

# NCD HARD TALKS

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**MAKING HEALTH SYSTEMS DELIVER**

**WEBINAR • SEPTEMBER 16, 2020 • 13-15:00 CEST**

**Biggest Burden,  
Where's the Money?**

# Thank you for joining us

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- This webinar will be recorded.
- Links to the recording and all slides will be shared after the session.
- We invite you to participate in the discussion by sharing your questions in the chat box.
- Experts are invited to answer in the chat as we go.
- Please be respectful - we are here to learn and exchange ideas.

## WELCOME FROM YOUR MODERATORS



**DR TEMO WAQANIVALU**  
UNIT HEAD, NCD INTEGRATED  
SERVICES, WHO

**JAIMIE GUERRA**  
EXTERNAL RELATIONS, WHO



# Agenda | 16 September 2020

## Agenda

**Introduction and overview**

**Opening remarks**

**NCDs: Out of sight, Out of mind...and Out of pocket**

Catastrophic diseases that are breaking the bank

**All can benefit, but who dare pay for NCD services?**

Key to financing of NCD and health services in country

**Funding an NCD Future: High stakes, big payouts**

Financing resilient health systems of tomorrow

**Biggest Burden, Where's the Money? Hard Talk Panel**

Experts deconstruct the pathway to financing NCD services

*Moderated by Ms Jaimie Guerra, External Relations, WHO*

**Moderated discussion, Q&A**

**Closing and Next up on NCD Hard Talks**

# NCD HARD TALKS SPEAKERS

**DR BENTE MIKKELSEN**

DIRECTOR, DEPARTMENT OF NCD, WHO

**DR AGNES SOUCAT**

DIRECTOR, DEPARTMENT OF HEALTH SYSTEMS  
GOVERNANCE AND FINANCING, WHO

**DR RACHEL NUGENT**

VICE PRESIDENT, GLOBAL NCDS, RTI

**MR ANTONIO LAMBINO**

ASSISTANT SECRETARY, DEPARTMENT OF FINANCE  
MINISTRY OF FINANCE, PHILIPPINES

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NCD CLINICAL MANAGEMENT UNIT,  
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**PROF OLE FRITHJOF NORHEIM**

DEPT. OF GLOBAL PUBLIC HEALTH AND  
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**MS FLORENCE BERTELETTI**

ADVOCACY DIRECTOR, WORLD HEART FEDERATION

**MR BENT LAUTRUP-NIELSEN**

HEAD OF GLOBAL DEVELOPMENT AND ADVOCACY,  
WORLD DIABETES FOUNDATION

**DR BRUNO MEESEN**

SENIOR HEALTH FINANCING ADVISOR, WHO

# Welcome from Dr Ren Minghui

Assistant Director General

UHC/Communicable and  
Noncommunicable Diseases, WHO HQ



World Health  
Organization

**NCD HARD TALKS**

# NCDs: Out of sight, Out of mind...and Out of pocket

*Catastrophic diseases that are breaking the bank*

**Dr Bente Mikkelsen**

Director, Department of Noncommunicable Diseases  
WHO HQ





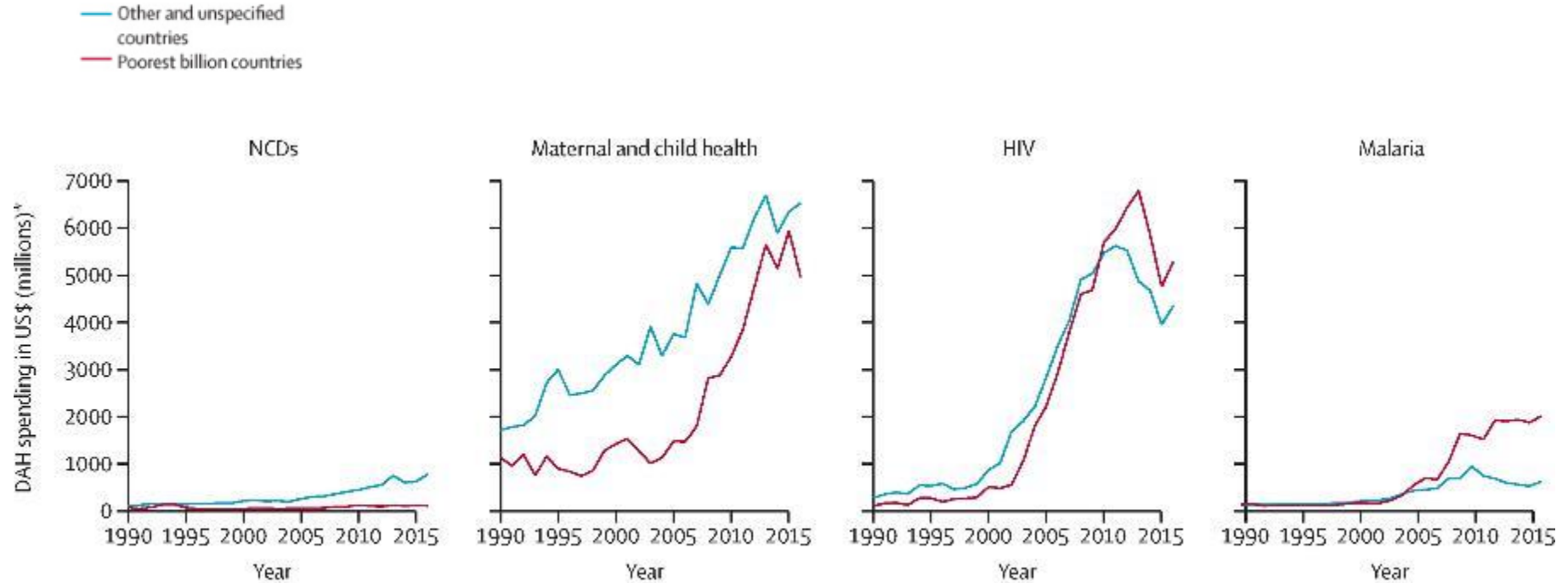
**NCD HARD TALK**  
WHO WEBINAR  
16 SEPTEMBER  
2020

# Biggest burden, but where is the money?

Bente Mikkelsen  
Director, NCDs  
WHO



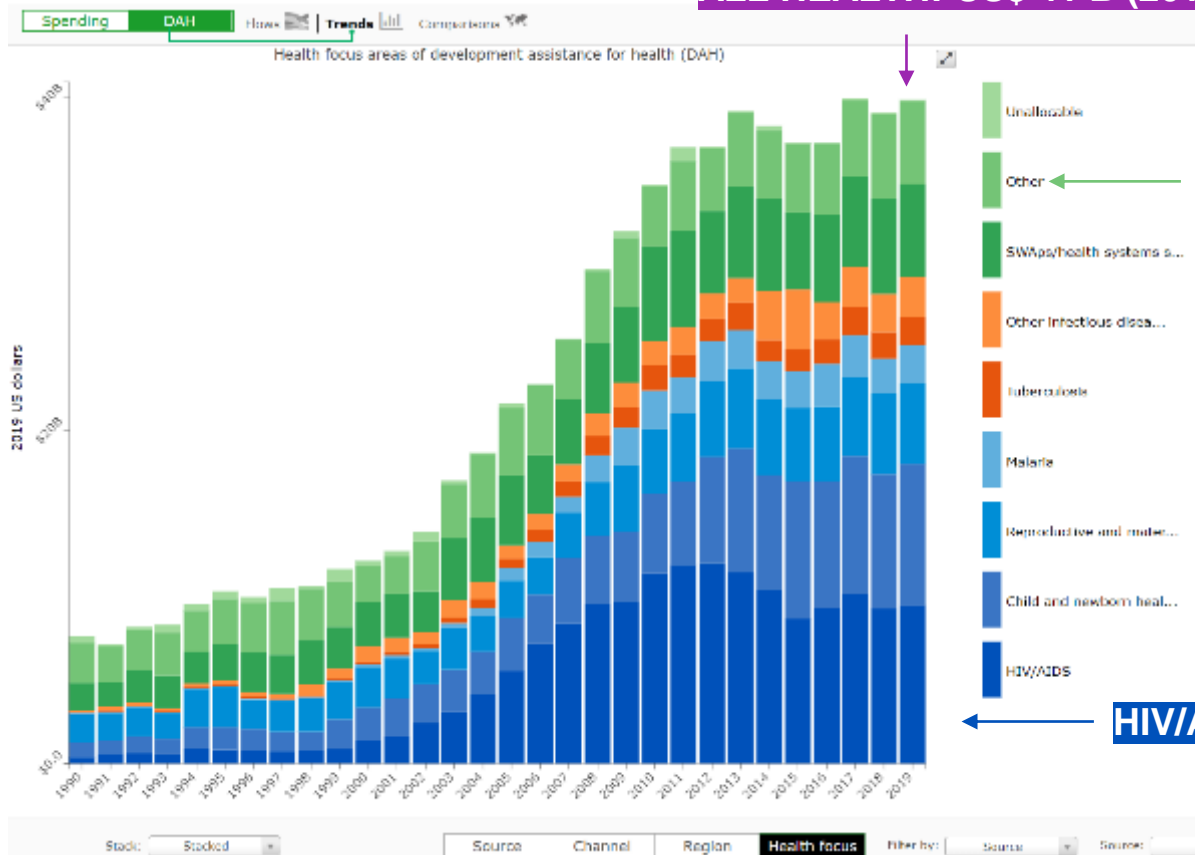
## The historic chronic underinvestment in NCDs



Source: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31907-3/fulltext#seccestitle20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31907-3/fulltext#seccestitle20)

