Supporting Governments to Develop the Investment Case for NCDs and Tobacco Control

25-26 January 2017, WHO HQ Geneva: summary and actions

Summary

1. A two-day meeting, hosted by the Secretariat of the UN Interagency Task Force on NCDs to discuss current progress and agree on next steps in supporting governments to develop investment cases for the prevention and control of NCDs, was held on 25-26 January 2017. The agenda and list of participants is included in Annex 1 and Annex 2, respectively.

2. Participants shared the increasing demand for investment cases from Member States and noted that there was now the need to scale up the response to meet this demand and to align the broader NCD investment case work with that of the work advancing tobacco control. The work being taken forward by the Convention Secretariat of the FCTC and the WHO Prevention of Noncommunicable Diseases Department in this area was discussed. The work of the WHO/EURO Geographically Dispersed Office to initiate the methodology discussions and to support two of the investment cases was recognized. The six investment cases that have been undertaken were each described with lessons learnt in terms of methodology, process management and logistics. Draft reports were made available. The work of the WHO Global Coordination Mechanism (WHO/GCM) Working Group on how to realize governments' commitment to provide financing for NCDs was also presented.[1]

3. There was substantial discussion around the OneHealth Tool and whether it should be the preferred tool to be used. Some of the limitations the OneHealth Tool were discussed (Appendix 1). It was agreed that although there are other tools available, they are not as multi-functional and therefore the OneHealth Tool will be used for investment cases (advanced version with fully developed risk factors intervention modules). Experience from the investment cases conducted to date highlighted that there was considerable difference in the availability of national level data. Where national data were not available, estimates had to be made based on the most relevant regional or international comparator figures. The lack of national data is significantly more common in the estimation of direct healthcare

[1] http://who.int/global-coordination-mechanism/working-groups/final_5_1with_annexes6may16.pdf?ua=1 and http://who.int/global-coordination-mechanism/working-groups/Briefing-WG5.1.pdf?ua=1.

costs than in the estimation of broader economic productivity losses, which so far have proved to make up a far higher share of the total costs of NCDs. Participants agreed that it was important that countries recognize the limitations of investment cases when there was significant reliance on regional (or even global) data. This does not mean that the investment case cannot be useful and valid, rather that the limitations need to be explained ahead of time and fully understood by the government concerned. If regional data are unacceptable or not available, then only part of the full calculation suite can be made. In extreme cases where national data are extremely limited then the government could be advised to delay an economic analysis until adequate data are available.

4. As a result of the experience in the six investment cases conducted to date, participants agreed that three different economic analyses and outputs emerge. They were:

Output	Components	Example
Estimating cost of implementing prevention interventions at the country level	- Costing of interventions	Fiji
Economic impact of NCDs	- Direct and indirect economic burden	Belarus
Investment case including return on investment analysis (RoI)	- Economic burden - Costing of interventions - Estimate of benefit - RoI	Barbados, Kyrgyzstan, Mongolia, Viet Nam

5. Participants agreed that each type of economic evaluation was of value and that the model selected depended on the availability of data in country, and on the needs of country stakeholders. There is no point in attempting a return on investment analysis when epidemiologic and economic data are not available. It was agreed that this table needed to be expanded to include the epidemiologic and economic data requirements, assumptions and political issues for countries to be aware of, processes and timeframes, and human and financial resources required. This would be used to pre-screen countries requesting a case development, to understand their readiness and what kind of evaluation would be possible.

6. Participants also highlighted the importance of the investment case mission being one step on a process. Planning and data collection ahead of time is very important as are detailed discussions with the government to ensure full understanding of what could be achieved and what the limitations are of the model being used. Equally important are effective follow-up and an agreed approach for using the findings of investment cases and possible further financing/ fiscal space studies.

