WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control

Copenhagen, 9-11 April 2018

CONCEPT NOTE

Strategic setting of the Conference

1. Inclusion of noncommunicable diseases (NCDs) in the 2030 Agenda for Sustainable Development, with the commitment to reduce premature mortality from NCDs by one third by 2030 (SDG 3.4), was a bold and crucial step towards addressing one of the biggest developmental challenges of the 21st century. However, reaching SDG 3.4 in low- and middle-income countries (LMIC) will require equally bold changes in the way countries finance the development and implementation of national NCD responses. It raises the bar high. It requires action on a dramatically different scale from its precursor framework, the 2011 Political Declaration of the UN General Assembly on NCDs. It is the defining agenda of our time.

2. The rising tide of official development assistance (ODA) for health has not lifted the NCD boats. Until recently, the development agenda for NCDs has emphasized more political commitments than mobilization of resources. As a result, the urgency of the problem has not translated into country-level action. The large inequality in the burden of NCDs and domestic resources to address them continues to remain, highlighting the North-South divide. In addition, information and knowledge gaps at global, regional and country levels impede the effective mobilization of predictable and sustained financing for NCDs to ensure the implementation of best practices, efficient use of resources, and advancement of Universal Health Coverage (UHC), including NCDs.

3. Integrating the NCD ‘best buys’ and other recommended interventions into the national UHC benefit packages provided by the public sector offers a pathway to a better future, but requires new capacity, mechanisms and mandates of Ministries of Health to engage all stakeholders across government, NGOs, the private sector, philanthropic foundations and academic institutions in order to address the root causes of NCDs.

4. In preparation for the third High-level Meeting of the UN General Assembly on NCDs, the WHO GCM/NCD and the government of Denmark will co-organize a Global Dialogue (Conference) to include WHO Member States, the UN development system, and non-State actors to explore new ways to address the critical gap in financing for national NCD responses.
5. The objective of the Conference is to catalyse new solutions and bring existing knowledge into a multisectoral and multistakeholder partnership forum. Acknowledging that development outcomes cannot be attributed to any one actor or intervention, the need for greater policy coherence for development effectiveness and policy harmonization across both aid and non-aid sectors will be emphasized. The focus will be on how to mobilize domestic and external (bilateral and multilateral) financing streams, as well as incentivize private sector finance to support national NCD responses. The rapid growth of philanthropic giving and philanthropists’ ability to leverage additional funds through multi-stakeholder partnerships for curbing NCDs may also be explored.

6. While traditional funding patterns and public-private partnerships are critical for mobilizing resources, innovative and alternative sources and partnership modalities for collaboration and comprehensive NCD prevention and control will be discussed as well. The Conference will produce a report with recommendations for consideration by the 3rd High-level Meeting on NCDs, to be held in 2018.

Why NCDs?

4. Premature mortality from NCDs constitutes one of the major global health and development challenges. It kills women and men when they are most productive - between the ages of 30 and 70. WHO estimates that there were 15 million premature deaths in 2015 globally, and no country was spared. However, the burden continues to rise disproportionately among the low-income and lower-middle-income countries, where 7 million (i.e. 47%) of premature deaths from NCDs occur. Within countries, these deaths disproportionately affect the poorest and those furthest behind. The NCD epidemic is rooted in poverty, and driven by the impact of globalization of the marketing and trade of health-harming products, rapid urbanization, as well as population ageing.

5. Most premature deaths from NCDs can be prevented or delayed by implementing the NCD ‘best buys’ and other recommended interventions for the prevention and control of NCDs, which were endorsed by the World Health Assembly in May 2017.

6. World leaders have committed in the 2030 Agenda for Sustainable Development to, by 2030, reduce by one third premature mortality from NCDs and promote mental health and wellbeing (SDG 3.4). Since Heads of State and Government met in New York in September 2011, governments have also made an extraordinary range of political commitments to reduce premature mortality from NCDs at the UN General Assembly, ECOSOC and World Health Assembly. However, the progress has been insufficient and highly uneven since 2011. Unless political action is accelerated in 2018, the current rate of decline in premature mortality from NCDs is insufficient to meet SDG 3.4 by 2030. This will also lead to significant GDP losses and keep millions of people trapped in chronic poverty, exacerbated by high costs of care and long-term treatment for NCDs.