# Chronic mismatch between international financing and disease burden

**ALL HEALTH: US\$ 41 B (2019)**



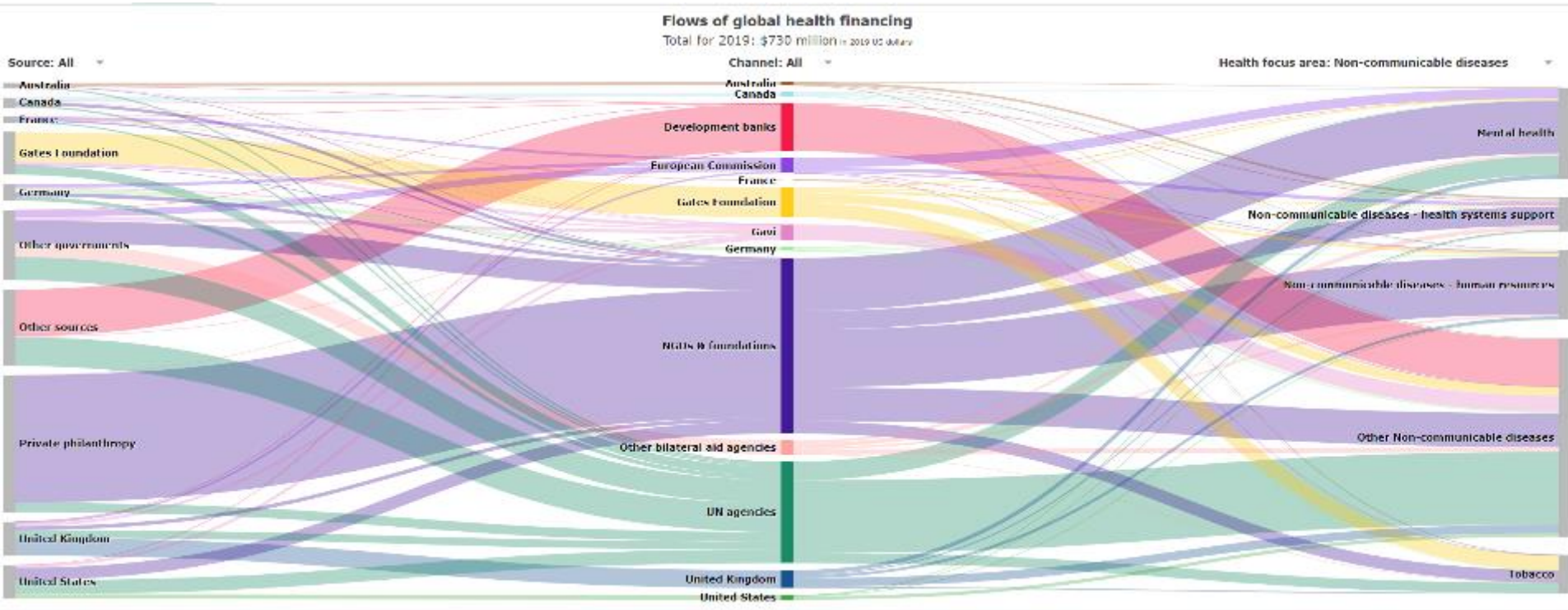
**NCDs: US\$ 0.7 B (2019) 1.7%**

## Example:

- Preventable NCD deaths (30-70 age group) in LMIC: **12 M**
- HIV/AIDS deaths in LMIC: **0.7 M**

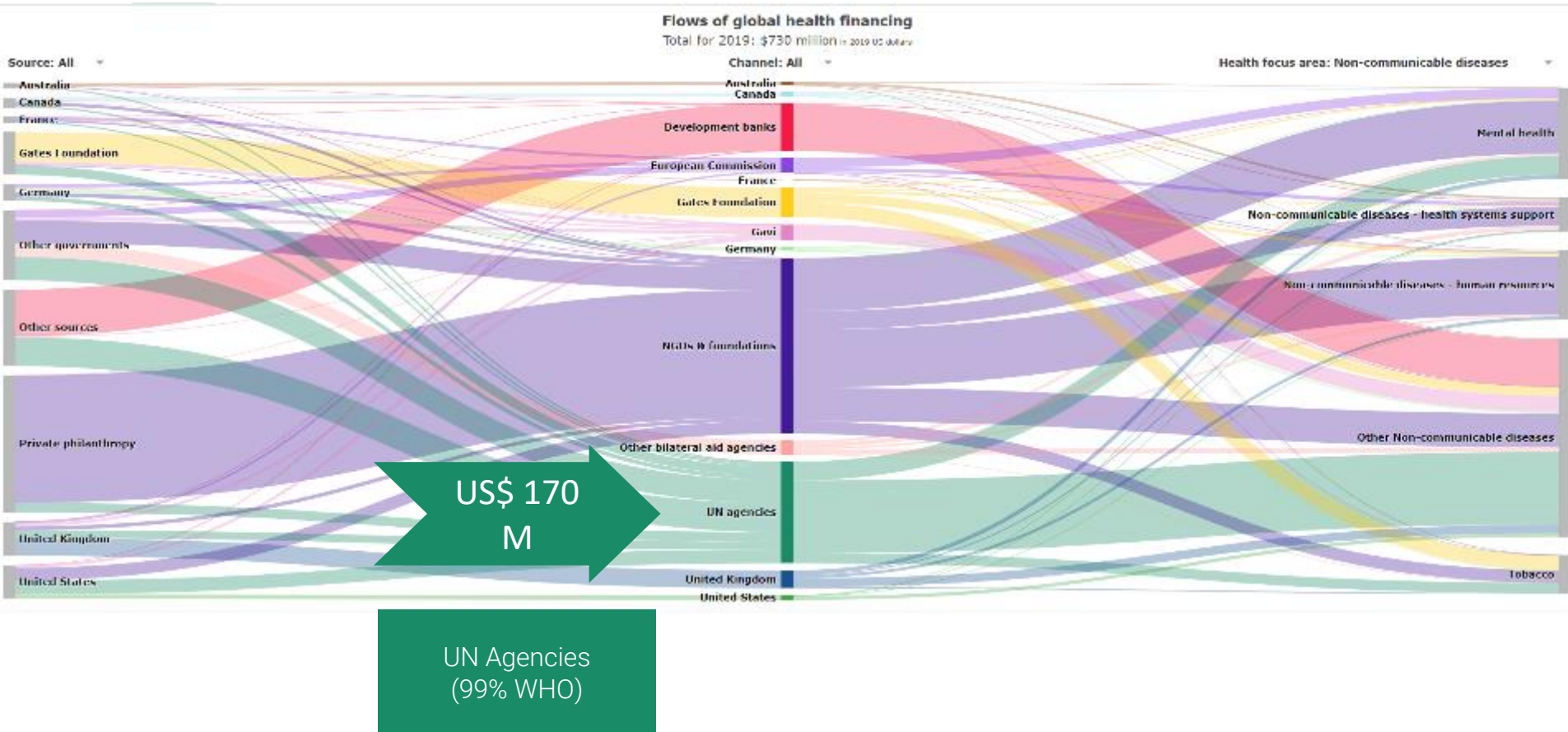
**HIV/AIDS: US\$ 9.5 B (2019) 23.2%**

# US\$730 million international financing for NCDs (2019)



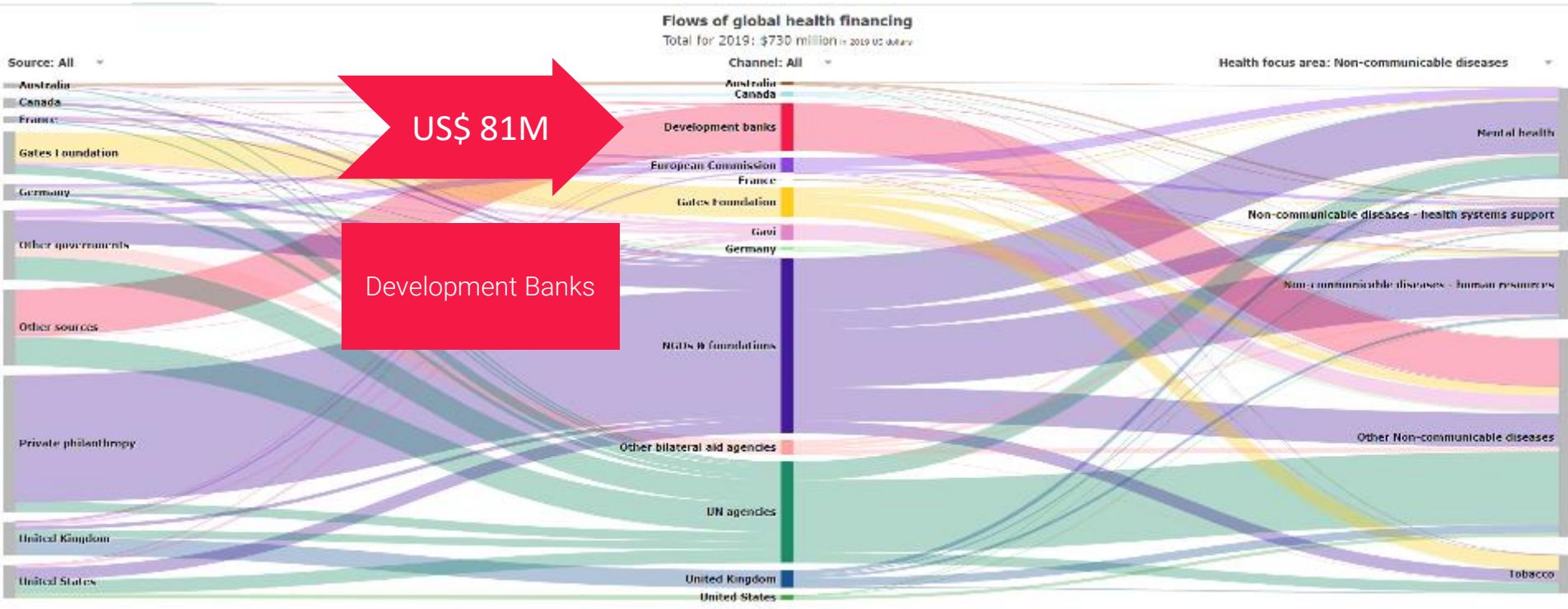
Source: <https://vizhub.healthdata.org/fgh/>

