs are the greatest cause of death in the world.

Implications for inequality

The greatest number of premature deaths from NCDs – some 85% of the total – occur in low- and middle income countries, including some of the poorest nations in the world.³⁷ From the perspective of global equality, it is only right to address NCDs in these countries in order to protect their populations and economies from the burdens caused by these diseases. Even in comparatively wealthy societies, it is the poorest and most vulnerable who have the least access to treatment and are the most exposed to risk factors. Theirs are the lives that are most impacted by the diseases.

Investing in preventing NCDs will lead to healthier, more economically productive people and a substantial improvement in national output. At the same time, reducing health-care costs, sickness among workers and related out-of-pocket expenses leaves more money for people to spend. This is especially important for people with fewer resources, who generally spend a higher proportion of their income on out-of-pocket health-care expenses and are more vulnerable to the catastrophic impact of unexpected costs.



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This is not purely a question of numbers. It is, of course, important to think about the aggregate impact of lives saved and the economic impact of healthy years of life. But it is equally important to focus on the benefits of investing in people's health and well-being. Investment in NCD prevention and treatment is about improving people's lives. Not doing so leaves people facing the prospect of years of ill health followed by premature death.

Investment in NCDs is vital to fight poverty and inequity in some of the poorest and most vulnerable societies in the world. It is also necessary for meeting the broader SDGs, realizing UHC and health-systems strengthening. The impact of such investment on individuals, families, communities and, ultimately, national economic development is immense. Donors and government budget-holders who want to have a significant impact on health, welfare and economic development need to look closely at the potential for changing futures by investing in NCD programmes.



CONCLUSION

A call to action

An infectious pandemic has highlighted the need to invest in NCDs

The impact of COVID-19 has been felt by people in every country around the world. The virus has infected both the wealthy and the poor, but the difference in health and economic outcomes is stark: poorer and more-vulnerable people have been hit hardest. This inequality of outcomes clearly underlines the need to build back better and protect those whose health is most vulnerable.

The COVID-19 pandemic has shone a harsh light on the vulnerability of people living with NCDs, who have a higher risk of serious illness and death from COVID-19. To reduce the impact of COVID-19 and future pandemics, countries must address the underlying risks to health that have left people more vulnerable and will leave countries more prone to future pandemics.

NCDs and COVID-19 both discriminate against the poorest and most vulnerable groups of societies. Preventing and treating them is an issue of fairness and equity. By protecting people from NCDs, governments can lower the risk of death and severe complications from COVID-19, as well as many other diseases. And by improving the systems that are in place to reduce levels of NCDs across society, the world can be better prepared for the next pandemic, wherever it emerges. This is why NCD investments should be an integral part of future pandemic preparedness and response plans.

The recovery from COVID-19 gives the world an opportunity to build back better, improve health security and protect the health of those who need it most. Addressing NCDs is an integral part of this response.

ENDNOTES

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- This analysis includes 76 LICs and LMICs. The list of countries differs from that in the original report published in 2018 due to shifts in countries' income classification: Algeria, Belize, Iran (Islamic Republic of) and Samoa have been added, while Armenia, Georgia, Guatemala, Jordan and Republic of Moldova have been dropped. The current list also excludes the occupied Palestinian territory (supported by the WHO office for West Bank and Gaza), which is not a WHO Member State. The Democratic People's Republic of Korea, Eritrea, South Sudan and the Syrian Arab Republic were excluded due to a lack of gross domestic product data available to project prices. Kiribati has also been excluded, because insufficient baseline epidemiology was available.
- The 76 countries included in the analysis are listed in the accompanying methods document.
- A detailed description of assumptions and methodology used can be found in the accompanying methods document.
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