General comments:

- Resources remain the Achilles heel of the NCD response. Unlike other health issues, political commitment has yet to translate into sustainable and adequate resources for NCDs. This is evidenced at the national level, through limited domestic resource allocation; at the bilateral level, through a meagre 1.23% of development assistance for health (DAH) allocated to NCDs; and at the global level, with existing global financing facilities for health focusing on the MDG priorities.

- The reasons for the absence of adequate, predictable and sustained resources for NCDs are numerous, including the inherent characteristics of this category of conditions and diseases; their absence from the Millennium Development Goals (MDGs); and misperceptions that they are diseases of affluence, do not impact on the poorest and moreover, there are no cost-effective solutions.

- Clearly, substantial changes and innovative approaches are needed to catalyse investment in the response to the NCD epidemic that will yield long-term dividends. These approaches will need to reflect the changed global health and development landscape of post-2015. For example, the international economic centre of gravity is shifting away from OECD countries towards emerging economies such as the BRICS countries; there is a notable proliferation of non-traditional and non-donor development actors, including public-private partnerships and global financing mechanisms; and there is an expression of new thinking away from “donor-recipient” aid relationships to broader vehicles of development cooperation, as exemplified by the Busan Partnership.

- For these reasons, the NCD Alliance welcomes the focus of the GCM/NCD working group on financing for NCDs and the opportunity to comment on the supporting papers. This is an issue that requires urgent attention, with input from a broad group of stakeholders. It is also timely, given the final stages of the post-2015 negotiations and the parallel Third International Conference on Financing for Development in Ethiopia. The outputs of the GCM/NCD working group should be leveraged to input into these important political processes.

- In this submission, the NCD Alliance focuses on five strategies to accelerate financing for NCDs. These strategies complement to the content of the WHO GCM/NCD Discussion Paper, and respond to some of the questions posed. In addition, NCD Alliance supports the submission of the Framework Convention Alliance (FCA) which offers additional tobacco-specific comments and responses.

1. Strengthen the evidence base to support the case for financing NCDs:

To support the case for greater investment in NCD prevention and control, additional information and analysis is required. This information includes both a more in-depth understanding of the current NCD funding situation; and additional analysis of NCDs as diseases of poverty.

- The first priority is a more comprehensive analysis of the NCD donor funding situation. The data used in the policy brief on this topic\(^1\) is insufficient, due to the level of aggregation and

\(^1\) Financing Global Health 2013: Transition in an Age of Austerity, Institute for Health Metrics and Evaluation, 2014
the level of detail about specific disease funding and specific sources (for example, beyond DAH).

- This warrants a more thorough analysis, as was conducted in 2010 by the Centre for Global Development. The purpose of ascertaining trends and funding levels for NCDs as comprehensively as possible is to identify the level of investment and interest that major donors are giving to the growing health problems caused by NCDs in developing countries, and second, to allow a comparison of NCD funding to overall health funding levels from donors, and to funding for other diseases.

- Secondly, although there is substantial evidence on NCDs as a poverty and human development issue, pervasive misperceptions remain within the development community on NCDs. To counter these misperceptions in the donor community, more evidence and analysis is needed on the connections between NCDs and poverty.

2. Develop frameworks and tools to inspire a strategic approach to investment in NCDs:

To achieve an optimal NCD response, countries and their international partners must adopt a more strategic approach to investment. To facilitate this, frameworks and tools at the global and national level are required:

- At the national level, governments as a whole (not just ministries of health), are ultimately responsible for the health of their people. Many prevention activities lie outside of the health system, and require leadership and investment from multiple ministries. However there is currently a lack of understanding across government departments of how funding is allocated to a particular multisectoral issue such as NCDs, which results in inefficiencies.

- In order to address this, the climate change community developed public expenditure reviews – Climate Public Expenditure and Institutional Reviews (CPEIRs), funded by UNDP - that have proven to be quite effective. These reviews involve the analysis of allocation and management of public expenditures across all government departments on climate, which is then used to guide strategic planning and budget preparation in order to identify key areas to improve efficiency and effectiveness of resource allocation.

- Adapting this method for other multisectoral issues, such as NCDs, would improve the efficiency and effectiveness of resources in a time where substantial increases in public investments will be required. This should be taken forward by UNDP, WHO and the World Bank, under the auspices of the UN Interagency Task Force on NCDs.

- Furthermore, various attempts have been made over the years to develop costing tools that can be used effectively at the country level. But these efforts have been piecemeal and, so far, uncoordinated. Ahead of the UN Summit on NCDs in 2011, WHO developed a costing tool that resulted in the WHO report on best buys. At the time, WHO reported that country-level adaptation of the tool in selected WHO Member States would commence shortly after the NCD Summit. To the best of our knowledge, no information is available on experience in adapting the tool to the country-level context. This should be a priority, along with ensuring alignment of costing evaluations of FCTC implementation and NCDs.

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2 Where Have All the Donors Gone? Scarce Donor Funding for Non-Communicable Diseases, Nugent R.A and Feigl A.B., Centre for Global Development, Working Paper 228, 2010


4 Scaling up action on noncommunicable diseases: how much will it cost? World Health Organization, 2011
- At the global level, although economic analysis exists for the NCD burden, including the cost of inaction and cost of action, what has been missing is a comprehensive investment framework for NCDs. Investment frameworks exist for HIV/AIDS and women and children's health, and have proven to be useful tools in facilitating a focused and strategic use of scarce resources.

- A global investment framework for NCDs would help focus efforts to reach the 2025 global NCD targets, by ensuring an optimized and sustainable NCD response by applying a long-term outlook. It would need to be underpinned by meticulous analysis of empirical evidence, a realistic appraisal of existing resources, and quantification of the returns of NCD investments. Critically, it must shift the focus from costs and expenditure to investments that deliver results.