# US\$730 million international financing for NCDs (2019)

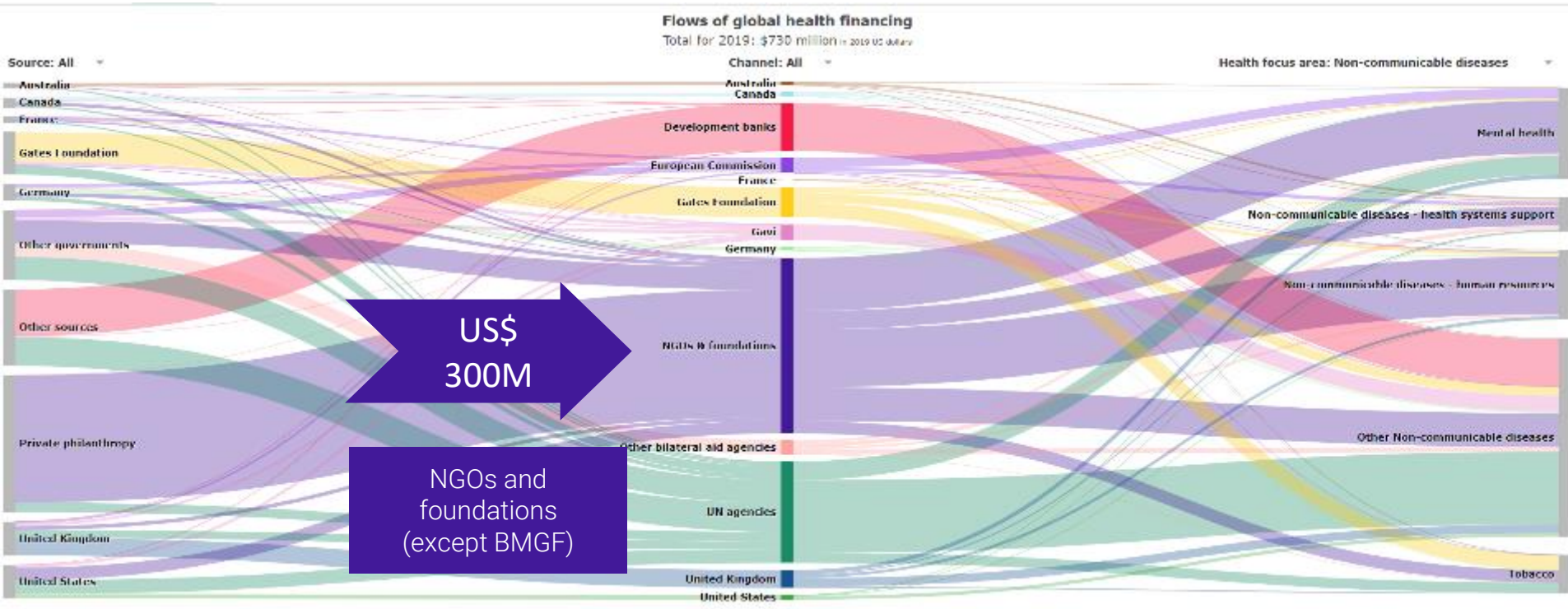




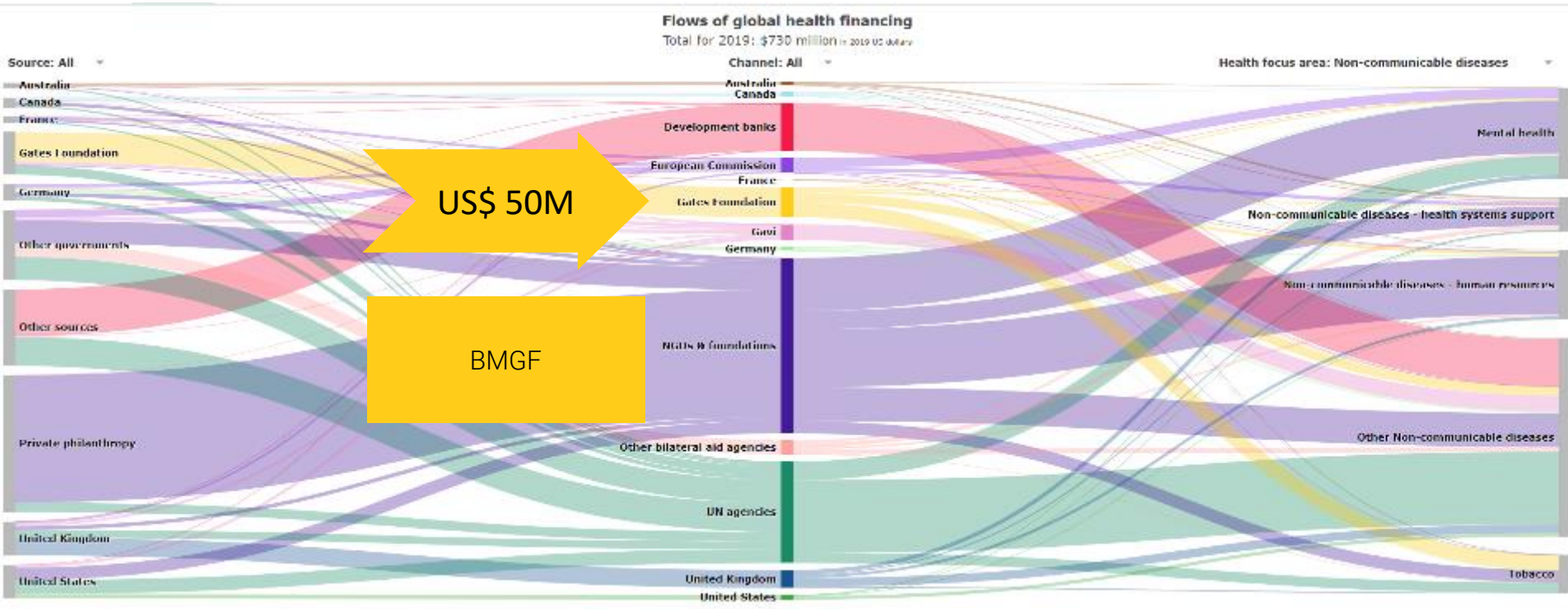
# US\$730 million international financing for NCDs (2019)



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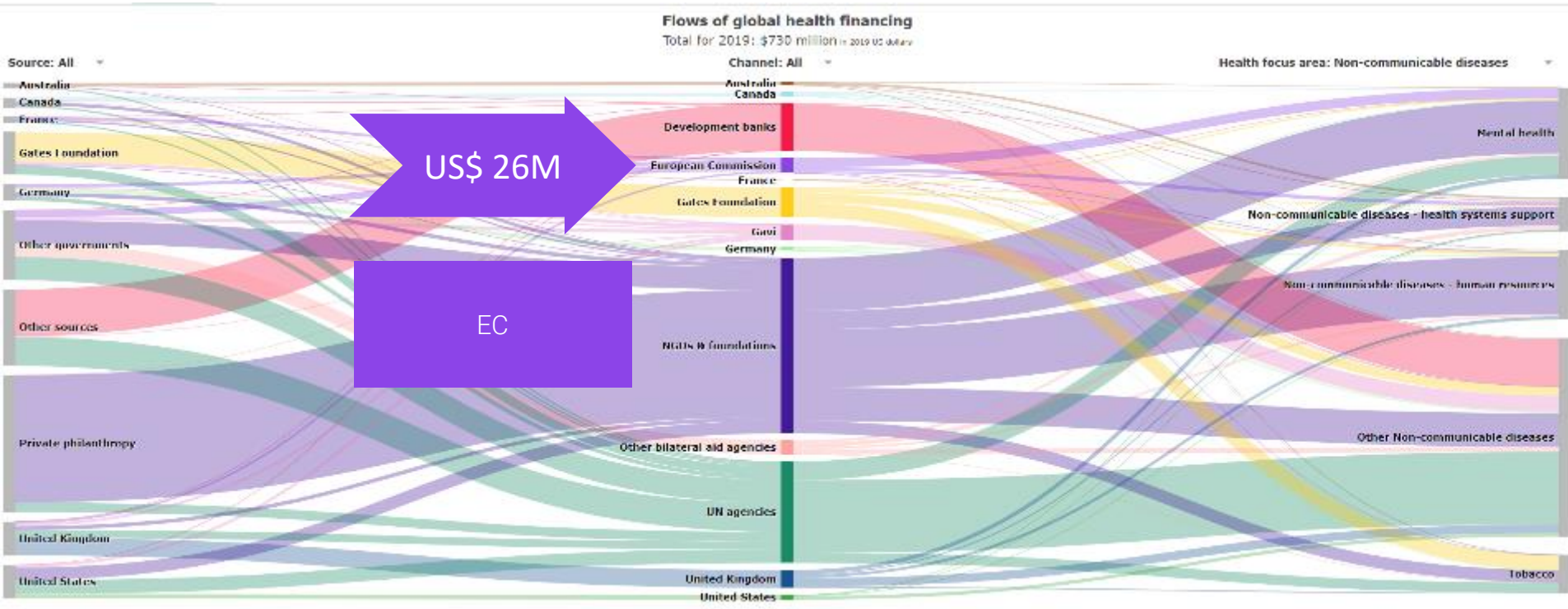