7. The Convention Secretariat of the FCTC described future work being taken forward in the economics of tobacco control. The importance of the political narrative being

developed alongside economic models was highlighted. In the case that a country requests both NCD and FCTC investment cases, effort will be taken to respond to country demand and align the two processes to find synergies and efficiencies. In practice, this would most likely take the form of a unified data collection process and collaboration on the analysis, but with distinct FCTC and NCD deliverables and advocacy materials. A set of items were suggested as potential inputs into the economic burden of the tobacco-specific component (Appendix 2).

8. UNDP described the Institutional Context Analysis (ICA) tool and how this had been used in the investment case studies to date. The importance of the ICA focuses on guiding how to maximize the impact of the investment case analysis in an attempt to optimize political support for future NCD prevention and control investments. Participants agreed that in addition to a brief report it was important that clear infographics and summary PowerPoint slides be made available to enable the results of the analysis to be shared across government and with relevant development partners, primarily as an advocacy tool. The ICA report itself would be used to guide advocacy and communication around the investment case findings and recommendations.

9. Building capacity to provide the increasing support required to meet the needs of countries developing these investment cases was also discussed. A draft guidance note was shared with participants. It was agreed that further work should be done on this and that a training-of-trainers programme should be rolled out during the course of 2017. It was agreed that broad guidance should be made available for policymakers but that more detailed guidance would be needed for the economists and epidemiologists doing the investment case. A range of suggestions on how to improve the current draft were suggested and it was agreed that WHO and UNDP would look to identify a consultant to support this work. Participants agreed that they would all support the drafting of the guidance note and review iterations ahead of publication. Participants agreed that it was important to ensure that all investment cases are to be completed as soon as possible and that the guidance note will be available by May for the World Health Assembly.

10. WHO/GCM stated that they will merge action point 5.1 from their work plan[2] and do these 12 investment cases through the joint program of UNDP-WHO with partners and to align resources behind the UNIATF-led investment cases, sharing with the group that they had recently provided USD 50,000 to support three further investment cases and also supported financially the first investment case done in Barbados. The GCM also expressed interest in using an emerging community of practice platform to promote this work for peer support and facilitation of implementation and development. The GCM also highlighted the opportunity of using the Global Communication Campaign for disseminating the results of investment cases. RTI also described their emerging community of practice to build and use a network of technical experts.

[2] Work plan GCM, page 23, action point 5.1; http://who.int/ncds/gcm/a68_11_annex3_mar16.pdf?ua=1

11. There was a discussion around making the findings of these investment cases available in the public domain. Overall the group agreed that this was important and something we should work towards, but it was very important that governments are in full agreement that their data can be published and where published governments would be co-authors. It was agreed that it is crucial that approaches for communication and publication are done in close collaboration with regional and country offices. It was also agreed that in future it would be helpful to have a discussion around publication ahead of conducting the investment case. Participants agreed that this could be included as part of a standard operating procedure (SOP). An SOP would also be helpful in determining how to use social media before, during and after investment case missions.

Actions

1. Economic modelling table to be completed by the end of first week of February (MC, JF, RN, EB, DT, BH).

2. OneHealth Tool: updating for NCD risk factors excel spreadsheets in Q2 (MC).

3. Review all countries that the Task Force and the WHO Integrated Support Initiative to Countries (ISC) have received requests from in order to determine which economic analysis and output category they fit into (UNIATF Secretariat, ISC, WHO ROs, UNDP).

4. Complete the five draft reports, see table below.

Country	Coordinator	Progress: economics component	ICA component: progress and focal point in UNDP
Kyrgyzstan	JF	Small revision required	Done – John McCauley
Belarus	JF	Done	Done – John McCauley
Mongolia	BH/NB	Areas still to be completed	Done - Doug Webb
Fiji	DT	Done	Done – Dudley Tarlton
Viet Nam	JM/NB	Areas still to be completed	N/A

Timetable:

- All reports to be finalised by the end of March (Coordinators above).
- All require infographics and a slide pack by the first week of April based on a standard template to be prepared in advance (DT, AK and consultant identified in action 6 below).
- Share final reports and infographics with countries during April in preparation for a UNIATF side event in May (note: expectation that earlier drafts are shared with the countries to avoid surprises in April).

