

16 June 2024 DRAFT

International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
and Access Accelerated

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organizations: IFPMA (International Federation of Pharmaceutical Manufacturers and Associations) and Access Accelerated, both based in Geneva, Switzerland
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☒ Other (specify): IFPMA - The International Federation of Pharmaceutical Manufacturers and Associations - represents over 90 innovative pharmaceutical companies and associations around the world; IFPMA has official relations with the United Nations and contributes industry expertise to help the global health community improve the lives of people everywhere. Access Accelerated is a unique collective effort of innovative pharmaceutical companies that collaborate with partners to enhance NCD prevention and care around the world, in particular by partnering with the World Bank and other organizations to help countries improve financing for NCDs in LMICs.
Draft summary of the technical background papers The summary provides a brief but useful and appreciated summary of the technical background papers. The key messages and/or priority actions from each paper should be included in the summary.
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue IFPMA and Access Accelerated endorse the context, objectives and framing the agenda sections of this report. We recommend that the key messages and highlights emerging from the Dialogue incorporate the following points: 1. <u>Measures required to tackle NCDs and MH effectively and efficiently</u> • Provide platforms that enable countries to exchange local and global know-how/best practices and the leveraging of technical and political tools and actions on how to prioritize NCDs/MH within national health agendas. • Ensure a much more concerted whole-of-society and intersectoral effort that recognises the impact of social, economic and commercial determinants of health on NCD prevalence and strongly encourages policy coherence across different sectors – e.g., driving greater connectivity between climate change and NCD/MH objectives, recognising the spillover effects between different diseases (obesity, diabetes, cardiovascular diseases and cancers), and leveraging existing infectious disease infrastructures to address targeted NCDs/MH conditions such as diabetes, hypertension, and atherosclerosis. • Integrate NCDs and Mental Health responses in public financing and national budgetary systems • Understand and address the most important local barriers to access (diagnostics, regulatory approvals, funding/reimbursement, patient pathways, formulaic listing, procurement, training & education, distribution, etc.) in order to develop locally relevant, holistic pathways for patients to gain local access at the point of care to quality medicines, products and health services..

2. Improve financing for NCDs and MH

- Recognize that improving financing includes mobilizing additional resources and optimizing country-level spending on interventions that demonstrably improve patient health outcomes and health system performance.
- Highlight that domestic resource mobilisation remains key to unlocking the resources required to tackle NCDs and MH at a country level.
- Develop business cases applicable to respective geographies, targeting the financiers of the health system (either public or private), demonstrating the cost of investing vs not investing in NCDs (socio-economic cost of NCDs vs. socio-economic impact of good management of NCDs)
- Highlight the size of the problem not only from a health system perspective but also for economic (GDP growth) and human/social impact as well as the need for “social partnerships” including private, public and civil society sectors to work together on improving financing.
- Supplement and/or catalyse domestic resources with a variety of other financing mechanisms such as donor and development assistance for health, innovative financing mechanisms, and public/private health insurance schemes.
- Invest in effective prevention strategies, not only to protect populations against developing NCDs but also to mitigate the risk of developing co-morbidities alongside existing conditions.
- Prioritize enhanced adherence to NCD and mental health therapies, recognizing improved adherence’s critical role in achieving improved patient health outcomes.
- Encourage countries to link broader coverage frameworks with fit-for-purpose payment models such as health outcomes-based payment models and bundled payments for chronic conditions based on appropriate epidemiological data. Structure health systems incentives to support fund flow to finance UHC.
- Link financing schemes for NCDs/MH to ongoing efforts to (a) achieve Universal Health Coverage (UHC) by strengthening Primary Health Care (PHC) systems and including coverage for services and medicines to prevent, treat, and manage NCDs, and (b) strengthen both health system readiness (to address NCDs/MH) and resilience (preparations for future pandemics).
- Support WHO and the World Bank to develop a set of global financing targets for NCDs and Mental Health to encourage Member State commitment and investment to address NCD/MH as a high priority health and development issue within the UN Political Declaration on NCDs in 2025.

3. Include and engage both the private sector and civil society as part of the solution

- Highlight the critical importance of multi-stakeholder, public-private partnerships to tackling the challenges of NCDs/MH, as part of an inclusive, holistic approach that includes both the private sector and civil society in meaningful ways.
- Endorse more inclusive and comprehensive approaches that meaningfully engage all non-state actors, including the private sector, as part of the solution. This includes more proactive and constructive engagement of a much wider range of private sector actors than we are seeing at present.
- Develop and implement incentives to leverage private sector and civil society funds and capabilities for improved NCD management, where appropriate.

4. Avoid narrow focuses on the pricing of medicines

- The WHO acknowledges that for health budgets, staff costs usually absorb the biggest share of resources, followed by the costs of drug procurement, but these figures vary significantly according to a country’s level of economic development. Medicines typically account for 20% to 60% of health spending in LMICs.
- As emphasized by point j., there are a variety of local factors that inflate medicine prices at the point of care. We have seen many examples where globally low-priced (or even free of charge) medicines are not getting to appropriate patients at the point of care, due to a variety of health system and other barriers. Overcoming these challenges requires holistic, integrated care solutions based on effective local access pathways analyses.
- Beyond medicines and vaccines, attention should be directed to the pricing of health products (defined broadly) and essential health services which may far exceed the price of medicines. For example, the NCD Coalition has cited evidence that over 65% of out-of-pocket health expenditures for people living with diabetes are associated with health products and consumables.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

IFPMA and Access Accelerated are founding members of the Coalition for Access to NCD Medicines and Health Products. We endorse the comments that the Coalition has provided separately in relation to this paper.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

IFPMA and Access Accelerated are founding members of the Coalition for Access to NCD Medicines and Health Products. We endorse the comments that the Coalition has provided separately in relation to this paper.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

IFPMA and Access Accelerated are founding members of the Coalition for Access to NCD Medicines and Health Products. We endorse the comments that the Coalition has provided separately in relation to this paper.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

IFPMA and Access Accelerated are founding members of the Coalition for Access to NCD Medicines and Health Products. We endorse the comments that the Coalition has provided separately in relation to this paper.

5. Financial protection for NCDs and mental health: Why and how?

IFPMA and Access Accelerated are founding members of the Coalition for Access to NCD Medicines and Health Products. We endorse the comments that the Coalition has provided separately in relation to this paper. We would particularly emphasize the Coalition's call for a broader focus on health products in addition to medicines, citing evidence that over 65% of out of pocket health expenditures for people living with diabetes are associated with health products and consumables.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

IFPMA and Access Accelerated endorse this paper's call for measures to improve health workforce development for NCD and mental health care.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

IFPMA and Access Accelerated are founding members of the Coalition for Access to NCD Medicines and Health Products. We endorse the comments that the Coalition has provided separately in relation to this paper. We would particularly emphasize the Coalition's call for this paper to be more inclusive and comprehensive by reframing it to include all non-state actors, including the private sector, to ensure a strong position and engagement strategy.

Additional documents**Noncommunicable diseases, tobacco control and mental health investment cases**

IFPMA and Access Accelerated endorse the critical importance of investment cases for NCDs, tobacco control and mental health (e.g., WHO Best Buys, Lancet NCD Countdown 2030, various civil society analyses) which make a clear and compelling case for additional investment and efforts in these areas. We note that so far investment cases have had some impact at a country level, but much work still needs to be done to help countries design and implement locally-relevant solutions, leveraging learnings from other countries (preferably in the same region). We support the key considerations for undertaking an investment case, and for making use of an investment case, contained in Section 4.2 of the report. We recommend that these learnings be highlighted in the draft emerging messages.

Humanitarian health financing for noncommunicable diseases

IFPMA and Access Accelerated support the notion that NCD prevention, diagnosis and treatment should be prioritized in humanitarian settings, whether they be related to pandemics, conflicts or climate-related emergencies.

General comments relevant to multiple papers:

See our comments above regarding the draft emerging messages.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

IFPMA and Access Accelerated support calls from the NCD Alliance and others for WHO and the World Bank to develop a set of global financing targets for NCDs and Mental Health to encourage Member State commitment and investment to address NCD/MH as a high priority health and development issue within the UN Political Declaration on NCDs in 2025. But we should recognize that historically targets help with benchmarking where countries are in terms of current investment, they have not driven increased investments in health. As a result, targets need to be complemented with publications of current spending on NCDs (to establish a baseline), along with commitments to ongoing dialogue and coordination on resourcing needs between Ministries of Health, Finance, and other ministries involved in NCD prevention and control. This dialogue / coordination could be through task forces or steering committees that oversee implementation of national NCD plans. Additionally, governments should be asked to set robust, clear programmatic and disease reduction targets in national NCD plans help guide resource allocation decisions. Lastly, governments should be encouraged to share and promote new models of financing for NCDs.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1 May – 17 June 2024.



International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: Healthy Caribbean Coalition (HCC)

This response was prepared by the HCC and supported by the Trinidad and Tobago NCD Alliance (TTNCDA).

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

☒ Non-State actors

- ☒ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

The HCC supports the NCDA's comments with no further additions.

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

The HCC supports the NCDA's comments with no further additions.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

The HCC supports the NCDA's comments with no further additions.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The HCC supports the NCDA's comments with the following additions particularly relevant to the unique context of Caribbean SIDS.

1. Promote the adoption of the Multidimensional Vulnerability Index (MVI) to unlock development assistance for SIDS traditionally blocked from development assistance due to high GNIs/GDP. Including health indicators related to disease burden as well as climate change, environmental, social and cultural vulnerability to determine access to these funds will ensure more equitable and global resource allocation and resultant progress on NCD prevention.
2. Explore models of private sector investment in NCD responses and promote the development of business cases for greater private sector investment in NCDs.
3. Promote the linking of development assistance to domestic NCD financing according the predefined criteria.
4. Leveraging climate financing (for example the loss and damage fund recently negotiated at the COP28 as well as the Bridgetown Initiative) for climate and health/NCD policies and interventions.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

We support NCDA's comments with the following additions particularly relevant to the unique context of Caribbean SIDS.

1. In addition to investment in fiscal policies, scaled up investment in NCD prevention policies across the spectrum of risk factors is urgently needed as long-term cost savings measures within the context of limited fiscal space of SIDS.
2. Linked to above, there is a need to invest in strategies and tools to support SIDS in addressing the commercial determinants of health in particular countering commercial interference in the implementation of strong evidence-informed NCD prevention regulation. The requisite multisectoral, health-in-all policies response to NCDs necessitates the application of tailored tools such as conflict of interest policies and access to information legislation which increase transparency and accountability and create the regulatory space for the implementation of evidence-informed policies recommended by the WHO and other key global, regional and national health authorities. The fragile economies SIDS with limited and contracting fiscal space must prioritise prevention policies as they cannot sustain the expenditures associated with treatment of an unabated obesity and NCD epidemics. Investment in research, public educational campaigns and good governance mechanisms specifically conflict of interest policies and other tools such as access to information legislation have the potential to open doors to strong regulation which will ultimately lead to reductions in obesity and NCDs and demands on domestic and external NCD financing.
3. The health in all policies rhetoric must be linked to health in all budgets messaging and action to encourage unlocking and allocation of health resources outside of health and across relevant non-health ministries, to support policy coherence and a truly whole-of-government approach.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The HCC supports the NCDA's comments with no further additions.

5. Financial protection for NCDs and mental health: Why and how?

The HCC supports the NCDA's comments with no further additions.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

The HCC supports the NCDA's comments with no further additions.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

The HCC supports the NCDA's comments with the following additions particularly relevant to the unique context of Caribbean SIDS.

1. The HCC welcomes and applauds the recognition of the powerful role of civil society in amplifying this agenda on multiple levels. CSOs in small communities like the Caribbean SIDS have capacity (human and financial resource) limitations which frustrate their ability to realise their full potential across the spectrum of roles they can play in contributing to this agenda including advocacy, resource mobilisation and service delivery. In the past decade increasing domestic and external investment in Caribbean civil society by various governmental and non-governmental actors has been invaluable and instrumental in elevating the role of national and regional civil society contribution to NCD financing solutions.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

The HCC supports the NCDA's comments with the following additions particularly relevant to the unique context of Caribbean SIDS.

1. Health-neutral or health-promoting commercial actors have a potentially significant role to play in financing the NCD response in the resource constrained settings of the Caribbean SIDS through a variety of mechanisms whether through direct investment in health systems or investment in civil society to drive NCD advocacy and accountability. This type of investment can be catalysed through the development of contextual SIDS-relevant 'Business NCD cases' to demonstrate the value of the commercial sector in the NCD response including the unlocking of private sector assets, technical and financial.

Humanitarian health financing for noncommunicable diseases

The HCC supports the NCDA's comments with the following additions particularly relevant to the unique context of Caribbean SIDS.

1. The HCC welcomes the specific reference to the humanitarian crises driven by climate change and natural disasters in Caribbean SIDS and reinforces the need for prioritisation and investment in climate resilient health systems and the leveraging of climate financing (*see comments on no. 2 external financing above*) to support these efforts.

General comments relevant to multiple papers:

Overall the Healthy Caribbean Coalition (HCC) is supportive of the submission by the NCD Alliance and has signed onto their submission. We have however added our own Caribbean-SIDS specific concerns to this submission as outlined throughout this document. For additional reference we also point to the recent Bridgetown Declaration on NCDs and Mental Health which maps out a series of priority investment actions.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

The HCC supports the NCDA's comments with no further additions.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

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Organization: Associação de Vinhos e Espirituosas de Portugal (ACIBEV)

Type of organization (please add X next to your selection):

ACIBEV - Portuguese Wine and Spirits Association is a non-profit business association established in January 1975, which represents a significant part of the sector's turnover - production, distribution and trade of wines and spirits as well as vinegar and distillation of wine products.

Our Associates have an annual turnover of more than eight hundred million euros, 60% of which are generated through export. Among our Associates are the majority of national export companies, leading companies in the various demarcated regions and companies that create brands that add value to Portuguese wines.

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The wine sector recognizes the importance of a whole-of-society approach to reducing harmful alcohol use, as outlined in the UN Political Declaration on NCDs 2018 and the WHO's Global Strategy and Action Plan. We are committed to working collaboratively within this framework, aligning with the WHO Global Action Plan for NCDs and the Sustainable Development Goals.
- While long standing research suggests potential viability of moderate wine consumption within a balanced lifestyle for healthy adults, particularly when paired with meals and water, it is crucial to emphasize that this does not apply universally. Regular, moderate consumption should never be interpreted as condoning heavy drinking. Additionally, some individuals should always abstain, including pregnant women, underage individuals, and those in situations where alcohol is unsafe.
- The wine sector should continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- This paper investigates how strategic funding mechanisms, like catalytic funding for NCDs, can bolster prevention and treatment efforts for both NCDs and mental health. It proposes the Global Fund to Fight AIDS, Tuberculosis and Malaria as a potential model for such funding. This model could extend beyond traditional stakeholders like foundations and civil society to include the private sector.
- By incorporating the private sector into discussions about catalytic funding, we can unlock innovative and efficient approaches to tackling these major health challenges. However, this remains an underutilized strategy.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The effectiveness of alcohol tax policies in addressing harmful use is a topic of debate. While some argue that well-designed taxes can target specific patterns like heavy episodic drinking, particularly by influencing price-sensitive lower-income consumers, other research suggests that excessive drinkers, including young people, may be less responsive to price changes. As a matter of fact, excessive drinkers seem to be least price responsive. Several studies reported that consumers substituted cheaper (and often lower quality) beverages after a price increase, both within and across categories. Consumers may also respond to a price increase by purchasing alcohol in jurisdictions where tax rates are lower. Some studies seem to show that

taxes/price increases are not effective in reducing harmful use of alcohol. Therefore, a comprehensive approach to tackling harmful use likely requires a combination of strategies instead of focusing on taxation.

- It is recommended to look at the European discussion on the matter. Despite some claim that behavioral taxes would reduce alcohol consumptions while increasing revenues for governments, the debate on health behavioral taxes at European level clearly states that a successful health tax leading to behavioral changes is actually resulting in decreased revenues, an element that should be taken into account when looking at sources of finance for NCDs and mental health.
- ACIBEV asks therefore for any taxation of alcohol beverages in general and wine in particular, to be part of a comprehensive fiscal and regulatory framework, to be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. Excise duties are just a small part of the overall tax paid by wine businesses. Wine is an agricultural product covering huge surfaces of agricultural land and requiring intensive workforce. Taxes deriving from these elements should also be considered when assessing the full contribution of the wine sector to fiscal efforts. Moreover, the full economic cycle of wine production and marketing involves many direct and indirect actors operating and interacting all along the wine chain providing a significant contribution to the national fiscal income.
- The EU wine sector represents a fundamental economic pillar in rural areas and an asset against rural de-population and provides already €52billion in taxes to EU governments. An increase in its taxation would put at risk the economic sustainability of a vibrant but delicate sector and the 3 million people working in it in the EU.
- ACIBEV joins the call for robust monitoring of harmful drinking patterns and unrecorded alcohol consumption, particularly illicit alcohol. The WHO estimates that 25% of global consumption comes from unrecorded sources, exceeding 50% in over 20 member states. This poses a significant threat to public health and national revenue streams. As the OECD highlights, the pandemic exacerbated illicit alcohol trade. We need stronger data collection and targeted interventions to address this growing concern.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

The UN resolution ([A/RES/73/2](#)) calls for the inclusion of the private sector in discussions around financing for global health issues like NCDs. However, inconsistencies exist across related documents. For instance, the emerging messages document omits the private sector in paragraph 6's list of participants. Similarly, the current form excludes them from the non-state actor category.

To ensure alignment with the resolution and encourage broad stakeholder participation as intended, we urge the inclusion of the wine sector, alongside other private sector entities, in all relevant discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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Organization: Unione Italiana Vini (UIV)

Type of organization (please add X next to your selection):

Membership-based organization, representing the mainly SMEs, that produce and market the vast majority of quality Italian wines and account for over 85% of Italian wine exports.

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

X other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The wine sector recognizes the importance of a whole-of-society approach to reducing harmful alcohol use, as outlined in the UN Political Declaration on NCDs 2018 and the WHO's Global Strategy and Action Plan. We are committed to working collaboratively within this framework, aligning with the WHO Global Action Plan for NCDs and the Sustainable Development Goals.
- While long standing research suggests potential viability of moderate wine consumption within a balanced lifestyle for healthy adults, particularly when paired with meals and water, it is crucial to emphasize that this does not apply universally. Regular, moderate consumption should never be interpreted as condoning heavy drinking. Additionally, some individuals should always abstain, including pregnant women, underage individuals, and those in situations where alcohol is unsafe.
- The wine sector should continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- This paper investigates how strategic funding mechanisms, like catalytic funding for NCDs, can bolster prevention and treatment efforts for both NCDs and mental health. It proposes the Global Fund to Fight AIDS, Tuberculosis and Malaria as a potential model for such funding. This model could extend beyond traditional stakeholders like foundations and civil society to include the private sector.
- By incorporating the private sector into discussions about catalytic funding, we can unlock innovative and efficient approaches to tackling these major health challenges. However, this remains an underutilized strategy.

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- It is recommended to look at the European discussion on the matter. Despite some claim that behavioral taxes would reduce alcohol consumptions while increasing revenues for governments, the debate on health

behavioral taxes at European level clearly states that a successful health tax leading to behavioral changes is actually resulting in decreased revenues, an element that should be taken into account when looking at sources of finance for NCDs and mental health.

- UIV asks therefore for any taxation of alcohol beverages in general and wine in particular, to be part of a comprehensive fiscal and regulatory framework, to be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. Excise duties are just a small part of the overall tax paid by wine businesses. Wine is an agricultural product covering huge surfaces of agricultural land and requiring intensive workforce. Taxes deriving from these elements should also be considered when assessing the full contribution of the wine sector to fiscal efforts. Moreover, the full economic cycle of wine production and marketing involves many direct and indirect actors operating and interacting all along the wine chain providing a significant contribution to the national fiscal income.
- The EU wine sector represents a fundamental economic pillar in rural areas and an asset against rural de-population and provides already €52billion in taxes to EU governments. An increase in its taxation would put at risk the economic sustainability of a vibrant but delicate sector and the 3 million people working in it in the EU.
- UIV joins the call for robust monitoring of harmful drinking patterns and unrecorded alcohol consumption, particularly illicit alcohol. The WHO estimates that 25% of global consumption comes from unrecorded sources, exceeding 50% in over 20 member states. This poses a significant threat to public health and national revenue streams. As the OECD highlights, the pandemic exacerbated illicit alcohol trade. We need stronger data collection and targeted interventions to address this growing concern.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

The UN resolution ([A/RES/73/2](#)) calls for the inclusion of the private sector in discussions around financing for global health issues like NCDs. However, inconsistencies exist across related documents. For instance, the emerging messages document omits the private sector in paragraph 6's list of participants. Similarly, the current form excludes them from the non-state actor category.

To ensure alignment with the resolution and encourage broad stakeholder participation as intended, we urge the inclusion of the wine sector, alongside other private sector entities, in all relevant discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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Organization: Verband Deutscher Sektkellereien e.V. (VDS), Germany

Type of organization (please add X next to your selection):

Membership-based organisation, representing nearly 95 % of the German sparkling wine industry.

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

1. Draft outcome document of the International financing dialogue

- The wine sector recognizes the importance of a whole-of-society approach to reducing harmful alcohol use, as outlined in the UN Political Declaration on NCDs 2018 and the WHO's Global Strategy and Action Plan. We are committed to working collaboratively within this framework, aligning with the WHO Global Action Plan for NCDs and the Sustainable Development Goals.
- While long standing research suggests potential viability of moderate wine consumption within a balanced lifestyle for healthy adults, particularly when paired with meals and water, it is crucial to emphasize that this does not apply universally. Moderate consumption should never be interpreted as condoning heavy drinking. Additionally, some individuals should always abstain, including pregnant women, underage individuals, and those in situations where alcohol is unsafe.
- The wine sector should continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

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- By incorporating the private sector into discussions about catalytic funding, we can unlock innovative and efficient approaches to tackling these major health challenges. However, this remains an underutilized strategy.

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- It is recommended to look at the European discussion on the matter. Despite some claim that behavioral taxes would reduce alcohol consumptions while increasing revenues for governments, the debate on health behavioral taxes at European level clearly states that a successful health tax leading to behavioral changes is

actually resulting in decreased revenues, an element that should be taken into account when looking at sources of finance for NCDs and mental health.

- VDS therefore asks for any taxation of alcohol beverages in general and wine in particular, to be part of a comprehensive fiscal and regulatory framework, to be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. Excise duties are just a small part of the overall tax paid by wine businesses. Wine is an agricultural product covering huge surfaces of agricultural land and requiring intensive workforce. Taxes deriving from these elements should also be considered when assessing the full contribution of the wine sector to fiscal efforts. Moreover, the full economic cycle of wine production and marketing involves many direct and indirect actors operating and interacting all along the wine chain providing a significant contribution to the national fiscal income.
- The EU wine sector represents a fundamental economic pillar in rural areas and an asset against rural depopulation and provides already € 52 billion in taxes to EU governments. An increase in its taxation would put at risk the economic sustainability of a vibrant but delicate sector and the 3 million people working in it in the EU.
- VDS joins the call for robust monitoring of harmful drinking patterns and unrecorded alcohol consumption, particularly illicit alcohol. The WHO estimates that 25 % of global consumption comes from unrecorded sources, exceeding 50 % in over 20 Member States. This poses a significant threat to public health and national revenue streams. As the OECD highlights, the pandemic exacerbated illicit alcohol trade. We need stronger data collection and targeted interventions to address this growing concern.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

In 2023, the revenue from alcohol taxation in Germany amounted to 3.125 billion euros. The German Federal Ministry of Health invests considerable resources in preventing and combating harmful alcohol consumption.

Other Initiatives to combat harmful alcohol consumption are financed by the voluntary commitment of the members of the German Non-Communicable Diseases Alliance (DANK) and by contributions from its member organisations. DANK rejects funding from the food, tobacco and pharmaceutical industries.

General comments relevant to multiple papers:

The UN resolution ([A/RES/73/2](#)) calls for the inclusion of the private sector in discussions around financing for global health issues like NCDs. However, inconsistencies exist across related documents. For instance, the emerging messages document omits the private sector in paragraph 6's list of participants. Similarly, the current form excludes them from the non-state actor category.

To ensure alignment with the resolution and encourage broad stakeholder participation as intended, we urge the inclusion of the wine sector, alongside other private sector entities, in all relevant discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int by 17 June 2024.

Diálogo internacional sobre la financiación sostenible de las enfermedades no transmisibles y la salud mental

Consulta en línea | Plantilla de comentarios

Organización: RAMA 27, FABRICANTES DE BEBIDAS ALCOHÓLICAS DE LA CÁMARA NACIONAL DE LA INDUSTRIA DE LA TRANSFORMACIÓN (CANACINTRA Nacional)

Tipo de organización (agregue una X al lado de su selección):

Estados miembros

Organismos, programas y fondos de las Naciones Unidas y otras organizaciones multilaterales

Agentes no estatales

- ☐ Organizaciones no gubernamentales, incluidas las que representan la experiencia vivida de las condiciones de salud
- ☐ Fundaciones filantrópicas
- ☐ Instituciones académicas

X otros (especifíquese): sector privado – Cámara Nacional de la Industria de la Transformación en México.

Amplíe cada una de las casillas según sea necesario para proporcionar comentarios:

1. Proyecto de documento final del Diálogo Internacional sobre la Financiación

2. Financiamiento externo para las enfermedades no transmisibles y la salud mental: ¿Cuál es el papel de la Ayuda al Desarrollo para la Salud?

- La participación del gremio de bebidas alcohólicas en materia de financiación es clave ya que es el sector que cuenta con la medición que impactan directa o indirectamente al mercado formal en México. Los ajustes fiscales, los cambios de precios, los espacios de venta y los patrones de consumo; son elementos que no pueden dejarse de lado al momento de realizar estrategias en materia de prevención del uso nocivo del alcohol.
- Adicionalmente que la implementación de las medidas esta, en gran parte, en la responsabilidad de los productores, comercializadores e importadores de bebidas alcohólicas que deben de cumplir con regulaciones complejas y altamente costosas, a fin de ofrecer información adecuada al consumidor en materia comercial y sanitaria.
- La implementación de las regulaciones no siempre es pareja y proporcional para todos los productores, ya que algunos cuentan con barreras culturales, comerciales y financieras para lograr la óptima implementación. Si bien, cuando hay regulaciones complejas y excesivas en los diferentes órdenes de gobierno, puede implicar para las unidades de producción de bebidas, una gestión compleja y costosa ya que requiere áreas expertas en diferentes rubros y gestores que puedan apoyar en los procesos. Considerando que este reto es importante para todas las unidades de producción, se convierte especialmente complejo para las unidades pequeñas que son familiares o de emprendedores que se encargan de la producción, logística, comercialización, y de todo el cumplimiento regulatorio que implica estas tareas de gestión. Siendo que en México, en muchas ocasiones, principalmente para los productos más artesanales, estas gestiones pueden ser imposibles de cumplir.
- Se requieren enfoques multisectoriales que incluyan al gremio de bebidas alcohólicas, poniendo siempre al consumidor en el centro, y comprendiendo las realidades y necesidades comerciales y sanitarias de cada país e inclusive, región para que se conviertan en acciones reales para prevenir el consumo nocivo.

3. Financiamiento interno para las ENT y la salud mental: ¿Cuál es el papel de los impuestos a la salud y otras medidas fiscales?

- En México la mayor competencia para el mercado del comercio de bebidas alcohólicas legales es el mercado ilegal que no paga impuestos. Esto no debe de ser ignorado ya que la falta de pago de impuestos implica una reducción de recursos al fisco para la inversión de diversos programas, incluyendo aquellos encargados de la prevención del uso nocivo del alcohol y de la atención adecuada de las personas que tienen problemas de uso nocivo.
- Por datos estadísticos del gobierno (ENSANUT 2022) sabemos que el principal problema, no es el consumo per cápita, sino el consumo excesivo (19.1%); por lo que en este grupo se requieren estrategias particulares de atención al consumo excesivo. Es por lo que, de acuerdo con la evidencia científica, sabemos que las personas que consumen explosivamente de forma ocasional pueden ajustar sus hábitos de consumo cuando tienen mejor información que les permite conocer sus patrones de consumo y moderar la cantidad de consumo. Esto requiere medidas de prevención multisectoriales que comuniquen adecuadamente qué es el uso nocivo y cómo evitarlo, y con ello, evitar impactos en la salud de los mayores de edad que deciden consumir bebidas con alcohol y evitar el consumo de alcohol en menores de edad. (Fuente ENSANUT: <https://ensanut.insp.mx/encuestas/ensanutcontinua2022/doctos/analiticos/11-Consumo.de.alcohol-ENSANUT2022-14817-72323-2-10-20230619.pdf>)
- Sabemos que el gobierno hace un gran trabajo en materia de prevención y atención de las adicciones, pero no es suficiente cuando una autoridad sugiere un cambio de hábito en una comunicación de gobierno. Es por ello, que la comunicación coordinada y multisectorial puede ser mucho más impactante y duradera.
- Sabemos que la prohibición no es una solución, ya que la evidencia que nos trajo la pandemia es que cuando se prohibió la cerveza, lo que generó es un consumo de otras sustancias que no son adecuadas para el consumo humano y con ello se identificaron muertes por ingesta de alcohol que no es para consumo humano en algunas entidades de México. En gran medida, este consumo fue provocado por la venta de bebidas adulteradas en el mercado ilegal, pero también, por el consumo de alcohol en gel como un sustituto de las bebidas legales que se dejaron de vender en varios establecimientos del país por medidas oficiales. Fuente: https://as.com/diarioas/2020/07/02/actualidad/1593685103_945120.html
- Adicionalmente, que entre más regulaciones y medidas restrictivas se establecen para las bebidas alcohólicas reguladas en México, más se fortalece el mercado ilegal que no paga impuestos. Hoy en día, en México, las bebidas alcohólicas pueden llegar a pagar hasta 70% de impuestos, sin contar el IVA, dando espacio a la proliferación de la venta ilegal; el cual de forma adicional llega a los grupos más vulnerables del país.
- Por lo anterior, abogamos por la implementación de políticas fiscales que sean equitativas, claras y proporcionadas, las cuales fomenten condiciones que eviten la competencia entre el sector de las bebidas alcohólicas legal y el mercado ilegal. Esto implica evitar la imposición de impuestos desproporcionados que la evidencia confirma lleva a los consumidores hacia alternativas ilegales o dañinas, como la adquisición de productos de imitación y/o adulteración, generando desigualdades que distorsionan el mercado entre las distintas clases de bebidas alcohólicas. La industria sostiene que es fundamental incorporar factores económicos en la creación de políticas públicas en este tema. Por ejemplo, considerando que las actividades económicas agrícolas y sus insumos básicos para la elaboración de todas las bebidas alcohólicas, representan un eslabón esencial en el proceso productivo y encadenamiento del sector de bebidas con alcohol.

4. Financiamiento nacional para las ENT y la salud mental: prioridades, compras y pagos a proveedores

- El enfoque preventivo de las ENTs, así como de la prevención del uso nocivo del alcohol es clave y requiere una atención multisectorial para generar un impacto cultural que se vea trasladado en los patrones de consumo.
- Cuando se trabaja en prevención, con un enfoque claro, los resultados están vinculados a una mejor calidad de vida de las personas, porque se entiende que el enfoque preventivo está basado en la educación, la toma de decisiones informadas y del establecimiento de corresponsabilidades entre todos los actores que participan en el reforzamiento de la prevención. Por lo que la ciencia que se aplica en prevención, requiere de un enfoque multisectorial y con inversión multisectorial.
- La inclusión del sector privado y del gremio en general es necesario, sin este sector, la evidencia científica de cualquier investigación es parcial y, por lo tanto, podría excluir elementos significativos en las políticas públicas sobre la realidad en el consumo y las estrategias de prevención del uso nocivo del alcohol.

Observaciones generales relativas a varios documentos:

Por último, ¿tiene su organización alguna sugerencia de nuevos compromisos de los Jefes de Gobierno en relación con la financiación sostenible de las enfermedades no transmisibles y la salud mental?

Envíe este formulario cumplimentado a OnTheRoadTo2025@who.int durante el período comprendido entre el 1 y el 26 de mayo de 2024.



FEVS response to the
web-based consultation on the
International dialogue on sustainable financing
for non-communicable diseases and mental health

12 June 2024

International dialogue on sustainable financing for
noncommunicable diseases and mental health

[Web-based consultation](#) | [Feedback template](#)

Organization: Fédération des Exportateurs de Vins et Spiritueux de France (FEVS)

Type of organization (please add X next to your selection):

FEVS is the trade association representing the wine and spirit exporting companies of France, gathering more than 550 companies (international corporations as well as small businesses) which accounts for around 85% of the French wine and spirits exports.