# US\$730 million international financing for NCDs (2019)



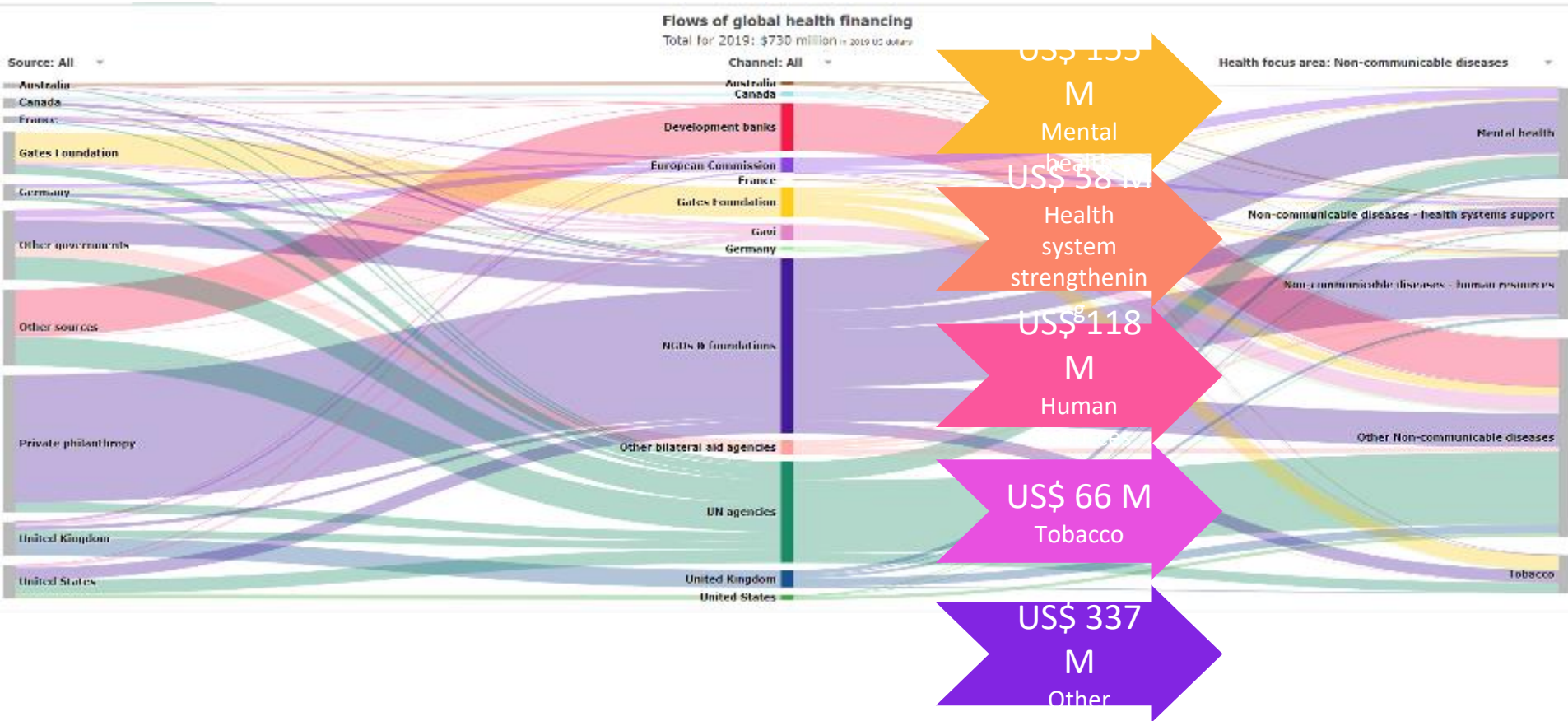


# US\$730 million international financing for NCDs (2019)

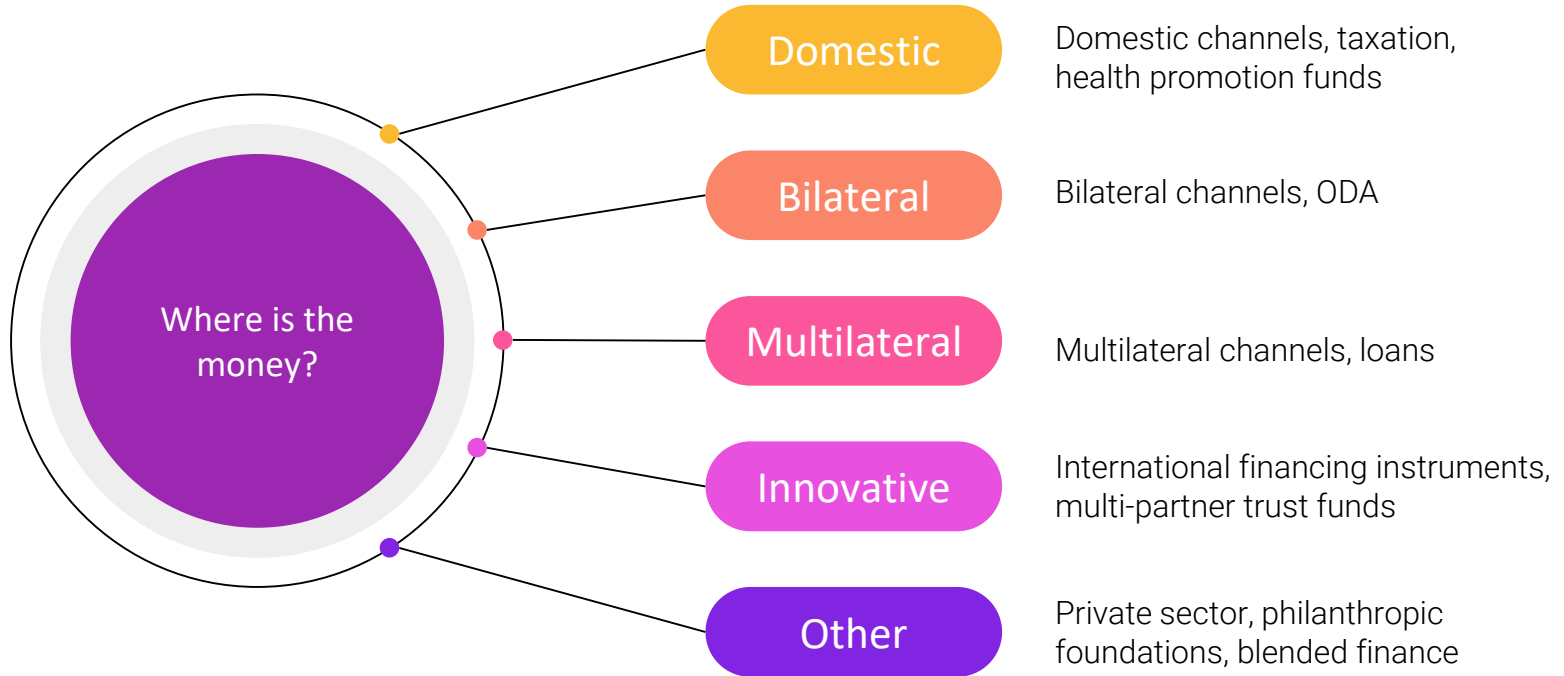




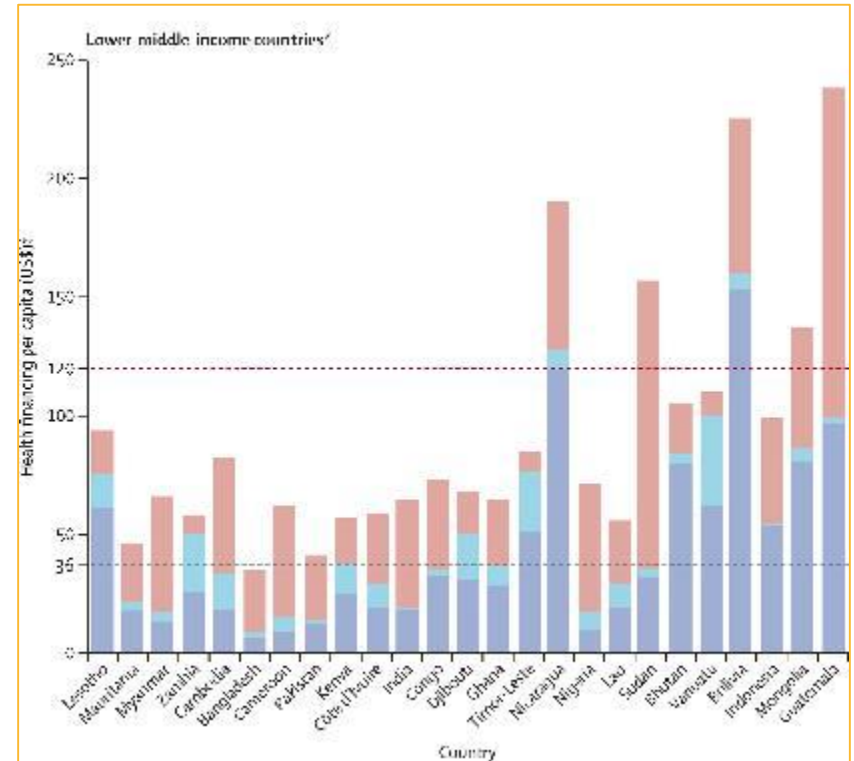
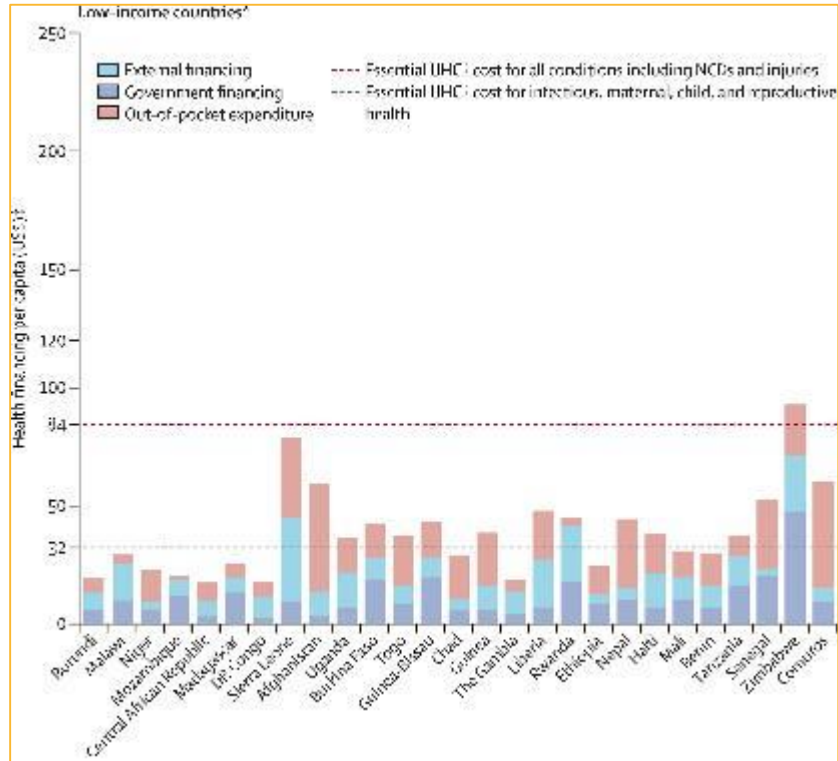
# US\$730 million international financing for NCDs (2019)



# How to finance national NCD responses?



## Domestic financing + out-of-pocket + external = meeting the health-care needs of people living or affected by NCDs



Source: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31907-3/fulltext#seccestitle20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31907-3/fulltext#seccestitle20)

## CHALLENGES

- **Prioritized budgetary allocations:** In most low- and middle-income countries around the world, government spending on the prevention and management on NCDs is not prioritized in health budgets
- **Capacity, mechanisms and mandates:** Funding and resource allocation mechanisms to stimulate and sustain funding for multisectoral action on NCDs are not established and/or well coordinated.
- **Investment case:** Robust national investment case based on reliable data projecting return-on-investment of a subset of “NCD accelerators” is often not available.



## OPPORTUNITIES

UN General Assembly High-Level Event on Financing for Development in the Era of COVID-19 and Beyond  
Initiative on Financing for Development in the Era of COVID-19 and Beyond  
(New York, 8 September 2020)

**What should Ministers of Finance recommend?**

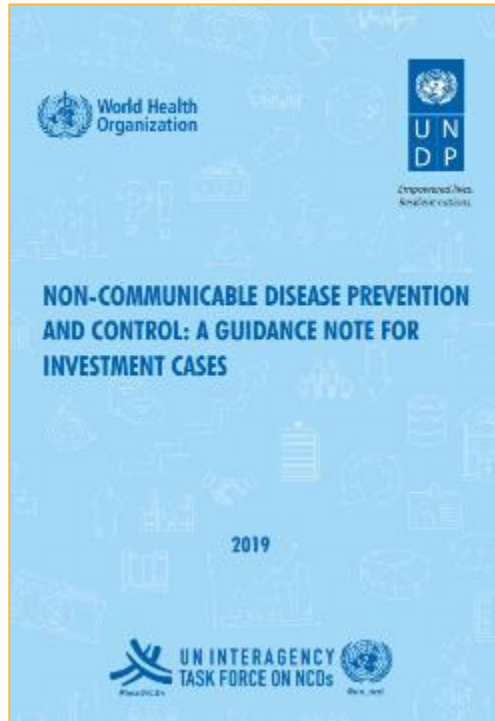
Reduce sugar consumption through effective taxation on sugar sweetened beverages

Promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles

Increase excise taxes on alcoholic beverages

Increase excise taxes and prices on tobacco products

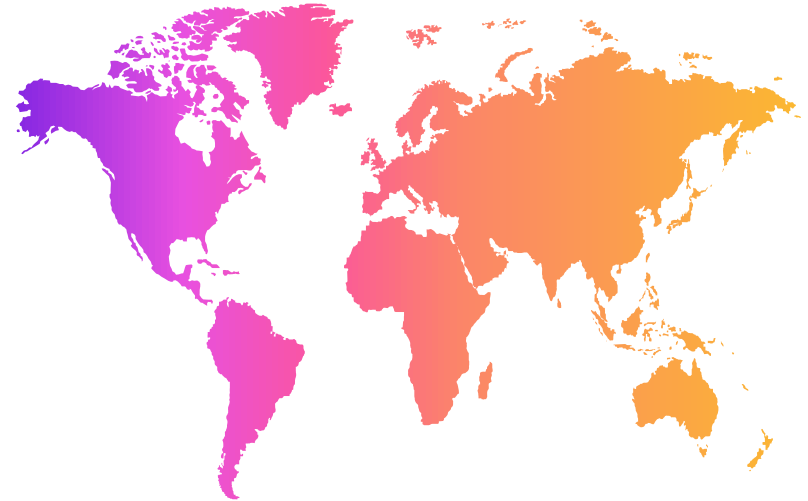
The image is a promotional graphic for a UN event. It features four healthcare professionals: a male doctor with glasses, a female doctor with dark hair, a male nurse, and a female nurse wearing a headscarf. They are arranged in a collage. The text is overlaid on the image, with some parts in red boxes and others in white boxes. The overall theme is about financing for development and NCD prevention.