- Proper follow up with in-country action plan agreed.
- Assessment on impact in the longer term.

5. Align NCD investment cases and FCTC economic work:

- UNDP to work with health economists to develop a draft model for the multisectoral FCTC components to be combined with the NCD components in the investment case methodology.
- FCTC-specific components of the methodology will be added to the training of trainers, so that the cohort of economists qualified to do NCD investment cases can also be contracted for FCTC investment cases. University of Cape Town and other tobacco economists to participate in the trainings.
- NCD and FCTC investment cases to be aligned to the greatest extent possible, beginning now.

6. Guidance note:

- A consultant to be identified by UNDP asap to lead with timely inputs from meeting participants.
- Timeline: Final draft to be completed by the end of March, and clearance during April for publication in order to launch during May.
- Resources need to be identified for translation (UNIATF Secretariat).

7. Joint working:

- WB: UNIATF Secretariat to follow up on teleconference with regards to: (i) aligning investment case missions; (ii) WB contribution to the guidance note; (iii) joint meeting of WB and regional development banks; and (iv) pipeline loans that include NCDs.
- WHO/GCM: To align their 12 business cases through the joint project, aligning resources behind the missions: e.g. in the first phase GCM to contribute USD 50,000 towards the costs of the three further investment cases.[3] Use GCM and emerging community of practice platforms to encourage participation and disseminate results. Use GCC for messaging, communication and advocacy.
- RTI: use their emerging community of practice to develop a network of technical experts.

8. Communications and publications: develop an SOP that includes the process around communication and publication before, during and after investment case missions, including the use of social media and dissemination on the web (UNIATF Secretariat and EURO).

[3] Note: WHO/GCM's commitment in their action plan is to complete 12 investment cases by the end of 2017.

9. Action: cost, plan and deliver training the trainers course (MC, NB, UNDP, RTI, ROs).

Timetable

- OneHealth Tool, guidance notes and reports: May 2017.
  - Guidance note completed
  - 6 investment case reports and infographics
  - NCD risk factors to be programmed into the OneHealth Tool

- Undertaken further investment cases as resources dictate (agreement on countries and their order to be done by UNIATF Secretariat and ISC in collaboration with ROs, UNDP, in consultation with World Bank). Remainder of 2017.

- Further investment cases including WB investment cases in four African countries. Second half of 2017.

- Training: training the trainers course with involvement of the WB. One week in June/July in Seattle with a possible second event in September in Venice

- Development of methodology for FCTC component of investment cases (see Appendix 1) and piloting. March 2017.

16 February 2017
Updated 17 March 2017

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Appendix 1. Examples of limitation/issues associated with the OneHealth Tool

Involving the non-health sector: at the moment, the one health tool is primarily a heath sector tool. Ideally, the methodology needs to be broader than this bringing in non-health sectors. As the tool is not really designed for non-health sectors, consideration needs to be given on how the sectors can be captured.

Managing inappropriate interventions: there are interventions for NCDs in a number of countries that are inappropriate: countries for example hospitalize newly diagnosed individuals with hypertension. Costing these sorts of interventions will inappropriately overestimate the financial requirements. Another example is tertiary vs primary care. Cost expensive and inappropriate tertiary care will result in the model calculating inappropriately high costs.

Taking account of underused facilities: consideration needs to be given as to include in the tool resources in the health system that could be better deployed by investing in NCDs when at the moment they are not.

Broader alignment with other methodologies: there are other groups working on investment cases in other areas, for example environment. These models attribute a proportion of NCDs deaths to risk factors that are being studied. There is inevitably overlap and the potential for double counting. Is CVD attributed to tobacco, air quality or other risk factors? Value of life is valued differently between different groups. It is important here to align our efforts with those of other groups and ensure all are being explicit in terms of what each tool does. This highlights the importance of publishing methods and results in the public domain.