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback

Draft outcome document of the International financing dialogue

- As trade organisation, FEVS supports the objective to provide public authorities with transparent, fair, sustainable and predictable tools for the prevention of Non-Communicable Diseases (NCDs) and mental health and, in this framework, reiterates its strong commitment to reduce the harmful use of alcohol.
- FEVS supports the objective of the *2024 International dialogue on sustainable financing for NCDs and mental health* to put a focus on actions which can be undertaken at the national level, while being encompassed in a coherent and supportive approach at global or regional level. For alcohol-related actions, these objectives are fully in line with the key tenants of the *2010 WHO Global Strategy to reduce the harmful use of alcohol* which acknowledges the necessity to define and implement public policies according to the specificities of the national context (social, cultural, religious, economic, health...).
- FEVS endorses the importance of a whole-of-society approach for the prevention and management of NCDs and mental health and notes that the *Emerging messages to inform the outcome document* acknowledges the private sector as one of the non-state actors to be part of the stakeholders to be involved in. FEVS would like to underline the fact that such whole-of-society approach, including the role of the private sector, is a key pillar of the global policy to reduce the harmful use of alcohol, as outlined in the *2010 Global Alcohol Strategy*, the *WHO Global Action Plan on NCDs 2013-2030* or the *2018 UN Political Declaration on NCDs*.
- This framework frames and supports the many actions implemented by the alcoholic beverages sector in the recent years to contribute to the objective of preventing NCDs and concretely demonstrate the commitment in reducing the harmful use of alcohol. As a matter of illustration, in France, in 2018, all the organisations of the alcoholic beverage sector contributed to the *Plan National de Santé Publique* by submitting an action plan comprising nearly 30 measures (for a budget of nearly €5 million) aimed at responsible alcohol consumption and the prevention of risky behaviour.

- Coherence and consistency in applying a whole-of-society approach which includes the private sector should remain as key factor to succeed in accelerating the progress to be made for the prevention and management of NCDs as well as for their acceptance and endorsement.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- The technical paper #2 on *The role of development assistance in NCD and mental health finance* rightly underlines that “*there is not a one-size-fits-all approach to NCD and mental health. Needs and opportunities will vary according to where a country is located along the epidemiological and demographic transitions, its level of development, local institutional capacity and other factors*”. In addition to such factors, this case-by-case approach is key to take into account more specific factors like, for instance, the importance of illicit or undeclared alcohol sector, which could hugely affect the efficiency of Development Assistance for Health in reducing the harmful use of alcohol, as underlined by the Global Alcohol Strategy.
- DAH could also ease the development of technical and/or regulatory cooperation on a sectorial basis, either a bilateral or regional level. By promoting best-practices sharing, administrative capacities enforcement, regulatory convergence or public/private partnership building, technical and regulatory cooperation on alcoholic products could contribute to reduce illicit / undeclared alcohol, to improve products standards and traceability (for sanitary as well as taxation purpose), to develop products quality scheme (like Geographical Indication or equivalent scheme)... All of this support the efficiency of national or local public policy in reducing the harmful use of alcohol while improving market conditions and capacity of action by public authorities.
- Regarding strategic funding mechanisms, like catalytic funding for NCDs, FEVS would encourage WHO and World Bank to reflect on the possibility to involve the private sector in such financing tools. Opening the door to the participation of private sector could reinforce the capacity of action of catalytic funding by unlocking innovative approach and increasing their leverage effect, while being framed to comply with existing rules regarding the management of conflicts of interest.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- As for other measures aiming at preventing NCDs, fiscal measures should first of all be adapted to national context. For instance, in France, revenues from both wine and spirits taxation (excise and VAT) already accounted for more than € 10 billion in 2023. The 2010 Global Alcohol Strategy underlines that “*factors such as consumer preferences and choice, changes in income, alternative sources for alcohol in the country or in neighbouring countries, and the presence or absence of other alcohol policy measures may influence the effectiveness of this policy option*”. These factors come in addition with the administrative capacity of each country, as already underlined by the technical document.
- For instance, WHO estimates that around one quarter of the global alcohol consumption comes from unrecorded sources; this rate growing up to over 50% in more than 20 Member States. Ability to collect better data and knowledge on this is a prerequisite to improve the effectiveness of fiscal policies, and to avoid undermining revenue-raising by Member States, acceptance of such measure by taxpayers but also improvement of NCDs prevention.
- Recent experiences in some EU Members States also demonstrated that strong increase of alcohol excise tax may lead to boost cross-border purchases and to increase the risk of harmful patterns of consumption in the neighbouring country.
- As a consequence, health tax or fiscal measure could not be considered as a “once and for all solution”. If and when relevant for the country and the products concerned, they should be integrated in a comprehensive and coherent regulatory framework and health policy. It is also worth to remind that any fiscal measure should be fair, transparent and in line with the WTO principles of proportionality and necessity.
- This is of the utmost importance since, even if the effectiveness of alcohol tax policy is a complex debate, concrete situations and evidence tend to demonstrate that such tool are not relevant as such to address harmful use of alcohol. While the reduced price-elasticity of heavy drinkers is one of the main reason,

prevention and reduction of harmful consumption patterns also need targeted tools like screening and brief intervention, information and awareness campaign or actions focused on target audience or harmful pattern like heavy episode drinking or drink driving.

- In addition, a brief overview of figures comparing level of consumption and level of taxation in countries around the world clearly show the absence of any causal link or even direct correlation between these two items. For instance, within the EU, while excise in Denmark are far below those applying in Sweden (wine: €0,15/L vs €0,26/L – spirits: €2010.60/LAP vs €7063,60/LAP), the alcohol consumption per capita in Denmark is 10 litres but only 7.5 litres in Sweden. As explained above, determinants of alcohol consumption great vary from one person to another and depend to a much complex and broader range of factors which could not be addressed through fiscal measure.
- For the same reason, removal of subsidies would not lead to reduce the harmful use of alcohol. While such approach might increase State revenues in the short term, concrete impact on the producers as well as on the whole supply chain would have effective consequences in terms of employment, investment and landscape planning, especially in rural areas, which will negatively impact public policy in the middle/long-term. In addition, some may also consider that agricultural subsidies could, on the opposite, be framed to encourage producers to adopt more sustainable practice or innovative products (like investment in no- and low-alcoholic product), by mitigating cost or offering financial support they will not be able to benefit otherwise. FEVS would like to encourage WHO and World Bank to take also into account such mechanism when analyzing the impact of such public policy.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- FEVS would like to remind that, concerning alcohol, the 2010 Global Strategy to reduce the harmful use of alcohol define a vast menu of actions for Member States to implement in accordance with their respective context. This menu goes beyond the so-called “*best buys*” as self-defined by WHO.
- As a consequence, FEVS also encourages WHO and World Bank to fight against the widely recognized under-investment in evidence-based preventive approaches, like screening and briefing interventions or initiatives targeting specific audiences or harmful behaviours.

General comments relevant to multiple papers:

- FEVS notes that the private sector is not systematically listed as being part of the non-state actors in the different documents, like in the introductory box of this consultation form or in the categories of stakeholders able to participate to the *2024 International dialogue on sustainable financing for NCDs and mental health* (see paragraph 6 of the *Emerging messages to inform the outcome document*).
- As previously expressed, the *2018 UN Political Declaration on NCDs* explicitly acknowledges the role of the private sector in the prevention and management of NCDs and encourage the development of public/private partnerships as well as the contribution of representatives of the alcoholic beverage sector.
- Therefore, FEVS urges WHO and World Bank to ensure consistency of the *2024 International dialogue on sustainable financing for NCDs and mental health* with this UN resolution, by allowing the participation and contribution of the alcoholic beverage sector, as well as other private sector representative, in all relevant discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
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Organization: Fédération Française des Spiritueux (FFS)

Type of organization (please add X next to your selection):

The French Federation of Spirits (FFS) is the federation representing over 250 spirit companies in France, ranging from international corporations to small businesses, and spirits sectors federations (Cognac, Armagnac, Calvados, Whisky, Brandy, liquors).

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback

Draft outcome document of the International financing dialogue

- FFS advocates for transparent, equitable, sustainable, and predictable instruments for the prevention of Non-Communicable Diseases (NCDs) and mental health issues. Within this context, FFS reaffirms its commitment to curtailing the harmful consumption of alcohol.
- FFS supports the objective of the *2024 International dialogue on sustainable financing for NCDs and mental health* to put a focus on actions which can be undertaken at the national level, while being encompassed in a coherent and supportive approach at global or regional level. Regarding alcohol-related measures, these aims are consistent with the fundamental principles of the *2010 WHO Global Strategy to reduce the harmful use of alcohol*. This strategy recognizes the importance of crafting and enforcing public policies tailored to the unique social, cultural, religious, economic, and health contexts of each nation.
- FFS endorses the importance of a whole-of-society approach for the prevention and management of NCDs and mental health and notes that the *Emerging messages to inform the outcome document* acknowledges the private sector as one of the non-state actors to be part of the stakeholders to be involved in. FFS would like to underline the fact that such whole-of-society approach, including the role of the private sector, is a key pillar of the global policy to reduce the harmful use of alcohol, as outlined in the *2010 Global Alcohol Strategy*, the *WHO Global Action Plan on NCDs 2013-2030* or the *2018 UN Political Declaration on NCDs*.
- This framework underpins and reinforces the various initiatives undertaken by the alcoholic beverage industry in recent years, aimed at preventing NCDs and tangibly reducing the harmful use of alcohol. To illustrate, in 2018 in France, every entity within the alcoholic beverage sector participated in the National Public Health Plan by delivering an action plan that included almost 30 initiatives (with a budget of close to €5 million). These measures were targeted at promoting responsible alcohol consumption and preventing risky behaviors.
- Maintaining coherence and consistency in the whole-of-society approach, which incorporates the private sector, is essential for accelerating progress and gaining broader acceptance and support for initiatives aimed at the prevention and management of NCDs.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- The technical paper #2 on *The role of development assistance in NCD and mental health finance* rightly underlines that “*there is not a one-size-fits-all approach to NCD and mental health. Needs and opportunities will vary according to where a country is located along the epidemiological and demographic transitions, its*

level of development, local institutional capacity and other factors". Furthermore, this tailored approach is crucial for considering more specific elements, such as the significant impact of the illicit or undeclared alcohol sector. This factor can greatly influence the effectiveness of Development Assistance for Health in mitigating the harmful use of alcohol, as highlighted in the Global Alcohol Strategy.

- DAH could facilitate the expansion of technical and/or regulatory collaboration on a sectoral basis, whether at a bilateral or regional level. By encouraging the sharing of best practices, strengthening administrative capabilities, fostering regulatory alignment, and supporting the creation of public/private partnerships, this cooperation on alcoholic products can help decrease the prevalence of illicit/undeclared alcohol, enhance product standards and traceability (for both health and tax purposes), and promote quality schemes such as Geographical Indications. Such efforts bolster the effectiveness of local and national public policies aimed at reducing the harmful use of alcohol while also improving market conditions and enhancing the capacity of public authorities.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Regarding other strategies to prevent NCDs, fiscal measures should primarily be tailored to the national context. The 2010 Global Alcohol Strategy underlines that *"factors such as consumer preferences and choice, changes in income, alternative sources for alcohol in the country or in neighboring countries, and the presence or absence of other alcohol policy measures may influence the effectiveness of this policy option"*. These factors come in addition with the administrative capacity of each country, as already underlined by the technical document.
- For example, the WHO estimates that approximately one quarter of worldwide alcohol consumption is unrecorded, with this figure rising to over 50% in more than 20 Member States. Enhancing data collection and understanding of this issue is essential to boost the efficacy of fiscal policies and to prevent the erosion of revenue-raising by Member States. It also supports taxpayer acceptance of these measures and the enhancement of NCD prevention strategies.
- Recent case studies from some EU Member States have shown that significant hikes in alcohol excise taxes can lead to a surge in cross-border purchases, potentially increasing the likelihood of harmful consumption patterns in neighboring countries. As a matter of illustration, the Belgian spirits sector faced a brutal increase in prices in 2015. The increase in excise duties was the driving force behind inflation and an increase in price gaps compared to other neighboring countries. In 2016, Belgian inflation was 1.5 % higher than neighboring countries according to 2017 Annual Report of the Price Observatory, following the increase in indirect taxation (excise and VAT) in Belgium. Just after the increase, the government generated a €124 million loss for the state budget compared to 2015, according to figures from FPS Finances established in 2020. Between 2015 and 2018, cross-border purchases increased by 8.6% according to GfK. The small increase in excise revenue was entirely canceled out by the loss of VAT revenue, following the increase in purchases abroad. Excise tax targets for 2016-2019 have not been achieved.
- As a result, health taxes or fiscal measures should not be seen as a universal solution. Instead, when appropriate for the specific country and products involved, they should be integrated into a broad and consistent regulatory and health policy framework. Additionally, it is important to remember that any fiscal measures must be fair, transparent, and adhere to WTO principles of proportionality and necessity.
- This is critically important because, although the efficacy of alcohol tax policy is a subject of complex debate, real-world situations and evidence often show that such a tool may not be effective on its own in addressing the harmful use of alcohol. According to available WHO data, there is no obvious link between high levels of taxation and lower alcohol harmful use. In European countries where taxation on spirit drinks is the highest, harmful use can be higher than average consumption observed in the European region: Norway suffers 37% of heavy episodic drinking in the last month by age 15+ in 2016, with excise duties at €8,203 per hectoliter of pure alcohol (HLPAs), while Portugal observes 32% of heavy episodic drinking, with excise duties at only €1,387/HLPAs. While the reduced price-elasticity of heavy drinkers is one of the main reason, prevention and reduction of harmful consumption patterns also need targeted tools like screening and brief intervention,

information and awareness campaign or actions focused on target audience or harmful pattern like heavy episode drinking or drink driving.

- Furthermore, a brief examination of statistics comparing levels of consumption and taxation across various countries reveals no clear causal relationship or direct correlation between these two factors. As previously mentioned, the determinants of alcohol consumption vary significantly from one individual to another and are influenced by a much broader and more complex range of factors that cannot be effectively addressed through fiscal measures alone.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- FFS would like to highlight that, concerning alcohol, the 2010 Global Strategy to reduce the harmful use of alcohol outlines a comprehensive array of actions for Member States to adopt, tailored to their specific contexts. This approach extends beyond the so-called “best buys” as independently identified by the WHO.
- As a result, FFS also urges the WHO and World Bank to address the widely recognized lack of investment in evidence-based prevention strategies, such as screening and brief interventions, or initiatives aimed at specific audiences or harmful behaviours.

General comments relevant to multiple papers:

- FFS observes that the private sector is not consistently recognized as a non-state actor across various documents, such as in the introductory section of this consultation form or among the stakeholder categories eligible to engage in the *2024 International dialogue on sustainable financing for NCDs and mental health* (see paragraph 6 of the *Emerging messages to inform the outcome document*).
- As previously mentioned, the *2018 UN Political Declaration on NCDs* explicitly recognizes the contribution of the private sector in managing and preventing NCDs and promotes the formation of public/private partnerships, including the involvement of representatives from the alcoholic beverage sector.
- Therefore, FFS calls on the WHO and World Bank to align the *2024 International Dialogue on Sustainable Financing for NCDs and Mental Health* with the UN resolution by facilitating the involvement and contributions of the alcoholic beverage sector and other private sector representatives in all pertinent discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int by 17 June 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: International Generic and Biosimilar medicines Association (IGBA)
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers <i>No comment</i>
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue We underscore the importance of international dialogue on sustainable financing as well as a whole of society approach to the prevention and management of NCDs, mental health conditions, and their risk factors. We support early and meaningful engagement from multiple stakeholders, including private sector, whose role in NCD care and experience with the intricacies of health systems should not be undervalued. We recognize the value of retrieving the recommendations laid out in the international dialogue on sustainable financing for NCDs in 2018, as they continue to be relevant after six years and a global pandemic. Partnership building, fiscal space allocation, the right mix of domestic resources and DAH financing for NCDs, and especially the elimination of legal and regulatory barriers for access to safe, effective, quality-assured, and cost-effective treatments, are important elements to combat NCDs. Especially relevant is key message h, related to health benefits packages and budgeting. Off-patent medicines play a preponderant role in achieving not only broad access to medicines, but an ease on out-of-pocket expenditure. However, as the paper is currently considering “cost-effective” medicines only, it is important to recognize that treatments to be considered in health benefits packages must be safe, effective, and quality-assured. We note that while much of the focus of the documents presented for consultation is on low- and middle-income (LMIC) country contexts, which is critical given financing gaps, the challenge of NCDs and mental health is not limited to LMIC, and the emerging messages are relevant to countries of all income levels. High-income countries also face significant challenges and continue to experience a high prevalence of NCDs such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases. These conditions contribute significantly to morbidity and mortality rates in these countries, similar to the trends observed in LMICs. Furthermore, mental health disorders, including depression and anxiety, are also highly prevalent in HICs, necessitating substantial healthcare resources.
1. Health spending on NCDs and mental health: What can national health accounts tell us? The paper "Health Expenditures on NCDs and Mental Health: What Can Health Accounts Tell Us?" provides a valuable analysis of the financial burden of non-communicable diseases (NCDs) and mental health issues, and the available tools to measure them.

As the paper lays out, NCDs and mental health events are included in the same accounting item (DIS.4) and “the classification of spending by disease is not part of the compulsory block” but rather an activity undertaken on a voluntary basis. We understand the challenges this represents for decision makers as the financing of NCD and MH may be structurally different, but the current accounting methods fail to capture these differences. WHO initiatives to develop or improve new or existing guidelines to prepare appropriate NHAs are to be welcomed.

At an analytical level, we observe the paper predominantly focuses on low- and middle-income countries (LMICs). Considering the nature of NCDs and MH events, and how the burden of diseases is distributed globally, while the emphasis on LMICs is crucial due to their unique challenges, there is also a need to extend the analysis to include high-income countries (HICs) that also face significant burdens from NCDs and mental health disorders. Comprehensive data sets that cover both LMICs and HICs can provide a more holistic view of the global impact of NCDs and mental health disorders. Inclusion of HICs in future studies on health expenditures related to NCDs and mental health can also lead to better-informed policy decisions.

We underscore the importance of all countries, regardless of income level, to document expenditure distribution by disease and to contribute data to the WHO Global Health Expenditure Database. We note the important questions raised in the paper about the trade-offs in investing limited funding in health account data and concur that insufficiently robust data is unlikely to provide added value. Efforts to institutionalize consistent data reporting, however, continue to be an important element of building sustainable systems with accountability for health financing decisions.

We affirm the value of accurate, transparent, and timely data collection to effectively measure and monitor NCDs and mental health care expenditures. In addition, we stress the importance of early and meaningful engagement of stakeholders, including the private sector, to leverage their expertise and capabilities beyond funding.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The paper asks important questions and gives valuable recommendations on the role of development assistance for health (DAH) for NCD and mental health programs through catalytic funding to overcome barriers and accelerate national action plans. A country-led approach is critical given unique dynamics and context locally; DAH must adhere to principles of additionality and not pose undue constraints to local execution of necessary activities. Integration of NCD DAH through existing “unfinished agenda” mechanisms would have benefits, not only to increase efficiency of DAH deployment through established systems but also to reduce silos in programming at country level, for example by advancing NCD and HIV care integration as relevant.

We note the importance of leveraging alternative funding mechanisms beyond the philanthropic sector when appropriate, underscoring the role of innovative financing with collaboration from the private sector. Blended finance can be a helpful mechanism for some types of health financing challenges but is not a panacea.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

No comment

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

We underscore the role of multisectoral coalitions in the development and implementation of health financing strategies, emphasizing early and meaningful involvement of the private sector to leverage their technical expertise and resources. Additionally, we highlight the need for strategic and efficient resource allocation to improve health outcomes for chronic diseases, along with sustainable financing strategies that can adapt to evolving health needs. Political commitment to addressing NCDs and mental health, including engaging with the private sector as a partner in enabling progress towards NCD and mental health strategies, is critical and can be improved in countries across all income levels.

Additionally, we recognize the role that medicines play in the design of efficient provider payment systems capable of minimizing out-of-pocket expenditure to patients. To this extent, we underscore the importance of off-patent medicines in achieving the correct and sustainable management of chronic disease interventions. Impactful strategies for provider payment systems will have embedded strategies for generic and biosimilar medicines promotion as safe, effective, quality-assured, and cost-effective alternatives for chronic treatment.

5. Financial protection for NCDs and mental health: Why and how?

We concur that improving financial protection measures to prevent the inequitable weighting of health financing towards those most in need of health services is a critical element of the dialogue. We note that financial hardship because of out-of-pocket medicines payment can be due to a combination of lack of insurance coverage for the person, lack of coverage of certain medicines, and co-payment for medicines that are covered. We recognize the role medicine affordability - as well as overcoming other access barriers – can play in NCD care.

All general strategies recommended in the paper for increased financial protection are clear and likely to be effective and have value across countries of all income levels. Shifting health system approaches toward a ‘more health for the money’ mindset can have tremendous impact. For example, integrated service models for HIV and NCD have been found to save both patient and health system costs while improving clinical outcomes. By providing care that addresses multiple conditions simultaneously, these integrated models streamline treatment processes, enhance the efficiency of healthcare delivery, and have been shown to lower out-of-pocket patient spending. Similarly, a robust primary care system can mitigate the financial burden of OOP spending for patients via prevention or early intervention.

For the recommended strategies specific to OOP spending on medicines, we note that the two main mechanisms presented to reduce the price for essential medicines for NCDs and mental health conditions are not comprehensive and may over-simplify a complex issue, to the detriment of its successful resolution. The first mechanism identified – negotiation of lower prices with manufacturers – may be more helpfully framed as the need for more predictability in alignment of supply and demand. The success of global pooled procurement mechanisms is not because of negotiation itself; it is a result of the economies of scale, forecast accuracy, predictable timelines and procurement processes, and timely payment to de-risk supply. Negotiation in the absence of these elements is unlikely to result in price reductions given the complexity in medicines production and supply.

In addition to the paper’s recommendation around removing trade barriers and taxes as a mechanism to address affordability, we underscore the value of regulatory reliance, convergence and harmonization, which can reduce delays and minimize cost associated with navigating divergent systems and requirements, including duplicative clinical assessments.

Finally, in line with previous WHO recommendations¹ and with our own market observations, we want to note that the document is lacking one of the most effective strategies to combat OOP and avert catastrophic healthcare spending: the promotion of quality-assured generic and biosimilar medicines. By providing safe, effective, quality-assured, and especially cost-effective therapeutic options, off-patent medicines can provide a relief to both public and private healthcare payers, and simultaneously increase access to medicines. Specific recommendations should

¹ WHO Guideline on Country Pharmaceutical Pricing Policies (2020).
<https://iris.who.int/bitstream/handle/10665/335692/9789240011878-eng.pdf?sequence=1>

be considered by this paper to determine the use of off-patent medicines as a requirement to be considered in programmes where financing institution, including the World Bank, make investments.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

We echo the need for investments in the health workforce to support the availability and effectiveness of health services and workforce capacities. We support leveraging national government investments and development assistance to establish and expand training programs for primary healthcare workers.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

We strongly support the role of civil society in all health systems, and particularly in NCD and mental health related interventions. The lived experiences of people are critical to developing well-functioning and responsive systems for health, and NCD and mental health care requires the elevation of voices of those living with and affected by these conditions.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

The paper aptly highlights the significant health impacts and economic returns associated with investing in the prevention and management NCDs, tobacco control, and mental health conditions. Moreover, we emphasize the need to secure buy-in from relevant stakeholders, including the private sector, to leverage their expertise in prevention and management efforts.

Humanitarian health financing for noncommunicable diseases

No comment

General comments relevant to multiple papers:

We concur that primary healthcare is a central component of resilient health systems and underscore the role of multidisciplinary care teams and integrated service delivery to enhance the care and management of NCDs and mental health conditions. We recognize the importance of having some form of disease-based tracking of resource allocation for categories within NCDs and mental health events, to facilitate effective decision-making processes. We acknowledge the need to close the gap in data sources for NCDs and Mental Health diseases, and welcome initiatives to have more accurate analytical tools for policymaking. We underscore the benefits of considering off-patent medicines as driver of sustainable chronic treatment management, and the need for their inclusion in strategies to reduce OOPE and catastrophic healthcare expenditure. We emphasize the need for broad participation of stakeholders to develop strategies to advance healthcare delivery and access, including through sustainable financing mechanisms. We encourage private sector involvement, leveraging their expertise, diverse perspectives, and capabilities beyond financing.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

No comment

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: PharmAccess
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions X ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? To buttress the point on how countries can make use of other potential sources of information to monitor spending trends and patterns for NCDs and mental health conditions, an example from Ghana could be cited. In Ghana, National Health Insurance Authority (NHIA) claims data provide insights into costs of NCD management. Hypertension and diabetes constituted 14.6% of total annual claims cost of the NHIA in Ghana. This was from the analysis of health insurance data over the period 2017- 2021. (Source: NHIA Policy Brief on Data Analytics 2023):
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? This technical paper provides a well-structured overview of the role that Development Assistance for Health (DAH) can play in financing NCDs and mental health. The paper could benefit from delving deeper into how DAH can be leveraged to create public-private partnerships for financing NCDs/mental health initiatives. Interviewees cited examples of the impact of funds directed towards NCDs. A further example to buttress this would be the inclusion of childhood cancers in the NHIA's benefits package in Ghana, following Data Analytics on the cost drivers of the NHIA, supported by DAH (NORAD-funded). (Source: NHIA Policy Brief on Data Analytics 2021) While the paper acknowledges the decline of internationalism as a challenge, it doesn't delve into potential solutions or strategies to navigate this political landscape. It would be interesting to see how this section connects to the upcoming report from the Lancet Commission on Investing in Health, which is mentioned as covering cross-cutting health system investments. Overall, this paper offers a pragmatic approach to utilizing DAH strategically for maximum impact.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

The paper focuses on limited number of countries and could benefit from further examples in the West African Context.

A study in Ghana “Comparative costing study of Digital NCD care model vs traditional care” (Paper under peer review, 2023) revealed that patients using digital NCD Care are able to reduce healthcare costs (by 15%) compared to those who used standard NCD care model (always visit hospital for care).

With regards to OOPs, non-users of the digital NCD care spend 20 times more on total indirect costs, compared to users of the digital NCD care.

A study in Nigeria also found huge indirect costs in the public health facilities that could be minimized by developing policies that would reduce the waiting time of patients. (Tope Michael Ipinimo et al. Cost of illness of non-communicable diseases in private and public health facilities in Nigeria: a qualitative and quantitative approach. Pan African Medical Journal. 2023;44:6. [doi: 10.11604/pamj.2023.44.6.35494])

Other studies highlight the significant effect of NCDs on Nigerian households (Odunyemi, A., Rahman, T. & Alam, K. Economic burden of non-communicable diseases on households in Nigeria: evidence from the Nigeria living standard survey 2018-19. BMC Public Health 23, 1563 (2023). <https://doi.org/10.1186/s12889-023-16498-7>).

On household economic burden of NCDs, which this paper addresses, another study reported coping mechanisms such as borrowing which may require individual or household assets as collateral, leaving patients indebted and thus at higher risk of catastrophic health expenditure and poverty.

Patients’ well-being/health are further compromised when money saved for basic needs such as food and shelter is mobilized to pay for medical bills. (Ipinimo TM, Ipinimo MT, Alabi AK, Buari TH, Ajida-hun EO, Olasehinde OK, et al. Coping with the economic burden of non-communicable diseases among hypertensive and diabetic patients in private and public health facilities in Ado-Ekiti, Nigeria. Ghana Med J. 2023 Sep 17;57(3):218–25.).

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

The introduction provides a clear picture of the NCD/mental health workforce challenge, while outlining the paper's objectives. While the introduction focuses on the problem, mentioning some potential solutions in very broad terms (e.g., adequate planning, sustainable financing) could pique the reader's interest for the following sections.

Highlighting specific numbers related to the workforce shortage (e.g., the projected 10 million gap) could further emphasize the urgency of the situation.

Section 1 outlines actions. This section could benefit from specific examples of successful strategies implemented in different countries. Providing specific examples of successful incentive programs (financial or non-financial) implemented in different countries could strengthen this section.

Discussing specific strategies to address burnout, a major concern in healthcare, could be beneficial.

Cost-savings are mentioned. It will be beneficial if examples of cost-effective task-sharing models are also discussed in this section.

Including specific recommendations for addressing gender pay gaps and supporting female health workers could be beneficial.

Mentioning the need for metrics and monitoring systems to track progress in workforce development would be valuable for effective implementation.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Overall, this paper provides a compelling argument for the crucial role of civil society in ensuring sustainable financing for NCDs and mental health. While the importance of CSOs is well-argued, including data on the quantifiable impact of CSO advocacy efforts (e.g., increased funding allocations) could further strengthen the case.

The paper could be strengthened by acknowledging potential challenges faced by CSOs (e.g., limited resources, lack of access to decision-makers) and proposing solutions to overcome these challenges.

While collaboration is mentioned, the document could benefit from elaborating on specific strategies for effective collaboration between CSOs, governments, and other stakeholders.

While the document calls for investment in CSO capacity, it could be beneficial to suggest specific mechanisms for funding these initiatives.

Civil society has contributed in various ways to galvanise investments towards NCD Care. Notable of mention is the Value Based Care program in Ghana championed by the NHIA, the Christian Health Association of Ghana (CHAG) & PharmAccess. This seeks to address rising costs associated with NCDs by shifting payment models from volume-based to value-based payments. Value-based payments are important, in view of the rising costs associated with healthcare delivery, especially in LMICs where resource constraints are a challenge.

General comments relevant to multiple papers:

It is important to include the role of digital technology in supporting healthcare transformation in Africa in the various papers. Africa has demonstrated remarkable innovation and adoption of digital (mobile) technology, especially in areas such as mobile payments, agriculture, elections, and education. These advances have had profound social and economic impacts. Digital mobile technology in healthcare can lead to significant improvements in access, quality, and efficiency of health services, particularly in areas that lack traditional healthcare infrastructure. This leapfrogging is characterized by innovative, cost-effective, and scalable solutions that address specific healthcare challenges across the continent.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Create a pan-African health fund pooling resources from member states and international donors to ensure dedicated and sustained financing for NCDs and mental health initiatives.

Develop robust PPP frameworks to attract private sector investment in healthcare infrastructure, technology, and service delivery for NCDs and mental health.

Invest in and scale up digital health platforms and telemedicine services to increase access to NCD and mental health care, particularly in remote and underserved areas.

Establish monitoring and evaluation frameworks for transparent and effective fund utilization.

Fund research on NCDs and mental health to develop evidence-based interventions.

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Australian Grape and Wine Incorporated

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Document of the draft emerging messages that will inform the outcome document of the international financing dialogue

The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the *WHO Global action plan for the prevention and control of NCDs 2013-2030* and the *Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.

Australian Grape & Wine is a member of the of the Partnership Council of the International Alliance of Responsible Drinking (IARD). We and our members have supported the range of global initiative undertaken by IARD to support a reduction in harmful use of alcohol in response to the UN Political Declaration on NCDs 2018. In addition to our work with IARD, Australian Grape & Wine also invests and leads a number of national activities that have supported the industry's priority of ensuring responsible consumption of Australian wine. As such the Australian wine industry also:

- Helps fund the operations of [DrinkWise Australia](#), which runs national information and education campaigns dedicated to promoting responsible drinking and reducing alcohol-related harm. DrinkWise develops and implements public education campaigns to raise awareness about responsible drinking and the potential harms of alcohol misuse. DrinkWise conducts and supports research on alcohol consumption patterns and their impacts on health and society. They provide evidence-based information to help inform public policy and individual decisions about alcohol use. DrinkWise offers resources and tools to help individuals and families make informed choices about alcohol. This includes providing information on standard drinks, safe drinking guidelines, and strategies for reducing alcohol consumption. DrinkWise runs targeted campaigns aimed at specific groups, such as young people, parents, and pregnant women, to address the unique risks and considerations related to alcohol consumption in these populations.
- Helps fund and manage the Alcohol Beverage Advertising Code ([ABAC](#)) which, with Government support, ensures that alcohol marketing and advertising are conducted responsibly. ABAC sets out specific guidelines and standards for the content and placement of alcohol advertisements to ensure they are responsible and do not encourage excessive or inappropriate consumption of alcohol. The ABAC Scheme includes a pre-vetting service where advertisements can be reviewed and approved before they are published or broadcast. This helps advertisers ensure their content complies with the Code. The Code includes guidelines on a range of specific issues, such as not targeting minors, not promoting offensive behavior, and ensuring responsible portrayal of alcohol consumption.
- Runs the [National Wine Foundation](#), which funds projects that address social problems which can lead to alcohol abuse.

