

## **Supporting Governments to Develop the Investment Case for NCDs, Tobacco Control, Mental Health and Air Pollution**

11-12 June 2019, WHO HQ Geneva: summary and actions

### **SUMMARY**

1. Two previous meetings of the group were held in January 2017 and February 2018. The third meeting took place on 11-12 June 2019 and focused on: (i) reviewing work to date and plans for the future; (ii) technical issues related to investment case development, methodology, quality control, and coordination, and (iii) ways to scale up and expand the investment case project. The agenda and list of participants are included in [Annex 1](#) and [Annex 2](#), respectively.
2. Participants were updated on the latest global events and reports relevant to the NCD investment case agenda, including the 2018 political declaration of the third high-level meeting on the prevention and control of NCDs, which included a recommendation to develop national NCD investment cases. Importantly, the Declaration broadens the scope of the commitments from four major NCDs and four main risk factors (the so-called “4x4 NCD agenda”) to include commitments to reduce air pollution and promote mental health and well-being (the so-called “5x5 NCD agenda”). Development of “best-buys” for mental health and for air pollution is encouraged.
3. Completed, ongoing and planned NCD investment cases were reviewed. To date 20 countries have received NCD investment case missions (Armenia, Barbados, Belarus, Cambodia, Ethiopia, Fiji, Iran, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Mongolia, Peru, Philippines, Russia, Saudi Arabia, Turkey, Uzbekistan, Viet Nam, Zambia) of which 11 are funded by the Russian Federation under the WHO-UNDP global joint programme on catalysing multisectoral action for NCDs. It was agreed that investment cases are used primarily as an advocacy tool. There remains high demand from countries for these investment cases (for example the Gulf Health Council plans to support 6 investment cases in their region) and for follow up support after investment case launches to implement recommendations.
4. Participants were informed about the NCD Investment Case Forum organized by the Russian Ministry of Health and UNIATF, which will be held on 11-12 October 2019 in Moscow, as part of the Third All-Russian Public Health Meeting. Ministries of health and ministries of finance from countries having previously received UNIATF investment cases will be invited. The Forum will offer a unique opportunity to exchange information on the experiences related to the development and implementation of NCD investment cases and their impact on the national NCD policies in respective countries.

5. An update on the WHO FCTC Secretariat-led tobacco control investment cases funded by the United Kingdom was provided. Ten of these investment cases are already completed (Georgia, El Salvador, Myanmar, Zambia, Nepal, Sierra Leone, Cambodia, Cabo Verde, Madagascar and Chad). So far, two countries have received both NCD and tobacco control investment cases - Cambodia and Zambia. The tobacco control investment cases provide a deeper analysis which incorporates tobacco-attributable burden from 38 diseases and conditions (NCDs and beyond). The meeting underscored that differences in methodology and content should not cause complications and must provide for the complementarity. The importance of effective collaboration and synergy in conducting the two types of investment cases were reiterated by participants.
6. The importance of building trust and relationships in countries at the onset was highlighted, with close working between international and local economists and epidemiologists. Investment cases developed remotely, which has been done on two occasions, are less successful. Involving civil society early in the process of investment case development would be beneficial to the follow up phase.
7. The meeting discussed the possibility of standardising the report template and the format of information presentation. It was noted that so far, all reports share key common elements, but differences exist (e.g. in the presentation of executive summaries and the formats of recommendations sections). The meeting agreed that a standardised template is not necessary, but strong divergence is also undesirable. It was decided that each team should read though the other teams' reports and reflect on the possibilities for improvements / confluence.
8. For both NCD and tobacco control investment cases a proposition was made to supplement the standard 5- and 15-year timeframes for ROI estimates with an additional 10-year timeframe. Such an adjustment would allow the Governments receiving investment cases in 2019/20 to see what progress can be expected by 2030. The proposition was accepted in view of the simplicity of adjustment.
9. There was discussion around the One-Health Tool (OHT). It was acknowledged that the use of OHT imposes a number of limitations which make it difficult to address some of the requests from the Governments. For example, it was observed that examining separate interventions in place of intervention packages is complicated, while interaction with in-build models and parameters is very restricted. Furthermore, not all NCD-relevant interventions are included in the tool which limits the scope of analysis. Nevertheless, it was agreed that the OHT should continue to be used for all NCD investment cases due to its advanced state of development and a range of intrinsic benefits, such as added credibility, standardised information, and recognition by WHO. At the same time, it was also agreed that alternative solutions could be gradually developed in parallel, including a new fit-for-purpose tool for NCD interventions analysis. Participants exchanged their experience with demand from countries that could not be addressed with the current methodology. Tax on sugar-sweetened beverages, mental health, air pollution, road safety, cancer interventions and co-morbidities with infectious diseases (i.e. TB, HIV, hepatitis) were among the areas raised. It was also suggested that being able to link increases in screening

with increases in coverage would be useful as it would allow to examine the efficiency of screening efforts. It would also be useful and appreciated to know which variables are used in each calculation.