Why financing?

7. WHO and the Graduate Institute in Geneva co-organized a Global NCD experts meeting in June 2017 to identify why progress on curbing premature deaths from NCDs is so slow. The experts concluded that one of the greatest political obstacles that impede countries from achieving SDG 3.4 include the lack of domestic and international financing for the development and implementation of national NCD responses.
The Addis Ababa Action Agenda adopted by the UN General Assembly in July 2016 sets out the action areas on how to finance national SDG responses, including NCDs. These include:

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<tr>
<th>NCD-relevant Action areas</th>
<th>Examples</th>
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<td>Domestic public resources</td>
<td>Tobacco taxation, taxes on alcohol and SSB</td>
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<tr>
<td>Domestic and international private business and finance</td>
<td>Blend finance, pooled funding structures (e.g. health promotion funds), public-private partnerships</td>
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<td>International development cooperation</td>
<td>ODA to catalyse additional resource mobilization from other (public and private) sources (e.g. tobacco tax collection)</td>
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<td>ODA to support national programmes which address comorbidities with NCDs (e.g. HIV/AIDS, reproductive health, TB)</td>
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<td>International trade as an engine for development</td>
<td>Integration of regional and global value chains (e.g. sustainable food systems promoting healthy diets)</td>
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<td>Addressing systemic issues</td>
<td>Policy coherence (e.g. between exporting health-harming products and provision of ODA)</td>
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<td>Science, technology, innovation and capacity-building</td>
<td>North-South, South-South and triangular cooperation</td>
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To help countries translate these aspirations into concrete steps to finance national NCD responses, the WHO Global Coordination Mechanism on NCDs convened two working groups led by Member States – (i) on financing NCDs, and (ii) aligning international cooperation and development assistance for health with national NCD plans and priorities. The working groups came up with actionable recommendations for multistakeholder action. The WHO GCM/NCD also organized a side event with the participation of senior leaders of major development agencies on SDGs and development financing for NCDs at the Prince Mahidol Award Conference in 2017 in Bangkok, Thailand. The event report is available at [http://www.who.int/global-coordination-mechanism/pmac_side_event/en/](http://www.who.int/global-coordination-mechanism/pmac_side_event/en/).

To track ODA for NCDs, OECD/DAC defined creditor reporter system codes in June 2017, which will enable tracking of ODA for NCDs in 2019, using 2018 ODA data. While many estimates exist at this juncture about the amount of ODA for NCDs currently available (ranging from 0.1% of global ODA to almost 2%), WHO is not in a position to verify the methodology of any estimates. However, by all estimates the ODA for NCDs seems to be very low to insignificant.

**Why now?**

The UN General Assembly will convene a third High-level Meeting on NCDs in 2018. The modalities (including the dates) will be determined by Member States in early 2018 in New York under the auspices of two Co-Facilitators (New York-based Ambassadors) appointed by the President of the UN General Assembly. As part of the preparatory process leading to the third High-level Meeting, the President of the UN General Assembly will convene an informal interactive hearing with non-State actors and will preside over the negotiations on the outcome document, while WHO will organize...
consultations which may serve as an input into the work of the Co-Facilitators to develop the zero draft outcome document (i.e. starting point of the negotiations).

12. As part of the preparatory process leading to the third High-level Meeting of the UN General Assembly on NCDs, WHO GCM/NCD and the Government of Denmark will co-organize a Global Dialogue (Conference) on NCD Financing in collaboration with other governments, UN agencies, intergovernmental organizations and non-State actors. The Conference will convene up to 300 representatives from governments, bilateral and multilateral funding agencies, nongovernmental organizations, philanthropic foundations, private sector entities, academic institutions, WHO, other UN Agencies, the World Bank, the UN Inter-Agency Task Force on Financing for Development, and the UN Inter-Agenty Task Force on NCDs. The outcome of the Conference may serve as an input into the work of the Co-Facilitators to be appointed by the President of the UN General Assembly in January 2018 to co-facilitate the process leading to the adoption of the outcome document at the third High-level Meeting on NCDs.