Appendix 2. Potential inputs for the economic burden of the tobacco-specific analysis[4]

1. Standard prevention and treatment for the four main NCDs (attributable fractions)
2. Illicit trade. Lost revenue, enforcement costs
3. Environmental cost of tobacco cultivation (pesticides, deforestation)
4. Lost GDP through outward capital flows to multinational companies
5. Accidental fires
6. Enforcement of tobacco laws
7. HIV and TB (fractions attributable to tobacco)
8. Litter damage and collection
9. Reduced employment (retailers, agriculture)
10. Long term reduction in tax revenue
11. Low infant birth weight
12. Asthma and school admissions
13. Nutrition
14. Stillbirth and premature
15. Second hand exposure

[4] A complete list to be developed before the end of March 2017.

Annex 1. Agenda

DAY 1: Wednesday 25 January 2017

09:00-09:15	**Welcome and introductions, expected purpose and outcomes of the meeting** (Nick Banatvala, Vera da Costa e Silva, Doug Webb)
09:15-10:15	**Lessons learnt from the investment cases conducted to date (Barbados, Kyrgyzstan, Belarus, Fiji, Mongolia and Viet Nam)** (Panel discussion followed by round table discussion) Outcome: An agreed understanding on the approaches that have been used and what has worked well and what has not worked so well.
10:15-10:45	*Coffee Break*
10:45-12:00	**Economic tools for the investment cases** (Melanie Bertram, Rachel Nugent, PND/FCTC Convention Secretariat followed by round table discussion) Outcome: Clarification on the tools that are available, their pros and cons, and agreement on which ones should be used in future investment cases.
12:00-12:45	**The Institutional Context Analysis tool** (Douglas Webb and Dudley Tarlton) Outcome: An agreed understanding on the tool, its pros and cons, and agreement on how it should be used in future investment cases.
12:45-14:00	*Lunch*
14:00-15:00	**Inputs, outputs and outcomes of future investment cases** (Round table discussion) Outcome: Agreement on all full set of outputs and outcomes that we want to see delivered in future investment cases. This session will also address terminology (e.g. what is an investment case, what is a business case and effective communication of products. The session will also discuss how to integrate the various parts of the investment case after the mission and how to provide coherent feedback to countries.
15:00-16:00	**Presentation of the draft guidance note on how to do investment cases** (James Murray followed by round table discussion) Outcome: Draft guidance note shared, specifics clarified and initial comments shared.
16:00-17:00	**Detailed review of each section of the guidance note** (All) Outcome: agreed content of each section of guidance note.

DAY 2: Thursday 26 January 2017

09:00-13:00	**Detailed review of each section of the guidance note (continued)** (All) Outcome: agreed content of each section of guidance note and way forward for finalizing the guidance note.
13:00-14:00	*Lunch*
14:00-15:00	**Planned investment case missions for 2017 and beyond, including resource mobilisation plans.** **World Bank Analytical and Advisory Services focused on NCDs for four countries in Africa** (Nick Banatvala and Dudley Tarlton followed by round table discussion) Outcome: agreed timetable and costings for missions and led contributors to these missions as well as supply demand analysis and agreement on managing the process. The meeting should also agree an approach for getting the work into the public domain, including how to work with countries to ensure that work becomes available ahead of the Third High-level Meeting. The meeting should also assess how to take forward investment cases in areas that are now part of the Task Force mandate such as mental head, road injuries and pollution. Links with the World Bank Analytical and Advisory Services focused on NCDs and ongoing FCTC and TFI understood in order to harmonise activities.
15:00-16:30 *(with short tea break)*	**Building international and national capacity for the economic and institutional context analysis components of future investment cases: requirements and timetable** (Nick Banatvala, Dudley Tarlton and Melanie Bertram, FCTC Convention Secretariat) Outcome: agreed approach for training and capacity building with an understanding on resources, roles and responsibilities, timeframe and location, faculty and likely participants.
16:30-17:00	**Wrap up and concluding remarks**

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