- Are members of [Alcohol Beverages Australia](#) who also initiate a broad range of activities to promote responsible consumption. This includes working with other organisations and stakeholders to address issues related to alcohol misuse and harm. ABA promotes high standards and best practices within the industry, encouraging members to adhere to ethical business practices and responsible marketing and sales of alcohol beverages. ABA works to educate consumers about the responsible consumption of alcohol and provides information on issues such as standard drinks, safe drinking guidelines, and the effects of alcohol.

As part of a diversification strategy, the Australian wine sector has invested in innovative products, particularly no and low alcohol wines, which promote moderation and responsible alcohol consumption. This has become a key priority in the sector's diversification agenda. In recent years, significant investments have been made in the technology and development of these products to support these targets. The no and low alcohol category is growing globally and presents a significant opportunity for the industry.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

It is globally acknowledged that taxation and other fiscal measures are blunt instruments for addressing alcohol related harms. These measures can cause welfare losses to non-harmful users while failing to adequately control harmful consumption. Australian Grape & Wine, along with our sector, does not support broad based population-wide measures. Instead, we prioritise targeted approaches that address vulnerable and at-risk consumers. These approaches have been proven more effective at impacting behavioural change in those vulnerable consumers. Taxation or fiscal measures merely shift harmful consumption to other products and impose a negative burden on the vast majority of consumers who drink responsibly.

These measures only impact legitimate alcohol, which is already highly regulated and actively involved in efforts to reduce the harmful use of alcohol. Additionally, such measures drive the production of illicit alcohol which is unregulated and cannot be taxed or controlled by government fiscal measures. Illicit alcohol can be sold in large quantities at lower price as it avoids taxation. Implementing fiscal measures only affects legitimate alcohol production by increasing costs, which risks driving consumers towards illicit products. This shift poses a significant threat to national revenue streams and public health, perpetuating the very issues these measures seek to address.

Taxation of alcoholic beverages should be integrated into a comprehensive fiscal and regulatory framework. It must be proportionate, appropriate to the local context, and consistent with World Trade Organization principles. Taxation should avoid creating market distortions or exacerbating harmful consumption issues. ([IARD taxation statement](#))

Furthermore, analysis of "health taxes" should consider the comprehensive evidence from member states currently implementing them, rather than focusing on isolated examples. Peer-reviewed studies should be prioritized over grey literature.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking, such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions.” ([WHO](#))

It should be recognised that global trade and private sector investment provides significant value national economies. This economic value generates revenue streams that can be used to combat NCDs.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions on financing global health issues such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. While the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 of the emerging messages document omits listing the private sector as a participant in the dialogue. Similarly, the current form does not list the private sector under non-state actors. It is essential for all documents to align with the resolution and encourage participation from all stakeholders as requested by the resolution.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Asia Pacific International Spirits and Wines Alliance (APISWA)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the *WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.

The following examples from APAC demonstrate the value of government, the private stakeholder and consumers working together to reduce the harmful use of alcohol:

Countering drink driving & promoting responsible behaviour

- Given the high toll from drink driving fatalities and injuries in several countries in the region, combating drink driving has been a priority for APISWA, which it has supported through the [“Power of No” campaign](#). Launched in 2021 and implemented under the leadership of the Automobile Association Vietnam ([AA Vietnam](#)), a member of the Federation Internationale d'Automobile (FIA), in collaboration with an international network of partners representing 28 government, NGO, private and community organisations in seven countries across Asia, this social media campaign raises awareness about drink driving and encourages behavioural change, particularly among young adults from legal purchase age to 30 years old, who are disproportionately represented in figures of road traffic crashes involving alcohol. Across three phases of the campaign, we have reached 43 million direct beneficiaries in Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand, and Vietnam through social media.
- In late 2023, an independent evaluation of the campaign by Social Terrainⁱ, experts in monitoring and evaluation, showed a correlation between the Power of No campaign and increased awareness in the target population about the risks of drinking and driving, as well as improved ability and willingness to engage when the behaviour of others is risky. Whilst demonstrating the utility of social media campaigns in building knowledge and changing attitudes and behaviour, the report showed that the impact of the Power of No builds on anti-drink driving campaigns and interventions that precede it, underscoring that no single intervention can alone deliver all desired results. It remains our belief that addressing harmful drinking behaviour requires whole-of-society engagement involving government, civil society, communities and the private sector.
- APISWA member companies have further supported initiatives to tackle drink driving through awareness raising. APISWA member Diageo launched a new gamified anti-drink-drive digital experience called [“Sober vs Drink Driving”](#). In Vietnam, the campaign was launched in partnership with AA Vietnam, the University of Transport and Communications (UTC), and the Central College of Transport, and endorsed by the National Traffic Safety Committee. In Korea, the campaign was launched in partnership with Uber Taxis. “Sober vs Drink Driving” augments Diageo's ongoing programmes to engage consumers

on the dangers of drink-driving, collectively reaching more than 140,000 consumers across the APAC region. APISWA member Pernod Ricard has partnered with the United Nations Institute for Training and Research (UNITAR) to contribute to reducing and preventing alcohol-related traffic fatalities and injuries, and ultimately advance UN Global Road Safety Performance Target 9: By 2030 halve the number of road traffic injuries and fatalities related to drivers using alcohol. The “[Autosobriety](#)” training programme is an all-round educational tool through which participants learn about alcohol and its impact on their ability to drive, as well as the risks and consequences of driving under the influence of alcohol. Deployed in China, Cambodia and Vietnam in 2023 in collaboration with local partners and endorsed by local authorities, the programme has reached 4,037 direct beneficiaries and over 3 million indirectly.

Promoting moderation and responsible consumption among those adults that choose to drink

- Supporting a multisectoral approach to addressing excessive drinking as a risk factor to some violent behaviours, APISWA has partnered with grass-roots organisation [Saathi](#) to promote responsible consumption in one slum settlement of Bhaktapur (Manohara), Nepal, to combat gender-based violence. By training community leaders, we were able to mobilise them to raise at community level, reaching close to 2,000 direct beneficiaries. The pilot programme was showcased as part of a discussion on responses and actions to tackle gender-based violence under the auspices of the Ministry of Women, Children, and Senior Citizens (MOWCSC)ⁱⁱ.
- Similarly in Mongolia, APISWA has worked in partnership with Junior Chamber International (JCI), the Police Department of Chingeltei District and the National Narcology Clinic to raise public awareness on responsible drinking, leveraging television, social media, KOLs and OOH advertising. The campaign reached over 2 million people with messages on moderation.
- APISWA members have further contributed to promoting moderate consumption. APISWA member company Diageo engaged global K-Pop star SUHO from the band EXO to produce and record a brand new song promoting responsible drinking. The "Enjoy the Flow, Savour Every Moment" campaign marks the first time Diageo is tapping into K-Culture to promote moderation and garnered more than 5 million views in the first week alone. The song and its lyrics called for consumers to take it easy and savour every moment, and directed them to www.DRINKiQ.com/savour to learn more about moderation. APISWA member company Pernod Ricard launched its global digital campaign “[Drink More Water](#)” in 14 markets in APAC with the goal of reaching consumers directly to raise awareness on the importance of drinking water and pacing oneself when consuming alcohol. Reaching 129 million direct beneficiaries in 2023, the ‘Drink More Water’ campaign forms part of this long-standing commitment, tackling one area of harmful drinking - binge drinking and promoting responsible drinking with those who choose to drink.

Actively supporting the development of legal purchase age limits & tackling underage drinking

- APISWA strongly supports the adoption of a legal purchasing age (LPA) across all countries where we operate and have actively contributed to the development of an LPA where none exists. To this end, in Cambodia, APISWA in collaboration with local partners has actively encouraged government to set a minimum drinking age limit to protect underage youth and have championed a legal blood alcohol content limit for operating motor vehicles to reduce road traffic fatalitiesⁱⁱⁱ. APISWA has worked with various government institutions, NGOs, local private sector players to push for the expeditious inclusion of LPA in Cambodia’s legislation.
- APISWA member company Diageo has run its flagship underage drinking programme SMASHED, educating more than 240,000 underaged youths on the dangers of underaged drinking. Run as an inspiring live theatre or interactive e-learning experience, [SMASHED](#) is run in collaboration with local schools and Ministries of Education in Australia, Cambodia, Indonesia, Taiwan and the Philippines.

Promoting the responsible marketing and sale of our products

- Since the 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors”, APISWA members have redoubled our efforts in this space, working with national governments to support and uphold regulation, to encourage its implementation where that is lacking or weak, and to develop self-regulatory and co-regulatory schemes, as outlined in GAAP.

- In the absence of national regulation, we have developed and implemented self-regulatory codes to guide marketing and advertising in the Philippines^{iv}, Cambodia^v, Japan,^{vi} Malaysia,^{vii} Taiwan,^{viii} and several Indian states.^{ix}
- As eCommerce growth accelerates, APISWA has supported efforts to enhance safeguards to prevent the sale and access of alcohol to people below the legal drinking age and combat harmful drinking. In these efforts, we align closely with IARD's global standards for the online sales and delivery of alcohol. In the Philippines for instance, we have worked with the Alcoholic Beverages Alliance in the Philippines ([ABAPI](#)) and major e-commerce platforms to develop local codes for responsible eCommerce of alcohol to guide practice in the Philippines, as well as to tackle the sale of counterfeit alcohol products on the Internet, which poses a clear risk to consumer health.^x
- In China, APISWA collaborated with The Foreign Spirits Producers Association Limited (FSPA) and the China Alcoholic Drinks Association ([CADA](#)) to promote responsible alcohol sales on eCommerce platforms. This partnership led to the creation of the *Group Standard T/CBJ 1103—2022^{xi} Code of Conduct on Alcohol Sales and Delivery on E-Commerce Platforms*, effective March 1, 2023. The standard provides comprehensive guidelines for eCommerce platforms, alcohol retailers, delivery services, and related providers on managing responsible online alcohol sales. A specialized training module is also being developed to ensure that eCommerce platforms offer social responsibility training for employees, retailers, internal delivery personnel, and third-party delivery partners. This initiative aims to set a benchmark for best practices in the online sale and delivery of alcoholic beverages, promoting a safer and more accountable marketplace.
- APISWA has also invested in online training tools to equip eCommerce retailers and frontline delivery agents with the knowledge of relevant regulations and tools needed to understand how to sell and deliver in a responsible manner and in accordance with the law. In Vietnam for instance, APISWA collaborated with the Vietnam Beer Alcohol Beverage Association (VBA), the Vietnam Alliance for Responsible Drinking (VARD) and the Vietnam E-Commerce Association (VECOM) to launch an online training module on alcohol eCommerce in 2022. This training tool was also launched in the Philippines in 2023, and APISWA intends to roll these training tools out in other countries, adjusted to fit local regulations.
- The ID 18 Responsible Retailing initiative, led by major APISWA members in partnership with the Hong Kong Forum for Responsible Drinking ([FReD](#)), was launched on September 7, 2023. Thirteen prominent retailers and international liquor producers, including HK Liquor Store and Watson's Wine, signed a pledge to promote responsible alcohol sales, extending into the eCommerce space. This initiative aligns with guidelines from the Tobacco and Alcohol Control Office (TACO) to prevent underage drinking. Retailers and international liquor importers committed to complying with laws, using age verification, displaying notices in both physical and online stores, and training staff through a newly developed online module. By fostering a culture of responsibility, this initiative aims to protect minors and ensure safe alcohol retailing practices.
- Through global industry bodies like IARD, APISWA members have also launched efforts to strengthen industry self-regulation and ensure standards of good practice in other areas critical for reducing harmful drinking.
 - Large-scale efforts have included the global Producers' Commitments to reduce harm and strengthen industry self-regulation^{xii}.
 - Industry codes developed through IARD in partnership with major digital platforms govern our online marketing practices across the globe.^{xiii}
 - Global initiatives also include building capability and standards for good practice around the service and sale of alcohol,^{xiv} including for online sales and delivery.^{xv}

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This technical paper explores how catalytic funding for NCDs could be used to support NCDs and mental health prevention and treatment. The Global Fund for HIV, TB, and Malaria could be considered a useful model for such catalytic funding that is inclusive of the private sector beyond foundations and civil society. Including the private sector in conversations about catalytic funding can promote innovative and efficient approaches, but it is an approach that is frequently untapped.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Illicit alcohol should not be ignored as it is particularly problematic in some APAC markets. According to the WHO, in Myanmar, Vietnam and Indonesia, more than 50% of consumption is unrecorded ([WHO](#)). As suggested by the [OECD](#), this issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases. Data on the [prevalence of unrecorded alcohol](#), especially illicit alcohol, at global, regional, and national levels, remains out-of-date, incomplete and almost certainly underestimates the toll taken on health, governments and society. Unrecorded trend data are essential for understanding the dynamics of the market and to explain increases in recorded alcohol consumption in some countries, and to better shape interventions that target the unrecorded alcohol market, which contributes disproportionately to poor health outcomes and harm.

This includes the area of taxation of alcohol beverages. As highlighted by the [OECD](#), actors of illicit trade exploit the price and taxation differentials between illicit and legitimate products. Any taxation of alcohol beverages should therefore be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#)).

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))

Global trade and private sector investment provides significant value national economies. This economic value delivers revenue streams that can be used to fight NCDs. This value should be recognized.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

ⁱ <https://apiswa.org/wp-content/uploads/2024/02/Evaluation-of-The-PoN.pdf>

ⁱⁱ <https://apiswa.org/ngo-saathi-nepal-responsible-drinking-dialogue/>

ⁱⁱⁱ [Multi-stakeholder dialogue held to discuss a Legal Purchase Age \(LPA\) in Cambodia - Khmer Times \(khmertimeskh.com\)](#)

^{iv} Philippines Advertising Standards (ASC), [ACS Code of Ethics & Manual of Procedures](#), 2024

^v Co-Regulatory Agreement between Ministry of Information and Asia Pacific International Wine and Spirits Alliance (APIWSA): Code of Responsible Alcohol Beverages Communications, 2017

^{vi} Consumer Affairs Agency, [Food labeling law and regulations](#); [Japan Liquor Industry Council](#)

^{vii} Advertising Standards Malaysia, 2021, [Malaysian Code of Advertising Practice](#) 6th Edition

^{viii} Taiwan Alcohol Beverage Alcohol Forum (TBAF), Marketing code of conduct for commercial communications of alcoholic beverages in Taiwan

^{ix} SCI Code of Self-regulation in Advertising

^x Alcoholic Beverages Alliance of the Philippines (ABAPI). <https://abapi.ph/our-views/#responsible-eCommerce>

^{xi} People's Daily report: <https://baijiahao.baidu.com/s?id=1753357308501087052&wfr=spider&for=pc>

^{xii} IARD. Beer, Wine, and Spirits Producers' Commitments. <https://www.iard.org/actions/producers-commitments>

^{xiii} IARD. 2014. Digital Guiding Principles. https://iard.org/getmedia/be6b02fb-f592-49dd-b676-45cf6b0648b2/Digital-Guiding-Principles_DGP_2023_18Dec-2.pdf ; IARD. Influencer Guiding Principles (IGPs). https://iard.org/getmedia/fa30bdb7-0567-4da8-87b1-50abc47fc1ac/14092021-Influencer-Guiding-Principles-FINAL_1.pdf

^{xiv} IARD. Responsible Retailing and Service of Beverage Alcohol. <https://iard.org/actions/Supporting-responsible-sale-and-service>

^{xv} IARD. Global Standards for Online Alcohol sale and Delivery. https://iard.org/getmedia/d713c648-a0d7-4ef4-b2be-8d94e47dec5b/11092022_Global-standards-for-online-alcohol-sales-and-delivery.pdf

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Beer Canada

Type of organization: Other – Private sector trade association

Beer Canada is a national organization representing its members and the beer category. Our membership includes 32 small, medium and large-sized breweries, which, when combined, account for 90% of all beer produced in Canada.

We welcome the opportunity to participate in this consultation which is intended to explore approaches of including NCDs and mental health responses within national health and financing plans, and to inform the international dialogue on sustainable financing for NCDs and mental health.

Please extend each of the boxes as needed to provide feedback:

Draft outcome document (emerging key messages) of the international financing dialogue

The draft outcome document, *International Dialogue on Sustainable Financing for Non-Communicable Diseases and Mental Health*, notes that “the promotion of physical and mental health, as well as the prevention and management of NCDs, mental health conditions and their risk factors, needs a ‘whole of society’ approach realised.” (paragraph a, page 3)

Beer Canada and its members strongly support a whole of society approach. We are committed to encouraging responsible production, distribution, sale, and consumption as well as reducing harmful alcohol use, and over the past four decades have initiated public and targeted programs and partnerships, engaging with governments, leading experts, and NGOs. This includes collaboration with Health Canada to place a limit on the alcohol content of an emerging product category, which may have appealed to younger adults, referred to as single serve “flavoured purified alcohol”. We also are committed to reducing global underage drinking and accelerating work in the digital space to restrict access to underage persons, also encompassing the area of ecommerce and preventing the online sale and delivery of alcohol to minors.

In addition Industry was an early advocate for and funding contributor to the development of an Alcohol Risk Assessment and Intervention Program (ARAI) initiated more than three decades ago. A later successor program, Screening, Brief Intervention and Referral (SBIR) for family doctors, launched with the help of alcohol industry funding support, fulfilled a key recommendation of the 2007 National Alcohol Strategy (Reducing Alcohol-Related Harm in Canada, Toward a Culture of Moderation).

A whole-of society approach is a key pillar of the WHO’s 2010 Global strategy to reduce the harmful use of alcohol (Global Alcohol Strategy) and the Global Alcohol Action Plan 2022-2030 (GAAP). The Global Alcohol Strategy recognizes economic operators among other non-state actors as “essential for success”¹, while the GAAP invites economic operators to focus on measures that can contribute to reducing harmful alcohol use including wherever possible the substitution of “higher-alcohol products with no-alcohol and lower-alcohol products in their overall product portfolios, with the goal of decreasing the overall levels of alcohol consumption in populations and consumer groups...”.²

The Political Declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) reaffirms a whole of society approach and engagement with the private sector: “Encouraging economic operators in the area of alcohol production and trade, as appropriate, to

¹ WHO Global strategy to reduce the harmful use of alcohol (2010). para. 14, page 10

² WHO Global Alcohol Action Plan 2022-2030. Action Area 3: Proposed measures for economic operators in alcohol production and trade, page 22

contribute to reducing harmful use of alcohol in their core areas, taking into account national, religious and cultural contexts.”³

Paper 2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This technical paper considers and explores how catalytic funding for NCDs could be used to support NCDs and mental health prevention and treatment. Any suggestions to use DAH funding to exclude private sector operators from the dialogue undermines a whole of society approach and would be counterproductive to progress in addressing NCDs.

Paper 3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

As a general response to this technical paper, we would note that any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, proportionate and appropriate to local context, and consistent with established international best practices on alcohol taxation.

Beer Canada is not opposed to reasonable levels of taxation. However, in setting tax levels for alcohol beverages it is imperative that national context be considered including: the economic impact of raising alcohol taxes; the impact on domestic production and trade; and the unintended impact on the safety of consumers through increasing the informal and illicit market.

Excise System Design: Low- and No-Alcohol Beer

The technical paper is silent on the role low- and no-alcohol beverages can play in reducing the overall volume of alcohol consumed and alcohol-related harm. Measures that steer consumers toward products with lower concentrations of ethanol, including tiered excise structures, represent an opportunity to improve excise system design, aligning with global alcohol policy documents, a growing evidence base, and additionally, member state policy practices.^{4,5}

Beer is typically low in alcohol and a growing body of evidence shows that nudging people toward low- and no-alcohol beverage types may reduce alcohol-related harm.^{6,7,8} In this respect, a facilitating tax environment can help encourage investment for low- and no-alcohol products, improve product selection, and encourage product development and production.⁹ The introduction of lower and no-alcohol products has been shown to reduce the volume of alcohol purchased,¹⁰ and is an area where brewers and public health might, according to researchers, align.¹¹

In this respect, Canada’s House of Commons Standing Committee on Finance in 2021 reaffirmed a recommendation that the federal government:

³ General Assembly resolution 73/2, Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, [A/RES/73/2](#) (17 October 2018), para. 44(b), page 6

⁴ Rehm, Jürgen, et al. (2020). Regulatory policies for alcohol, other psychoactive substances and addictive behaviours: The role of level of use and potency. A systematic review." *International Journal of Environmental Research and Public Health*, 16(19): 3749

⁵ World Health Organization (2004). *Global Status Report: Alcohol Policy*, page 41 (Areas of alcohol policy, Section 4. Price and Taxation)

⁶ Kueng, Lorenz, and Evgeny, Yakovlev (2021). The long-run effects of a public policy on alcohol tastes and mortality. *American Economic Journal: Economic Policy*, 13(1): 294-328

⁷ Griffith, Rachel et. al. (2019). Tax design in the alcohol market. *Journal of Public Economics*, 172: 20-35

⁸ Nemtsov, Alexander, Maria Neufeld, and Jürgen Rehm (2019). Are trends in alcohol consumption and cause-specific mortality in Russia between 1990 and 2017 the result of alcohol policy measures? *Journal of Studies on Alcohol and Drugs*, 80(5):489-498

⁹ Anderson, Peter et. al. (2020). Evaluation of alcohol industry action to reduce the harmful use of alcohol: Case study from Great Britain. *Alcohol and Alcoholism*, 55(4): 424-432

¹⁰ Anderson, Peter, et al. (2020). Impact of low and no alcohol beers on purchases of alcohol: Interrupted time series analysis of British household shopping data, 2015–2018. *BMJ Open*, 10(10): e036371

¹¹ Rehm, Jürgen, et al. (2016). Evidence of reducing ethanol content in beverages to reduce harmful use of alcohol. *The Lancet Gastroenterology & Hepatology*, 1(1): 78-83.

“Encourage Canadians to lead healthy lifestyles by reducing the excise duty rates applicable to beer products at or below 3.5% abv and exempting non-alcoholic beer products from excise duties in order to stimulate growth and investment in this underdeveloped space of Canada’s beer market.”¹²

In 2022, as a result of industry efforts and the support of the Finance Committee through its recommendations, the government removed the excise on no-alcohol beer. Currently, the excise structure for lower alcohol beer remains unchanged - the same rate of excise is applied to beer with an alcohol content from >2.5% to 11.9% alcohol by volume. Due in part to the elimination of excise duty on non-alcoholic beer, sales of these products have grown substantially in Canada over the past few years. Beer Canada continues to be open to the implementation of policy and tax measures that support the production and promotion of more lower and no-alcohol beer products.

Illicit Alcohol:

A comprehensive approach to policy for health should recognize the potential for harm from illicit alcohol. Concerns pertaining to illicit alcohol should not be ignored or minimized. WHO estimates that unrecorded alcohol accounts for 25% of global alcohol consumption and exceeds 50% of consumption in more than 20 member states,¹³ while the OECD observes that: “The magnitude and scope of illicit trade in alcoholic beverages are vast.”¹⁴

A regional study of illicit alcohol in 24 Latin American, African and Eastern European countries provides further insights into the scope of the illicit market. The study estimated that 25.8% of the 42.3 million hectolitres of alcohol consumed each year across the countries (in alcohol equivalents) was illicit, providing illicit merchants with USD 19.4 billion in untaxed revenue.¹⁵

According to the OECD:

‘The principal factor driving illicit sales in alcoholic beverages is price differential between illicit and licit alcohol that is linked directly to the difference in taxes and tariffs imposed on various alcoholic products across countries. These include differences in i) value-added taxes (VAT) and related sales taxes, which are imposed by many countries on most goods, ii) customs tariffs, and iii) excise taxes, which are imposed on selected products, including alcohol, to generate revenue and/or discourage consumption.’¹⁶

Illicit alcohol trade represents a significant fiscal loss for governments, depriving them of essential revenue needed for public investments, particularly impacting developing countries heavily reliant on these funds for providing crucial services, including financing health costs.

Overall, illicit alcohol poses a significant threat to national revenue streams and the health of societies and requires more focus and better data.

Removal of Agricultural Subsidies:

The technical paper notes that a comprehensive approach to fiscal policy for health should include an examination of existing subsidies to ensure that they are not working at cross purposes with health-related policies and health taxes.

The phasing out of large proportions of agricultural subsidies (corn, soybeans, rice, wheat, sugar, beef, milk) would have significant negative downstream impacts on global supply chains. In addition, there are circumstances where subsidies can help develop a local supply chain that creates benefits throughout the value chain from the local farmer through to the government.¹⁷

However, where agricultural subsidies are specifically designed to circumvent or off-set the impact of alcohol excise duties on all or some sub-set of domestic producers, such programs should be subject to enhanced

¹² House of Commons Standing Committee on Finance (2021). Investing in Tomorrow: Canadian Priorities for Economic Growth and Recovery, February 2021, Appendix F: Recommendation 66, page 336

¹³ World Health Organization (2018). Global status report on alcohol and health, September 27, 2018

¹⁴ OECD (2022). – Chapter 3, Illicit trade in alcohol – what we know so far? In: Illicit Trade in High-Risk Sectors: Implications of illicit alcohol for public health and criminal networks

¹⁵ Euromonitor International (2018), White Paper - Size and Shape of the Global Illicit Alcohol Market, Euromonitor International. Note that the White Paper and these findings are referenced in OECD (2022), Chapter 3, Illicit trade in alcohol – what we know so far?

¹⁶ OECD (2022). – Chapter 3, Illicit trade in alcohol – what we know so far?

¹⁷ [Private Sector Supply Chain Development for launch of New Ugandan Beer: World Bank](#)

transparency and oversight to ensure their compliance with both trade obligations as well as stated economic and health policy objectives.

The technical paper's proposals require a much more comprehensive and balanced analysis, especially given the economic scale of proposed policy changes.

Paper 4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

SBIR is an effective^{18,19,20} and cost-effective approach.^{21,22} There is a significant opportunity for adoption of SBIR across countries as well as to improve, integrate and grow this impactful tool, particularly in primary healthcare and emergency care settings.

¹⁸ Hargraves, Daniel et. al. (2017). Implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care: lessons learned from a multi-practice evaluation portfolio. Public Health Review, 38:31 doi: 10.1186/s40985-017-0077-0

¹⁹ Mah, Sharon et. al. (2024) Facilitators and barriers for implementing screening brief intervention and referral for health promotion in a rural hospital in Alberta: using consolidated framework for implementation research. BMC Health Serv Res, 24:228

²⁰ Soo, C. and Duk, H. (2020). Effects of screening and brief intervention on alcohol consumption in an emergency department. Clin Exp Emerg Med., 7(4):310-318

²¹ National Institute on Alcohol Abuse and Alcoholism. [The Healthcare Professional's Core Resource on Alcohol. Screen and Assess: Use quick, effective methods](#)

²² Gentilello, L. et. al. (2005) Alcohol interventions for trauma patients treated in emergency departments and hospitals. Ann Surg, 241(4):541-550

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: BreathNote, Inc.
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ X nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? If HA monitoring doesn't provide complete data, using systems outside of healthcare to collect data will require investments in technology design and cyber-security. Strategic public health interventions can be integrated into healthcare reporting with ICD-10 coding and CPT modifiers to measure program efficacy and benefit-to-cost ratio. This coding can additionally link to digital code capture across an ecosystem of consumer health products and wellness (non-medical) services. Advanced AI technology with predictive capabilities should be developed to integrate into HA. Within High Income Countries, public health interventions to prevent ALZ should be prioritized.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? If multi-modal polarity threatens DAH and it should be re-framed for short term political benefits, DAH should also be re-configured for short-term economic benefits. This means the role of DAH is for catalytic growth of projects that can become financially self-sustaining.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The role of health taxes and fiscal measures are to reduce risk factors and generate revenue for health spending.

Shifting health financing from domestic government funding to a multi-national corporate-based public health initiative containing commercial products allows for a broader taxation base beyond domestic taxation to fund greater health spend. (See our successful model for a case-study)

Beyond taxation of harmful products, societies can increase commercial availability of healthy products with product packaging that encourages healthy behavior. Although you can't tax stress, GOV should look to reward healthy relaxation.

If cutting subsidies, governments should plan to preempt the effects of lost income and jobs to the subsidy group and use those buffering solutions to turn that group into advocates or ambassadors for health.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

NCD MHD-wise financing systems can fund strategic interventions if those interventions are coupled with treatment & care for other readily funded conditions like CKD, or for maternal & reproductive health.

(For examples of strategic intervention coupling, please contact us)

5. Financial protection for NCDs and mental health: Why and how?

The best financial protection comes from health protection. With the long cumulative cost of medicines, Governments will need to find ways to negotiate lower prices while developing preventative strategies to mitigate over-dependence on medication.

Considering that environmental and social factors can heighten risk factors which undermine the efficacy of medications, GOV should look for Public health interventions that reduce environmental stressors.

Non-pharmacological preventative care strategies can also give governments leverage for negotiating lower drug prices.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Given the timeline and estimated shortage of Healthcare Workers. Health systems must balance care tasks with labor capacity. Clearly identifying high-level vs. low-level tasks will allow for more workforce participation as education and training can be asymmetrically divided to yield faster training.

Training can also be sped-up through digitization; MOOC education, certification, and performance evaluations can be automated. Future enhancements to AI technology can synchronize these programs for further efficiencies.

An additional way to increase workforce inputs is by layering HCW 'micro-learning' based training throughout the primary & secondary educational system to provide a longer runway for people to acquire the skills needed to transfer into the HCW labor force.

Healthcare workers must be further incentivized through normative or financial rewards.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Civil society can test strategies, suggest solutions, mobilize efforts, and hold GOVs accountable. As a force for

mobilization, Governments should offer palpable incentives for key solutions and efforts from CS. Working with GOV, CS can also influence public behavior, especially if GOV provides supportive educational resource materials and tools.

Civil society, including corporations, can galvanize investments in healthcare spending , especially when financing models shift from GOV long-term support to Sustainably Financed Public Health Initiatives (see our model for successful case-study)

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Yes. Heads of Governments need to: 1. Make it a priority to learn about proven strategies for sustainably financed NCDMHD intervention. 2. Do not ignore the data 3. Act with immediate urgency and with full support to enact those strategies and enshrine them into law.

Given the unstoppable rise of population aging and its related detrimental consequences to national budgets and to females, including the catastrophic decline of human capital formation, the resulting situation to families and economies will collapse civil order. Action must be taken right now to implement population-level solutions.

There is a measurable timeline for when these consequences will happen; deadlines for taking action or for failing are clearly marked on the calendar. We must take all feasible actions to mitigate this impact, as the dangers it presents are compounded by the increasing speed of which the world heads into an unprecedented era of Great Power Conflict and poly-crisis.

A world of multi-modal polarity will make it harder to achieve UHC through traditional care paths and traditional Government-based funding, as resource competition intensifies and defense spending takes priority over funding for NCDMHD. At the same time, health workers becomes scarcer. This accentuates the need to incorporate novel public health interventions and adopt innovative funding models.

The loss is too great and the timeline for recovery is too long to not act now.

The health and economic benefits we can gain are too real and concrete to not act now.

We urge HOG to immediately institutionalize clear, proven, cost-effective, at-scale health measures that can be

monitored & managed so we get closer to achieving UHC.

These measures must include guardrails for health and for financial protection that cover those who need care and those who provide care.

A successful model for Sustainably Financed Public Health Intervention exists now; In one case study, it showed a 165/1 benefit-cost ratio. This isn't a solution for someday. It is a solution for right now. It is delivering individual health benefits and social benefits now.

Please, take the time to learn about it.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

Web-based consultation process in preparation for the International dialogue on sustainable financing for NCDs and mental health

Organization: PATH as secretariat representing the Coalition for Access to NCD Medicines & Products

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☒ X nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☒ X academic institutions
- ☒ X other (specify): industry association with official relations with WHO

The International dialogue on sustainable financing for NCDs and mental health will be convened on 20–21 June 2024 with the aim to explore approaches of including NCDs and mental health responses within national health and financing plans. This meeting is a collaboration between WHO and the World Bank. The outcome document of the International Dialogue on sustainable financing for NCDs and mental health may also serve as to inform the negotiations among Member States on the outcomes from the Fourth High-level Meeting of the UNGA on the Prevention and Control of NCDs.

Feedback is requested on the content of draft technical background papers, a paper containing a summary of each background paper, and a draft document to form the basis of the outcome document (to be uploaded on 6 May).