Goal

13. The goal of the Conference is to share information on existing and potential sources of finance and development cooperation at the local, national, regional and global levels and implement national NCD responses to reach SDG 3.4 through multistakeholder and multisectoral partnerships.

14. The goal builds on SDG 3.4, 3.5, 3.8, 3.a and SDG 17, the 2011 UN Political Declaration on NCDs, the 2014 UN Outcome Document on NCDs, the WHO Global NCD Action Plan 2013-2020, and the NCD ‘best buys’ and other recommended interventions endorsed by the World Health Assembly in 2017 and the recommendations of the WHO GCM/NCD Working Group on Financing:

- Mobilize and allocate significant resources to attain the NCD-related targets included in the SDGs by 2030, and the nine voluntary NCD targets in the WHO Global NCD Action Plan 2013-2020 by 2025.
- Effectively and efficiently utilize and expand domestic public resources to implement national NCD responses, including by making greater use of revenue from tobacco and other health-related taxes.
- Complement domestic resources for NCDs with ODA and catalyse additional resources from other sources to increase health expenditure on the prevention and control of NCDs.
- Promote and incentivize financing and engagement from the private sector to address NCDs, consistent with country priorities on NCDs.
- Enhance policy coherence across sectors in order to ensure that expected outcomes on national NCD policy are achieved, including by assessing the health impact of policies beyond the health sector.

Objectives

15. The objectives of the Conference are to:

- Assess the progress made since 2011 in funding national NCD responses through domestic, bilateral and multilateral channels, including traditional and voluntary innovative financing mechanisms
- Explore new financing streams to develop and implement national NCD responses for SDG 3.4, including blended finance, public-private partnerships, pooled funding structures, and innovative financing mechanisms
– Showcase concrete examples and best practices on how to mobilize resources and increase financing for national NCD responses through multistakeholder partnerships
– Explore synergies between financing SDG 3.4 and broader health systems strengthening efforts for Universal Health Coverage (UHC).
– Reinvigorate and strengthen the financing for NCDs follow-up process

Modalities

16. The mandate for the Conference derives from the Workplan (2018-2019) of the WHO GCM/NCD to mainstream the prevention and control of NCDs in the international development agenda; identify and share information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the WHO Global Action Plan on NCDs and reaching SDG 3.4; and advance multisectoral action by facilitating and enhancing the coordination of activities, multistakeholder engagement and action across sectors. The Conference will build on the recommendations of the two WHO GCM/NCD Working Group recommendations (Working Group 5.1 on financing NCD (2015-2016) and Working Group 3.2 on the alignment of international cooperation and development assistance for health with national NCD plans (2017-2017)) to hold a global conference on financing NCDs.

17. The Conference will be co-organized by the Government of Denmark together with the WHO GCM/NCD and other governments, with the support of the World Diabetes Foundation and other non-State actors (World Economic Forum, NCD Alliance, IFPMA).

18. The Conference will draw up to 300 participants and include representatives of Member States, UN organizations and interested non-State actors. It will be by invitation only. The structure will include a mixture of plenary sessions, interactive roundtable discussions and hands-on workshops.

20. The Conference will result in a report which may serve as an input into the preparatory process leading to the third High-level Meeting of the UN General Assembly on NCDs (organized under the auspices of the President of the UN General Assembly). The Co-Chairs may issue a statement summarizing the outcomes of the Conference.

21. While the specifics of this arrangement are to be further detailed, there would be obvious synergies in inviting selected private sector entities to review existing blended financing for NCDs, including public-private partnerships, and pooled funding structures, with a view to generate high-quality expertise that only WHO can provide through its unique combination of normative legitimacy and operational reach. In considering these proposals, WHO will work with the co-chairs to ensure that opportunities will also be given to representatives from private sector entities to be included in the agenda for the Conference to describe lessons learned in country-focused operational public-private partnerships for NCDs.