### National investment cases:

- Armenia
- Barbados
- Belarus
- Cambodia
- Ethiopia
- Jamaica
- Kazakhstan
- Kyrgyzstan
- Mongolia
- Russia
- Uzbekistan

## OPPORTUNITIES



<https://www.who.int/ncds/un-task-force/en/>

### CHALLENGES

- **Mismatch:** Development Assistance for Health (DAH) earmarked for NCDs does not match the global NCD burden.
- **Poorest countries disproportionately affected:** The NCD burden is growing in low-income countries, which are the most dependent on DAH.
- **Critical mass:** Domestic financing alone will not be sufficient to establish even the minimal critical capacity, mechanisms and mandates needed in low- and lower-middle income countries to pursue change and to finance national NCD responses

### OPPORTUNITIES

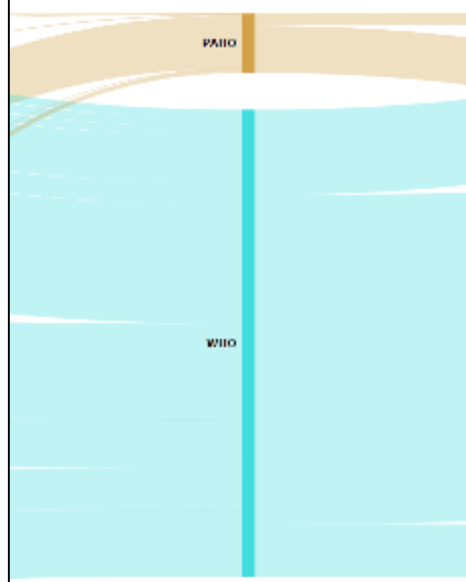
- **ODA for NCDs:** High-income countries should follow Norway's example of including NCDs into their international development policy as a catalyst to help low- and lower-middle income countries to mobilize domestic resources for the prevention and control of NCDs.



## Multilateral

### CHALLENGES

Flows of global health financing  
Total for 2019: \$170 million  
Channel: UN agencies



### OPPORTUNITIES



**Multi-partner  
trust fund on  
NCDs and  
mental health**



## CHALLENGES

- Lack of successful innovative funding models or international financing instruments for NCDs.



### Why The Global Fund should integrate the screening, early diagnosis and treatment of diabetes into its work

Almost 400 million people living in low- and middle-income countries have **diabetes**, a risk factor for cardiovascular disease and mortality.

The starting point for living well with diabetes is an **early diagnosis** – the longer a person lives with undiagnosed and untreated diabetes, the worse their health outcomes are likely to be.

Easy access to basic diagnostics, such as blood glucose testing, should be available in **primary health care settings**.

Patients will need periodic specialist assessment or treatment for complications.

**People living with HIV are more likely to have diabetes.** Some HIV medicines might increase the risk of diabetes in people with HIV.

## OPPORTUNITIES



Hypertension, diabetes and cancer are among the most deadly NCDs, and integrating them in the work of The Global Fund is relevant. **Why?**

Women with HIV have five times higher risk of getting cervical cancer than other women



In many sub-Saharan African countries, confronting the dual epidemic of HIV and NCDs is a public health priority especially in high HIV burden countries



People living with HIV have higher risk of getting hypertension. And, it is estimated that 1/3 of people living with HIV have hypertension

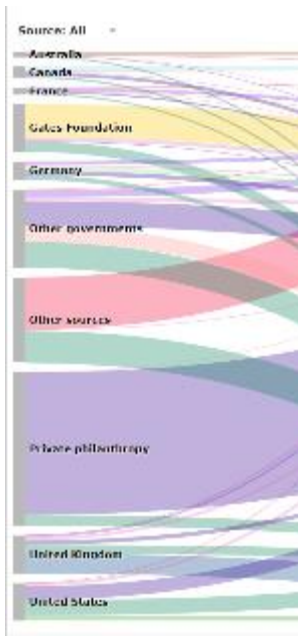


Investments in the prevention and control of NCDs have proven to give a high return of investment with US\$ 7 in return for each US\$ invested. To reduce the prevalence and deaths of HIV and TB, care and active screening of NCDs must be included as an integral part of HIV and TB programmes, including interventions such as prevention, treatment, and care.

People living with HIV are more likely to have diabetes. Some HIV medicines might increase the risk of diabetes in people with HIV.



## CHALLENGES



## OPPORTUNITIES

### Public-private partnership reduces noncommunicable diseases and injuries

#### Inaugural WHO Partners Forum Case Study

#### Challenge

Noncommunicable diseases (NCDs) and injuries are both the largest and least funded challenge facing global health. More than two thirds of all deaths in 2016 were due to NCDs<sup>1</sup> and tobacco use is the single greatest cause of preventable deaths globally. Many risk factors for NCDs can be avoided through simple, cost-effective solutions, but funding is extremely limited. Before 2010 only 0.8% of total aid for health was devoted to this area of work.

#### Solution

In 2007 Bloomberg Philanthropies<sup>2</sup> identified tobacco and injuries as the largest, most underfunded public health issues where the most lives could be saved. The selection was based on global WHO data showing both high mortality rates and in-country need. As a result, Bloomberg Philanthropies began a partnership with WHO to support tobacco control and injury prevention. It was also an attractive investment as cost-effective, high-



Domestic

Bilateral

Multilateral

Innovative

Other



#### WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

Final report and recommendations from the Working Group on ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases.

#### Co-Chairs:

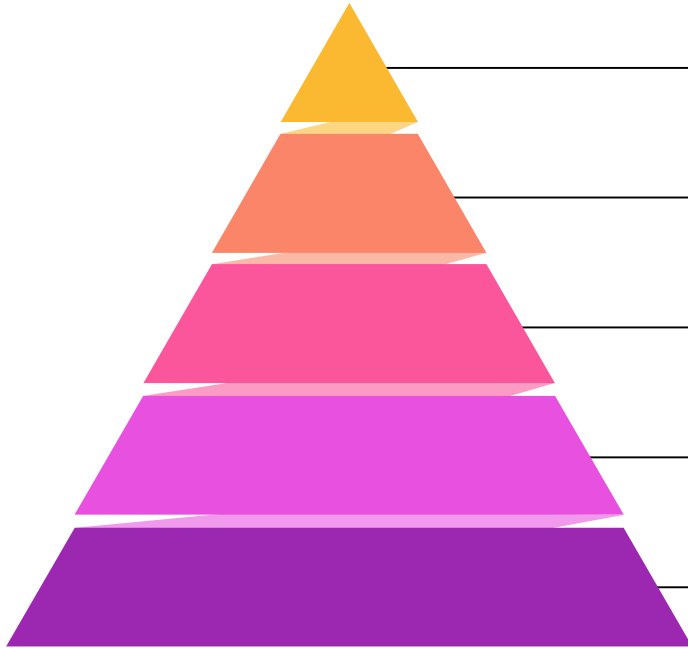
- Colin L McIff, Health Attaché, United States of America, Mission to the United Nations, Geneva, Switzerland
- Indrani Gupta, Head of Health Policy Research Unit, Institute of Economic Growth, New Delhi, India

#### Five recommendations:

- 1) Mobilize and allocate significant resources to attain SDG 3.4 by 2030, and the nine global voluntary NCD targets by 2025.
- 2) Expand domestic public resources to implement national NCD responses, including by making greater use of revenue from tobacco, alcohol, and sugar-sweetened beverage taxes.
- 3) Complement domestic resources for NCDs with ODA and catalyze additional resources from other sources.
- 4) Promote and incentivize financing and engagement from the private sector to address NCDs.
- 5) Enhance policy coherence across sectors in order to ensure that the expected outcomes of national NCD policy are achieved, including by assessing the health impact of policies beyond the health sector.



# Way forward



Governments should encourage multisectoral and multistakeholder collaboration to mobilize resources and implement the best buy and other recommended interventions tailored to country-specific needs.

Governments should invest in implementation research to evaluate the context and ensure resources are best deployed towards UHC

Governments should explore innovative financing for NCDs, such as pooling external resources for health (Global Fund, GAVI and the World Bank) and allocating funds to NCDs.

Ministries of Health need to make a better business case for NCDs to Ministries of Finance demonstrating the economic and social dividends of investing in health and prioritizing NCDs.

Government (domestic public) resources should be the main source of funding of health and NCDs should be prioritized within the health budget commensurate to the disease burden. DAH will remain catalytic source of funding in low-income countries



UN INTERAGENCY  
TASK FORCE ON NCDs



WORKING WITH MEMBER STATES TO DELIVER THE  
NON-COMMUNICABLE DISEASE-RELATED SUSTAINABLE  
DEVELOPMENT GOAL TARGETS DURING AND BEYOND  
COVID-19

**24 SEPTEMBER 2020  
10AM (EST)**

REGISTER [HERE](#)



This UNGA side-event will review the current work of the Task Force and agree on the ways to provide more effective UN system support to enable countries scale up their responses to NCDs during and beyond the COVID-19 pandemic.