OBJECTIVES of Background Papers:

- To define and start building **consensus** among a range of interested stakeholders on **actionable strategies** and policy recommendations that can enable and enhance the integration of NCDs and mental health responses in public financing and national budgetary systems.
- To unpack the implications of these strategies and recommendations in varied contexts to inform health financing reforms that can a) sustain adequate, stable, and predictable financing, b) enable strategic purchasing, and c) enhance financial protection.
- To discuss and identify approaches on how to integrate prioritized NCDs and mental health responses within national health and financing plans – with the aim of providing high-quality, equitable NCD and mental health services that are integrated into existing health systems and broader public health ecosystems.
- To inform a forward-looking agenda that can guide countries towards accelerating progress and realizing the targets under SDG 3.4 and 3.8 by 2030 – as a key milestone in the process for the 4th High-level Meeting of United Nations General Assembly on NCDs (2025) and beyond.

Background Paper	Input
Paper #1 Health spending on NCDs and mental health: What can national health accounts tell us?	The paper provides useful high-level background and highlights the lack of quality data on the connections between NCD services, out-of-pocket spending, and equity concerns. Overall, even in countries with disease-specific health expenditure data, the challenges highlighted in the concluding section imply that using the information for policymaking remains difficult, especially with poor reporting of curative spending in the private sector and preventive/promotive healthcare spending generally. While collecting better, more granular data is an option in countries with substantial capacity and willingness to expend time and effort (mostly middle- or high-income countries), it does not seem practical that the already lagging progress in institutionalizing and regularizing health accounts generation process in low- and lower-middle income countries will become more complex and comprehensive in the short run. Improvements in the NHA Production Tool (HAPT) including automatic disease coding will assist in improving the technical quality in terms of disease differentiation where NHAs are done. However, there is a need to supplement the retrospective health expenditure tracking process with other studies, including analyses of the spending by insurers (where they exist and are significant) and of the hospital sector using hospital cost accounting tools, to understand better what is being spent at the payer and provider level. The paper needs to be bolder in calling for more investment in data infrastructure and data collection systems that will enable expenditure tracking, integrate payment for services, payments to providers, etc. Countries are investing in digitization of their health management information systems, etc. So, this is an opportunity to call for investments in ensuring that financial systems are included in such designs.
Paper #2 - External financing & mental health: What is the role of DAH	1. With regard to how the politics of NCD and mental health affect their place in the global health agenda, the paper discusses the impact of WHO being the primary advocate for NCD and mental health action at the global health level which has included the push for action on NCDs and mental health being couched within the broader agenda on PHC and UHC. While the paper notes some merits of this push, some risks are noted. On the merits is that UHC is seen as having a strong political moment in the context of SDGs, the rhetoric around and attention to PHC has increased over this timeframe, and vertical funding streams are inefficient and unsustainable. Among the risks, is that the UHC agenda is stalling with most countries off track on most UHC-related agendas, targeted funding streams are easier to track, and integration necessitates that policy systems as well as general health service delivery infrastructure are prepared for integration as otherwise one will end up with basic case packages due to lack of how to cost (NCD and mental health related programs). 2. In response, we would suggest a stronger support for NCD care financing being housed within PHC as it is often the first point of entry for users into the health care system and offers linkages to further care based on complexity of illness. Currently, there is an under-investment in PHC with health service delivery arrangements that focus on acute and episodic care in hospitals, provider payment methods that do not generate sufficient incentives for PHC, and health care worker incentives that do not reward a focus on population-based health care, including health promotion and prevention generally leading to fragmentation of funding streams (citation: Resolve to Save Lives. Financial Interventions to Support Primary Health Care in Low- and Middle-Income Countries: A Systematic Literature Review. New York: Resolve to Save Lives; 2021).

3. In addition, currently, financing for PHC in LICs and LMICs is mostly coming from a largely unregulated private sector stemming from a large informal workforce and variation in access and affordability of public-sector services. A longer-term strategy is to sustainably integrate diverse private-sector stakeholders into PHC platforms by channeling public funds to the private sector through purchasing agreements and UHC-focused service delivery incentives. This requires a strong policy and regulatory infrastructure, which can be developed in LMICs over time (citation: NCD Alliance. Policy Brief: Invest to protect NCD financing as the foundation for healthy societies and economies. Geneva: NCD Alliance; 2022. <https://ncdalliance.org/resources/invest-to-protect-ncd-financing-as-the-foundationfor-healthy-societies-and-economies.>).

4. We agree that because allocation strategies for PHC are not clearly defined in national budgets, it is difficult to properly flow-down and monitor use of PHC funds. However, supporting teams-based care budgeting would allow for more flexibility to facilities and programs to spend allocated funds on necessary staff salaries, provision of medicines and supplies, and other requirements for holistic NCD-care with greater buy-in from team members. A more flexible approach to budgeting would increase staff and team member autonomy thus supporting long-term compliance and sustainability in ensuring a people-centered approach to NCD care. PLWNCDs and their health care team must be at the center of decision-making for complex funding streams and processes ultimately resulting in care and service delivery provision to ensure an equitable and sustainable approach to funding NCD care.

5. Decentralized financing systems for PHC in Kenya, India, and the Philippines showed promise by allowing for local authorities to make allocation decisions based on local health needs and population priorities but in turn provide limited visibility into the top-down funding streams and inability to monitor use of resources. Policymakers are left to consider numerous trade-offs when deciding appropriate funding approaches. In theory, costing exercises to create evidence-based approaches for NCD care outcomes could support decision-making, but limited data and understanding of integrated PHC systems hinders this work. The Lancet Global Health Commission suggests promoting a context-specific blended payment model built on capitation and integrating a package of products and services on predefined patient pathway, which would support holistic care for NCDs. The Commission also notes that integrating private sector into PHC platforms requires mechanisms to channel public funds to the private sector through purchasing agreements (citation: NCD Alliance. Policy Brief: Invest to protect NCD financing as the foundation for healthy societies and economies. Geneva: NCD Alliance; 2022. <https://ncdalliance.org/resources/invest-to-protect-ncd-financing-as-the-foundationfor-healthy-societies-and-economies.>).

Additional recommendations:

We agree with the recommendations in table 4 (Potential opportunities for DAH to invest in collective action on NCDs and mental health) but would add a global good for consideration: the WHO led forecasting effort for NCD medicines and products is an important initiative to address the data gap noted in the paper. Due to limited forecasting approaches for NCD medicines and products and poor consumption data, LMICs/LICs experience stockouts and lack of consistent availability which drives up OOPHE for NCD

	medicines and products. A forecasting methodology for NCD medicines and products with support for quality, longitudinal NCD data tracking of both patient services and supply chain performance from the health facility level up to national level is an important step towards increasing availability and affordability of medicines and health products.
Paper 3: Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?	We recommend that Paper #3 be integrated into Paper #4 on domestic resources as part of a comprehensive resource mobilization strategy for NCDs and health. Fiscal strategies raise resources or deplete them Sin Taxes: • It is important to acknowledge the complexities of policy shifts across countries due to different political contexts. The current approach draws assumptions that are not sensitive to this complexity. • Prioritizing NCD local advocacy over international groups. Linkages can exist however, local groups should be the face of such advocacy Removal of subsidies: • This is a politically sensitive issue as such, sensitivity is required in broaching this topic and considering any related actions. • Removal of subsidies – country context, especially LMICs, need to be considered – what is/are the purpose(s) of the subsidies requires better understanding of the economic impact/benefit of subsidy removal. Many LMICs are in the economic growth phase and have subsidies to grow sectors that drive economic growth. Successful redirecting of funds requires more consideration as subsidy removal is basically an expenditure reduction strategy and not an income generating one. Tracking is required to show that the resources that are not expended are redirected to improve social welfare and social infrastructure development. Recent experiences indicate that such resources are allocated by the MOFs to address needs even if outside the health sector, especially if health is not a priority for the government.
Paper #4: Domestic Financing	We appreciate the focus of Paper #4 in that this paper highlights • the unique nature of NCDs that require consideration and development of NCD and Mental Health-wise financing systems. I • the need for a multi-sectoral approach and the value of Coalitions to address the complexities inherent in domestic financing for NCDs • The need for greater investment • The Framework provides a helpful visual to communicate options for strengthening domestic financing and supports the narrative that follows. To mobilize funds domestically, it is essential that support is provided for stronger information systems that have the capacity to provide longitudinal patient data as well as stock tracking to provide end to end visibility along the supply chain to inform redistribution of medicines and health products, inform forecasting and reduce wastage. Expanding the focus on investment in integrated primary health care as a critical strategy to optimize use of resources, improve access to care, and reduce OOPHE would strengthen the paper.

	Case studies are helpful in their coverage of policy and finance strategies. Recommend addition of governance structures and programs as evidence of policy oversight, implementation and accountability. The paper provides a comprehensive overview of the factors influencing domestic financing, the unique nature of NCDs, related cost drivers and their associated costs related to complex longitudinal care. and the need to consider an inclusive approach bringing in those outside of health, engaging all sectors including industry and the importance of Coalitions to support ministries to meet their targets. It does not fully explore methods to optimize use of domestic funds and the need to prioritize access to medicines and health products for early diagnosis and treatment as part of comprehensive PHC.
Paper #5 - Financial Protection for NCDs and Mental Health	5. Financial protection for NCDs and mental health: Why and how? The paper makes a useful contribution in conducting decomposition analysis of OOPHE in certain countries. However, this form of analysis – identifying whether OOPHE is contributed by medicines or other needs – does not reveal contextual information on why certain people living with NCDs (PWNCD) and their households face catastrophic expenditures even when medicines are covered by government-supported health financing schemes. A systematic literature review of studies using survey-based methods to understand catastrophic health expenditures among PWNCD would help to identify commonalities and distinctions based on the type of NCD and health system arrangements. The paper includes medicines but omits associated health products, which are required for administration and monitoring of these medicines including diagnostics and devices. The pattern analysis conducted using Figure 3 (looking at the composition of OOPHE across countries with different levels of catastrophic health expenditure) helps identify cost of medicines and outpatient care as very relevant to OOPHE and suggests that such routine/chronic costs are responsible for financial burden. It concludes that focus on high-cost events like emergency care or hospitalization is misplaced if the intention is to protect vulnerable groups from high OOPHE. This is valuable, though it would be strengthened if it was supported by a review of whether government-supported health financing schemes fail to finance medicine/health products/routine costs for NCDs on a regular basis. Most national and social health insurance schemes cover medicines though the major challenge is regular availability of such supplies at the contracted health facilities and linked pharmacies. Supply challenges linked to inadequate background financing of medicines and health products necessitate many PWNCD to procure OOP even when the medicines are covered. The recommendations could be further strengthened with specificity. If the finding is that medicines and outpatient care contribute most to OOPHE for PWNCD, then will government policy focusing on achieving sufficient financing for NCD supplies/medicines help? Currently there are few initiatives supporting governments to increase domestic financing for such needs as there are for other vertical programs (FP, HIV, MCH, vaccines). In general strategies, the paper also makes a recommendation against contributory schemes. It should be tightened to be less sweeping. Contributory schemes for those who

can pay helps reduce the burden on the state to finance care for all population groups in the case of a budget constraint. It can subsidize premiums for the lower SES groups, without doing away with contributory mechanisms. No need to throw the baby out with the bathwater.

In specific strategies, the paper could also include bulk procurement/negotiation for NCD medicines and health products, as is being practised in many countries. Parties to bulk orders could be consortiums of providers (for direct purchasing) or at the government unit level.

In addition, further exploration of the data relevant to health products by disease area would illuminate areas where health products such as blood glucose meters and strips, and syringes and needles impose a high proportion of OOPHE. For example, evidence has shown that over 65% of OOPHE for people living with diabetes are associated with health products and consumables.

In keeping with the WHO framework components including rational selection; affordable prices; sustainable financing; and reliable health and supply systems one must consider go beyond price of medicines and health products to include supply chain failures and impact of inadequate capacity and tools locally for supply chain and surveillance data capture, reporting and use. In addition, unique challenges contribute to the low availability of NCD medicines and products. In particular, lack of capacity for demand forecasting and supply chain planning contribute to a vicious circle of insufficient financing and uninformed procurement, leading to supply chain imbalances, and frequent stockouts at public health facilities which drive up OOP costs and a broader approach to this topic would hold value.

The strategies for mitigating financial hardship due to OOPHE proposed in this paper could also consider the role that companies and industry can play in supporting governments. Examples are provided below by Access to Medicines Foundation:

- Designing sustainable access programmes, tailoring initiatives to local needs and contexts and available resources in collaboration with governments and other stakeholders.
- Collaborating closely with national governments and other implementation partners to ensure affordable access and patient choice, including for novel products and administration methods.
- Pursuing partnerships with national governments and other organisations operating in countries to coordinate efforts and increase impact.
- Expanding their efforts to increase access to affordable NCD products for more people in more LMICs by moving away from fragmented social responsibility models and towards a systematic access approach that addresses every payer's ability to pay (i.e. national authorities, public and private insurers and people paying out-of-pocket). Such approaches should tackle barriers to access for vulnerable groups such as children, young people, and all patients at the base of the economic pyramid.

Overall, this paper is a useful contribution and by focusing on the less highlighted source of OOPHE, helps clarify the policy space for debate on what works for financial protection related to PWNCDs.

Paper #6: Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?	The recommendations of this paper could also consider the role that companies and industry can play in increasing workforce inputs to address NCDs. Examples of NCD-related Best Practices related to health systems strengthening from <u>the 2022 Access to Medicine Index</u> include: • <u>Roche Best Practice</u>: on cervical cancer • <u>Novo Nordisk and Roche Best Practice</u>: on diabetes
Paper #7: Role of Civil Society	This paper provides a highly focused description of the role of civil society in advocacy for resource mobilization and holding governments accountable, particularly the role of people affected by NCDs and mental ill health. In considering the role of civil society, a clear definition of civil society organizations along with the sub-set of organizations captured by this title would frame the discussion and ensure adequate representation of the roles associated with each sub-sector such as not-for-profit universities, research, institutes and ‘think tanks’, INGO's, local NGOs, implementing organizations, and social enterprises. There is a supportive role for these organizations working with governments on the technical assistance towards achieving NCD targets along with the data and information required to be accountable to one's targets and commitments. This role stretches beyond solely advocacy and accountability. Extending the title of this paper to be more inclusive and represent the role of civil society in a more comprehensive way would support more comprehensive actions by civil society including NGOs and academic institutions with a inclusive approach to be brought forward to the High Level Meeting. Expanding further and framing the paper to include all non-state actors would offer a stronger position and engagement strategy. A revised title such as " What is the role of non-state actors in supporting governments to finance and achieve their NCD strategic objectives and priorities", would allow for greater inclusion as reflected in the introductory papers and stakeholder interviews referenced and outline a more comprehensive whilst still appropriate role for non-state actors. Some of these interventions are described in Paper #5. It is well recognized that the engagement of PWLE must be engaged in policy development and implementation, programs including access programs, in the development of medicines, devices, products, procurement selections, training and educational resources. This paper provides a strong review of what is needed for advocacy and accountability, however there is strength in a more inclusive and comprehensive approach.
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable	A suggestion of a new commitment from Heads of Government to facilitate sustainable financing for NCDs is for heads of governments can improve current partnerships and form new multisectoral partnerships, including with companies, which leverage different partner's resources and strengths, and ensuring coordination to enable sustainable access to NCD products in LMICs. These partnerships can focus on:

diseases and mental health?	• Building the capacity of local HCPs, local distributors and manufacturers, enhancing lived experience expert education and reducing costs across manufacturing, supply and distribution networks. • Strengthening data collection, sharing and reporting on the total number of people living with NCDs, especially in LMICs. Companies can also contribute to this via systematically and publicly reporting their access programme outcomes. • Identifying and pursuing opportunities for coordinated procurement, especially in markets with smaller returns on investment, including by utilising available digital tools. • Optimize investments in medicines and health products by strengthening visibility and management of supply chain through LMIS and stock trackers and understand cost drivers. • Increase investment in NCD and mental health related medicines and health products to reduce system costs related to late diagnosis and inconsistent availability of treatment and related OOPHE for PLWNCDs

International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: Corvus Health

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify) :Social Enterprise X

Please extend each of the boxes as needed to provide feedback:

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

- Since health worker wages are the largest single line item in any health systems budget there will need to be earmarked taxes, especially sin taxes such as sugary drink taxes, to pay for their education, employment, and retention.
- Even with increased funding from taxes, most governments will not have enough money to pay for pre-service education. Therefore, student loan systems need to be set up. There are excellent examples of nonprofit revolving loan funds such as Afya Elimu in Kenya.
- Workforce investment for NCDs will need to gradually shift from acute curative care to preventive NCD care, particularly in the areas of diet, exercise, and mental wellness. Countries need to create new cadres of health workers who help individuals and communities live healthier lives.
- Plans for staffing long term care for elders and people with disabilities will also need to be factored into NCD planning.
- In order to make the scale up of pre-service education affordable, regulatory agencies need to embrace evidence-based new learning technologies such as online education, AI assisted education, and virtual reality.
- In order to provide healthcare to rural and remote areas, telemedicine will need to be expanded (both health worker to patient and health worker to health worker). This will enable health workers to live in urban areas, which is their preference. Health workers will need to be taught how to properly provide remote care.
- Team designs and workflows in both primary and tertiary care will need to be examined and redesigned in order to integrate NCDs. We can't just plop NCDs down on the existing teams and systems and expect them to perform. We did some work with WHO on integrating NCDs into hospital-based maternity care. This requires systems change, not just changes at the margin.
- Expanding pre-service education affordably will take a systems approach. We need platforms that help expand and improve all health professional schools. We need global public goods such as standard curricula and teaching materials.
- The current "best buy" in preservice education is preventing dropouts. Through our work with USAID with allied health professional schools, we found that the average dropout rate was 60% and that a dropout can be prevented for \$500.
- Governments and donors should set up grant and or loan funds to help health workers start private practices in medically under-served communities.
- LMIC countries should require HIC governments or HIC private health systems that recruit their workers to pay for the education of those workers.
- Corvus Health has briefs on financing pre-service education and on engaging the private sector in health worker finance that we would be happy to share.
- To ease the burden on health workers, mental health awareness, resilience training, and mental health first aid should be integrated into all K-12 curricula

- Building on the case study of pharmacists, pharmacists play an important role in managing psychiatric medications, as well as medications for other NCDs.

Humanitarian health financing for noncommunicable diseases

Humanitarian funds can be used to train refugees and economic migrants to be entry level health workers. This will facilitate their employment in their current country or their movement and employment to their home countries or a HIC country.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

HIC governments should commit to paying for the education of the health workers they recruit from LMICs. This payment should go directly to training institutions in the origin countries to train more health workers.

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Dental Health Services Victoria.
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify): Publicly funded health agency
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers No further comments.
Draft outcome document of the International financing dialogue No further comments.
1. Health spending on NCDs and mental health: What can national health accounts tell us? DHSV supports the inclusion of oral diseases in this technical paper. In Australia, expenditure on oral disorders accounts for around 5.54% of spending in all areas of health expenditure, with the majority (59%) of this paid by individuals directly. (AIHW 2022)
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? No further comments.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? DHSV supports strong efforts for member states to implement a sugar-sweetened beverages (SSB) health levy and highlights the potential of such a levy to prevent tooth decay. SSB health levy revenue expenditure should not be tied solely to healthcare but could also be used to fund population health approaches to tackle the broader commercial, political and social determinants of health through soft earmarking.
4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments DHSV supports shifting the focus from health financing inputs and activities towards outcomes, as aligned with value-based healthcare. Greater investment in public health activities, including promotion and prevention, is particularly relevant to oral health given most common oral health conditions are largely preventable.
5. Financial protection for NCDs and mental health: Why and how? Oral health is frequently excluded from universal health coverage and associated financial protection. In Australia, affordability is a key barrier to accessing oral healthcare with nearly 4 in 10 Australians reporting avoiding or delaying dental care due to cost. DHSV supports universal access to affordable and essential oral healthcare. This recommendation aligns philosophically with Australia's approach to universal health coverage for general healthcare through Medicare. There is no logical reason why oral health should be excluded from this. More broadly, DHSV supports the need for financial protection for health services targeting NCDs and mental health, but these need to be cost-effective and reduce any unintended consequences that may disincentivise people to access preventive health services, particularly those on low incomes.
6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions? DHSV is exploring solutions for the oral health workforce that may have relevance for broader consideration. These include: - Building workforce pipelines, particularly for the public sector, through partnerships with education providers, professional development and career growth opportunities, and strong clinical leadership that supports diversity and intersectionality. - Investigate and develop models of care to reach people from rural and remote areas including the potential for voluntary bonding schemes and increased rural student intakes

- Improving health workforce efficiencies. Most oral healthcare in Australia is delivered by dentists. However, the oral health workforce has evolved to include dental hygienists, dental therapists and oral health therapists, as well as the expanded role of dental assistants in oral health promotion (oral health educators). This broader workforce is particularly skilled in prevention and early intervention and can support the efficient delivery of quality healthcare. Ensuring team members can work to the top of their scope of practice and identifying opportunities to expanding the scope of practice for the oral health workforce can also support efficient service delivery.
- In line with The WHO Global Strategy on Oral Health 2030, build the capacity of non-oral health practitioners to address population oral health needs. For example, in Victoria recent regulatory changes have enabled trained Aboriginal and Torres Strait Islander Health Practitioners to apply fluoride varnish.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

DHSV supports strong engagement with civil society to contribute to and/or co-design policy and health services targeting NCDs and mental health conditions.

General comments relevant to multiple papers:

DHSV supports Member states to have an increased focus on oral health and the prevention of oral diseases, particularly funding commitments. Funding and service delivery approaches must consider the concept of essential oral healthcare and apply an evidence-based approach.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

No further comments.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Informing key priorities before the next High-level meeting on NCDs (Phase I: 1 May–17 June 2024)

Directions

The *WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030* ([NCD-GAP](#)) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, to attain the nine voluntary global targets on NCDs. In addition, sustainable development goal (SDG) target 3.4 calls for a reduction by one third of premature mortality from NCDs through prevention and treatment and the promotion of mental health and well-being, by 2030. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions.

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	In addressing non-communicable diseases (NCDs), it is essential to consider functions, risks, and solutions holistically. Just as with other major global mortality burdens, road traffic injuries (RTIs), is critical and is to be considered in the NCDs discussion as equally valuable as others.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	When considering NCDs, it is imperative not to overlook the RTIs and its burden as a public health issue. <i>There were an estimated 1.19 million road traffic deaths in 2021; this corresponds to a rate of 15 road traffic deaths per 100 000 population. Furthermore, road traffic injury remains the leading cause of death for children and young people aged 5–29 years and is the 12th leading cause of death when all ages are considered. The global macroeconomic cost of road traffic injuries as high as US\$ \$1.8 trillion, roughly equivalent to 10–12% of global gross domestic product (GDP)</i> ¹ .
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.	
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Functions such as prevention and treatment intersect and are beneficial to tackling both NCDs and RTIs. Furthermore, they can leverage on each others, creating a multiplying beneficial effect. For instance, prevention efforts, such as promoting active mobility and reducing alcohol consumption, yield benefits not only for NCDs but also for RTIs. Similarly, strengthening health system governance enhances both NCDs care
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	
*	<i>In addition:</i> To promote and protect mental health and well-being, including prevention and	

¹ Global Status Report on Road Safety 2023, WHO, p. 4.

management of mental health conditions, as a vital component of achieving SDG target 3.4.	and RTI management, such as emergency care response and road injuries treatment. The NCD discussion recognizing the RTIs as a major public health concern would benefit from considering these aspects holistically leading to interventions that address both conditions. The World Bank report "The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa, an Overview" suggests that NCDs/road traffic injuries should not be tackled separately as a vertical program, nor should they displace communicable diseases as priorities. Instead, given resource constraints, and some shared determinants, characteristics, and interventions, there is scope for an integrated approach focusing on functions (prevention, treatment, and care) rather than on disease categories². Furthermore, a potential solution such as domestic financing mechanisms play a crucial role in supporting these multifaceted approaches, enabling government to address both NDCs and RTIs in a sustainable manner.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1 May–17 June 2024.

² Marquez, P. V., Farrington, J. L. (2013) "The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa. An Overview". Washington, DC.: The World Bank."

International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: Eastern Mediterranean NCD Alliance (EM-NCDA)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors X

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

We express concern regarding lack of specific financing targets: -

- Many countries in the Eastern Mediterranean region face significant investment gaps in NCD/MH financing. The lack of specific targets makes it difficult to quantify these gaps and advocate for the necessary funding levels. In the Eastern Mediterranean, where NCDs and mental health issues are rising, having specific targets would facilitate better planning, resource allocation, and implementation of interventions.
- For sustainable financing, NCD/MH needs to be integrated into national health budgets with clear line items and targets. This integration will ensure that NCD/MH receive consistent funding and are not sidelined in favor of other health priorities. Governments in the Eastern Mediterranean should prioritize NCD/MH in their budgetary allocations and align their national health strategies with globally agreed targets.
- We encourage governments to integrate NCD/MH financing into their national health budgets with dedicated line items and clear targets.
- We encourage government to develop robust monitoring and evaluation systems to track financial flows and outcomes related to NCD/MH financing.

Realizing that Out-of-pocket (OOP) expenditures for non-communicable diseases (NCDs) are notably high in many EMRO countries. This financial burden often leads to catastrophic health expenditures for households, pushing many into poverty. Many countries in the EMRO region have low health insurance coverage, resulting in a greater reliance on OOP payments. This issue is more pronounced in countries with fragmented health systems and limited public health funding. Thus, we suggest to include the followings:

Expand Health Insurance Coverage through effective implementation of universal health coverage (UHC) policies to ensure that all individuals have access to essential health services without financial hardship. This can include expanding existing public health insurance schemes or introducing new insurance models that cover NCD treatments such as social health insurance, community-based health insurance schemes, and health savings accounts to cushion individuals against catastrophic health expenditures. We have few best practices in the region for example cancer care services in Jordan, Pakistan, Iran

- Governments should provide subsidies to reduce the financial burden on patients. Promoting the use of generic drugs can also help lower costs.
- Invest in primary healthcare infrastructure to provide early diagnosis and management of NCDs.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

We welcome all recommendations on this paper

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

NA

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

NA

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

We welcome the key messages and recommendations for this paper and offer our full support of its key messages and findings. we recommend that WHO EMRO regional framework on addressing NCD in emergency settings to be considered as additional reading for dialogue participants and considered as an input in the development of the final outcomes document.

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: Spanish Federation of Wine (FEV)

Type of organization (please add X next to your selection):

Membership-based organization, representing the mainly SMEs, that produce and market the vast majority of quality Spanish wines.

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

X other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The wine sector recognizes the importance of a whole-of-society approach to reducing harmful alcohol use, as outlined in the UN Political Declaration on NCDs 2018 and the WHO's Global Strategy and Action Plan. We are committed to working collaboratively within this framework, aligning with the WHO Global Action Plan for NCDs and the Sustainable Development Goals.
- While long standing research suggests potential viability of moderate wine consumption within a balanced lifestyle for healthy adults, particularly when paired with meals and water, it is crucial to emphasize that this does not apply universally. Regular, moderate consumption should never be interpreted as condoning heavy drinking. Additionally, some individuals should always abstain, including pregnant women, underage individuals, and those in situations where alcohol is unsafe.
- The wine sector should continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- This paper investigates how strategic funding mechanisms, like catalytic funding for NCDs, can bolster prevention and treatment efforts for both NCDs and mental health. It proposes the Global Fund to Fight AIDS, Tuberculosis and Malaria as a potential model for such funding. This model could extend beyond traditional stakeholders like foundations and civil society to include the private sector.
- By incorporating the private sector into discussions about catalytic funding, we can unlock innovative and efficient approaches to tackling these major health challenges. However, this remains an underutilized strategy.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The effectiveness of alcohol tax policies in addressing harmful use is a topic of debate. While some argue that well-designed taxes can target specific patterns like heavy episodic drinking, particularly by influencing price-sensitive lower-income consumers, other research suggests that excessive drinkers, including young people, may be less responsive to price changes. As a matter of fact, excessive drinkers seem to be least price responsive. Several studies reported that consumers substituted cheaper (and often lower quality) beverages after a price increase, both within and across categories. Consumers may also respond to a price increase by purchasing alcohol in jurisdictions where tax rates are lower. Some studies seem to show that taxes/price increases are not effective in reducing harmful use of alcohol. Therefore, a comprehensive approach to tackling harmful use likely requires a combination of strategies instead of focusing on taxation.
- It is recommended to look at the European discussion on the matter. Despite some claim that behavioral taxes would reduce alcohol consumptions while increasing revenues for governments, the debate on health

behavioral taxes at European level clearly states that a successful health tax leading to behavioral changes is actually resulting in decreased revenues, an element that should be taken into account when looking at sources of finance for NCDs and mental health.

- FEV asks therefore for any taxation of alcohol beverages in general and wine in particular, to be part of a comprehensive fiscal and regulatory framework, to be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. Excise duties are just a small part of the overall tax paid by wine businesses. Wine is an agricultural product covering huge surfaces of agricultural land and requiring intensive workforce. Taxes deriving from these elements should also be considered when assessing the full contribution of the wine sector to fiscal efforts. Moreover, the full economic cycle of wine production and marketing involves many direct and indirect actors operating and interacting all along the wine chain providing a significant contribution to the national fiscal income.
- The EU wine sector represents a fundamental economic pillar in rural areas and an asset against rural depopulation and provides already €52billion in taxes to EU governments. An increase in its taxation would put at risk the economic sustainability of a vibrant but delicate sector and the 3 million people working in it in the EU.
- FEV joins the call for robust monitoring of harmful drinking patterns and unrecorded alcohol consumption, particularly illicit alcohol. The WHO estimates that 25% of global consumption comes from unrecorded sources, exceeding 50% in over 20 member states. This poses a significant threat to public health and national revenue streams. As the OECD highlights, the pandemic exacerbated illicit alcohol trade. We need stronger data collection and targeted interventions to address this growing concern.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

The UN resolution ([A/RES/73/2](#)) calls for the inclusion of the private sector in discussions around financing for global health issues like NCDs. However, inconsistencies exist across related documents. For instance, the emerging messages document omits the private sector in paragraph 6's list of participants. Similarly, the current form excludes them from the non-state actor category.

To ensure alignment with the resolution and encourage broad stakeholder participation as intended, we urge the inclusion of the wine sector, alongside other private sector entities, in all relevant discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int by 17 June 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: Medtronic LABS
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback: Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue On point c. “Health system design”, there is also a need to help reorient health systems to strengthen NCD care capacity building at lower level facilities and for community health workers. In many LMICs, NCD diagnosis and treatment is reserved for higher level facilities that are difficult to access, leading to challenges in continuous, longitudinal care for PLWNCDs. Decentralising uncomplicated NCD care to lower facilities will strengthen primary and community care for NCDs, and could be a critical lever in improving access to care.
1. Health spending on NCDs and mental health: What can national health accounts tell us? National Health Accounts (NHA) provide critical data to assess the sustainability of funding for non-communicable diseases (NCDs) and mental health programs. By tracking trends in total NCD spending over time, including by specific financing source, NHA can monitor whether overall funding levels are keeping pace with the growing burden of these diseases. If NCD expenditure is stagnant or declining as a proportion of total health spending, it signals financing is becoming inadequate and unsustainable. NHA also reveals the balance between pooled, pre-paid revenue streams like government budgets and out-of-pocket payments, which is key for sustainability. A heavy reliance on household out-of-pocket spending threatens the ability of households to afford NCD care long-term. Through NHA's disease-specific expenditure tracking, policymakers can identify when funding becomes overly dependent on time-limited donor aid rather than being absorbed into sustainable domestic resources. Thus, comprehensive NHA data is essential for evaluating the sufficiency and sustainability of NCD funding sources over time to catalyze corrective actions to mobilize additional predictable revenues and ease the burden of out-of-pocket payments.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

To provide a case study that can be folded into multiple places in this document, GIZ / BMZ funded a ~700,00 EUR investment into diabetes and hypertension care in Ghana through the Christian Health Association of Ghana (CHAG). The scope covered a digitally-enabled screening, diagnosis, and data-driven management of conditions supported by Medtronic LABS and their platform “SPICE”. Over a period of 18 months, Medtronic LABS conducted facility and community health worker training (capacity building) to help embed this model of care in CHAG facilities and reach 80,000 patients. This means that for under 10 EUR per patient, we were able to capacity build at community and facility level to see improvements in diabetes and hypertension. Within 3 months of enrolment, 55% of patients enrolled with uncontrolled hypertension achieved control at their follow up visit, while 37% of those with uncontrolled blood glucose achieved control by their follow up. These results show not only the ability for NCD investments to yield short-term clinical improvements, but also the ability for those investments to result in sustained clinical outcomes beyond the initial investments. 18 months into the program, 60% of those patients who had uncontrolled hypertension at baseline and had a follow-up assessment in the previous 3 months had achieved hypertension control. Similarly, 45% of patients with uncontrolled blood glucose achieved control within 18 months. This could be an example in linking more immediately health improvement outcomes to NCD programs and investments.