- Specific objectives of the framework would be to maximize the benefits of the NCD response; support more rational resource allocation based on country epidemiology and context; encourage countries to prioritize and implement the most effective programmatic activities; and increase efficiency in NCD prevention, treatment, care and palliation.

- The investment framework could build off the work of the WHO CHOICE and One Health Tool team. It could be an extension of The Lancet Commission on Investing in Health (Global Health 2035) which did not sufficiently address NCDs. The GCM/NCD financing working group could play an important technical and advocacy role in the development of the investment framework.

3. Integrate NCDs into development and aid policies, aid instruments, and development compacts:

It is clear that NCDs remain absent or marginalised within aid policies of bilateral and multilateral aid agencies. Below are some interlinked strategies that should be considered for effectively integrating of NCDs into aid policies, instruments and compacts:

- OECD Development Assistance Committee (DAC) tracks development finance and is also influential in setting development policy of the world’s major donors. It provides evidence-based policy advice and builds consensus among DAC members to improve development effectiveness. NCDs are currently absent in OECD DAC's development strategy and policies, and need to be integrated.

- At the donor-level, NCDs need to be integrated into bilateral development and aid policies, as well as the associated aid instruments at country level including budget support, Sector Wide Approaches (SWAs), Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs). WHO and UNDP, under the auspices of the UN Inter Agency Task Force on NCDs, are now providing technical support to LMICs to integrate NCDs into UNDAFs, which is very positive. To support these efforts, ensuring bilateral development agencies adhere to the principles of country ownership in the Paris Declaration and Accra Accord is pivotal.

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7 A new investment framework for the global HIV response, UNAIDS, 2011
9 Integrating NCDs into UNDAFs: Global Baseline and Global Target which the World Health Organization will use as a Measure for Implementing its NCD Programme, World Health Organization, 2010
• Integrating NCDs into regional development compacts on development cooperation is also important. For example, the Pacific Islands Forum Compact on Strengthening Development Coordination sets out collective actions designed to strengthen coordination and use of all development resources in the Pacific, in line with the principles of Paris Declaration. If NCDs are integrated into development compacts, it would drive action and monitoring at the regional level.

• Emerging donors, such as the BRICS which themselves have significant NCD burdens and are embarking on pathways to universal health coverage (UHC), can also play an important role in facilitating south-south cooperation for NCDs. The New Development Bank (NDB), formerly referred to as the BRICS Development Bank, is an interesting opportunity in this regard. Ensuring the NDB has a focus on health (and NCDs) should be a priority for the governments involved, as well as international actors. The provision of technical assistance on fiscal policies, and funding of population, policy and implementation research on scaling up NCD interventions are two priority areas for south-south cooperation.

4. Support harmonised and transparent reporting and monitoring of expenditure on NCDs, at both bilateral and national levels:

The way that ODA for health is tracked and reported is severely inadequate for NCDs. The same can be said for domestic spending on health. Without a comprehensive picture of expenditure on NCDs, as well as sources of revenue, it is very difficult to make the case for greater investment.

• Bilateral and multilateral aid agencies are committed to providing an accurate account of their ODA flows, in order to improve aid effectiveness. The standard source for data on ODA is the Creditor Reporter System (CRS) database maintained by the OECD DAC.

• However, as the discussion paper highlights, the way that ODA for health is reported and monitored creates difficulties in tracking expenditure on NCDs. Unlike HIV/AIDS, TB, Malaria, and reproductive health, there is not a marker for NCDs in the OECD Creditor Reporting System (CRS). This makes it very difficult to track and analyse aid expenditure on NCDs. Furthermore, the way health ODA is categorized and the insufficient level of details makes it impossible to verify bilateral aid agencies’ reporting on their expenditure, including claims that NCDs are being funded under the health systems strengthening category.

• The current OECD/DAC reporting system needs to be expanded to include a marker for NCDs in health ODA, in order to monitor government pledges in the UN Political Declaration on NCDs to address recourse for NCDs. This was committed to by governments at the recent UN High-Level Review on NCDs. This could be a potential area of advocacy for the GCM/NCD to take forward, given financing is one of its primary functions.

• Similarly, the Discussion Paper points out the current gaps in data on levels of domestic financing for NCDs due to the absence of NCDs in National Health Accounts.

5. Harness greater resources for NCDs by focusing on the enabling factors:

The international community will also need to invest in critical enablers that are crucial to the success of the NCD response. These are often factored into investments frameworks for health, as they enable significant efficiency gains. For NCDs, two important enabling factors should be considered:

• First, community mobilisation and civil society strengthening are key elements of the NCD response, yet remain under-prioritised and underfunded. A vibrant civil society movement capable of delivering its three primary roles – advocacy, the direct provision of NCD services,
and acting as a watchdog – is a fundamental strategy to reach the global target of a 25% reduction in premature mortality from NCDs by 2025. Effective community mobilization and a strong civil society movement can lead to improved uptake of NCD prevention and treatment services, as well as promoting local-level advocacy, transparency and accountability to ensure that high quality health services are available.

- Secondly, synergies need to be leveraged between NCDs and other health and development programmes. NCD interventions and programmes should not be implemented or planned in isolation. Key development areas in which synergies with NCD-specific efforts exist include nutrition, social protection, sustainable cities, energy, gender equality, and other health issues such as HIV/AIDS, TB and RMNCH. NCD funding in these areas can be used as a catalyse to achieve synergies within the broader health and development programme and to promote strategic investment across several sectors.