10. Participants were informed that there are plans for the OHT to be updated in 2020. Making major changes to the OHT would take time and resources, however incremental improvements could significantly enhance the tool. The meeting reviewed a memo prepared by the RTI which identified 4 groups of OHT issues that could be easily addressed, and proposed potential fixes. Taking into account the RTI memo, the meeting agreed to identify, based on accumulated experience, the most desirable adjustments and to bundle a request package to Avenir.
11. Another technical question concerned updating the data for the costing analysis. It was agreed that GDP deflators are to be used to update the costs of interventions. Updates based on the 2017 data were expected in the near future.
12. The meeting further reflected on the publication strategy. The participants agreed that publishing in peer-reviewed journals was important to enhance credibility, but the process is usually time-consuming and might require additional resources. In addition to publishing in peer-reviewed journals, publishing in other media/format could be considered. Among the options suggested were online publications, photojournalistic stories, and in-depth social media posts. The content could include individual investment cases, syntheses of several cases, and case studies of the impact achieved.
13. It was agreed that the FAQ document started last year (for economist going to countries) should be completed as soon as possible.
14. The participants were updated on air pollution and mental health investment case development.
  - a. With regards to air pollution, the participants were informed that the WHO would soon be in the position to recommend key interventions for air pollution, but different contexts/levels exist (e.g. household, air/ local, national, regional). So far, costed solutions have been proposed only at the household level, since costing ambient air pollution interventions requires considering a variety of pollution sources and conducting a more complex economic efficiency analysis. WHO has developed an economic tool for household pollution, which includes intervention cost and health benefits and is being pilot-tested in Nepal.
  - b. Overall, there is a strong interest among the Member-States in air pollution investment cases. Evidence-based arguments are sought by the ministries of health to advocate for air pollution prevention policies.
  - c. A group of experts in epidemiology, air pollution and economy will be set up to identify a list of interventions (policy options) which will be considered as tools to address air pollution. Afterwards, investment case methodology will be developed, followed by a protocol for country missions.
  - d. With regards to mental health investment case, RTI presented its experience from investment case work in Jamaica and Peru.

- e. The meeting discussed the Guidance note on mental health investment case. This guidance was developed by Dan Chisholm and reviewed by a group of 8 experts.
- f. It was agreed that:
  1. the guidance document was fit for purpose
  2. section 3 on financing was useful and needed
  3. the appendix containing Jamaica ROI (as example of ROI analysis) should be kept, but could be shortened (Brian Hutchinson agreed to prepare a 2-3 pager)
  4. the combination of the Guidance note, the OHT manuals, and the ROI calculator (in Excel) was sufficient for country missions and analyses to be undertaken by consultants (after a short training on these tools, possibly in a form of a webinar).
  5. The file for economic burden analysis will be included in the mental health investment case tools.
- g. Mental health component will be included in the 6 forthcoming investment cases under the Russian project. MSD will prepare a list of priority countries to be considered for the next phase.
- h. The meeting also agreed to finalise the Peru mental health investment case to use as advocacy piece when reaching out to potential donors.
- i. Capacity building was discussed. It was agreed that shorter, more targeted training would be a good way to build capacity for the investment case work. Dan Chisholm suggested to run webinars for economists who will be working with the mental health tools.

## ACTIONS

- Include in the layout of all investment cases an infographic that summarises the key findings and messages and would appear next to / before the executive summary (UNIATF Secretariat).
- RTI and WHO/UNDP to read through each other's reports reflect on the possibilities for improvements/confluence. Decide which elements should be present in all reports (Nadia to coordinate).
- Identify, based on accumulated experience and taking into account the RTI memo, the most desirable adjustments and bundle a request package to Avenir for improving the OHT (Nadia to coordinate).
- Set up a group of experts to work on the list of interventions (policy options) for air pollution (Nathalie Roebbel and Alexey Kulikov).
- Finalize the costing tool for mental health investment case (Anna Kontsevaya and David Tordrup).
- Finalise Peru mental health investment case (Brian Hutchinson) to use as advocacy piece when reaching out to potential donors.

- Prepare a very short capacity building proposal for training further economists (Dan Chisholm, David Tordrup and Jeremy Lauer).
- Prepare a list of priority countries to be considered for the next phase of the mental health investment cases (MSD).
- Finalize the FAQ document for economists (Nadia to coordinate).