- We completely agree with the points in Section 2 that one of the challenges has been the time horizon for translating to impact, but have several outcome analyses that have showed improvements in diabetes and hypertension levels in a matter of 6 months – and have been sustained to 12 months. However, one of the challenges with short-term improvements with NCDs is that they are never considered “cured” and must also be sustained over time. This adds to the structural challenge that any investments that tie to clinical gains on any time horizon, must also lead to investments that seed the capacity into countries for the long-run.
- On the topic of health data and data limitations, we feel that “data” is always discussed in its macro, population-level context, but that patient data is not part of the discussion for NCDs. By the very nature of (typically) long-term NCDs, continuity of patient data and access to that record is a critical component of both measuring progress for patients and a necessary area of investment.
 - This ties into the cross-cutting investments section. We completely agree the investments in digitalization are potentially high impact for NCDs, given the point above that smart patient records will be necessary to effectively manage patients over time at multiple points of care across health systems.
 - Another cross-cutting area of investment could be in community-based care system strengthening and CHW-oriented programmatic focus in general. As policies are able to support task-shifting NCD care to the community level, strengthening NCD care could become part of the overall community / health worker capacity building agenda
- Though this may overlap a bit with the human resource paper, an additional catalytic funding project we would propose would be:
 - Intervention area: Community-based screening and management of hypertension
 - Example of implementation barrier: Unwillingness of population to seek long-term monitoring care at facilities
 - Potential role of catalytic funding: Support capacity building and task-shifting of hypertension screening and management to CHWs and primary care facilities, respectively, supported by digital health tools to enable risk-based tracking and management of patients longitudinally
- Catalytic funding should be deliberately designed from the outset to transition financing and implementation to national governments by the end of the project period. This can be facilitated by requiring government co-financing that increases over time, incorporating comprehensive transition planning into project design including capacity building of government staff, exploring innovative financing mechanisms like tying

disbursements to domestic budget targets, and supporting advocacy to fully integrate priority NCD/mental health services into national health plans and budgets.

- Moreover, catalytic funding could support fiscal space and health financing reforms such as improving health finance data (ensuring NHA captures NCD/mental health spending), expanding health insurance coverage, and implementing health taxes. All of this will help create sustainable domestic resources for NCD/mental health spending. Establishing robust systems to transparently track and report on government NCD/mental health budgets and expenditures can also strengthen accountability and incentivize increased allocations over time.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Technology platforms integrating remote patient monitoring, artificial intelligence-predictive analysis to inform proactive interventions, and community health dashboards, such as SPICE by Medtronic Labs, present an innovative opportunity to empower community members to receive NCD management close to home. These platforms could enable community health volunteers to remotely track NCD patients' health data, guide them through personalized self-management strategies powered by AI, and identify localized NCD hotspots for targeted interventions. By training community members on leveraging such integrated technology solutions and ensuring access to connected devices, these platforms can serve as powerful force-multipliers, extending the reach and effectiveness of NCD care beyond the limitations posed by health worker shortages, especially in resource-constrained settings.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Coalition for Americas' Health - CLAS

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors **X**

- ☐ nongovernmental organizations, including those representing lived experience of health conditions **X**
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

We appreciate the comprehensive set of technical background papers and the emerging messaging document prepared by the experts to guide the outcome document of the international dialogue on sustainable financing for non-communicable diseases (NCDs) and mental health.

We celebrate the analysis of the use of National Health Accounts (NHA) since it can provide valuable insights, and the role digitization and technology on monitoring and tracking spending and other financial trends. In this sense, for the Americas and the Caribbean, there is a crucial need for investment in expenditure tracking systems. Such systems would enhance accountability and transparency in government spending on health programs. Latin America has made significant strides in NCD prevention through robust policies specially on risk factors such as unhealthy food and tobacco. Therefore, NHA data could be instrumental for the evaluation of the impact of these policies in the mid and long term.

We want to highlight the fact that for our region external financing still plays a pivotal role in advancing NCD and mental health initiatives. In this regard, regional collective action has demonstrated a catalytic effect in Latin America, as seen with the adoption of front-of-package labeling (FOPL) in Chile, which spurred similar policies in [neighboring countries](#). International support from organizations like the Pan American Health Organization (PAHO) and philanthropies had been crucial for civil society organizations (CSOs) to make significant progress to promote such policies at the national level. We strongly agree that donors should actively seek opportunities to finance projects with regional spillover benefits, enhancing overall health outcomes and promote the capacity sharing among the region.

We recommend addressing one of the biggest challenges in adopting health taxes and fiscal measures in Latin America: [industry interference](#). This interference often undermines governmental efforts due to the lack of stringent codes of conduct or conflict of interest policies. Additionally, the complexity of implementing taxes on unhealthy products poses significant hurdles in the region. Industry narratives frequently jeopardize these efforts, highlighting the need for robust public consultations and transparent processes. Examples like the complex tobacco taxes and wine subsidies in Argentina demonstrate the political difficulties in promoting health taxes. PAHO has identified some [lessons learned](#) from tobacco control in the region that could be applied for other risk factors such as sugar- sweetened beverages (SSB) and alcohol. Regional support and research are necessary to define strategies that eliminate subsidies to unhealthy products and raise taxes on risk factors.

One main challenge in rethinking the financial sustainability of NCDs is the short-term focus of governments in Latin America. Politicians often seek quick results for political gain. However, NCD prevention policies typically require long-term investment and commitment. For this reason, we suggest to include ways of encouraging governments to promote policies that emphasize sustainable health outcomes rather than immediate political advantages. For this reason, we welcome paper 5 as it focuses on out-of-pocket (OOP) expenditures and medication costs for NCDs, it allows to consider how beneficial would be for the region to invest in preventive policies, which can reduce the long-term financial burden on individuals and health systems. Effective preventive measures can mitigate the need for costly treatments and improve overall population health. [Research in the region](#) has shown the economic burden of tobacco use, for example, but research on the burden of other risk factors is needed to promote policies.

In addition, it is important to acknowledge the efforts of international organizations together with national CSOs to promote the increase of taxes on unhealthy products. One successful example of these efforts is the case of Ecuador. On January 10, 2023, President Guillermo Lasso issued Executive Decree No. 645, reversing a recent decision by the Internal Revenue Service (SRI) to adjust the special consumption tax (ICE) for inflation on harmful products like tobacco, alcohol and sugary beverages. The SRI's resolution had been [widely supported](#) by the public, social organizations, the Ministry of Public Health, and various UN bodies, as it aimed to curb the consumption of these harmful products through higher taxes. In response to Lasso's decree, numerous CSOs, institutions, and citizens [demanded the repeal of Decree 645](#). They emphasized the importance of prioritizing public health, citizen safety, and environmental protection over commercial interests. The decree not only rolled back the SRI's inflation adjustment but also significantly reduced the ICE ad valorem tax on electronic cigarettes and other nicotine delivery systems from 150% to 50%, and on firearms from 300% to 30%. The reduction in taxes violated various international agreements ratified by

Ecuador, such as the Framework Convention on Tobacco Control. However, civil society (Colectivo Todas y Todos por la Vida) managed to overturn this decree through judicial means. A [recent communiqué](#) provides a summary of the current situation, and the [tax authority has complied with the ruling](#).

Other efforts have been successful. In a significant move to combat public health issues, Colombia has implemented a tax on sugary beverages and ultra-processed foods high in sodium, added sugars, and fats. This tax officially came into effect on November 1, 2023, under [Law 2277 of 2023](#). The legislation, incorporated through Article 54, aims to reduce the consumption of unhealthy products that contribute to obesity, diabetes, and other related diseases. However, it's worth considering the current challenge with the discussion of [tobacco tax bills](#). For the second time, there is an attempt to advance this issue, but [industry interference remains strong](#).

Despite its health-focused objectives, the Colombian tax faced multiple legal challenges from prominent law firms representing major companies in the ultra-processed food sector. These challenges argued that the tax was regressive, had an extra fiscal purpose, limited economic freedom and free competition, and raised procedural issues. However, the Constitutional Court upheld the tax, recognizing its goal of discouraging the [consumption of sugary beverages](#). The Court highlighted that the tax is based on an objective criterion, the sugar content per milliliter, rather than consumers' ability to pay, and aims to reduce the intake of harmful substances. The Court further stated that economic freedoms are not absolute and can be limited to protect public health and general welfare. Civil society organizations have been actively involved in monitoring the implementation of this tax, although they have faced challenges in this regard. They rely heavily on the guidance and enforcement from Colombia's tax authority, the Dirección de Impuestos, which has issued various clarifications to help interpret and implement the tax effectively. Further support to CSO is needed.

Other example of the efforts that need to be promoted in the region, is [the case of Panama](#). The Panamanian Ministry of Health has highlighted the significant public health and financial burdens posed by tobacco use. Recognizing these impacts, Panama's Law 69 of 2009 increased the selective consumption tax on tobacco from 35% to 100% of the declared consumer sale price, applied uniformly to all tobacco products. This tax is strategically allocated: 50% goes to the Ministry of Economy and Finance, 20% to the National Oncology Institute for treating malignant tumors, 20% to the Ministry of Health for prevention and treatment of tobacco-related diseases, and 10% to the National Customs Authority to combat tobacco product smuggling. This comprehensive approach aims to mitigate the extensive health damages caused by tobacco while funding essential healthcare services and anti-smuggling efforts. However, it might not be sufficient to face the cost caused by this risk factor. For this reason, we encourage the introduction of recommendations on how government can strategically use the revenues to tackle NCDs/MH.

Moreover, states must avoid establishing or granting fiscal incentives that promote the production or consumption of unhealthy products as part of their obligation to respect human rights. The pandemic has disrupted health service delivery, particularly those related to the prevention, management, treatment, and care of NCDs. Regionally, the pandemic has highlighted the fragility of care systems for NCDs and the weaknesses in the organization and financing of health [systems](#).

It is also important to note that for many Latin American and Caribbean countries, external funding is indispensable for sustaining NCD and mental health programs. In this sense, we encourage the inclusion of recommendations on how to strengthen the mechanisms for securing and effectively utilizing external funds. This includes fostering international collaborations, improving financial transparency and accountability, and building robust health systems capable of efficiently managing and disbursing these funds. By doing so, countries can ensure sustained progress in combating NCDs and mental health issues, ultimately improving health outcomes and reducing health disparities across the region.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Diálogo internacional sobre la financiación sostenible para las enfermedades no transmisibles (ENT) y la salud mental

Consulta en línea | Plantilla de comentarios

Nota: Se prefiere que los formularios sean completados en inglés, pero se aceptarán aquellos que estén en otros idiomas oficiales de la ONU. Estos últimos serán traducidos utilizando un traductor en línea, por lo que algunos mensajes podrían ser desvirtuados.

Organización: Instituto Costarricense de Investigación y Enseñanza en Nutrición y Salud (INCIENSA)
Tipo de organización (marque su selección con una X): Estados Miembros Organismos, programas y fondos de las Naciones Unidas y otras organizaciones multilaterales Agentes no estatales ☐ organizaciones no gubernamentales, incluidas aquellas que representan a personas con experiencia directa en estos temas de salud ☐ fundaciones filantrópicas ☐ instituciones académicas ☒ otro (especificar): instituto de salud pública gubernamental
Puede ampliar cada una de las secciones a continuación según sea necesario para proporcionar sus comentarios:
Versión preliminar del resumen de los documentos de antecedentes técnicos Sin observaciones.
Versión preliminar de los mensajes emergentes que servirán de base para el documento final del Diálogo Internacional sobre la Financiación Sostenible Sin observaciones.
1. Gasto sanitario relacionado con las ENT y la salud mental: ¿Qué podemos aprender de las cuentas nacionales de salud? Lamentablemente no se cuenta con esta información en el instituto.
2. Financiación externa para las ENT y la salud mental: ¿Cuál es el papel de la asistencia para el desarrollo destinada a la salud? Lamentablemente no se cuenta con esta información en el instituto. Como Instituto de salud publica se ha contado con financiamiento de organismos internacionales (ejemplo IDRC de Canadá) para el desarrollo de investigaciones relacionadas con los determinantes de las ENT.
3. Financiación nacional para las ENT y la salud mental: ¿Cuál es el papel de los impuestos saludables y otras medidas fiscales? Lamentablemente no se cuenta con esta información en el instituto.
4. Financiación nacional para las ENT y la salud mental: prioridades, compras y pagos a proveedores Lamentablemente no se cuenta con esta información en el instituto.
5. Protección financiera frente a las ENT y la salud mental: ¿Por qué es necesaria y cómo lograrla?

No tenemos conocimiento de que exista alguna protección financiera. Consideramos relevante contar con ello.
6. Recursos humanos para la salud: ¿Cómo se pueden fomentar las contribuciones de la fuerza laboral para abordar las ENT y los problemas de salud mental? Fortalecer la curricula universitaria de modo que los profesionales que conforman los equipos de atención primaria (enfermeras – médicos -técnicos) cuenten con los conocimientos requeridos para la prevención y el control de las ENT. Promover la dotación de recurso humano suficiente y de acuerdo con la población adscrita de modo que los profesionales del equipo puedan dedicar tiempo suficiente a las actividades de prevención.
7. Impulsar la inversión, la actuación y la rendición de cuentas en torno a las ENT y la salud mental: el papel de la sociedad civil Es fundamental garantizar la inversión en la creación de entornos de aprendizaje seguros y propicios, que generen un sentimiento de pertenencia en todas las comunidades educativas, mediante un proceso de participación significativa y ética que pueda traducirse en relaciones de mayor confianza y un aumento de la autoconfianza y la autoestima, cada uno de los cuales potencia el bienestar y la resiliencia de las personas. Asimismo, promover la participación de las comunidades y sus actores de la sociedad civil en la identificación de necesidades, fortalezas y en el diseño de estrategias y planes para prevenir y controlar las ENT, así como mejorar la salud mental y el bienestar psicosocial de las personas durante todas las etapas de la vida.
Otros documentos
Caso a favor de la inversión en torno a las ENT, el control del tabaco y la salud mental Considero relevante el aumento de los impuestos al tabaco y otros dispositivos para utilización de nicotina y afines y financiar con esto las actividades de prevención de las ENT y la salud mental.
Financiación de la salud en crisis humanitarias dirigida a las ENT Es prioritario que los organismos supra nacionales prioricen la atención de las ENT durante las crisis humanitarias.
Observaciones generales relativas a varios documentos: Sin observaciones.
Por último, ¿tiene su organización alguna sugerencia sobre nuevos compromisos de los Jefes de Gobierno en relación con la financiación sostenible de las ENT y la salud mental? Es fundamental la dotación de recursos financieros suficientes para ampliar las acciones de educación en salud y promoción de la salud, así como avanzar en las regulaciones necesarias para disminuir la exposición por parte de la población a factores de riesgo para las ENT.

Por favor, envíe este formulario completado a OnTheRoadTo2025@who.int entre el 1 y el 26 de mayo del 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Global Mental Health Action Network

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

This is a consolidated response by the Global Mental Health Action Network, a network of over 4,000 mental health advocates from more than 150 countries, representing more than 2,000 organisations. The response has been pulled together through collaboration with United for Global Mental Health (which hosts the Secretariat for the Action Network), our Short-Term Action Group on NCDs and Mental Health (a group comprising 26 of our members from 20 countries: UK, Barbados, Antigua, USA, Peru, Chile, Kyrgyzstan, Ukraine, Somaliland, Ethiopia, Ghana, Kenya, Zambia, Pakistan, Bangladesh, Thailand, Cambodia, Malaysia, Philippines, Tonga), and our elected Advisory Group. All contact requests can be directed to our Secretariat Lead, Dr Antonis Kousoulis at antonis@unitedgmh.org.

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

General comments:

- The papers require consistent terminology
 - “Mental health” or “mental, neurological and substance use” conditions
 - Mental health needs to be defined within the NCDs framework, i.e. is mental health being discussed as an NCD or alongside NCDs
 - Where appropriate “mental health conditions” should be used instead of “mental health disorders”, or “mental health challenges” when broader issues are referred (noting that many conditions still go formally undiagnosed in many settings around the world.
- The papers need to present more MNS examples.
- The papers do not cover the economic impacts of not investing in NCDs and MH, and the potential economic gains of increased and improved finance for mental health.
- The papers need to examine the cost-effectiveness, efficiencies, and improved health outcomes of integrated NCD and MNS services that adapt to comorbidities.
- The papers can be stronger on the need for cross-sectoral approaches to financing mental health systems
- It would be good to think through the advocacy strategy to try to drive actions against the recommendations made. The ETEG or another decision making group for the UN HLM process needs to help think through how we get impact together. UnitedGMH would be very pleased to work with colleagues on this.

- The papers should state the prioritisation of the effective financial investments in the sustainable development of programmes supporting mental health at the global, regional and national levels with a special focus on the programmes supporting mental health of youth as a key population for building our world in the future.
- The papers can highlight the importance of supporting the expansion of the mental health support programmes for population within the countries/regions affected by conflict (e.g. Ukraine, Syria, Myanmar, Mexico) with a focus on programmes supporting mental health of youth as the key population for future stabilisation and economic development of these regions.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

The paper helpfully analyses available national health account (NHA) data for NCDs and MNS. We fully support the recommendations. We would recommend that they are aligned to the processes of WHO and World Bank to track expenditures and note how both organisations can support countries to better track and report and therefore plan and deliver health services.

The paper could be strengthened by discussing more of the limitations of current NHA data collection and use, in particular, accounting for mental health finance when integrated within other areas of health systems. This issue is raised in point 11 of the conclusion and could be better discussed in the body of the paper. MNS spending as a share of CHE is critical data and analysis that needs further discussion in the paper. All governments must accurately and transparently track their financing for mental health and this must be globally consistent to allow comparability over time and between countries, this key message needs to be made more clear in the paper. NHA data is crucial in estimating the resource gap. Using NHA data and public expenditure targets suggested by the 2018 Lancet Commission on Mental Health for Sustainable Development, United for Global Mental Health estimates the global public resource gap for mental health is over USD 200 billion per year.

Suggestions:

- Further discussion of the limitations of current NHA data collection and use, in particular, accounting for mental health finance when integrated within other areas of health systems.
- MNS spending as a share of CHE is critical data and analysis that needs further discussion in the paper. All governments must accurately and transparently track their financing for mental health and this must be globally consistent to allow comparability over time and between countries, this key message needs to be made more clear in the paper.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This background paper includes a component of empirical data collection (document review, qualitative research) that is ongoing. The draft and key messages reflect the emerging findings from this work but are subject to change as the data collection and analysis are completed later in April. We support the draft recommendations as of now.

Mental health stakeholders are under-represented in the interview data, a limitation that we would be delighted to help address. We are a network of over 4,000 mental health advocates (representing more than 2,000 organisations) in over 150 countries.

The text contains several highlighted sections that indicate where work still must be done. We would appreciate critical comments on how we approach the issue of DAH at the country level as “catalytic” and our preliminary messages on collective action and financing of global public goods.

Suggestions:

- Increased mental health examples throughout in the same way as there are physical health examples.
- More data and insights are needed on multilateral aid sources and support.
- DAH should support integration of mental health support in physical health services; and proven prevention as well as diagnosis and treatment interventions. It is particularly important to identify and promote proven

prevention interventions as they benefit children and young people in order to help reduce future mental health burden.

- Clarity is required as to whether DAMH includes research finance.
- The discussion on integration into PHC should discuss mental health integration within vertical funds in addition to UHC to push for a person-centred approach within those funding mechanisms and to demonstrate the ability and the efficacy of integrating mental health in physical health care. vertical funders that mental health should not be excluded from discussions on physical health care.
- For mental health, there are more immediate impacts that political systems are aware of in terms of prevention of child and youth mental ill health, reduction in suicide rates due to pesticide control etc. Also, MH can be diagnosed and treated in a relatively short period where it is episodic rather than a lifelong experience of mental ill health.
- It would be helpful to add at least one other mental health example of catalyse funding projects to support evidence-based interventions in Table 3. The principle throughout the paper should be to equally represent MH and NCDs in data and examples.
- It might be good to reflect on what is the global public good argument for investment of DAH in NCDs or mental health; in the way that donor governments have sought to do with communicable diseases particularly pandemic response. As a whole, there are overall societal benefits of investing in mental health. If there is no GPG argument, or it is weak, this would suggest more should be focused on national investment rather than global sources of investment.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The paper helpfully discusses health as a cross-governmental responsibility for improving health finance with a focus on finance ministries, this is much needed for mental health. The paper has a balanced discussion on health taxes and the earmarking of those taxes; this is required for such a nuanced fiscal policy. As well as mentioning the benefits to NCD outcomes, the paper should also consider the mental health outcomes of alcohol and other harmful products. Policies should address monopolistic practices, transparency, lobbying, funding and conflicts of interest, and taxation of multinational corporations that sell harmful products (e.g. tobacco, alcohol, ultra-processed foods, gambling). We should not lose sight of the Commercial Determinants of mental health; they are often neglected. For example, recent research shows smoking should be considered a causal factor for psychosis and depression (whilst it used to be the case that smoking was only allowed in psychiatric wards even after the smoking bans in many countries). Commercial tactics of the food, media, pharma and other industries deeply impact mental health.

Adequate finance for mental health systems must be raised in sustainable and equitable ways. Social health insurance (SHI) schemes are another method to achieve universal health care (UHC) but in many countries, mental health is not included in scheme benefits. This critical approach is not discussed in the paper.

The paper helpfully discusses the constraints of public debt. Debt swaps have become increasingly commonplace, and mental health is an excellent option for investment given the significant use of local currency for mental health systems. The paper could also benefit the reader by discussing innovative financing policies. Greatly increasing in magnitude is blended finance, growing at a rate of around 20% per year. Social impact bonds (SIBs) are a type of blended finance, which allow governments to access fresh capital to address social problems which are not currently funded well enough.

Suggestions:

- Inclusion of the importance of medium- and long-term cross-governmental financial planning
- As well as mentioning the benefits to NCD outcomes, the paper should also consider the mental health outcomes of alcohol and other controlled substance taxes. E.g. the import taxation of Khat to fund the mental health system in Somaliland

- Similarly, there are clear mental health benefits to schemes promoting physical activity and/or time in nature, engagement with music and arts, etc.
- The inclusion of a basic package of essential mental health services free at the point of use within SHI schemes needs to be discussed
- Further discussion on solutions to constrained public finances - e.g. the suitability of mental health system investment in debt swaps, blended finance packages, and innovative solutions such as impact bonds.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The paper is still in draft and there are some areas that need to be considered to benefit the paper:

- Can the types of services included in Health Benefits Packages (HBP) be further explained in the country examples? I.e. emergency, preventative, treatment, common or severe MNS conditions, etc.? This will link well with TBP 5. Note that the next version of the paper will include more information on this.
- Section three should consider discussing transparent and participatory budget processes
- The text on HBP design does not include MNS and needs to. For example, the text recommends the inclusion of people living with NCDs in HBP design processes but does not recommend the inclusion of people with lived experience of MNS.
- The role and financing of civil society service providers and lay providers need to be discussed
- The efficiency, health outcomes gains, and ROI of person-centred care through integrated PHC services needs to be discussed, and conversely the efficiency of treating MNS patients in tertiary facilities. "Box 3" makes a problematic argument for the continuation of "custodial care" MNS without exploring the financial impacts and inefficiencies of tertiary care facilities.
- Cross-cutting investments for NCDs and MHS could be expanded beyond the health sector to examine the financing responsibilities of other government ministries in implementing effective MNS policies such as education, social welfare or justice.

5. Financial protection for NCDs and mental health: Why and how?

This is an excellent paper that clearly sets out the situation and impact of OOP spending, and makes sound recommendations. NCD and mental health finance should be integrated where possible, and always complimentary. Health systems must create enabling environments for integrated, person-centred care which will ensure that individuals get the comprehensive physical and mental health care they need and desire.

Comorbidities - People living with mental health conditions such as bipolar disorder are also at greater risk of physical health conditions such as heart disease and respiratory disease. A smart approach to financing is to tackle both prevention as well as the processes of diagnosis and treatment. Mental health prevention measures need to be freely available to all, especially those at higher risk of NCDs. If the policy is to encourage healthier lifestyles by taxing unhealthy foods, then recognise this has a mental health benefit too.

Domestic resources need to be increased and improved. Financing the integration of mental health into primary and community health care needs to be the priority not spending most money on mental institutions. Further, mental health is a multi-sectoral issue, and not the sole financing responsibility of health ministries. To support better mental health for all requires "mental health in all policies" (as set out by WHO, UNICEF and many other organisations). It is important to work with the education, judicial, social protection, environmental and other sectors and to focus on primary and community care. This needs to be reflected in how funding for mental health is approached, in both emergency and non-emergency settings.

While OOP spending is largely medications, MNS talking therapy, inpatient care etc are also key cost considerations and worth noting. Moreover, in the absence of high-quality care, families may turn to unofficial healthcare providers such as prayer camps or traditional healers which risk violations of human rights in addition to potentially substantial OOP.

Some OOP is also necessitated due to bribes and/or expenditures by families to deal with extortion where there is a suicide attempt in a country where suicide is illegal. This should be noted as an expenditure that should be abolished through updated legislation.

Suggestions:

- The paper could benefit from disaggregated OOP spending data on NCDs and MNS, as well as defining strategic purchasing (with NCD and MNS examples), as well as discussing the efficiency and health outcome gains of integrated, person-centred care, i.e. MNS integration into PHC through the decentralisation of MNS finance from tertiary to primary level care.
- The paper should address NCDs and mental health comorbidities treatment to deliver better results and more cost-effective outcomes.
- Further, examine the cost-inefficiencies of tertiary care for MNS

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

This paper is thoughtfully constructed and delivers its key messages. The overall positioning of the paper seems to be from the lens of the formal public health system. The “care” workers aspect of this paper seems less developed, is that intentional? There is an acknowledgement of the importance of “team-based care” for NCDs/MH but the discussion seems rather insufficient. The importance of interdisciplinary collaboration among healthcare workers is key, and support in form of available resources for them to best meet the complex/diverse needs of patient groups with different NCDs & MH comorbidities. This is a pivotal change for many health providers (and the health system) and warrants more attention.

Team-based care is just one example of a “practice transformation” strategy that will be critical to support the changes that are needed. One cannot talk about health workforce changes at the facility level without at least acknowledging an enabling environment through practice transformation. This paper should at least comment on this. Practice transformation may require an investment/shift of resources. Increasing health workforce inputs also means strengthening and making effective use of the referral system to balance the non-specialist and specialist delivery of services.

With respect to the discussion of non-specialist providers, there was little explicit mention of the community workforce and, more specifically, the use of lay providers (and those who exist/are managed outside of the healthcare system, for example, teachers and peers) to deliver psychotherapy (or other mental health support, such as facilitating IPT-G for school-based interventions) in the community, outside of healthcare contexts (ex: education, prisons). The global community is investing poorly in in-service training and neglecting supervision altogether in some contexts. Fair compensation for lay providers is also an important but often neglected topic. We have an opportunity to re-set and integrate training opportunities with NCDs/MH. This is about spending most effectively and efficiently.

We strongly agree there should be an emphasis on the need to ensure the workforce is trained in such a way as to address stigma and discrimination towards PWLE of mental health conditions - noting WHO Mental Health Atlas data and other evidence that health professionals can exhibit significant stigma towards people in need of mental health support. See recommendations on the workforce in the Lancet Commission on Ending Stigma and Discrimination in Mental Health.

Brain drain is a key issue across the health workforce worldwide, from one country or region to another, and within countries from rural to urban areas. This should be noted in the paper given the impact on the formation and sustainability of the mental health workforce. As should the need to train health workers to understand and address the attitudes and beliefs they carry, and those that they care for hold, in relation to highly stigmatised areas such as mental illness.

Suggestions:

- Acknowledge that many countries have mixed public-private, formal-informal health systems and, thus, the workforce is reflective of this reality. Consider briefly exploring the implications of this for NCDs/MH (and its financing) in the paper.
- Further discussion of preparing the health workforce for “new models of care”.
- Acknowledgement of the role of an enabling environment through practice transformation to modernise and support the workforce to deliver care for NCDs/MH.
- Mention the referral/counter-referral systems which are intimately related to the health workforce.
- Highlight the community workforce and, more specifically, the use of lay providers to deliver psychotherapy in the community within the discussion of non-specialist providers, this is a cost-effective intervention to improve access to mental health services.
- Consider the role of other sectors and actors in mental health service delivery and support. For example, the use of teachers, students, peers to deliver mental health services through schools.
- The last point raised about “other potential opportunities” is very important. The work of Rowe, et al. is very clear about the evidence base and what needs to be done to effectively improve health provider performance. This should be articulated more strongly in this paper.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

We concur that collaborative partnerships, including with civil society, will strengthen the capacity for agile and adaptive implementation and monitoring and evaluation of prevention and control action plans at global, regional and national level, and will support accountability. However, civil society (including advocates with lived experience) have to be meaningfully engaged. For them to be meaningfully included in this agenda (and health policymaking in general), we must ensure that there is a concurrent call for legal protection against discrimination. Speaking up as a person with lived experience can be risky without legal protections (these risks include difficulty finding a job, being unfairly fired, or being denied entry to university). It also includes using platforms that are accessible for people in LMICs; we have been noticing a “relapse” into low accessibility meetings post-COVID. Hybrid meetings and multiple online consultation opportunities are critical. Considering the comorbidities between the two, formal inclusion and representation of advocates with lived experience of both NCDs and Mental Health conditions should be planned. We would be delighted to support this agenda as the Global Mental Health Action Network.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1 May – 17 June 2024.

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: Health and Global Policy Institute (HGPI)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors X

- nongovernmental organizations, including those representing lived experience of health conditions **X**
- philanthropic foundations
- academic institutions
- other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

We appreciate all the messages. Some additions suggested from the Japanese CSO's perspective can be:

a. “Whole of society” approach

- NCDs and mental ill health are often multifactorial. To promote prevention, early diagnosis and timely interventions effectively over life course, multidisciplinary and multisectoral approach where health, education, food, urban design and other sectors collaborate closely should be further enhanced.
- Social stigma towards NCDs and mental ill health can significantly harness health and social care to them. Whole society efforts should be made to destigmatize these conditions.

c. Health system design

- To address mental health challenges among individuals, healthcare systems, social welfare systems, and local communities should all be invested holistically rather than operating in isolation. Therefore, a wider range of fundraise options should be explored, extending beyond the healthcare sector.

e. Information systems

- NCDs and mental ill health can interact with each other. Data infra structure that allows longitudinal follow-ups of each patient with various chronic diseases can accelerate research on NCDs and mental ill health.

f. Fiscal policies

- Fiscal policies are highly impactful on citizens' lives. Therefore, citizen participation in the decision-making process should be promoted.
- Sharing governments' knowledge on how to handle the fiscal policies can be helpful as one of the technical supports for strengthening UHC globally.
- While taxes on sin products, such as alcohol, tobacco, and potentially cannabis in the future, serve as a significant revenue source for many countries, they also provide substantial employment opportunities in developing nations. Having the positive impacts in mind, it is important to utilise tax revenue from harmful products for research, implementation of health policies, and interventions addressing the social determinants of health.

h. Health benefits packages and budgeting

- Designing a governmental subsidy system based on cost-effectiveness assessment is considered to be effective as a government finance management method. However, mental health care outcomes are not as objectively measurable as those of physical health treatments, which potentially leads to the undervaluation of mental health care compared to physical health care.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Some suggestions from planetary health perspectives:

- We believe that addressing NCDs in the context of climate change and environmental pollution can attract donor attention. Issues related to climate change and environmental pollution (especially water and air pollution) are strong global concerns and require transnational cooperation to solve the problems.
- We believe that incorporating the concept of planetary health into the international dialogue on DAH will broaden the scope of potential donors and lead to a number of recommendations. The concept of planetary health has grown in popularity in recent years. In particular, the link between climate change and health has received increased attention in the past year.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

A suggestion from planetary health perspective:

- With the fossil fuel phase-out process stalled, carbon tax and tax on plastic products should be incorporated as well.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

A suggestion from planetary health perspective:

- The health system, including financing and purchasing systems, should consider a climate-resilient and sustainable system, which can be a win-win for NCD prevention and the establishment of a system for NCDs.