### OBJECTIVES

- ✕ To continue the journey of the 'Friends of the Task Force'
- ✕ To highlight evidence on how COVID-19 and NCDs interact
- ✕ To present new Task Force led partnerships and initiatives
- ✕ To present the UN Multi-partner Trust Fund on NCDs and mental health
- ✕ To announce winners of the 2020 Task Force Awards

➤ FOLLOW OUR LIVE WEB  
BROADCAST [HERE](#)

➤ SHARE ON SOCIAL MEDIA  
[#POTF](#) [#POTF2020](#)

Event organizers: Russian Federation and the World Health Organization

## Way forward

Trust Fund

Register here: <https://bit.ly/3hbteaM>

# Way forward

Next global financing  
dialogue in 2021



# Way forward





# Building back the NCD agenda: differently but better

1

Identify and implement a specific set of NCD best buys ("accelerators") to leapfrog progress towards SDG 3.4



2

Include essential NCD services in PHC



3

Expand benefit packages for UHC to include NCDs



4

Implement 3 domestic regulatory/fiscal measures (tobacco, alcohol, sugar-sweetened beverages)



5

Secure seats for people living with NCDs at the decision-making tables of international financing mechanisms



6

Harvest digital technology to scale up screening, early diagnosis, and self-care for NCDs



7

Treat people living with NCDs during humanitarian emergencies



8

Establish treatment targets for hypertension and diabetes (similar to 90:90:90 target for HIV)



9

Establish meaningful and effective partnerships that contribute to SDG 3.4 on NCDs



10

Strengthen data and surveillance for the prevention and control of NCDs



# Way forward

Updated global investment  
case: November 2020





# Resources

- Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control. Meeting Report, Copenhagen, Denmark, 9-11 April, 2018. Available at: <https://www.who.int/global-coordination-mechanism/activities/dialogues/copenhagen-report.pdf?ua=1>
- Jakab M, Farrington J, Borgermans L, Mantingh F, editors (2018). Health systems respond to NCDs: time for ambition. Copenhagen: WHO Regional Office for Europe.
- The Lancet Taskforce on NCDs and economics, April 2018. the Lancet Available at: <https://www.thelancet.com/series/Taskforce-NCDs-and-economics>
- Meghani A. Basu S. A Review of Innovative International Financing Mechanisms to Address Noncommunicable Diseases, Health Affairs 34, No 9 (2015): 1546-1553.
- Time to Deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases. Geneva, World Health Organization, 2018.
- The British Medical Journal (the BMJ) A special supplement: Solutions for non-communicable disease prevention and control, December 2019. Available at: <https://www.bmj.com/NCD-solutions>
- Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2019: Tracking Health Spending in a Time of Crisis. Seattle, WA: IHME, 2020.
- GCM/NCD Working Group on how to realize governments' commitment to provide financing for NCDs (Working Group 5.1). Available at: <https://www.who.int/global-coordination-mechanism/working-groups/wg-5-1-financing/en/>

Thank you



World Health  
Organization



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

Copenhagen, Denmark

9-11 April 2018



# All can benefit, but who dare pay for NCD services?

*Key to financing of NCD and health services in country*

**Dr Agnes Soucat**

Director, Director Health Systems  
Governance and Financing, WHO HQ



# Health financing and NCDs

Agnes Soucat, MD, MPH, Ph.D  
Director Health Systems, Governance and Financing



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# Health Financing?

Health Financing ~~=~~ Health Funding

Financing is about instruments, institutions and incentives leading to adequate funding

# Beyond the funding gap: Health Financing

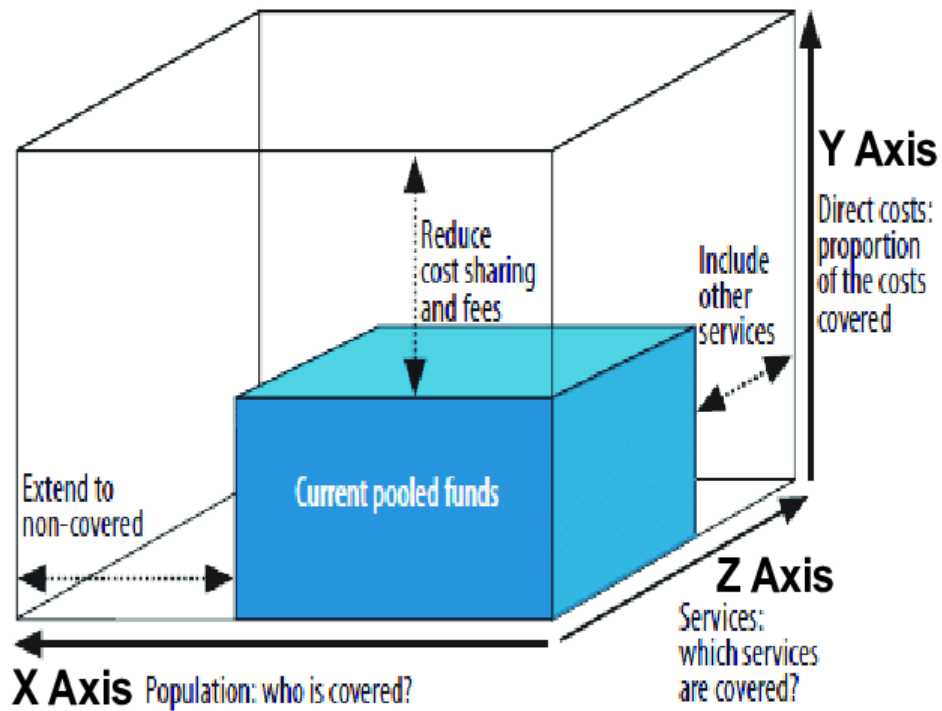
The 4 Fs...

- Financing
- Funding
- Financial Access
- Financial Protection

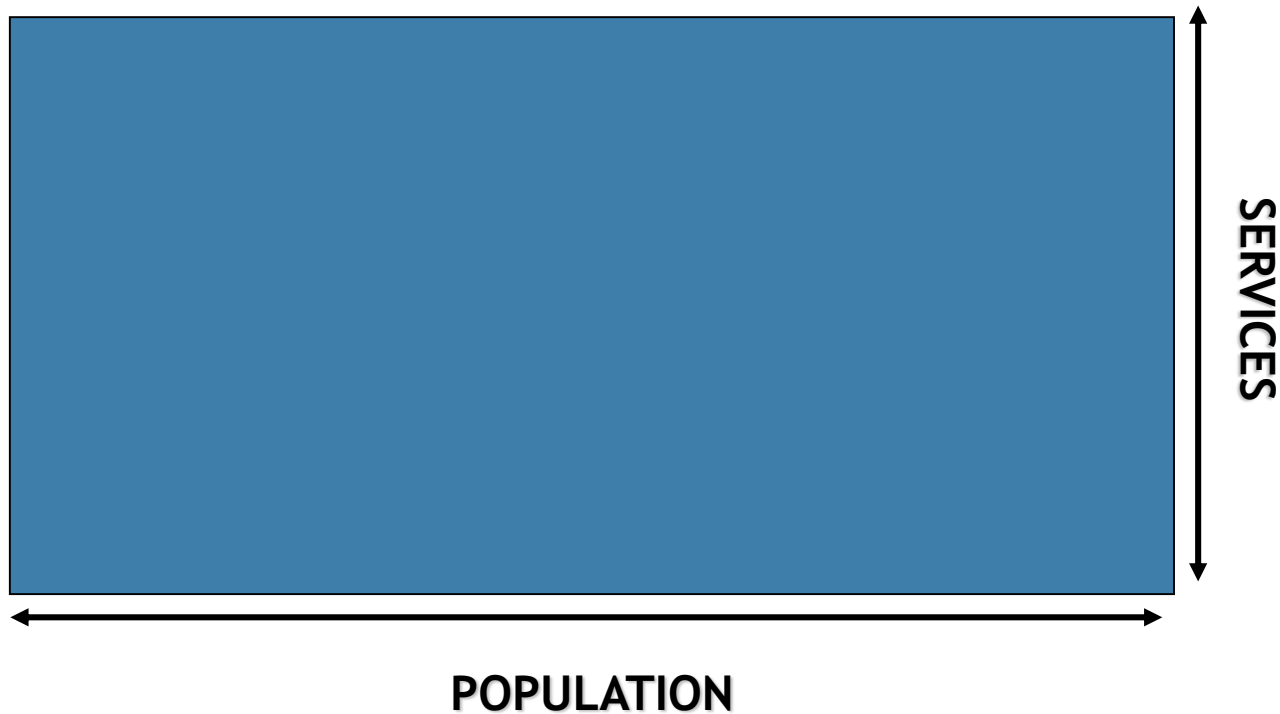
# Three functions of health financing

- **Revenue** (not disease specific) :
  - user payments (patient specific)
  - tax revenue (society specific)
- **Pooling** (not disease specific)
  - Common set of rules and information system
  - Cross/subsidy from rich to poor and from healthy to sick
- **Strategic Purchasing** (can be disease specific)
  - Benefit package
  - Transfers
  - Information system