## Annex 1. Agenda

### DAY 1: Tuesday 11 June 2019

09:00-09:15	<b>Welcome and introductions, expected purpose and outcomes of the meeting</b> (Nick Banatvala and Dudley Tarlton)
09:15-10:15	<b>Setting the scene</b> (moderated by Nick Banatvala) <ul style="list-style-type: none"> <li>• Update on global events and assignments (Nick Banatvala)</li> <li>• Global Business Plan for Noncommunicable Diseases (<i>Saving lives, spending less</i>) (Gini Arnold)</li> <li>• Task Force Strategy 2019-2021 (Nick Banatvala)</li> </ul>
10:15-10:45	<i>Coffee Break</i>
10:45-12:00	<b>Update on investment case work</b> (moderated by Alexey Kulikov) <ul style="list-style-type: none"> <li>• Update on UNIATF's NCD investment cases (Alexey Kulikov)</li> <li>• Update on other NCD investment cases (Brian Hutchinson, Jill Farrington)</li> <li>• Update on tobacco control investment cases (Rodrigo Santos Feijo and Dudley Tarlton)</li> <li>• Update on NCD, indoor air pollution and tobacco investment case guidance notes (Dudley Tarlton, Jeremy Lauer and Alexey Kulikov)</li> </ul>
12:00-13:00	<i>Lunch</i>
13:00-14:45	<b>Technical issues, quality control and coordination</b> (moderated by Jill Farrington) <ul style="list-style-type: none"> <li>• How to respond to best-buys/recommended interventions/other topics that are not currently included in the OHT</li> <li>• RTI's memo on users' experience with NCD modules of OHT (Brian Hutchinson)</li> <li>• Return on investment for clinical vs. preventive interventions</li> <li>• Standardization of costing tools</li> <li>• Templates to standardize report writing</li> <li>• Peer-review, publication strategy (David Tordrup)</li> <li>• Maximizing impact of the institutional context analysis</li> <li>• Coordination and collaboration between NCD and tobacco investment case work (Dudley Tarlton)</li> <li>• How this work aligns with NCD investment cases not commissioned by UNIATF (such as Kenya)</li> </ul>
14:45-15:15	<i>Coffee Break</i>
15:15-15:45	<b>Investment case forums</b> (moderated by Dudley Tarlton, with Alexey Kulikov presenting) <ul style="list-style-type: none"> <li>• Approach, outcomes and lessons learnt</li> </ul>

	<ul style="list-style-type: none"> <li>• Advocacy materials</li> <li>• Impact and impact indicators</li> </ul>
15:45-16:15	<b>Ways forward, lessons learnt: wrap-up of the day</b> (Nick Banatvala)

## DAY 2: Wednesday 12 June 2019

09:00-10:30	<b>Developing investment cases for pollution</b> (moderated by Nathalie Roebbel) <ul style="list-style-type: none"> <li>• Update on methodology development (Nathalie Roebbel, Alexey Kulikov and Dudley Tarlton)</li> <li>• Planning for air pollution investment case missions (Nathalie Roebbel and Alexey Kulikov)</li> </ul>
10:30-11:00	<i>Coffee break</i>
11:00-12:00	<b>Developing investment cases for mental health</b> (moderated by Mark Van Ommeren) <ul style="list-style-type: none"> <li>• New guidance (Dan Chisholm)</li> <li>• RTI's experience developing mental health investment cases in Peru and Jamaica (Brian Hutchinson)</li> </ul>
12:00-13:00	<i>Lunch</i>
13:00-14:30	<b>Developing investment cases for mental health (cont.)</b> <ul style="list-style-type: none"> <li>• Mental health "best-buys" (Dan Chisholm)</li> <li>• Plans and approaches for undertaking future investment cases in countries (Dan Chisholm and Alexey Kulikov)</li> <li>• Discussion of investment cases for special populations such as adolescents (Brian Hutchinson)</li> </ul>
14:30-15:00	<i>Coffee break</i>
15:00-15:45	<b>Resource requirements and possible ways of financing of NCD, tobacco, mental health and air pollution investment case work</b> (moderated by Nick Banatvala) <ul style="list-style-type: none"> <li>• Brain storm about comorbidities and other potential components to incorporate in the investment case work (alcohol harm/SAFER, road traffic, access to treatment, etc.)</li> </ul>
15:45-16:00	<b>Round-up</b> (Nick Banatvala) <ul style="list-style-type: none"> <li>• Agreed actions and next steps</li> </ul>

## Annex 2. List of participants

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