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

HGPI thoroughly welcomes this paper. If we could add

- More description on community development and empowerment can be helpful especially for the governments that faces difficulties in finding CSOs, communities and people with lived experience that are willing to and capable of involving with policymaking process.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.



Mexico City, June 14, 2024

World Health Organization (WHO)

Dear Members and Partners of the World Health Organization,

From Cerveceros de México, National Chamber of the Beer and Malt Industry, we reaffirm our commitment to the prevention and control of non-communicable diseases (NCDs) and the promotion of responsible and moderate alcohol consumption.

Our organization is, in accordance with the Law of Business Chambers and their Confederations, the official body of consultation and collaboration of the national beer industry with government authorities.

One of the main objectives of the Chamber is to unify the positions of its affiliates, regarding the design and execution of public policies, legislation and regulations that impact the sector throughout the national territory and represents 99.9% of the industry in Mexico.

The beer industry is a fundamental pillar for the Mexican economy, generating more than 715 thousand jobs and promoting development throughout the value chain from agriculture to points of sale, including bars, restaurants and the tourism sector.

The 1.5% of GDP generated by the entire value chain of the beer industry is equivalent to 427 billion pesos. In addition, Mexico is the world's leading exporter and fourth largest producer of beer, which places the country in a prominent position in the global market. Approximately 73% of the purchases required for beer production are domestic purchases, strengthening the local economy and supporting the Mexican supply chain.

The Mexican beer industry fully supports the whole-of-society engagement approach promoted by the WHO, recognizing that the active participation of the private sector is essential to effectively address noncommunicable diseases (NCDs) and the promotion of mental health. Private initiative, including the beer industry, plays a crucial role in providing resources, innovation and knowledge that complement the efforts of the public sector and civil society.



We are dedicated to implementing practices that encourage moderation and responsibility in alcohol consumption, adapting to the specific needs and culture of Mexico, and aligned with global health strategies through the implementation of responsible business practices, the promotion of moderate consumption and collaboration in the development of evidence-based public policies. The private sector can make a significant contribution to improving public health. In addition, investment in community-based programs that promote healthy lifestyles and education on responsible consumption reinforces the private sector's commitment to social welfare.

This multi-sectoral collaboration not only enhances the effectiveness of interventions, but also ensures the long-term sustainability of initiatives, creating a healthier and more equitable environment for all communities. By working together, governments, businesses and civil society can make a more significant impact in the fight against NCDs and in the promotion of mental health, benefiting the entire population.

On average, the beer category contains 4.5° G.L. of alcoholic content compared to distilled beverages (40°G.L.), so beer represents a lower risk of generating explosive consumption.

In this regard, we offer alternatives aligning our products with a healthy lifestyle with the result that, in 2023, the consumption of low or no alcohol beer grew by 13.4%.

We consider it important not to neglect the damage caused by the illegal alcohol market, which not only represents a danger to public health due to the lack of regulation and quality control, but also a challenge to the formal economy.

The illicit market represented 12.7% of the total market in 2023 with a volume of 881,617 hectoliters of pure alcohol (HLAP) and a fiscal loss of 28,277 million Mexican pesos (MXN). The illegal market poses a significant threat and we are committed to combating it with effective strategies that include improvements in traceability and law enforcement. The WHO estimates that illegal alcohol accounts for 25% of global alcohol consumption and more than 50% in more than 20 member states, putting both tax revenue and public health at risk.



**CERVECEROS
DE MÉXICO**
CÁMARA DE INDUSTRIA DE LA BEBIDA

We support the implementation of "*ad valorem*" taxes differentiated according to the volume of alcohol as an effective measure to discourage excessive consumption of alcoholic beverages and guide the consumer on the choice of products with lower alcohol content that present fewer health risks.

OECD studies have shown that differentiated taxation can significantly reduce harmful alcohol consumption and generate additional tax revenues without negatively affecting investment and employment. This policy, successfully implemented in countries such as Sweden and Norway, has managed to reduce levels of excessive consumption and health problems.

We recognize the crucial importance of external financing and development assistance for the improvement of public health, especially in the fight against noncommunicable diseases (NCDs) and the promotion of mental health. International cooperation and resources from official development assistance (ODA) play a key role in the implementation of preventive and treatment programmes, as well as in strengthening health systems.

We propose to explore and apply innovative financing mechanisms that include both private and philanthropic investments, thus maximizing the impact of these programs and ensuring their long-term sustainability. The combination of these resources can be used to train health professionals, develop necessary infrastructures and promote research that provides effective and evidence-based solutions.

We are deeply committed to a public health agenda that seeks to not only reduce harmful alcohol use but also strengthen communities through collaboration. We believe in the importance of responsible and efficient public policies and are ready to continue our collaboration with the World Health Organization (WHO) and other entities to improve the health and well-being of the population.

We deeply appreciate your consideration and remain at your disposal for future consultations or collaborations.

General Director
Karla Siqueiros Rojo

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: United for Global Mental Health

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions **X**
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

The summary provides a helpful overview of the issues discussed in each of the technical papers and may benefit from clearly listing the key messages.

Suggestions

- The summary of paper 7 should include reference to the discussions on the role of civil society in monitoring and accountability of mental health systems, and the unique role of civil society in highlighting ‘forgotten issues’ and the needs of marginalised communities.
- The summary of paper 7 requires the completion of this sentence: “Paper 7 concludes with four recommendations for ###”

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

Overall, the draft emerging messages are presented in a clear and concise manner with good structure and flow. However, there are several opportunities for further refinement of the proposed language and content to reflect priority issues for mental health and mental health financing.

Recommendations:

- While it is important to highlight the limited response of DAH, the absence of any mention of the role of domestic financing for mental health in the context section (#3) seems like an oversight. Domestic financing is the most important source of funding for NCDs and mental health, but it rarely covers needs. DAH does help to fill these financing gaps but, as this document notes, seldom is it enough. It will be important to briefly present the full landscape here as context.
- Mental health provides an excellent opportunity for cross-governmental investment as part of a ‘mental health in all policies approach’. The key messages could emphasise the need for ministries other than health ministries to include mental health in their budgets and the role of the head of state’s office or the finance ministry in integrating mental health into medium and long-term fiscal planning.
- We strongly agree with the framing and focus on PHC. However, the use of the term “Primary Health Care approach” will need to be defined further (i.e., integrated services, multisectoral action and empowering communities) as this language is very specific to WHO and not universally used. The discrete concepts are understood and embraced, and these should be further unpacked in the key messages section to reinforce the PHC focus.
- The key messages refer to a need for a plan for uninterrupted and non-fragmented NCD and mental health care which is necessary and important but the emerging messages could more strongly emphasise the need for affordable care.

- While health sector strategies must better integrate NCDs and mental health to enable better linkages with development partners, advocacy within development agencies is also needed to ensure NCDs and mental health are part of organisational priority investments. This should be more clearly messaged.
- Health system redesign is critically needed but this is different from “elaborating and implementing tailored chronic disease management approaches.” A new model of care that places the patient, not the disease, at the centre of care must be championed. This will require bold new ways of breaking down silos and designing, delivering, measuring, and financing health care that is truly person-centred. The health systems opportunities key message could consider making reference to the cost-effectiveness of integrating mental health and NCD services and integrating Mental health and NCDs into primary care services.
- Critically missing from the key messages is the importance of the health workforce and financing human resources development. The limited reference under “resource and capacity planning” undermines its significance. Human resources development is a core aspect of strengthening and reorienting the health system to support the prevention and control of NCDs and mental health. Resource and capacity planning key messages could also capture the increasing global movement of healthcare professionals that impacts the future health workforce. There is also an opportunity to emphasise the need for forecasting alongside planning initiatives.
- Building on the “whole of society approach”, the emerging messages must refer to the accountability of financial decision-making and spending through transparently and consistently monitored and tracked through participatory processes.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

The paper helpfully analyses available national health account (NHA) data for NCDs and MNS. We fully support the recommendations and key messages. We would recommend that they are aligned to the processes of WHO and World Bank to track expenditures and note how both organisations can support countries to better track and report and therefore plan and deliver health services.

The paper helpfully discusses the limitations of current NHA data collection and use, in particular, accounting for mental health finance when integrated within other areas of health systems. We are pleased to see an analysis of MNS spending as a share of CHE. We support the key message that all governments must accurately and transparently track their financing for mental health and this must be globally consistent to allow comparability over time and between countries. NHA data is crucial in estimating the resource gap. Using NHA data and public expenditure targets suggested by the 2018 Lancet Commission on Mental Health for Sustainable Development, United for Global Mental Health estimates the global public resource gap for mental health is over USD 200 billion per year.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The paper seeks to balance mental health examples throughout in the same way as there are physical health examples; providing more data and insights are needed on multilateral aid sources and support; expanding discussion on the integration of mental health within vertical funds; and the reflection on the global public good argument for investment etc.

Recommendations:

- The purpose of investment should be to deliver a person-centred approach to care - one that combines physical and mental health care. The concept of person-centred care is not noted in the paper yet it remains key to how individuals approach their health needs. An integrated approach can lead to far better patient outcomes which in turn improves financial efficacy.
- The importance of investing in prevention activities related to both NCDs and mental health should be considered catalytic and noted as such.
- The paper does not discuss the localisation agenda, but this is inherently essential to mental health; no mental health project will be successful or sustainable without local/national stakeholders' involvement. This should be clearly stated particularly in relation to emergency funding.
- It would be interesting to know if the World Bank intends to step up its investments in mental health (in the way it is stated it intends to do for NCDs) and how it plans to do so. This is a critical question by way of framing for the Financing Dialogue.
- It is stated, “*new DAH for NCDs and mental health will probably go towards projects that can make a clear link to global priorities, including climate change and health emergency preparedness and response.*” While we would agree this is possible, we have seen positive movements towards an increase in funding for mental health in programmes covering child, youth and maternal health, and the link between mental health and communicable diseases (e.g. the Global Fund

strategy update and consequent increase in the number of countries applying for Global Fund resources to address the intersection of mental health and HIV and/or TB). We would suggest it is worth noting these points.

- We suggest emphasising not just “catalytic” financing to overcome local implementation barriers, but also, catalytic funding in terms of encouraging domestic investment either by co-financing and/or increasing the funding available for governments to apply for.
- It is important to note that funding for mental health declined during the period analysed as it could be inferred that funding for NCDs and Mental Health increased in line with DAH during this time.
- Mental health conversations amongst donors also remain in the technical/technocratic space and/or are frequently in relation to emergencies or security issues. While there is a vibrant mental health community dedicated to championing advocacy, policy change and rights, it is not clear that donors are actively funding these areas and in fact philanthropic support for this work is also very limited.
- It is not clear if the first international financing dialogue did or did not include mental health and it would be worth clarifying (as this paper distinguishes mental health from NCDs but this is not consistently noted throughout).
- On page 6 there is a discussion of the pros and cons of positioning mental health (and NCDs) within the policy and funding allocated towards primary healthcare and universal health coverage. We suggest this paragraph should acknowledge one key financing reason for this is the cost efficiency of prevention and/or early diagnosis - for funders this is another reason they are/should be looking at investment at this level. We certainly see more funders focusing on investing in mental health at the primary healthcare level or as part of UHC as a means to ensure greater efficiency of expenditure. We also see more funders becoming interested in deinstitutionalisation as another means to increase and improve funding and services at the primary healthcare level.
- On Page 7 it is not clear if this paragraph refers to NCDs and mental health or only NCDs. It is an important insight regarding country level prioritisation and would be worth stating if this applies to mental health.
- On Page 8 it is not clear if this refers to NCDs and mental health or only NCDs. It is an important insight and would be helpful to know if it applies to both. We would note that mental health has become an issue for some political parties and in some countries, in high-income countries mainly, but also in countries such as Kenya, and this has led to public demand to which politicians have responded. Furthermore, updated mental health laws have been passed in a range of countries in recent years (e.g. India) which include a commitment to improve access to services.
- On Page 12 while we support the digitalisation of health data, it might be prudent to note issues around confidentiality, especially for conditions with high levels of stigma, and the conflicts of interest that can be witnessed in terms of who governments partner with to digitalise health systems, how the data is stored and used, and what financial and other terms are applied. There is an understandable reluctance on the part of at least PWLE of mental health conditions to have their health records stored and potentially accessible where it might impact their current and future status as a full citizen in their country.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The paper helpfully discusses health as a cross-governmental responsibility for improving health finance with a focus on finance ministries, this is much needed for mental health. The paper has a balanced discussion on health taxes and the earmarking of those taxes; this is required for such a nuanced fiscal policy. As well as mentioning the benefits to NCD outcomes, the paper should also consider the mental health outcomes of alcohol and other controlled substance taxes. Adequate finance for mental health systems must be raised in sustainable and equitable ways. Social health insurance (SHI) schemes are another method to achieve universal health care (UHC) but in many countries, mental health is not included in scheme benefits. This critical approach is not discussed in the paper.

The paper helpfully discusses the constraints of public debt. Debt swaps have become increasingly commonplace, and mental health is an excellent option for investment given the significant use of local currency for mental health systems. The paper could also benefit the reader by discussing innovative financing policies. Greatly increasing in magnitude is blended finance, growing at a rate of around 20% per year. Social impact bonds (SIBs) are a type of blended finance which allow governments to access fresh capital to address social problems which are not currently funded well enough.

Suggestions:

- Inclusion of the importance of medium- and long-term cross-governmental financial planning
- As well as mentioning the benefits to NCD outcomes, the paper should also consider the mental health outcomes of alcohol and other controlled substance taxes. E.g. the import taxation of Khat to fund the mental health system in Somaliland
- Similarly, there are clear mental health benefits to schemes promoting physical activity and/or time in nature etc.

- Further discussion on solutions to constrained public finances - e.g. the suitability of mental health system investment in debt swaps, blended finance packages, and innovative solutions such as impact bonds.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The paper is able to discuss the types of services included in Health Benefits Packages (HBP) in the country-level examples. There are some areas that need to be considered to benefit the paper:

- Section three should consider discussing transparent and participatory budget processes
- The text on HBP design does not include MNS and needs to. For example, the text recommends the inclusion of people living with NCDs in HBP design processes but does not recommend the inclusion of people with lived experience of MNS.
- The role and financing of civil society service providers need to be discussed
- The efficiency, health outcomes gains, and ROI of person-centred care through integrated PHC services needs to be discussed, and conversely the efficiency of treating MNS patients in tertiary facilities. "Box 3" makes a problematic argument for the continuation of "custodial care" MNS without exploring the financial impacts and inefficiencies of tertiary care facilities.
- Cross-cutting investments for NCDs and MHS could be expanded beyond the health sector to examine the financing responsibilities of other government ministries in implementing effective MNS policies such as education, social welfare or justice.

5. Financial protection for NCDs and mental health: Why and how?

This is an excellent paper that clearly sets out the situation and impact of OOP spending, and makes sound recommendations. NCD and mental health finance should be integrated where possible, and always complimentary. Health systems must create enabling environments for integrated, person-centred care which will ensure that individuals get the comprehensive physical and mental health care they need and desire.

Comorbidities - People living with mental health conditions such as bipolar disorder are also at greater risk of physical health conditions such as heart disease and respiratory disease. A smart approach to financing is to tackle both prevention as well as the processes of diagnosis and treatment. Mental health prevention measures need to be freely available to all, especially those at higher risk of NCDs. If the policy is to encourage healthier lifestyles by taxing unhealthy foods, then recognise this has a mental health benefit too.

Domestic resources need to be increased and improved. Financing the integration of mental health into primary and community health care needs to be the priority not spending most money on mental institutions. Further, mental health is a multi-sectoral issue, and not the sole financing responsibility of health ministries. To support better mental health for all requires "mental health in all policies" (as set out by WHO, UNICEF and many other organisations). It is important to work with the education, judicial, social protection, environmental and other sectors and to focus on primary and community care. This needs to be reflected in how funding for mental health is approached, in both emergency and non-emergency settings.

While OOP spending is largely medications, MNS talking therapy, inpatient care etc are also key cost considerations and worth noting. Moreover, in the absence of high-quality care, families may turn to unofficial healthcare providers such as prayer camps or traditional healers which risk violations of human rights in addition to potentially substantial OOP.

Some OOP is also necessitated due to bribes and/or expenditures by families to deal with extortion where there is a suicide attempt in a country where suicide is illegal. This should be noted as an expenditure that should be abolished through updated legislation.

Suggestions:

- The paper could benefit from disaggregated OOP spending data on NCDs and MNS, as well as defining strategic purchasing (with NCD and MNS examples), as well as discussing the efficiency and health outcome gains of integrated, person-centred care, i.e. MNS integration into PHC through the decentralisation of MNS finance from tertiary to primary level care.
- The paper should address NCDs and mental health comorbidities treatment to deliver better results and more cost-effective outcomes.
- Further, examine the cost-inefficiencies of tertiary care for MNS

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

This paper is thoughtfully constructed and delivers its key messages, though the overall framing remains from the lens of the formal public health system.

‘Brain drain’ across countries has been newly highlighted in this draft as a key issue across the health workforce worldwide given the impact on the formation and sustainability of the mental health workforce. We welcome the introduction of this text. We acknowledge the change in the text to elaborate the discussion on team-based care. We also acknowledge and appreciate the additional reference to the use of CHWs for addressing mental health needs. There is strong evidence for the use of lay providers to deliver psychotherapy in the community.

We strongly agree there should be an emphasis on the need to ensure the workforce is trained in such a way as to address stigma and discrimination towards PWLE of mental health conditions - noting WHO Mental Health Atlas data and other evidence that health professionals can exhibit significant stigma towards people in need of mental health support. We acknowledge new references to the recommendations on the workforce in the Lancet Commission on Ending Stigma and Discrimination in Mental Health.

Suggestions:

- Acknowledge that many countries have mixed public-private, formal-informal health systems and, thus, the workforce is reflective of this reality. Consider briefly exploring the implications of this for NCDs/MH (and its financing) in the paper.
- While “sufficient in-service training and supervision is critical for developing skills, competencies and ensuring quality performance of the health workforce,” the work of Rowe, et al. is very clear about the evidence base and what specific strategies should be employed to effectively improve health provider performance. Consider referencing as this is an opportunity to influence investments in this area.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

N/A [United for Global Mental Health is one of the authors of this paper].

General comments relevant to multiple papers:

- The papers require consistent terminology
 - “Mental health” or “mental, neurological and substance use” conditions
 - Mental health needs to be defined within the NCDs framework, i.e. is mental health being discussed as an NCD or alongside NCDs
 - Where appropriate “mental health conditions” should be used instead of “mental health disorders”.
- The papers need to present more MNS examples
- The papers do not cover the economic impacts of not investing in NCDs and MH, and the potential economic gains of increased and improved finance for mental health.
- The papers need to examine the cost-effectiveness, efficiencies, and improved health outcomes of integrated NCD and MNS services that adapt to comorbidities.
- The papers can be stronger on the need for cross-sectoral approaches to financing mental health systems.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

1. NCD and mental health financing should be integrated where possible, and always complementary

- Health systems must create new models of care for integrated, person-centred care, which ensures individuals get the comprehensive physical and mental health care they need and desire. How health systems are financed can drive this approach.
- NCDs and mental health co-morbidities should be addressed to deliver better and more cost-effective outcomes. People living with mental health conditions such as bipolar disorder are at greater risk of certain physical health conditions, including cardiovascular and respiratory disease. A smart approach to financing is to invest in prevention as well as diagnosis and treatment.

2. Domestic resources need to be increased and improved

- Financing the integration of mental health into primary and community-based health care needs to be the priority, not funding psychiatric hospitals and long-term care facilities. Right now, in many countries, the majority of funds for mental health are spent on locking people up in institutions – that needs to change.
- All governments should meet the 2018 Lancet Commission’s government spending targets of allocating at least 5% and 10% of health budgets to mental health. These targets should also be reviewed to continue progress and a cross-government spending guideline considered.
- As well as through general taxation and/or social health insurance, revenue for NCDs and mental health need to be raised through progressive mechanisms such as health taxes, for example on unhealthy commodities such as alcohol.
- Mental health is a multi-sectoral issue. Supporting better mental health for all requires ‘mental health in all policies’ (as set out by WHO, UNICEF and many other organisations). It is important to work with the education, judicial, social protection, environmental and other sectors, and to jointly focus on primary and community care. This needs to be reflected in how funding for mental health is approached, in both emergency and non-emergency settings.

3. Where domestic resources are not enough, catalytic donor finance is needed to create systemic change and sustainable financing solutions

- Bilateral and multilateral donors should allocate at least 0.5% of their DAH to mental health, with this increasing to 1% by 2027 and 5% by 2030.
- Bilateral and multilateral donors, such as the World Bank, and private donors working in health, should develop dedicated global mental health strategies, which recognise mental health as both a fundamental goal in and of itself, as well as a critical enabler of wider sustainable development. The strategies should incorporate mental health prevention and promotion; the integration of NCDs and mental health services; mental health as a critical component of UHC and humanitarian responses; and global mental health research. They should also be fully integrated into wider ODA strategies as part of a mental-health-in-all-policies approach.
- Mental health financing for emergencies needs to increase, be well coordinated, and span the humanitarian-development nexus. This means the World Bank and bilateral and multilateral donors must commit to increasing investment in addressing emergencies.
- To achieve their new commitment to help low- and middle-income countries provide 1.5 billion people with quality, affordable health services throughout their lives by 2030, the World Bank needs to significantly increase their finance to mental health and fully integrate mental health into their health and related sectors investments.

4. Finances for mental health and NCDs must be transparently and consistently monitored and tracked through participatory processes

- Domestic governments must accurately and transparently track their financing for mental health. This must also have a globally consistent definition to allow comparability over time and between countries.
- There should be a universally agreed definition for development assistance for mental health (DAMH) and this definition should be used to systematically report on and analyse DAMH flows. This could take the form of a policy marker in the OECD DAC Creditor Reporting System.

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: **ESPIRITUOSOS ESPAÑA**

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has been significantly active in its efforts to reduce the harmful use of alcohol, especially in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach, which includes the private sector, is crucial for the global alcohol policy, as outlined in the [WHO's Global Strategy to Reduce the Harmful Use of Alcohol](#), the [Global Alcohol Action Plan](#), the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2030, and the Sustainable Development Goals. The private sector should remain a key part of the solution moving forward.

The Spanish spirits sector is committed with the development of initiatives of proven effectiveness aimed at preventing the inappropriate consumption of alcoholic beverages, especially among groups at risk (minors, pregnant women and drivers), as well as promoting responsible and moderate drinking habits among healthy adults. It should be noted that these initiatives have been already developed, audited and tested to prove their effectiveness in preventing abusive and inappropriate consumption.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- The role of the Development Assistance for Health remains crucial for some countries which lack national means to address this concerning issue. Nevertheless, its role may not exclude the private sector of conversations and policy debates, since it is the first one who is able to take the lead.
- A close, ongoing dialogue of all relevant stakeholders including economic operators is fundamental, as stated in the [Global Alcohol Action Plan](#) of the WHO.
- The Spanish spirits industry has demonstrated the efficacy of public-private partnerships through a number of projects (with the pharmaceutical community, police, Government) to ensure appropriate use of alcoholic beverages, fight against minors or pregnant women drinking alcohol, adopting a self-regulatory code of conduct to ensure fair and comprehensive labelling and fair marketing standards. This code of ethics was a pioneer, and it has been able to adapt its articles to social changes such as advertising on the Internet or social responsibility campaigns, with the main objective of ensuring the protection of minors and preventing advertising from inciting abusive consumption.
- As part of its commitment to consumer information, the Spanish spirits sector, grouped in Espirituosos España, has launched on social networks an audiovisual campaign on equivalences between alcoholic beverages, so that the end consumer can make informed, conscious and responsible decisions.
- All the abovementioned comments prove the necessity to count on the industry to spread fair and science-based information, and its commitment to develop health policies leading to the decrease of NCDs proliferation in the European region and globally. Without the industry's view and experience in the field, addressing this concerning issue will be problematic and inefficient.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Alcohol beverage taxation should be part of a comprehensive fiscal and regulatory framework, tailored to each local context, and aligned with World Trade Organization principles. It should be balanced without distorting markets.
- Evaluations of "health taxes" should consider a wide range of evidence from member states that currently implement them, prioritizing peer-reviewed studies over grey literature.
- In the EU, increasing alcohol pricing by increasing excise is unlikely to act as a targeted, efficient or effective intervention to achieve further reductions in alcohol consumption among excessive and at-risk drinkers that are not sensitive to price increases.
- Fiscal measures are regressive and have the greatest impact on consumers with low disposable income. Higher taxes also tend to increase the risk of encouraging purchases from the black market and illicit trade in alcohol, contributing to tax evasion.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the "lack of resources to finance prevention and treatment programs and interventions". ([WHO](#))
- Global trade and private sector investment provides significant value for national economies. This economic value delivers revenue streams that can be used to fight NCDs. This value should be recognized.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

The Mediterranean consumption pattern has endowed Spain with one of the most responsible consumption patterns in the European Union. Thus, according to data from the Spanish Ministry of Health, 95.8% of Spanish consumers drink alcoholic beverages moderately and responsibly. This should lead to the consideration of our practices as effective and inspiring, thus justifying the benefits of sharing best practices and counting on the industry during policy making processes.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

- We suggest a collaborative approach by the Heads of Government, taking into account the industry's experience and deep knowledge of the topic that can only be for good in this common objective.
- A balanced and comprehensive approach is needed in order to obtain practical and effective results. Policies need to be based on scientific and liable information, which can be faithfully provided by the sector itself and contribute to the debate in a collaborative manner.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: International Spirits and Wines Association of India (ISWAI)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the WHO *Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.
- The International Spirits and Wines Association is an active advocate of '**Responsible Consumption**' and with its members it propagates, promotes and advocates the principle of *Moderate consumption*. If you choose to not to drink it is fine but if you choose to drink drink less, drink better. Consumption of alcoholic beverages can be an important part of social lives and hence ISWAI supports moderation for those who choose to drink.
- ISWAI, through our member companies which constitute a substantial part of the alcohol beverage sector in the country, invest in harm-reduction campaigns and prevention programs.
- **Some of the initiatives conducted on responsible drinking and to Curb Underage Drinking are:**
 1. Anti-drink and drive programs with strong consumer led messages on road safety.
 2. Partnering with RTO & enforcement officials for driver sensitization mandatory program for License application.
 3. Promote moderation through comprehensive information about the harmful effects of alcohol and provide knowledge and tools to make informed choices. Some programs are partnered with armed forces and educational institutions to reach out with the message of moderation; more that 1.6L people have been reached out.
 4. An impactful program has been created to create awareness on perils of underage consumption.
 5. The police department in some states have been equipped with advanced breath analysers to curb drink driving through one of our member companies.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- ISWAI along with it's member companies are committed to responsible consumption along with responsible production and this is seen through the various initiatives that are undertaken.
- Universal access to primary and preventive health care in in urban and rural India with MobileVan services including surgeries for infant with heart diseases for the under-privileged. Trained healthcare professionals

including doctors, social protection officers, pharmacist and lab technicians are available. 10,922 patients have been served through dispensaries in FY 2022-2023. ~14,96,000 patients have been served over the past 15-Years.

- Road Safety and Healthcare access for truck drivers have been provided.
- Skill development programs are conducted in rural India in order to enable livelihoods by providing quality education .

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Illicit alcohol should not be ignored. More focus and better data are required on illicit alcohol as it poses a significant threat to national revenue streams and the health of societies.
- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#))
- Analysis of “health taxes” should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples Peer-reviewed studies should be prioritized over grey literature.
- Removal of agricultural subsidies would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))
- Global trade and private sector investment provides significant value national economies. This economic value delivers revenue streams that can be used to fight NCDs. This value should be recognized.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs)
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions X ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? Noncommunicable diseases (NCDs) account for 71% of global mortality, totaling 41 million deaths (WHO, 2018). Meanwhile, mental disorders affected nearly one billion people worldwide in 2019 (FórumCCNTs, 2022). However, despite the significant impact of these conditions, resources allocated to prevention and treatment remain modest (PAHO, 2021). A study conducted by the Pan American Health Organization (PAHO) found that 52% of countries had mental health promotion and prevention programs, yet 31% of these programs lacked dedicated human and financial resources (PAHO, 2021). Furthermore, a report by the World Health Organization (WHO) highlighted that for every 3 dollars of government spending on mental health, 2 are allocated to psychiatric hospitals instead of community mental health services, where individuals can receive more appropriate care (WHO, 2022). These data indicate that mental health has been one of the most neglected areas of public health for decades, receiving minimal resources that affect the care, treatment, and support of individuals with fragile mental health (FórumCCNTs, 2022). Regarding NCDs, despite their high human and financial impact, global economic crises have led to the implementation of austerity economic policies, which have affected the allocation of resources for the prevention and care of such conditions (Paes-Sousa, et. al., 2019). However, such reduction only exacerbates the worrying scenario, given that NCDs cause loss of income, workdays, and individual productivity and can further severely impact the economies of countries that have adopted such measures (PAHO, 2024). In view of this, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) highlights the need for financial investments by National States to ensure proper monitoring, prevention, care, and treatment of mental disorders and NCDs.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? Health policy gained significant reinforcement in the 1990s (Mattos, 2001). International organizations, operating transnationally, began to work together to define strategies and provide resource transfers to developing countries (Mattos, 2001). The combination of efforts led to the formation of a complex network that emerged as an important international aid community for improving quality of life and promoting health globally (Mattos, 2001; Buss; Ferreira, 2010). In this regard, transnational efforts are of great importance and should be continuous, especially when it comes to low- and middle-income countries that have significant vulnerabilities regarding healthcare actions (Buss; Ferreira, 2010). Governance in such National States presents limitations that hinder the ability to formulate and implement social policies to meet the needs of the local community (Buss; Ferreira, 2010). In this scenario, overall, the

healthcare systems of poorer countries appear more fragile and face difficulties in implementing technology to provide proper healthcare assistance ([Buss; Ferreira, 2010](#)).

In this context, structured international cooperation allows support for national health authorities, assisting them in promoting quality management of their healthcare systems, in order to effectively, efficiently, and sustainably realize the Fundamental Right to Health for the local community ([Ventura, 2013](#)). International assistance is also capable of supporting the training of healthcare professionals, generating useful data to underpin the country's decision-making process, and promoting research and studies that contribute to the improvement of public health within the national territory ([Ventura, 2013](#)).

In this sense, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) understands that Health Development Assistance is indispensable, not only when it comes to mental health and noncommunicable chronic conditions (NCCs)/ noncommunicable diseases (NCDs) but also for the promotion and improvement of health on a global scale.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Noncommunicable diseases (NCDs) are related to so-called modifiable risk factors, namely, inadequate diet, sedentary lifestyle, excessive alcohol consumption, and smoking ([FórumCCNTs, 2023](#)). In this regard, actions to reduce such factors may include taxation measures ([PAHO, 2024](#)). Therefore, national governments can increase taxation on items considered harmful and detrimental to health, contributing to the prevention of NCDs ([PAHO, 2024](#)). Thus, the so-called "health tax" discourages the consumption of alcoholic beverages, ultra-processed foods, cigarettes, and other unhealthy products ([PAHO, 2024](#)). Additionally, such taxes generate additional tax revenue that can be allocated to programs and care for noncommunicable chronic conditions (NCCs)/ noncommunicable diseases (NCDs) (PAHO, 2024). Finally, and no less importantly, the health tax reduces healthcare costs and increases work productivity, which proves highly beneficial to National States ([PAHO, 2024](#)).

In this sense, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) believes that the use of taxes aimed at improving the health conditions of the population is an excellent measure and has the potential to promote the reduction of NCCs/NCDs within countries.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

In September 2015, 193 member states of the United Nations (UN) ratified the guidelines of the 2030 Agenda and committed to adopting actions aimed at eradicating poverty and promoting a dignified life for their populations ([UN, 2024](#)). The agenda is organized around 17 Sustainable Development Goals, which are further broken down into 169 targets to guide the action of local governments in achieving sustainable development by the year 2030 ([UN, 2024](#)).

To achieve the proposed targets, National States must allocate resources primarily to monitoring and evaluating the implemented measures ([Miranda, et. al., 2023](#)). The institutionalization of monitoring routines is essential for verifying national capacities, as well as assessing the necessary changes in social and environmental health determinants ([Miranda, et. al., 2023](#)). In this sense, monitoring is an important tool to support public officials in decision-making and to assist in allocating public budget to sectors, actions, and programs that prove most effective and efficient in promoting community health ([Miranda, et. al., 2023](#)).