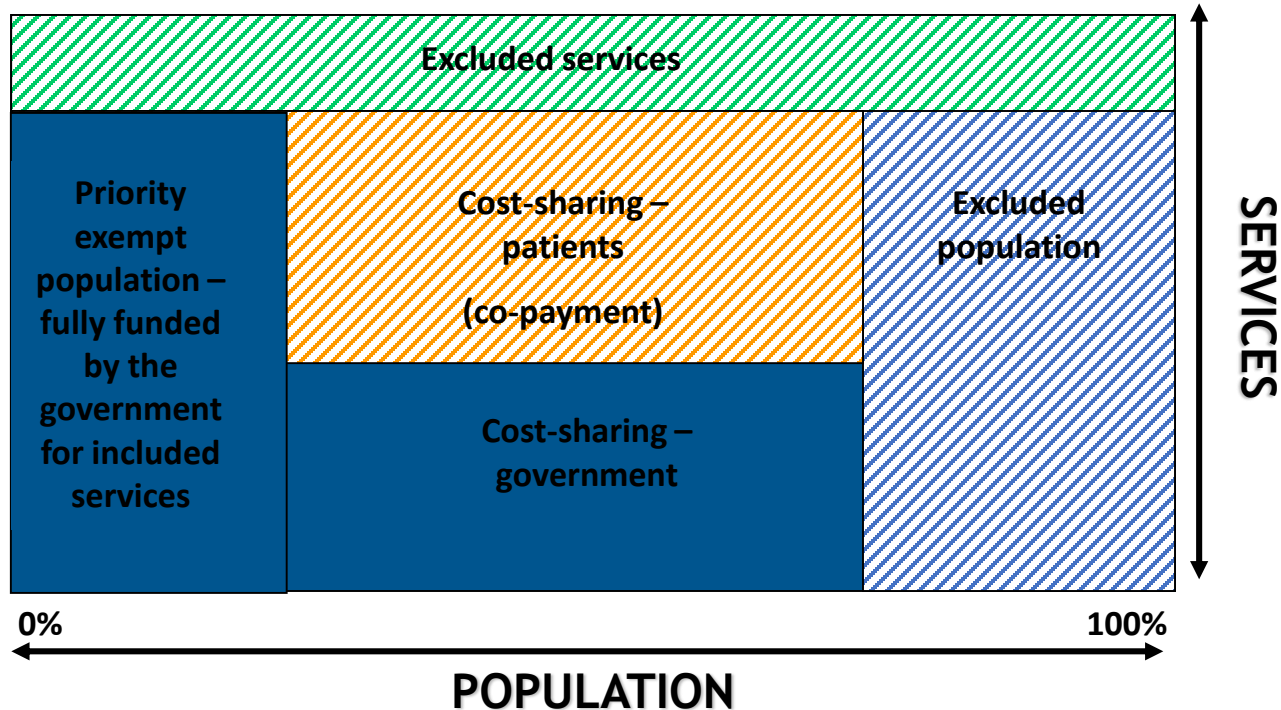




Ideally, we want to cover everyone with all effective services

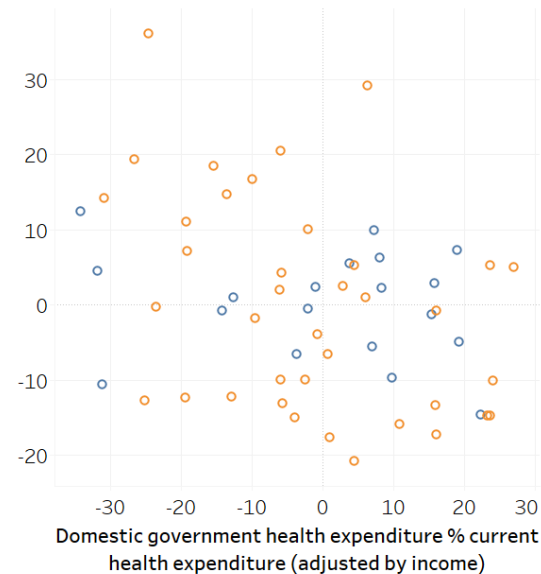
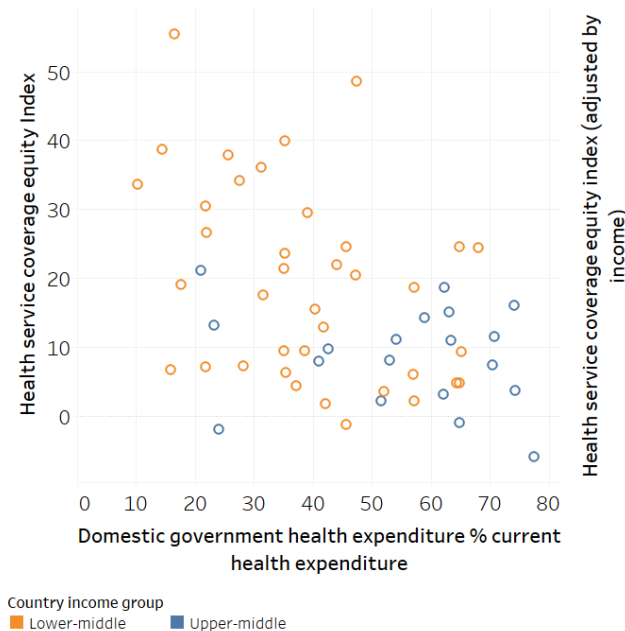


If we have limited resources, we have **to ration**: who and what will not be covered?



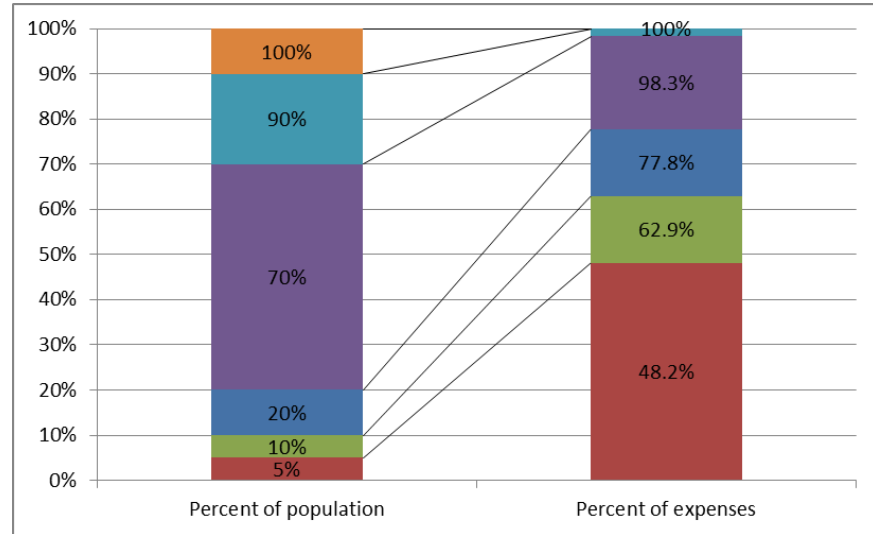
# You cannot spend your way to UHC

No clear relationship between public finance and service coverage



# You cannot spend your way to UHC

## Health Spending is concentrated among few people Germany, 2015



Need to shift expenditures from high cost end of life to health promotion

Source: Derived from Figure 4.37 in: Dröbler et al. (2017): Sondergutachten zu den Wirkungen des morbiditätsorientierten Risikostrukturausgleichs, Bonn. [https://www.bundesversicherungsamt.de/FilesAdmin/redaktion/Risikostrukturausgleich/20180125Sondergutachten\\_Wirkung\\_RSA\\_2017\\_korr.pdf](https://www.bundesversicherungsamt.de/FilesAdmin/redaktion/Risikostrukturausgleich/20180125Sondergutachten_Wirkung_RSA_2017_korr.pdf)



## From markets to modern state

- In any society, people demand health services and pay for them: primal financing mechanism and source of funding
- Large collective arrangements for health financing are recent (less than 200 years)
- In any country, there is a large set of new technologies which could be added to the services offered to the population
- The decision for the public purse to fund a n technology is actually about deciding about the (next) one not to be offered or to be defunded
- **Rationing** is the issue we are dealing with!



# How do health systems handle rationing? (1)

- **Implicit rationing:** all the rationing which will occur because of the shortcomings of explicit rationing efforts.
- **Examples:** no provision because of lack of skills, stock-outs, services delivered by the informal private sector, under-table payment, crowding-out because of competition from other 'diseases' (e.g. time of the clinical staff)...

→ **Implicit rationing undermines UHC  
(and programs' effectiveness)!**

# How do health systems handle rationing? (2)

- **Explicit rationing:** the mechanisms to manage scarcity of resources have been consciously and purposefully **designed** and **rolled out** by policymakers and are being **enforced** with the collaboration of relevant stakeholders
- **Examples:** priority setting, the minimum package of activities; the national essential drug list; co-payment at the point of use, gate keeping, waiting list for selective surgery...

# The UHC perspective – the ‘technically right’

- Effectiveness and efficiency
- The objective for any government should be to set up enough **Health Technology Assessment** capacity to be able to determine the (evolving) benefit package guaranteed to each citizen

# A 3 D model at country level : Data, Dialogue, Decision



# The issue

- The global community is only starting to acknowledge the necessity of building strategic purchasing (inc HTA) capacity at national level (small countries may have to pool it)
- Multilateral agencies have been holding several roles: funding and priority setting.
- However, they have been promoting mostly global priorities also because of some global concerns (e.g. TB because of MDR) – the limited investment in generic priority setting capacity is a real issue for priorities which are not perceived as global responsibility.
- National authorities should develop their autonomy on priority setting. Building HTA and strategic purchasing capacities and establishing institutional arrangements supportive to benefit package will benefit to NCDs.

# The UHC perspective - equitable

- There are already a lot of national resources going to NCD: out-of-pocket payment (often in the private sector) and some pooled resources (in public secondary and tertiary hospitals)
- Priorities:
  - Pool even more
  - Prevent catastrophic health care expenditure
  - Ensure that the distribution is fair → benefit-incidence analysis, fair allocation of capacities on the national territory...



# A general observation

- Again most of the solutions to progress in terms of equity as for NCD will not be specific to NCD
- It is about setting up a national purchasing agency, designing health financing schemes, monitoring health expenditure and health service utilization by households, regulating the health care market...

# The UHC perspective: the politically feasible

- Growing the cube is not just about small steps done by dedicated technicians duly applying their techniques – it is also, and probably much more, about visionary, audacious, smart decision-makers seizing windows of opportunity to push forward structural reforms
- We can inspire leaders and promote a vision (UHC) but as technicians, we cannot determine the momentum and develop the leadership at country level.
- The cube also grows thanks to ‘big jumps’ – sometimes, because of a crisis, the unthinkable becomes the new desirable

# Agility and pragmatism matter

- As a health economist, I certainly recommend health taxes (on tobacco, alcohol, sugar and sweetened beverage etc
- However, as a public finance economist, I would not recommend you 'ear-marked taxes' (funding from the tax goes to financing treatment of NCD)
- But from a politically feasibility perspective, such a connection could make sense for the communication to the public.

# The UHC perspective: enforcement

- What matters at the end is the actual benefits accessed by the citizens.
- To deliver/‘enforce’ the package, inputs (medicine, skilled work force, equipment, protocols) and institutions (e.g. financing arrangements, data flows) must be in place.
- Some (e.g. drugs, protocols) are indeed specific to NCD, others are generic. For instance, NCD would benefit from progress as for ‘harnessing’ the private providers through payment and data systems.

# Conclusion

- Doubtful that NCD will get their own global agency or initiatives
  - Global initiatives have indeed provided funds for specific diseases, but maybe more fundamentally, they have supported, at country level, the institutions they needed for spending their funds. This has diverted attention from long-term systemic institutional needs.
- Countries have to take back some control in the building up of their health institutions: HTA, health financing arrangements, (including purchasing agencies, provider payment and adequate public finance management systems), data systems, regulation of private providers...



# Country Perspectives

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## Funding an NCD Future: High stakes, big payouts

*Financing resilient health systems of tomorrow*



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**NCD HARD TALKS**



## Experience in Philippines



**Mr Antonio Lambino**

Assistant Secretary,  
Department of Finance,  
Ministry of Finance  
Philippines

**Funding an NCD Future: High stakes, big payouts**  
Financing resilient health systems of tomorrow

## Experience in Eswatini



**Ms Ntombi Ginindza**

NCD Clinical Management  
Unit, Ministry of Health  
Eswatini

**Funding an NCD Future: High stakes, big payouts**  
Financing resilient health systems of tomorrow



# Eswatini Health System Strengthening Project

Lead: Ms. Ntombi Ginindza

Team: Head of NCD Clinical Management

# Key Issues: NCD Prevention & Management

More than 90% report to one or more risk factors: **smoking, physical inactivity, obesity, poor diet**<sup>1,2</sup>  
The burden of hypertension and type 2 diabetes is **extremely high** in the population. The majority people living with NCD in Eswatini (>80%) are **undiagnosed**<sup>2</sup>. Resulting to complications such as **amputations and Kidney disease**