However, monitoring routines should not be prioritized in isolation. Alongside such evaluation, national governments should prioritize Primary Health Care (PHC) strategies ([Barros, et. al., 2022](#)). Researchers recognize that well-structured and organized PHC is one of the crucial elements for reducing deaths and hospitalizations due to various diseases and conditions, and this becomes even more evident when it comes to noncommunicable diseases and mental health ([Barros, et. al., 2022](#); [FórumCCNTs, 2022](#); [PAHO, 2024](#)). Networks coordinated by PHC translate into a comprehensive set of actions, encompassing the provision of "individual, family, and collective services, involving measures of promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care, and health surveillance" ([Brazil, 2017](#); [PAHO, 2024](#)). In this sense, the potential for success of PHC is evident, as it promotes greater access to the healthcare system and shifts from the traditional curative, individual, and hospital-based approach to a preference for an integral, collective, territorialized, and democratic care system ([Fausto; Matta, 2007](#); [PAHO, 2024](#)).

Therefore, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) understands that national governments should prioritize allocating resources for the implementation of monitoring routines and strategies in Primary Health Care.

5. Financial protection for NCDs and mental health: Why and how?

See items 3 and 4.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

The strengthening of health systems, based on the principles of Primary Health Care (PHC), is currently one of the greatest challenges for public health policymakers worldwide ([WHO, 2010](#)). Human resources are scarce, which poses a significant barrier to achieving the Sustainable Development Goals ([WHO, 2010](#)). In this regard, national governments must reinvent themselves by adopting new education strategies, especially focused on interprofessional collaboration, which translates into a broader education where one professional learns about the role and practice of another professional to aid and improve health outcomes ([WHO, 2010](#)).

Furthermore, care related to noncommunicable chronic conditions (NCCs)/ noncommunicable diseases (NCDs) and mental health should not be limited solely to physicians and nurses ([FórumCCNTs, 2022](#)). It becomes imperative to note that such conditions are multifactorial, and in this context, it is necessary to train other healthcare professionals, such as psychologists, nutritionists, physiotherapists, among others, so that there is continuity of care after diagnosis ([FórumCCNTs, 2022](#)). In this sense, the self-care network must be strengthened so that individuals with the condition are properly guided on how to avoid potential health complications ([FórumCCNTs, 2022](#)).

In light of this, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) emphasizes the need for investments in interprofessional education and training for all healthcare professionals, aiming at prevention, early diagnosis, and treatment of individuals with mental health conditions and non-communicable chronic diseases, as well as empowering and properly guiding individuals to have autonomy and self-care actions, in order to prevent health complications.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Civil society organizations play a significant role in advancing the Sustainable Development Goals (SDGs) and thus, in promoting health itself, as they strengthen dialogue and contribute to providing recommendations based on individuals' experiences ([FórumCCNTs, 2023](#); [FórumCCNTs, 2023](#)).

In this regard, concerning noncommunicable chronic conditions (NCCs)/ noncommunicable diseases (NCDs), civil society can actively assist in the development of public policies by increasing awareness of the most relevant risk factors ([NDC Alliance, 2023](#)). Additionally, civil society can directly engage with the community to raise awareness about the public policies, laws, and necessary actions for realizing the Fundamental Right to Health for individuals living with chronic conditions ([NDC Alliance, 2023](#)). Furthermore, civil society also has significant potential to inform and broaden the understanding of public officials regarding the needs of people with NCCs /NCDs, thereby improving service provision and advocacy efforts for the rights of this community ([NDC Alliance, 2023](#)).

Therefore, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) reinforces the importance of civil society participation in the development of public policies, actions, and measures that address the needs of individuals living with NCCs/ NCDs.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Brazil has a commendable policy regarding tobacco control that could be replicated in some countries. The enactment of Law No. 9,294/96 represented a significant milestone in the fight against smoking in Brazil ([Brazil, 1996](#)). One of the most effective measures, worthy of highlighting, was the severe limitation on advertising, as it became prohibited to reproduce commercial advertising of cigarettes, cigars, cigarillos, pipes, or any other smoking product, whether derived from tobacco or not, throughout the national territory ([Brazil, 1996](#); [Brazil, 2011](#)). The only exception provided by the law pertains to the display of products in sales locations, provided that it is accompanied by a warning about the health risks ([Brazil, 1996](#); [Brazil, 2011](#)). Another relevant measure was the prohibition of smoking in collective places, broadly defining such premises as "collective enclosure, a closed place, open to the public, intended for simultaneous permanent use by several people" ([Brazil, 1996](#); [Brazil, 2011](#)).

The measures yielded excellent results. A study conducted in the country with students aged 11 to 18 indicated a significant decrease in smoking after the enactment of the law. In 1997, 32.7% of people in this age group regularly consumed cigarettes; however, by 2004, this percentage had dropped to 25.02% ([Silva, et. al., 2014](#)).

Another noteworthy public policy that has shown good results in Brazil's public health system is the "Academia da Cidade" (City Gym Program), which was launched in 2011 ([Brazil, 2024](#)). The program encompasses public spaces where physical activities are offered to the general population ([Brazil, 2024](#)). These centers are part of the Primary Health Care network and are equipped with infrastructure, equipment, and professionals ([Brazil, 2024](#)). A study conducted in the city of Belo Horizonte indicated that in the first year of implementation, the pilot center reached maximum capacity ([Lopes, 2016](#)). Additionally, according to the researchers, individuals with more severe chronic diseases/conditions referred to the program showed improvements in diet, reduction of body mass, and abdominal obesity within a period of 9 months, demonstrating the program's success ([Lopes, 2016](#)).

Humanitarian health financing for noncommunicable diseases

In recent years, humanitarian emergencies have been growing more complex, as famine and scarcity exacerbate armed conflicts, environmental degradation, and climate change lead to more frequent and impactful natural disasters ([ACNUR, 2024](#)). United Nations estimates indicate that in the year 2024, approximately 300 million people will require humanitarian assistance, with 165.7 million needing some form of emergency health support ([ACNUR, 2024](#)).

In this scenario, chronic conditions (NCCs)/ noncommunicable diseases (NCDs) become even more impactful, as they become more frequent in humanitarian emergencies ([ACNUR, 2024](#)). Estimates indicate that the risk of strokes and heart attacks is up to three times higher in humanitarian emergency situations ([ACNUR, 2024](#)). According to the World Health Organization (WHO) Director-General, individuals living with NCCs may experience exacerbated conditions due to trauma, severe stress, or the inability to access medications and services ([ACNUR, 2024](#)). However, despite the severity of the situation, care and treatment for NCCs/ NCDs are often not included in humanitarian responses. ([ACNUR, 2024](#)).

Therefore, it becomes indispensable to include healthcare for individuals living with NCCs/ NCDs, given that humanitarian emergencies exacerbate an already serious and challenging situation, which cannot be disregarded on a global scale ([ACNUR, 2024](#)).

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

The Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) understands that a new commitment that should be made by Heads of Government, regarding sustainable financing for noncommunicable diseases (NCDs), is the development of effective and committed work, together with the legislative bodies of Nation States or regulatory bodies of countries, to increase taxation on products that increase the risk factors of NCDs.

Furthermore, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) suggests that wealthier countries commit to providing resources, equipment, and medications to countries with medium or low development, taking into account the specific needs of each country. In this way, it is up to Heads of Government to commit to forming capable networks capable of engaging with recipient countries to assess the effectiveness, usefulness, and feasibility of integrating the donation into the recipient country's healthcare system.

In turn, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) also proposes that Heads of Government undertake well-defined commitments regarding the reduction of the use of pesticides and toxic components by nation-states and in terms of financial accountability, which should be proportional to the damages caused by those who disregard the rules set by the country in this matter.

The Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) also suggests that Heads of Government commit to the WHO's lists of essential medicines and diagnostics, in order to facilitate their incorporation into public health systems of countries.

Finally, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) also proposes that Heads of Government agree to make use of and adhere to the packages developed by the WHO for the reduction of risk factors for NCCs/NCDs, as well as commit to adopting policies of collaboration and partnerships with non-governmental private sectors, always including individuals with experience and expertise in non-communicable chronic diseases and mental health.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: World Spirits Alliance (WSA)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

X other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals. The private sector must continue to be included as part of the solution going forward.
- As a responsible industry body, WSA remains steadfast in its commitment to supporting efforts to reduce the harmful use of alcohol around the world. For many adults in many cultures, enjoying alcoholic beverages in moderation is an important part of their social lives. The WSA and its members are fully committed in promoting the responsible consumption of alcoholic beverages as part of a balanced lifestyle among adults who choose to drink.
- Industry actions taken include providing transparent and accurate information for adults to make informed choices regarding their drinking choices, as well as investing in harm-reduction campaigns and prevention programmes as a sector.
- In Southeast Asia, our sister association the Asia Pacific International Spirits & Wines Alliance (APISWA) have worked with a total of 28 partner NGOs, embassies and government sector to implement a far-reaching drink driving awareness campaign entitled *The Power of No*¹ – in 7 Southeast Asian markets to raise awareness and educate young adults of legal drinking age on the dangers of drink driving. A similar drink driving awareness campaign has also been run in Mongolia in the past year. In Nepal, APISWA worked with local NGO Saathi to implement workshops to support in combatting Gender-based Violence arising as a result of the harmful use and abuse of alcohol in 2023.
- UK alcohol industry action to promote responsible consumption and tackle harmful drinking includes support for Drinkaware, the independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. It works in partnership with others to help reduce alcohol-related harm by helping people make better choices about their drinking. In 2022, more than five million unique visitors accessed the Drinkaware website. More than 355,000 people completed the Drinkaware alcohol self-assessment tool – Drinking Check². The Drinkaware unit and calories counter tool was used more than 600,000 times (Drinkaware Annual report 2022).
- The Scotch Whisky Action Fund (SWAF) launched by the Scotch Whisky Association (SWA) invested in projects from charities and other organisations that help reduce the impact of alcohol-related harm in

¹ <https://apiswa.org/power-of-no/>

² Drinking Check is a digital IBA based on the WHO AUDIT assessment tool. Drinkaware has set a target to get 2 million people to complete Drinking Check tool by 2025. The alcohol industry is supporting the Drinking Check campaign to help achieve that. Drinking Check disproportionately engages those drinking at higher risk levels.

Scotland's communities. Managed by Foundation Scotland, an independent charity, SWAF's aim was to support and develop projects that deliver targeted interventions to tackle harm among young people, families and communities impacted by excessive consumption of alcohol. Since its launch in 2013, the fund has made 89 awards totalling £1.17 million, supporting over 66,000 people in Scotland. In 2024, following an evaluation of the fund the SWA announced a new partnership with Community Alcohol Partnerships (CAP)³, to support the rollout of CAPs in Scotland in areas of high harm. £300,000 of funding from SWAF is being provided over the next three years.

- In Brazil, the Associação Brasileira de Bebidas (ABRABE) works to combat the harmful use of alcohol, representing all categories of alcoholic beverages, engaging in moderation and against the consumption of illicit alcohol and illicit trade, also against the underage drinking and against drink and driving. Engagement is done through the “Sem Excesso” platform, which, through the social networks Instagram, Facebook, LinkedIn and YouTube, promotes campaigns with well-known influencers, bringing together several other sectoral entities, seeking the greatest possible reach, which already reaches the mark of 16 millions of people.
- In 2019, Responsibility.org today launched Think Responsibly, a new campaign directed to millennial adults, in partnership with Wine & Spirits Wholesalers of America (WSWA) and the Distilled Spirits Council of the United States (DISCUS). The campaign, geared toward millennials of legal purchase age who choose to drink, aims to increase their intention to drink responsibly through digital messages that underscore responsible drinking decisions. As part of the campaign, Think Responsibly ads will encourage visitors to take a quiz on responsible drinking. The quiz, along with online messages, will be measured by a Facebook Brand Lift Survey to determine how well the campaign lifts a millennial's intention to drink responsibly.
- In 2022, the DISCUS Board of Directors made a commitment to provide Serving Facts information for all spirits products available for sale in the United States⁴. This is in addition to all of the other information that has long been required to provide consumers with information about the contents of spirits products, such as alcohol content, defined class and type, and statement of composition (for many products).
- European spirits producers are actively engaged in changing risky drinking behaviours and attitudes toward alcohol consumption. Our sector's long term commitment is reflected in hundreds of prevention initiatives put in place since 2006 when the first EU Strategy on alcohol (and related Alcohol & Health Forum) was adopted in 2006. The prevention campaigns to fight risky drinking behaviour and promote responsible drinking - including during lockdown - have been sustained over the years by local producers together with their stakeholders. As part of spiritEUROPE's commitment, they have put together a detailed report on all these actions⁵, many of them including measurement and evaluation processes to quantify the progress made and adjust the strategy as necessary.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- The WSA and its members are fully committed to the responsible production, advertising and marketing of spirit drinks and encouraging adults who choose to consume spirits, to do so responsibly and in moderation.
- Globally, the International Alliance for Responsible Drinking (IARD) have taken concrete steps towards eliminating the marketing, advertising, and sale of alcoholic products to minors. IARD members have committed to raising standards and working with social platforms to support elimination of marketing to minors and bringing in opportunities to opt out of advertising, with digital guiding principles and influencer guiding principles introduced as safeguards towards protection against underaged access as well as promoting the responsible consumption of alcohol to those that choose to drink.
- As part of industry commitment and self-regulation, in some markets companies also work closely with local eCommerce and delivery platforms to ensure there are safeguards in place for online sales of alcohol in various markets including Australia and the Philippines.
- Retail Drinks Australia officially launched its Online Alcohol Sale & Delivery Code of Conduct⁶ (Code) in July 2019, with signatories representing more than 80% of all alcohol purchased online in Australia. The Code is an industry-wide framework developed in collaboration with government and community to enhance compliance in the responsible online sale and delivery of alcohol.

³ CAPs bring together and support local partnerships of councils, police, retailers, schools, health providers and community groups across the UK to reduce alcohol harm among young people, improve their health and wellbeing and enhance their communities.

⁴ <https://www.distilledspirits.org/moderation-responsibility/>

⁵ <https://spirits.eu/upload/files/publications/CP.AS-032-2023-responsible%20drinking%20initiatives%20report%202023.pdf>

⁶ <https://www.retaildrinks.org.au/policies-advocacy/online-code-of-conduct>

- In Brazil, self-regulation and co-regulation has proven to be an effective route in creating instruments against the harmful use of alcohol. Four decades ago, advertisers, advertising agencies and the media created CONAR (National Advertising Self-Regulation Council), in order to self-regulate advertising in Brazil. It provides specific rules for the advertising of alcoholic beverages, in order to communicate with messages of moderation and responsible consumption, as well as emphasizing the prohibition of the consumption of alcoholic beverages by minors. In addition to being effective, self-regulation through CONAR goes beyond regulation. This is the case of the Advertising Guide for Digital Influencers published in 2019 during the pandemic. The compendium of rules is a self-regulatory quick response aimed at content on social networks, especially that generated by users.
- In 2023, The Alcoholic Beverages Alliance of the Philippines, Inc. (ABAPI), together with leading e-commerce platforms in the Philippines, launched the ABAPI responsible eCommerce pledge, committing to ensure the responsible sale of wines and spirits online by enhancing safeguards to prevent the sale and access of alcohol to people below the legal drinking age, supported by the Department of Trade and Industry (DTI) and the Intellectual Property Office of the Philippines (IPOPHL)⁷.
- APISWA, together with the Cambodian Minister of Information, signed the “Cambodia Responsible Alcohol Marketing and Communication Code of Conduct” in February 2017, a significant first step in partnering with government to share industry best practice. The code sets out the rules that apply to alcohol marketing and represents a set of common standards supported by major international alcohol producers, such as statements on alcohol strength, harmful drinking, and not targeting those under 18 years old. This year, on 11 June 2024, core stakeholders, industry partners, regulatory authorities, and government officials came together to launch the 'Self-Regulatory Code for Responsible Alcohol Marketing and Communication' in Cambodia to further strengthen and establish clear guidelines for responsible advertising and responsible communication practices within the alcohol industry.
- Advertising and marketing practices are constantly evolving, and it is essential to adapt the rules accordingly and to train marketers and the advertising agencies to keep pace with technological development. To this aim, spiritsEUROPE developed a set of guidelines for responsible marketing communications (with rules on content and placement of commercial communications to assist marketing professionals in the implementation of the laws, regulations and self-regulatory codes of practice. The latest edition of the Guidelines⁸ including standards for the use of social influencers in alcohol marketing was published in February 2022. To further compliance with self-regulation rules, spiritsEUROPE worked for many years on comprehensive face-to-face training programme.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The challenge and risks posed by illicit alcohol to consumer health and safety should not be ignored. More focus and better data are required on illicit alcohol as it poses a significant threat to national revenue streams, and brings about a wide range of negative socio-economic impacts, as recognised by both the OECD and UNCTAD.
- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#))
- Analysis of “health taxes” should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples. Peer-reviewed studies should be prioritized over grey literature.
- Removal of agricultural subsidies would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes.
- Through partnerships with public authorities, ABRABE collaborates in public policies to combat the illicit trade, through national campaigns such as “Say No to the Illegal Trade in Alcoholic Beverages” in a multisectoral effort with more than 5 entities, which won the “National Award for Combat Piracy 2021”, in the Educational Category, granted by the Ministry of Justice and Public Security. It also monitors the number of illicit alcohol seized, transforming sectoral data into investigation intelligence. In recent years, this joint effort has removed more than 1 million bottles of illicit alcohol from circulation. In the

⁷ <https://apiswa.org/launch-of-abapi-responsible-ec-pledge-2023/>

⁸ <https://www.spirits.eu/issues/spirits-society/ensuring-marketing-gets-the-message-across>

mobilization of the mainstream press, there were more than 450 articles reaching more than 20 billion people, with guidance on the risks involved in the consumption of illicit alcohol. Also, ABRABE has a reverse logistics program for glass bottles, “Glass Is Good”, which ensures that discarded glass bottles do not fall into the hands of counterfeiters. In five years, around 400 million bottles were correctly allocated.

- The sector has been partnering with organisations such as the Transnational Alliance to Combat Illicit Trade (TRACIT) and The Alliance Against Counterfeit Spirits (AACS) in tackling the challenge of illicit alcohol by working closely with local, national and international law enforcement, regulatory and industry agencies, such as through implementation of counterfeit identification training workshops and capacity building sessions for government officials, conducted by industry experts. An example of close collaboration with governments to tackle this detrimental issue is the recent series of APISWA-AACS supported counterfeit training sessions for Malaysian officials, led by the UK Department for Business and Trade of the British High Commission in Kuala Lumpur⁹.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))
- Global trade and private sector investment provides significant value to national economies. This economic value delivers revenue streams that can be used to fight NCDs, and this value should be recognized.

General comments relevant to multiple papers:

- The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs, in addressing the harmful use of alcohol specifically and also in supporting public health goals. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.
- Efforts to accelerate reductions in the harmful use of alcohol should be conducted through a whole-of-society and an interdisciplinary whole-of-government approach. The World Health Organization (WHO) has acknowledged the role that economic operators (EOs) in alcohol production and trade play in helping to reduce harmful use, as envisioned in its Global Strategy to Reduce the Harmful Use of Alcohol, requested in the 2018 Political Declaration on Non-Communicable Diseases (NCDs), and reiterated in the Global Alcohol Action Plan (GAAP 2022-2030).

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

- Policymakers should promote targeted interventions focusing on harm reduction.

⁹ <https://apiswa.org/uk-dbt-illicit-alcohol-training/>

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: World Spirits Alliance (WSA)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

X other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the WHO's Global strategy to reduce the harmful use of alcohol and the Global Alcohol Action Plan, as well as the WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals. The private sector must continue to be included as part of the solution going forward.
- As a responsible industry body, WSA remains steadfast in its commitment to supporting efforts to reduce the harmful use of alcohol around the world. We believe that targeted interventions and prevention are more impactful to address harmful use of alcohol rather than measures that target consumption.

On-premise intervention

- Targeted intervention in drinking environment have been shown to be effective in some instances. In the study, Wallin et al, 2003, Alcohol prevention targeting licensed premises: a study of effects on violence, it assessed a 10-year, multi-component intervention in Stockholm that involved training in responsible beverage service for servers and stricter enforcement of existing alcohol laws. The intervention was "led by an action group consisting of members from the hospitality industry and the authorities". It found a reduction in violent crime of 29% in the intervention area compared to a control area.
- Tomedi et al, 2018, Enhanced Enforcement of Laws to Reduce Alcohol Overservice Among Licensed Establishments in New Mexico, 2004-2008: This study evaluated an intervention on binge drinking intensity in licensed venues in New Mexico. It found that during the period in which enforcement of overservice laws was strengthened, the proportion of binge drinkers in licensed locations decreased by nearly 50%.

On road safety

- In the study by Blom and Blokdijk, 2021, Long-term effectiveness of the alcohol ignition interlock programme: A retrospective cohort study in the Netherlands, it evaluated a mandated Dutch Alcohol Ignition Interlock Programme for offenders, finding that there were fewer repeat offenders (those who committed at least one new DUI offence within the follow-up period) in the programme compared to a control group, with an estimated relative decrease of 54%.

Screening and brief interventions (SBIs)

SBIs can be administered on a large scale through primary care, but they can also be targeted at certain populations through healthcare, education, and workplace settings, or targeted campaigns. They provide a pathway to channeling those with higher-risk drinking patterns to treatment resources.

- For example, the study by Sohi et al, 2023, Digital interventions for reducing alcohol use in general populations: an updated systematic review and meta-analysis. This study reviewed 80 randomized controlled trials of digital interventions for reducing alcohol use in the general population. It found those exposed to the digital interventions drank fewer grams of alcohol per day, had fewer drinking days per week, had fewer binge drinking occasions per month, and had scored lower alcohol use disorders identification test (AUDIT) than individuals randomized to the control condition.

We would like to provide the following are some industry case studies and initiatives taken as part of industry efforts to reduce the harmful consumption of alcohol among consumers:

- UK alcohol industry action to promote responsible consumption and tackle harmful drinking includes support for Drinkaware, the independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. It works in partnership with others to help reduce alcohol-related harm by helping people make better choices about their drinking. In 2022, more than five million unique visitors accessed the Drinkaware website. More than 355,000 people completed the Drinkaware alcohol self-assessment tool – Drinking Check¹. The Drinkaware unit and calories counter tool was used more than 600,000 times (Drinkaware Annual report 2022).
- The Scotch Whisky Action Fund (SWAF) launched by the Scotch Whisky Association (SWA) invested in projects from charities and other organisations that help reduce the impact of alcohol-related harm in Scotland's communities. Managed by Foundation Scotland, an independent charity, SWAF's aim was to support and develop projects that deliver targeted interventions to tackle harm among young people, families and communities impacted by excessive consumption of alcohol. Since its launch in 2013, the fund has made 89 awards totalling £1.17 million, supporting over 66,000 people in Scotland. In 2024, following an evaluation of the fund the SWA announced a new partnership with Community Alcohol Partnerships (CAP)², to support the rollout of CAPs in Scotland in areas of high harm. £300,000 of funding from SWAF is being provided over the next three years.
- In Brazil, the Associação Brasileira de Bebidas (ABRABE) works to combat the harmful use of alcohol, representing all categories of alcoholic beverages, engaging in moderation and against the consumption of illicit alcohol and illicit trade, also against the underage drinking and against drink driving. Engagement is done through the “Sem Excesso” platform, which, through the social networks Instagram, Facebook, LinkedIn and YouTube, promotes campaigns with well-known influencers, bringing together several other sectoral entities, seeking the greatest possible reach, which already reaches the mark of 16 millions of people.
- In 2019, Responsibility.org today launched Think Responsibly, a new campaign directed to millennial adults, in partnership with Wine & Spirits Wholesalers of America (WSWA) and the Distilled Spirits Council of the United States (DISCUS). The campaign, geared toward millennials of legal purchase age who choose to drink, aims to increase their intention to drink responsibly through digital messages that underscore responsible drinking decisions. As part of the campaign, Think Responsibly ads will encourage visitors to take a quiz on responsible drinking. The quiz, along with online messages, will be measured by a Facebook Brand Lift Survey to determine how well the campaign lifts a millennial's intention to drink responsibly.
- European spirits producers are actively engaged in changing risky drinking behaviours and attitudes toward alcohol consumption. Our sector's long-term commitment is reflected in hundreds of prevention initiatives put in place since 2006 when the first EU Strategy on alcohol (and related Alcohol & Health Forum) was adopted in 2006. The prevention campaigns to fight risky drinking behaviour and promote responsible drinking - including during lockdown - have been sustained over the years by local producers together with their stakeholders. As part of spiritEUROPE's commitment, they have put together a detailed report on all these actions³, many of them including measurement and evaluation processes to quantify the progress made and adjust the strategy as necessary.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- The WSA and its members are fully committed to the responsible production, advertising and marketing of spirits drinks and encouraging adults who choose to consume spirits, to do so responsibly and in moderation.

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² CAPs bring together and support local partnerships of councils, police, retailers, schools, health providers and community groups across the UK to reduce alcohol harm among young people, improve their health and wellbeing and enhance their communities.

³ <https://spirits.eu/upload/files/publications/CP.AS-032-2023-responsible%20drinking%20initiatives%20report%202023.pdf>

- Globally, the International Alliance for Responsible Drinking (IARD), its members and the whole sector, have taken concrete steps towards eliminating the marketing, advertising, and sale of alcoholic products to minors. IARD members have committed to raising standards and working with social platforms to support elimination of marketing to minors and bringing in opportunities to opt out of advertising, with digital guiding principles and influencer guiding principles introduced as safeguards towards protection against underaged access as well as promoting the responsible consumption of alcohol to those that choose to drink.
- As part of industry commitment and self-regulation, in some markets companies also work closely with local eCommerce and delivery platforms to ensure there are safeguards in place for online sales of alcohol in various markets globally.
- Retail Drinks Australia officially launched its Online Alcohol Sale & Delivery Code of Conduct⁴ (Code) in July 2019, with signatories representing more than 80% of all alcohol purchased online in Australia. The Code is an industry-wide framework developed in collaboration with government and community to enhance compliance in the responsible online sale and delivery of alcohol.
- In Brazil, self-regulation and co-regulation has proven to be an effective route in creating instruments against the harmful use of alcohol. Four decades ago, advertisers, advertising agencies and the media created CONAR (National Advertising Self-Regulation Council), in order to self-regulate advertising in Brazil. It provides specific rules for the advertising of alcoholic beverages, in order to communicate with messages of moderation and responsible consumption, as well as emphasizing the prohibition of the consumption of alcoholic beverages by minors. In addition to being effective, self-regulation through CONAR goes beyond regulation. This is the case of the Advertising Guide for Digital Influencers published in 2019 during the pandemic. The compendium of rules is a self-regulatory quick response aimed at content on social networks, especially that generated by users.
- In 2023, The Alcoholic Beverages Alliance of the Philippines, Inc. (ABAPI), together with leading e-commerce platforms in the Philippines, launched the ABAPI responsible eCommerce pledge, committing to ensure the responsible sale of wines and spirits online by enhancing safeguards to prevent the sale and access of alcohol to people below the legal drinking age, supported by the Department of Trade and Industry (DTI) and the Intellectual Property Office of the Philippines (IPOPHL)⁵.
- On 11 June 2024, APISWA's core stakeholders, industry partners, regulatory authorities, and government officials came together to launch the 'Self-Regulatory Code for Responsible Alcohol Marketing and Communication' in Cambodia to further strengthen and establish clear guidelines for responsible advertising and responsible communication practices within the alcohol industry.
- Advertising and marketing practices are constantly evolving, and it is essential to adapt the rules accordingly and to train marketers and the advertising agencies to keep pace with technological development. To this aim, spiritsEUROPE developed a set of guidelines for responsible marketing communications (with rules on content and placement of commercial communications to assist marketing professionals in the implementation of the laws, regulations and self-regulatory codes of practice. The latest edition of the Guidelines⁶ including standards for the use of social influencers in alcohol marketing was published in February 2022. To further compliance with self-regulation rules, spiritsEUROPE worked for many years on comprehensive face-to-face training programme.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The challenge and risks posed by illicit alcohol to consumer health and safety should not be ignored. More focus and better data are required on illicit alcohol as it poses a significant threat to national revenue streams, and brings about a wide range of negative socio-economic impacts, as recognised by both the OECD and UNCTAD.
- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. (IARD taxation statement)
- Analysis of "health taxes" should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples. Peer-reviewed studies should be prioritized over grey literature.

⁴ <https://www.retaildrinks.org.au/policies-advocacy/online-code-of-conduct>

⁵ <https://apiswa.org/launch-of-abapi-responsible-ec-pledge-2023/>

⁶ <https://www.spirits.eu/issues/spirits-society/ensuring-marketing-gets-the-message-across>

- Removal of agricultural subsidies would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes.
- Through partnerships with public authorities, ABRABE collaborates in public policies to combat the illicit trade, through national campaigns such as “Say No to the Illegal Trade in Alcoholic Beverages” in a multisectoral effort with more than 5 entities, which won the “National Award for Combat Piracy 2021”, in the Educational Category, granted by the Ministry of Justice and Public Security. It also monitors the number of illicit alcohol seized, transforming sectoral data into investigation intelligence. In recent years, this joint effort has removed more than 1 million bottles of illicit alcohol from circulation. In the mobilization of the mainstream press, there were more than 450 articles reaching more than 20 billion people, with guidance on the risks involved in the consumption of illicit alcohol. Also, ABRABE has a reverse logistics program for glass bottles, “Glass Is Good”, which ensures that discarded glass bottles do not fall into the hands of counterfeiters. In five years, around 400 million bottles were correctly allocated.
- The sector has been partnering with organisations such as the Transnational Alliance to Combat Illicit Trade (TRACIT) and The Alliance Against Counterfeit Spirits (AACCS) in tackling the challenge of illicit alcohol by working closely with local, national and international law enforcement, regulatory and industry agencies, such as through implementation of counterfeit identification training workshops and capacity building sessions for government officials, conducted by industry experts. An example of close collaboration with governments to tackle this detrimental issue is the recent series of APISWA-AACCS supported counterfeit training sessions for Malaysian officials, led by the UK Department for Business and Trade of the British High Commission in Kuala Lumpur⁷.

⁷ <https://apiswa.org/uk-dbt-illicit-alcohol-training/>

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))
- SBIs can be administered on a large scale through primary care, but they can also be targeted at certain populations through healthcare, education, and workplace settings, or targeted campaigns. They provide a pathway to channeling those with higher-risk drinking patterns to treatment resources.
- In the following meta-analysis of studies published between January 1995 and May 2020 which included 20 randomized control trial studies, findings from [Workplace alcohol prevention programs are effective for moderating consumption](#) (1 August 2023) showed a small, but statistically significant, impact of alcohol prevention programs based in the workplace, especially in regard to reducing the quantity of alcohol that individuals consume.
- Global trade and private sector investment provides significant value to national economies. This economic value delivers revenue streams that can be used to fight NCDs, and this value should be recognized.

General comments relevant to multiple papers:

- The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs, in addressing the harmful use of alcohol specifically and also in supporting public health goals. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.
- Efforts to accelerate reductions in the harmful use of alcohol should be conducted through a whole-of-society and an interdisciplinary whole-of-government approach. The World Health Organization (WHO) has acknowledged the role that economic operators (EOs) in alcohol production and trade play in helping to reduce harmful use, as envisioned in its Global Strategy to Reduce the Harmful Use of Alcohol, requested in the 2018 Political Declaration on Non-Communicable Diseases (NCDs), and reiterated in the Global Alcohol Action Plan (GAAP 2022-2030).

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization:

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions **X**
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Health Expenditures on Noncommunicable Diseases and Mental Health

Significant variations in per capita spending on noncommunicable diseases (NCDs) and mental health persist, with exceptionally high out-of-pocket (OOP) spending in low-income countries. The current data landscape needs to be more robust, impeding effective monitoring and resource allocation. This paper underscores the necessity for accurate, comprehensive data to facilitate informed policymaking and efficient resource distribution in addressing NCDs and mental health.

The Role of Development Assistance in NCD and Mental Health Finance

Development assistance for health (DAH) allocated to NCDs and mental health remains minimal and highly fragmented. To enhance the effectiveness of these funds, there is a pressing need to link DAH with broader global priorities. Improved coordination and robust global collaboration are pivotal to maximizing the impact of DAH in these sectors. Effective policy advocacy is essential to secure increased DAH for NCDs and mental health interventions.

The Role of Fiscal Measures in Addressing Noncommunicable Diseases and Mental Health

Implementing health taxes on tobacco, alcohol, and sugary beverages presents a viable strategy for generating revenue while improving public health outcomes. Removing harmful subsidies and establishing equitable fiscal policies are critical for sustainable health financing. This paper highlights the dual benefits of such fiscal measures in generating funds and enhancing the overall efficacy of health interventions.