## High Blood Pressure



**33.5%** of the  
adult population

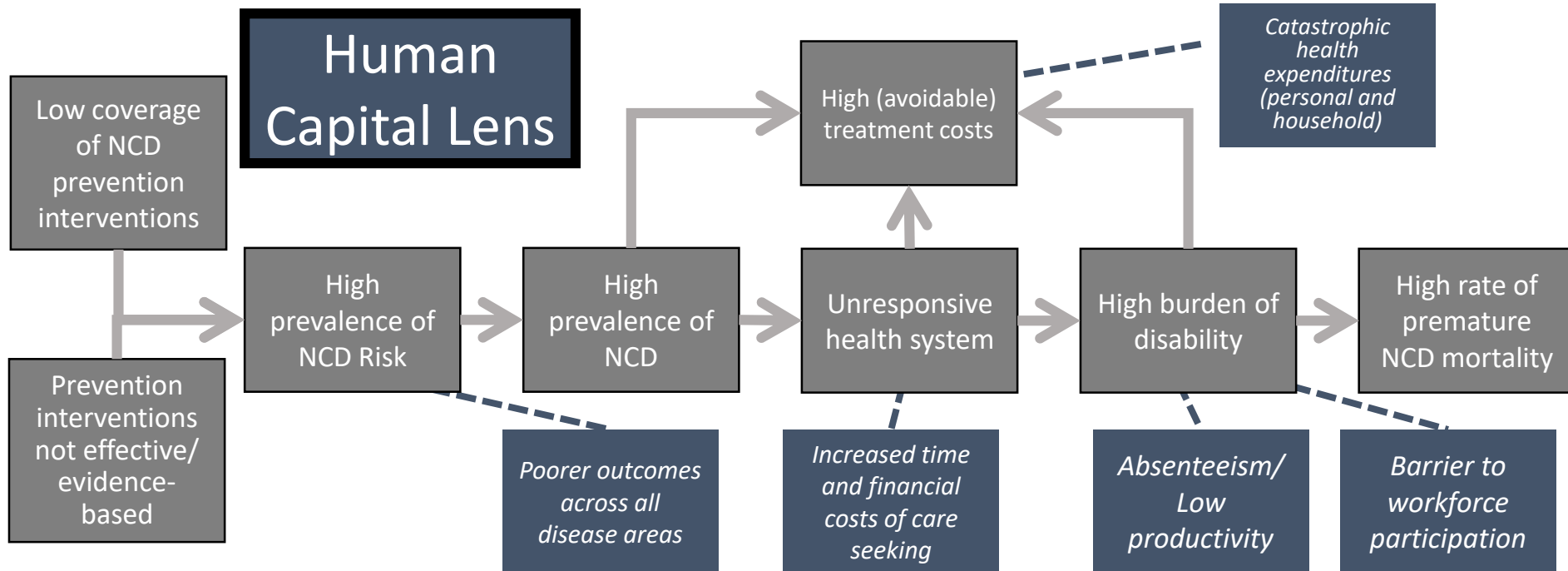
## Diabetes



**24%** of the  
adult  
population

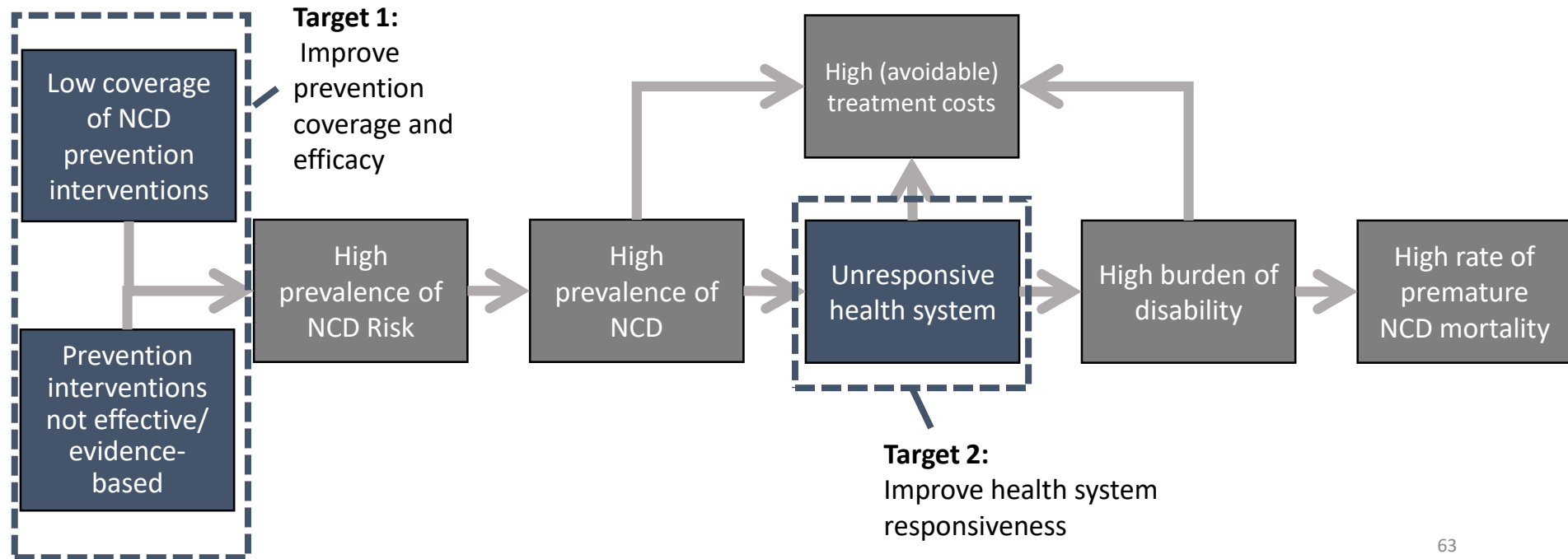
# Key Issues: Health & Economic Impacts

The majority of the NCD burden in Eswatini (>80%) is preventable with risk reduction<sup>3</sup>. Lack of prevention has a catastrophic impact on individuals, the health system, the broader economy and national development<sup>4</sup>.



# Key Issues: Proposed Interventions

To **maximize impacts on health and development outcomes**, the proposed interventions all aim for improvements in (i) **prevention coverage and efficacy**, and (ii) **health system responsiveness**








# Proposed Interventions

PCN	Key NCD Issues	Current Strategy	Package	Specific Intervention
'Inefficiencies in, and disorganization of, service delivery'	NCD services are currently centralized at hospitals and health centers	Decentralization of high-burden NCD services from tertiary care to primary care level	<div>①</div> <b>Strengthen</b> Intensification of support to existing decentralization program	[A] Establish NCD focal team and logistical support to improve coverage and intensity of mentoring and supervision
				[B] Strengthen logistics data management and utilization for critical NCD commodities
'Poor referral mechanisms/ By-passing of primary care facilities'	NCD services that are provided at clinic or community are of low quality.		<div>②</div> <b>Innovate</b> Innovation and piloting to improve, expand and enhance services	[C] Pilot and expand the integrated NCD service package for primary care through <i>Model Clinics Program</i>
				[D] Establish Medical Officer-led on-site and telemedicine outreach program for complex NCD clients at primary care
'Misalignment of budget and results'	Data on effectiveness, and cost-effectiveness of service reforms are lacking	National evaluation program including population-level assessment of health and economic indicators	<div>③</div> <b>Evidence Plus</b> Evidence generation to support additional investment in NCD prevention and control	[E] 'Bolt on' health and economic assessments to augment the existing national NCD household surveys planned for 2021 and 2022.

# Proposed Interventions: Measuring Effect

The NCD program is planning **substantial evaluation activity for NCD services and outcomes through June 2023** which can support **evidence-generation for the proposed interventions**.

 <b>Routine Data</b>	<ul style="list-style-type: none"><li>▪ Routine systems (e.g. HMIS, LMIS) are unable to provide high quality process and outcome data, hence the focus on improving data systems</li></ul>
 <b>Research Data</b>	<ul style="list-style-type: none"><li>▪ Household Survey Data (March 2021 and Nov. 2022)</li><li>▪ Longitudinal time-and-motion study (to 2023)</li><li>▪ Cost and Cost-effectiveness analysis (to 2023)</li><li>▪ Patient, healthcare worker and policy-maker acceptability study (to 2023)</li></ul>
 <b>Evidence Plus</b>	<ul style="list-style-type: none"><li>▪ Opportunities exist to 'bolt on' health, economic and development evaluation activities to the above planned activities.</li></ul>



Thank You

# References

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1. Eswatini Ministry of Health. **WHO STEPS Noncommunicable Disease Risk Factor Surveillance Report 2014 [Internet]**. Mbabane, Eswatini; 2015. Available from: [https://www.who.int/ncds/surveillance/steps/Swaziland\\_2014\\_STEPS\\_Report.pdf](https://www.who.int/ncds/surveillance/steps/Swaziland_2014_STEPS_Report.pdf)
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3. Benziger CP, Roth GA, Moran AE. **The Global Burden of Disease Study and the Preventable Burden of NCD**. Glob Heart [Internet]. 2016 Dec 1 [cited 2019 Oct 15];11(4):393–7. Available from: <https://www.sciencedirect.com/science/article/pii/S2211816016307608>

# NCD HARD TALKS



## Biggest Burden, Where's the Money?

*Experts deconstruct the pathway to financing NCD services*

# Biggest Burden, Where's the Money?

Experts deconstruct the pathway  
to financing NCD services



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World Health  
Organization

**NCD HARD TALKS**

# Biggest Burden: Where's the Money?

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Department of Global Health and Population  
Harvard T.H. Chan School of Public Health



**SCHOOL OF PUBLIC HEALTH**

Department of Global Health  
and Population

# How to get there?

1. Fair financing
2. Fair priority setting

## Making fair choices on the path to universal health coverage

Final report of the WHO Consultative Group  
on Equity and Universal Health Coverage



World Health  
Organization



# Fair financing

- **Reduce out-of-pocket payments for NCD services**
  - Because they are a barrier to equitable access
  - Because they are a cause of financial burden
- **Shift toward *mandatory prepayment* with pooling of funds**
  - Redistribution from the healthy to the sick
  - From the better off to the worse off
- **When making such a shift, countries should seek to**
  - first eliminate out-of-pocket payments for **essential NCD services**
  - first eliminate out-of-pocket payments for low-income groups and other **disadvantaged groups**, if it can be done effectively

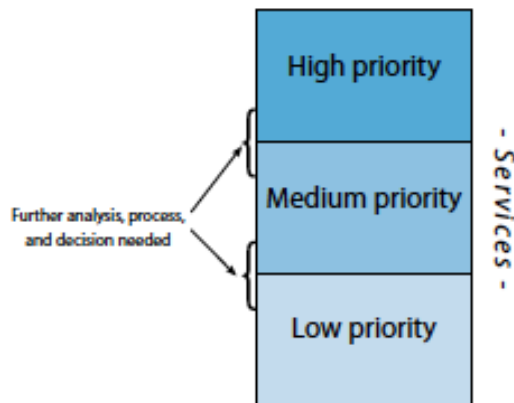
Making fair choices  
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# Fair priority setting

1. Cost-effectiveness
2. Priority to the worst-off
  - In terms of health
  - In terms of income or other disadvantages
3. Financial risk protection



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# Summary

- Shift toward *mandatory prepayment* with pooling of funds
- Define essential NCD services
- First expand coverage for essential NCD services to everyone
- Ensure that disadvantaged groups are not left behind



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Experts deconstruct the pathway  
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**Dr Rachel Nugent**

Vice President  
Global NCDs,  
RTI

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Advocacy Director,  
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**Dr Bruno Meessen**  
Senior Health Financing  
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# HARD TALK PANEL

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## Biggest Burden, Where's the Money?

*Experts deconstruct the pathway  
to financing NCD services*

### Moderator

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### Panelists

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**Ms Florence Berteletti**

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# Next up on NCD Hard Talks



**SAVE THE DATE**  
**21 OCT 2020**

## **NCD HARD TALKS**

21 CTOBER 2020 | 13:00-14:30 CEST

**Access to NCD Medicines**

Thank you

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