Improving Domestic Financing for Noncommunicable Diseases and Mental Health Care

The paper calls for substantial reform in healthcare financing, particularly concerning NCDs and mental health care. Greater investment and stakeholder engagement are imperative to developing integrated health information systems. This approach ensures robust and sustainable financing mechanisms, ultimately leading to improved health outcomes and more resilient health systems capable of addressing the needs of populations with chronic conditions.

Financial Protection for Noncommunicable Diseases and Mental Health

High OOP spending remains a significant barrier to accessing care for chronic conditions, necessitating policies that provide enhanced financial protection. Reducing the cost of medicines and implementing exemptions for the most vulnerable populations are critical measures. Strengthening social assistance and ensuring equitable access to care is essential to mitigating the financial burden on households affected by NCDs and mental health conditions.

Human Resources for Health: How to Increase Workforce Inputs to Address Noncommunicable Diseases and Mental Health Conditions

The projected shortfall of health workers by 2030, particularly in low- and lower-middle-income countries, underscores the need for significant investment in health professionals' education, training, and retention. Innovative care models and competency-based education tailored to address NCDs and mental health are crucial. Policies to retain health workers and enhance their capacities are vital for developing a robust health workforce.

Role of Civil Society in Advocacy for Resource Mobilization for NCDs and Mental Health

Civil society organizations (CSOs) advocate for resources and hold governments accountable for NCDs and mental health. CSOs provide direct services, mobilize public and political support, and facilitate community engagement. Their involvement in budget planning, monitoring, and evaluation processes is essential for ensuring transparency and accountability in health financing. Investing in CSOs' capacity is crucial for building effective, responsive health systems.

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

Suggestions for clear financing messages for mental health which could include:

- Impact and cost of mental health conditions (MHCs)
- Effective interventions to treat/ prevent MHCs and promote mental wellbeing – many have cost benefit evaluation highlighting economic returns even in short term. Implemented by different sectors – prevention including by public health.
- Only minority of people with MHCs receive treatment with negligible coverage of interventions to prevent MHCs or promote mental wellbeing – breaches right to health and results in broad impacts/ costs
- Key reason for implementation failure is insufficient expenditure by different sectors including public health.
- Population scale-up of implementation results broad impacts and associated economic benefits across sectors.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

Accurate Data

Accurate and timely data on health expenditures is crucial for effective resource allocation and planning . The gaps and limitations identified in the paper suggest that many countries may struggle to respond effectively due to the lack of reliable data on NCD and mental health spending.

Useful to provide suggestions about how countries could be supported to collect expenditure data including with examples.

Expenditure data needs to cover different sectors such as health (treatment) but also public health for prevention and promotion.

Impact on Vulnerable Populations

High out-of-pocket (OOP) spending on NCDs and mental health in low-income countries indicates that vulnerable populations face significant financial barriers to accessing care. Health emergencies could exacerbate these barriers, leading to worse health outcomes for individuals with NCDs and mental health conditions. Need to highlight that insurance often excludes MHCs exacerbating OOP spending. And that more vulnerable need more targeted expenditure.

Need for Integrated Health Systems

The paper highlights the necessity for integrated health systems capable of providing comprehensive data across different levels of care, including primary health care and community-based services. Integrated systems are essential for coordinated response efforts and ensuring coordinated treatment coverage. . However, it is important to highlight that systems also need to include public health to support prevention of NCDs and mental health condition to sustainably reduce impact.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Sustainable and Flexible Funding

The current landscape of development assistance for health (DAH), characterized by fragmentation and low investment in NCDs and mental health, is not sufficiently responsive needs. Increased and more flexible DAH for NCDs and mental health could significantly enhance resilience and preparedness for health emergencies, ensuring continuity of care for chronic conditions during crises.

Helpful to include context re lack of resource/ implementation gap meaning that need to turn to DAH. Also to include evidence for effectiveness of DAH on funding of treatment and prevention of MHCs.

Role of Catalytic Funding

Catalytic funding plays a crucial role in overcoming barriers to implementation and scaling up successful interventions. Examples include funding for training local health workers in mental health care in conflict settings and supporting the implementation of tobacco control policies to reduce the burden of NCDs.

Global Coordination and Collective Action

DAH can support collective action for transnational issues such as tobacco control and access to medicines. However, important to state that require more dependable financing to address these and other issues

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Health Taxes

Robust health and public health systems require sustainable funding to address the size of treatment and prevention need for NCDs and mental health. Implementing health taxes on tobacco, alcohol, and sugar-sweetened beverages can generate substantial revenue, which can be used to strengthen health and public health systems. These taxes can also reduce the burden of non-communicable diseases (NCDs), making populations more resilient to health emergencies by improving overall health. Could add that tobacco and alcohol increase risk of MHCs while use of tobacco/ alcohol are much higher in people with MHCs, Suggest that include effective ways to influence government and policy makers to implement taxes on tobacco and alcohol in face of lobbying from tobacco/ alcohol industries – and also ensure that revenue generated is ‘invested’ in evidence-based interventions to prevent uptake of alcohol/ tobacco.

Suggest referencing commercial determinants.

Impact on Vulnerable Populations

Health taxes are progressive and can lead to significant health benefits for poorer populations, who are more responsive to price changes. Reducing the prevalence of NCDs among vulnerable populations can decrease their susceptibility to severe outcomes. Alcohol/tobacco use increase risk of MHCs. People with MHCs are also at increased risk of uptake of alcohol/tobacco/drug use. Therefore require more targeted approaches.

Removing Harmful Subsidies

Removing subsidies on harmful products such as fossil fuels and unhealthy agricultural commodities can free up significant resources. Eliminating these subsidies also reduces environmental risks, improving overall health outcomes and resilience against health emergencies.

Need to include insurance schemes as another fiscal measure including for people with MHCs.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

For paper 4, suggest need to include prevention as well as treatment with prevention often coming from different sectors including public health which has financing implications. Important to highlight that majority of lifetime MHCs arise before adulthood and result in broad range of increased health risk behaviours – this results in increased risk of physical NCDs sometimes decades later.

Suggest to add importance of taking a population approach to understand size/cost of unmet for treatment/prevention of NCDs and mental health conditions, And the then most effective ways to address this through scale implementation of the most appropriate evidence-based interventions informed by estimation of associated impacts and associated economic benefits.

Sustainable Financing

Suggest that addressing the gap for treatment and prevention of NCDs/ MHCs necessitate robust and flexible financing systems. Improving domestic financing for treatment and prevention of noncommunicable diseases (NCDs) and mental health by different sectors including public health will enhance coverage of evidence-based interventions and support sustainable reduction of NCDs and MHCs. Increased coordinated investment by different sectors in both the treatment and prevention of NCDs and mental health conditions reduces the burden of these conditions.

Health Information Systems

Modern digital health information systems are essential for effectively financing, managing and preventing NCDs including mental health conditions. These systems can provide real-time data to support decision-making. However, important that not only health information systems but also other systems such as public health information systems.

Integration of Services

Integrating NCD and mental health services into primary healthcare ensures accessibility .. Strategic purchasing and provider payment reforms can incentivize providing high-quality chronic care. Important to add that integration of the prevention of NCDs and MHCs is also critical and often occurs by other sectors including public health.

5. Financial protection for NCDs and mental health: Why and how?

Sustainable Financing

Health emergencies necessitate robust and flexible financing systems. Improving domestic financing for noncommunicable diseases (NCDs) and mental health can enhance health system resilience, ensuring continuity of care during crises. Increased investment in NCD and mental health interventions can reduce the burden of these conditions, making populations less vulnerable during health emergencies.

Health Information Systems

Modern digital health information systems are essential for effectively financing and managing chronic conditions. These systems can provide real-time data to support decision-making during health emergencies. Failure to invest in these systems hampers the ability to respond effectively to emergencies, underscoring the need for robust digital health infrastructure.

Role of Medicines in OOP Spending

Medicines significantly drive out-of-pocket (OOP) spending, particularly in low- and middle-income countries (LMICs). Access to affordable medicines becomes even more critical during health emergencies as supply chains may be disrupted and prices may increase. Governments should prioritize policies that reduce the cost of essential medicines, such as negotiating lower prices with manufacturers and removing import tariffs.

Suggest focus on how to finance integration of mental health into all sectors including public health re prevention of NCDs.

Financial protection for NCDs and MHCs could be supported by a population assessment of need and then consideration of how this need is addressed by different sectors in a coordinated way.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Addressing Workforce Migration and Brain Drain

Migration of skilled health workers to higher-income countries reduces capacity. Policies to retain health workers, such as improved working conditions, fair remuneration, and career development opportunities, are essential. Ethical migration agreements and support for countries of origin can mitigate the negative impacts of workforce migration during health emergencies.

Could add opportunities to reduce staff stress, burnout and MHCs. Also importance of having sufficient capacity and coverage on prevention of NCDs and MHCs which reduce need for treatment workforce

Innovative Models of Care

Implementing multidisciplinary and team-based care approaches can optimize the use of available health workers and improve service delivery although this may not be realistic particularly in LMICs. Task-sharing and using non-physician health workers can extend the reach of care for NCDs and mental health, particularly in underserved areas. Need to include innovative models to prevent NCDs and MHCs through public health approaches.

Gender and Equity Considerations

Addressing gender disparities and ensuring equitable treatment of health workers is essential for a resilient workforce. Policies should aim to close the gender pay gap and support unpaid caregivers, often women. Equity-focused policies can improve the distribution of health workers and ensure that more vulnerable populations receive more targeted approaches. . However, such approaches are also required for the prevention workforce

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Resource Mobilization and Accountability

CSOs can advocate for increased funding for both treatment and prevention of NCDs and MHCs , ensuring that resources are allocated efficiently and equitably. They are crucial in holding governments accountable for their commitments and ensuring that response plans are implemented effectively.

Community Engagement and Involvement

Engaging communities and individuals with lived experiences and the wider population is essential for an effective response. CSOs can facilitate this engagement, ensuring that the needs and perspectives of affected populations inform response plans. Participatory processes can help address disparities and ensure that vulnerable groups are not overlooked during emergencies.

Investment in CSO Capacity

Investing in the capacity of CSOs is essential. This includes providing funding for advocacy, training, and technical support. Strengthening the capacity of CSOs can enhance their ability to mobilize resources, support community engagement, and hold governments accountable to both address and prevent NCDs and MHCs.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers :

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health ?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Platform for Better Oral Health in Europe
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions X ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue Oral diseases represent a significant global health burden, affecting nearly 3.5 billion people and posing challenges to health systems worldwide. The WHO's Global Oral Health Status Report (2022) underscores the vast impact of oral diseases, which are the most widespread non-communicable diseases globally. Its treatment is estimated to cost more than either diabetes and cardiovascular disease, being estimated to be over 380 billion US dollars spent on treatment in 2019 alone in the European region. The prevalence of oral diseases is particularly high in middle-income countries, where three-quarters of affected individuals reside. This highlights the urgent need for sustainable financing strategies to integrate oral health into universal health coverage, ensuring equitable access to preventive and curative services. As we prepare for the International Dialogue on Sustainable Financing for NCDs and Mental Health, it is crucial to recognise oral health as an indispensable component of overall health and well-being, requiring immediate attention and action in policymaking and resource allocation.
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: International Society of Nephrology
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers The International Society of Nephrology appreciates the opportunity to express its views on the international dialogue on sustainable financing for NCD/MH. The ISN thanks both the WHO and World Bank for providing the comprehensive background documents that have been invaluable resources. We appreciate the excellent work and the wide range of expertise covered by the authors and the External Technical Expert Group in developing these insightful papers.
Document of the draft emerging messages that will inform the outcome document of the international financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? The ISN supports the recommendations on developing guidelines on National Health Accounts for NCD/MH to improve understanding of spending trends. The ISN calls for enhancing data collection, monitoring, and accountability mechanisms for NCD/MH spending. All stakeholders should be encouraged to create and/or improve the reporting on indicators across national health accounts, Organisation for Economic Co-operation and Development (OECD) indicators, and Official Development Assistance (ODA) budget lines. Notably, patients with chronic kidney disease (CKD) have significant healthcare needs and often experience other health conditions called comorbidities. Understanding and reporting CKD care costs are vital to document the cost-effectiveness of early CKD prevention strategies versus late treatment with dialysis and transplantation, and to document the urgent need for financial risk protection for these patients when kidney care is not covered by insurance or universal health coverage. Research indicates high healthcare expenses even for non-dialysis CKD patients, which escalate rapidly to become catastrophic health expenditures as disease severity increases, and especially if dialysis and transplantation are required. Limited research exists on the costs and cost-effectiveness of kidney care across the spectrum ¹ . The ISN believes that without information on current costs and spending for NCD/MH, global funding targets to achieve SDG 3.4 are not possible.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? The ISN welcomes the Paper 2 and agrees that Development Assistance for Health is crucial in financing efforts to address NCD/MH, especially in resource-limited settings. The ISN, representing kidney health professionals, commits to initiatives such as promoting ongoing medical education, and supporting and sharing best practices in research and clinical practice. These efforts enhance national capacity to address kidney health inequalities and promote a collaborative approach to broader NCD/MH challenges. By building local expertise and improving healthcare

¹ Manns B, Hemmelgarn B, Tonelli M, Au F, So H, Weaver R, Quinn AE, Klarenbach S; for Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease. The Cost of Care for People with Chronic Kidney Disease. Can J Kidney Health Dis. 2019 Apr 4;6:2054358119835521. doi: 10.1177/2054358119835521.

infrastructure, development assistance and professional organizations such as the International Society of Nephrology, drive sustainable improvements in public health. Knowledge however is not enough, these clinicians on the ground require access to the necessary resources to provide basic quality kidney care and these resources should be equitable and affordable accessible to all patients. Clinicians working in under-resourced environments where the CKD burden is high experience a high degree of moral distress which contributed to brain drain².

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? The ISN welcomes Paper 3, which explores how fiscal measures can prevent NCD and improve mental health. Fiscal measures are crucial for health as they not only increase fiscal space but also act as a preventative measure against NCD/MH by reducing risk-factor exposure. The ISN believes that reducing exposure to common behavioural risk factors to NCDs including the kidney disease would lead to more healthy years lived. The ISN supports the World Health Organization Best Buys³ publication which identifies cost-effective fiscal interventions to prevent and control NCDs such as increasing excise taxes on alcoholic beverages and tobacco products, banning tobacco advertising, and eliminating trans-fats from the food chain.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments
The ISN welcomes the recommendation on a series of steps to improve financial commitment through disease-informed health benefits package revisions and provider payment reforms. Universal health coverage aims to provide essential health services and alleviate financial burdens, yet ensuring access to kidney care requires more than just coverage. Strengthening health systems and emphasizing quality care are crucial as poor-quality services pose a greater risk than limited access in low-resource areas. Quality care entails well-trained healthcare staff, reliable diagnostics, infrastructure, medication supplies, and continuous monitoring for improvement. Inadequate drug quality can hinder CKD management, particularly in less developed regions; hence stringent regulation and monitoring of medications are vital for safe and effective treatment. Tailored strategies for local implementation will be necessary to uphold standards and ensure successful outcomes in kidney care delivery. Given the urgent need to increase access to the spectrum of kidney care, including dialysis and transplantation, globally, negotiations about fair prices and fair profits and price transparency are key to ensure more equitable affordability to such lifesaving care.

5. Financial protection for NCDs and mental health: Why and how?
Why:
The ISN welcomes the paper that highlights the financial challenges of out-of-pocket spending for NCD/MH care, emphasizing the importance of financial protection in achieving universal health coverage. Across low- and middle-income countries (LMICs), kidney disease causes significant financial strain due to the need for out-of-pocket payments⁴⁵. Medications for cardiovascular disease (such as statins, ACEIs, aspirin, and β -blockers) - commonly used in chronic kidney disease treatment - are more accessible in private rather than public healthcare facilities in some countries⁶. These medications are often scarce in rural areas and/or too expensive for a quarter of individuals in upper-middle-income nations and 60% of those in low-income countries⁷. One antihypertensive can cost between 1.6 and 6 days of wages and people living with CKD often require multiple medications, not just one, daily⁸. Newer treatments may be excessively costly globally, especially where generic options are not yet available⁹. CKD also imposes a substantial economic burden worldwide. The expenses associated with CKD rise significantly as the

² Ashuntantang G, Miljeteig I, Luyckx VA. Bedside rationing and moral distress in nephrologists in sub-Saharan Africa. BMC Nephrol. 2022 May 25;23(1):196. doi: 10.1186/s12882-022-02827-2.

³ World Health Organisation, Best Buys, <https://www.emro.who.int/noncommunicable-diseases/publications/factsheets.html>

⁴ Khatib R. et al. Availability and affordability of cardiovascular disease medicines and their effect on use in high-income, middle-income, and low-income countries: an analysis of the PURE study data. Lancet. 2016; 387: 61-69, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00469-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00469-9/abstract)

⁵ Essue et al., Economic Burden of Chronic Ill Health and Injuries for Households in Low- and Middle-Income Countries doi: 10.1596/978-1-4648-0527-1_ch6

⁶ Luyckx VA, et al. Mind the Gap in Kidney Care: Translating What We Know into What We do. Can J Kidney Health Dis. 2024 May doi: 10.1177/20543581241252506.

⁷ *Ibidem*

⁸ Husain et al., J Am Heart Assoc. 2020;9:e015302. DOI: 10.1161/JAHA.119.015302

⁹ SGLT2 out of pocket costs are very variable and inequitable (Figure <https://doi.org/10.1016/j.ekir.2023.11.029>)

condition progresses, not only due to dialysis and transplantation costs but also because of accumulating comorbidities and complications over time¹⁰¹¹.

How?

- **Implement Universal Health Coverage:** Global progress has been made in implementing national action plans for NCDs since the WHO Action Plan for noncommunicable diseases adopted in 2013. While many countries now have dedicated units and strategies for NCDs, kidney disease is included in only about half of these plans¹². It is essential to develop policies that integrate kidney care into universal health coverage packages to address this gap.
- **Public Private Partnerships (PPPs):** Foster collaborations between the public and private sectors to leverage resources, expertise, and innovations. PPPs can help expand healthcare infrastructure, improve service delivery, and enhance access to essential medications and technologies.
- **Address Price inequities:** Implement pricing policies and regulations to reduce the cost of NCD/MH medications and treatments (e.g. negotiating lower prices with pharmaceutical companies, bulk purchasing, and price controls on essential drugs).
- **Quality Generics:** Strengthen regulatory frameworks to ensure the quality, safety, and efficacy of generics
- **Enhance access to polypills:** Polypills can be particularly effective in managing chronic conditions like hypertension and cardiovascular diseases, leading risk factors to kidney disease.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

The ISN welcomes this paper that highlights challenges in healthcare provision addressing NCD/MH. The ISN strongly agrees that brain-drain in low-resource areas needs addressing, while community health workers can aid in disease programs and NCD management. Optimizing how care is delivered is crucial, including how the workforce is trained, recruited, incentivized and deployed. Multi-faceted approaches along with the budget proportionate to the burden of the NCDs including the kidney disease are needed to boost workforce capacity including:

- **Task Strengthening:** Provide specialized training programs to improve healthcare workers' skills in NCD/MH
- **Task Shifting:** Delegate certain tasks from highly trained professionals to those with less qualifications to free up time for complex cases.
- **Reduce Time Pressure:** Improve workforce management by hiring more staff or using part-time workers during peak times. Utilize technology to streamline administrative processes.
- **Simplify Guidelines:** Make clinical guidelines user-friendly and focus on key priorities for easier implementation.
- **Remote Support:** Offer telemedicine services for real-time assistance, especially in remote areas.
- **Remote Education:** Develop online courses for continuous education without disrupting work schedules.
- **Financial Support:** Provide scholarships and incentives for further education in NCD/MH.
- **Resource Availability:** Ensure facilities have updated equipment, access to research, and regular training workshops.
- **Quality Assurance:** Implement audits and feedback mechanisms to maintain high standards of care.
- **Continued Medical Education:** Require healthcare workers to complete annual CME credits in NCD

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

The ISN welcomes the paper recognizing the importance of including meaningful participation from civil society and individuals with lived experience in policymaking processes. They play a critical role in ensuring a whole-of-society response. Overcoming access barriers to care and promoting equity requires patient perspectives for designing and testing better health strategies. Collaborative care models should engage patients, families, community groups, various healthcare professionals, health systems, government agencies, and payers. Advocacy organizations, local community groups, can educate and contribute to developing patient tools and outreach programs.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Australia:

Changing the chronic kidney disease landscape, Deloitte, March 2023, [LINK](#)

¹⁰ Vanholder R. et al. Inequities in kidney health and kidney care. Nat Rev Nephrol. 2023; 19: 694-708, <https://www.nature.com/articles/s41581-023-00745-6>

¹¹ Nguyen-Thi H.Y. Le-Phuoc T.N. Tri Phat N. et al. The economic burden of chronic kidney disease in Vietnam. Health Serv Insights. 2021; 1411786329211036011, <https://journals.sagepub.com/doi/full/10.1177/11786329211036011>

¹² Luyckx VA, et al. Ibid

United Kingdom:

Kidney disease: A UK public health emergency; The health economics of kidney disease to 2033, Kidney Research UK, June 2023, [LINK](#)

Thailand:

Kidney Replacement Therapy Policy of Universal Care Scheme in Thailand: Lessons Learned and The Way Forward, Health Intervention and Technology Assessment Program, Dec 2024, [LINK](#)

Georgia (successful national public private partnership):

Global Dialysis Perspective Kidney360, [LINK](#)

Humanitarian health financing for noncommunicable diseases

The ISN welcomes its recent inclusion in the WHO High Level Meeting for Non-Communicable Diseases in Humanitarian Settings, where the urgent need for sustainable financing to meet the needs of people living on dialysis and with kidney transplant in these settings was highlighted. Given the urgent of all needs in these settings, allocation of specific budgets for high-cost and urgent needs such as purchase, procurement and distribution of dialysis supplies and transplant medication, maintenance of dialysis infrastructure and payment of local staff salaries is critical to permit continuity of services and prevent imminent, avoidable, deaths. Donations are not feasible. Separate emergency accounts are required where funds are accessible with days are required, as well as upfront and transparent negotiations and agreements on pricing of dialysis supplies and transplant medication. Fundraising and price negotiations during humanitarian emergencies leads to deathly treatment interruption for many^{13 14}.

General comments relevant to multiple papers:

- Kidney disease is common
- Kidney disease is the leading global cause of catastrophic health expenditure
- Kidney disease is largely preventable through the WHO Best Buys
- Kidney disease is treatable but access to early diagnosis and treatment is prohibitively expensive in many settings
- Treatment for end-stage kidney failure (dialysis and transplantation) is a disproportionately high proportion of health care budgets even in high income countries, largely unaffordable in low resource settings where opportunity costs are also extremely high
- Transparency is required to determine fair prices and fair profits for quality kidney medications, dialysis and transplantation
- Lack of financing for kidney care is a driver of brain drain

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Implementing “high-cost care” accounts, similar to the approach taken by Uruguay and other countries, could be a potential solution to cover the expensive care required for end-stage kidney failure (dialysis and transplantation). By segregating funds specifically for high-cost medical needs like this, the general budget allocated for healthcare should not be disproportionately diverted away from other essential health priorities. This targeted allocation of resources can help in managing the financial burden associated with end-stage kidney failure care while maintaining a balance in healthcare expenditure across various areas (analogous to Global Fund for expensive care/dialysis and transplantation).

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¹³ Tuglular S, Luyckx V. Maintaining kidney replacement therapy during armed conflicts. Nephrol Dial Transplant. 2024 Apr 26;39(5):735-738. doi: 10.1093/ndt/gfad259, <https://pubmed.ncbi.nlm.nih.gov/38059863/>

¹⁴ Hassan HA, Hafez MH, Luyckx VA, Tuğlular S, Abu-Alfa AK. Kidney failure in Sudan: thousands of lives at risk. Lancet. 2023 Aug 19;402(10402):607. doi: 10.1016/S0140-6736(23)01370-3. Epub 2023 Aug 9. <https://pubmed.ncbi.nlm.nih.gov/37572679/>

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: UNICEF (*consolidated inputs from NCDs and MH teams, TBC*)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations X

Non-State actors

- nongovernmental organizations, including those representing lived experience of health conditions
- philanthropic foundations
- academic institutions
- other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

https://cdn.who.int/media/docs/default-source/ncds/summary-document-ncdmh-financing-dialogue.pdf?sfvrsn=418ce61e_5

- Background paragraph number 1, suggest adding reference to some of the mental health global developments in past few years, eg UNGA Resolution passed by consensus with 68 co-sponsors in June 2023.
- Suggestions related to each of the paper summaries will be captured in sections below.
- Overall the summary document does not layout the theoretical underpinnings for the technical papers adequately, specifically:
 - Life Course Approach: Need to better emphasize the importance of addressing NCDs and Mental Health from pre-birth through adolescence and adulthood. This approach should be integrated into the discussion about disease burden and cost-effective interventions, ensuring that programs consider developmental stages and the unique needs of young populations.
 - Multi-sectoral Integration of Services: Need to showcase strong advocacy for integrating NCDs and mental health services across sectors, and specifically as it relates to child and adolescent health programs, particularly in primary health care and educational settings, which are accessible points of health & mental health care for this demographic.

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

[emerging-messages.pdf \(who.int\)](#)

- 'Context'
 - Suggest including stat in opening paragraphs on mental health: eg. *'Close to **one billion people** across the world are living with a mental disorder.¹ This includes 86 million adolescents aged 15-19 and 80 million adolescents aged 10-14².'*
 - Re. costs of inaction, could include: *'In some of the world's poorest countries, governments annually spend less than US\$1 per person on treating mental health. We pay a high economic price for this neglect – around US\$387.2 billion a year in terms of lost human potential that could be contributed to national economies³. The cost in terms of how it affects real lives, however, is incalculable.'*

¹ <https://www.who.int/campaigns/world-mental-health-day>

² [SOWC-2021-full-report-English.pdf \(unicef.org\)](#)

³ SOWC 2021

- Add specific mention of the importance of early detection and intervention for NCDs and mental health conditions from pre-birth through adolescence. This should highlight the life course approach and the need to address these issues early to prevent long-term consequences.
- 'Framing the agenda'
 - Suggest including UNGA Resolution on Mental Health, adopted June 2023 (as per comment above), and reference to building on the HLM on UHC in September 2023.
- Objectives- 'Inclusive Policy Recommendations'
 - Objective (a): Ensure the actionable strategies and policy recommendations specifically include provisions for child and adolescent mental health services within public financing and national budgetary systems.
 - Key Message (a): Emphasize the importance of integrating child and adolescent mental health in all 'whole of society' approaches. This should include education systems, community programs, and early childcare settings.
- Objectives- Integration of Services:
 - Objective (c): Advocate for the integration of child and adolescent mental health services into broader health and social care systems, including schools and community health services.
- 'Key messages and highlights emerging from the Dialogue'
 - Suggest to include a reference to the life course approach eg: *'Financing for NCDs and mental health must also take into consideration the unique social and developmental needs at different stages of the life course, prioritizing evidence-based interventions from pre-birth, early and middle childhood, adolescence and youth and through to older adulthood.'*
 - Suggest to include a key message on need for multisectoral collaboration, especially for mental health: *'Embedding mental health within health is indispensable to bridge the significant mental health care gap in most countries, especially for children and adolescents. Yet our efforts must also span other critical areas and service entry points - allocating budgets and resources to improve mental health and psychosocial wellbeing through education, protection, social welfare, justice, sports, and beyond. This ensures that we meet people of all ages where they are, be it in communities, families, schools, primary healthcare or early childhood care and education.'*
 - Key Message (c): Important to highlight the need for health systems to adapt to the unique needs of children and adolescents with NCDs and mental health conditions. This should include specialized child and adolescent mental health services and family-cantered care models.
 - Key Message (d): Important to include targeted investment in preservice and ins-service training and resources for health professionals specializing in pediatric and adolescent NCDs and mental health, as well as training for educators and caregivers on basic mental health support.
 - Key Message (e): Consider adding the development of information systems that can track and support NCDs and mental health interventions specifically for children and adolescents, facilitating continuity of care from childhood through adolescence into adulthood.
 - Key Message (i): Please include need for financial protection measures that specifically address the burdens faced by families with children who have chronic mental health conditions. This includes reducing out-of-pocket costs for families and enhancing access to necessary therapies and medications.
- Strategic Enhancement across the document:
 - Throughout the document, we need to emphasize the role of caregivers and family in the management and support of children and adolescents with NCDs and mental health conditions--- plus encourage policies that provide support and education to caregivers to enhance their capacity to aid in treatment and management ([Policy brief on MH and parenting programmes](#))

1. Health spending on NCDs and mental health: What can national health accounts tell us?

[Health spending on NCDs and mental health: What can NHA tell us?](#)

Overall- we need to advocate for the inclusion of caregiver support programs in national health budgets. This is particularly important for children and young people with NCDs and Mental Health conditions. It is also important

to advocate for broader social support and social protection programmes for people with NCDs and Mental Health conditions, as they are at high risk of social exclusion and being pushed into impoverishment if they are not already poor.

- Section 1: Propose the development of specific expenditure categories that focus children and young people, for example differentiating between paediatric and adult mental health services.
- Section 2: Consider advocating for comprehensive data collection that includes specific reporting on expenditures related to child and adolescent mental health, which are often underreported or overlooked.
- Section 3: important to highlight the impact of high out-of-pocket spending on families with children having NCDs or mental health conditions. Advocate for policies that reduce financial barriers for these families, ensuring more equitable access to necessary care.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

External financing for NCDs and mental health: What is the role of DAH?

- General- overall, the paper can better address the critical needs of children and adolescents within the broader context of NCD and mental health financing.:
 - Push for use of DAH to fund advocacy efforts that promote policies supportive of child and adolescent mental health. This includes lobbying for better mental health curricula in schools and community awareness programs.
 - Highlight the need for more research on effective interventions for child and adolescent mental health and for development assistance to support this research.
- Important to make the case for the importance of directing development assistance towards mental health initiatives specifically targeting children and adolescents (e.g. early intervention programs, school-based mental health services, and support for caregivers), who are often the most vulnerable yet underfunded in health initiatives.
- ‘How the politics of NCD and mental health affect their place in the global health agenda’
 - This feels like it undermines the critical role of other UN agencies and other CSO partners: The WHO has been the primary advocate for NCD and mental health action at the global level for the past three decades.
 - Suggest this needs reframing given the acknowledgement that this is no longer the case for mental health: There is a lack of counterpart actors in the other dimensions of agenda-setting, e.g., advocacy, policy champions, rights (with mental health being an increasing exception), and development.
- ‘Articulating the NCD and mental health “problem” stream’
 - This section would benefit from an articulation/acknowledgement of the different problems faced at different life stages (with a particular focus on childhood and youth), and different interventions required across the life course.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Need to better emphasize protective measures for youth e.g. importance of implementing fiscal measures that protect children and adolescents from health risks associated with tobacco, alcohol, and unhealthy foods. Taxes not only serve as a revenue source but also as critical public health tools to reduce early onset of NCDs and support mental health among young populations.
- Section 1: Can we advocate here for tobacco tax structures that discourage youth smoking initiation? E.g. measures like raising the minimum age for tobacco sales and implementing stricter penalties for sales to minors alongside higher taxes.
- Section 2: higher taxes on products predominantly consumed by young people- e.g. sugary drinks and snack foods, to combat obesity and other NCDs that begin in childhood and have lifelong health implications.
- Section 4: Suggest earmarking of funds from health-related taxes for programs specifically benefiting child and adolescent health, including mental health services in schools and communities.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- Key messages/introduction section
 - Overall – we need to better emphasize the unique needs of children and adolescents in the context of NCDs and mental health, advocating for targeted investment in preventive and care interventions tailored to younger populations.
 - Important to highlight the need for multisectoral response required within health financing reforms – budget must be allocated across different line ministries across continuum of prevention, promotion and care.
 - Suggest adding some additional examples to illustrate points about inefficient spending, eg: *‘The global median of government health expenditure that goes to mental health is less than 2%, of which two-thirds is allocated to psychiatric hospitals. This translates to a global spend of US\$7.49 per person each year on mental health services, dropping to just US\$0.37 and US\$0.38 in lower-middle and low-income countries respectively⁴.⁷ And only a small fraction of even this modest expenditure goes to the most vulnerable, such as children, adolescents, young people and caregivers.’*
- Cost effectiveness of interventions:
 - See [UNICEF cost-benefit analysis from 2023](#) which highlights that failing to address the MHPSS needs of crisis-affected children and adolescents could result in **US\$203 billion (2022 US)** in lost lifetime earnings at the global level. Conversely, MHPSS interventions for crisis-affected children have significant returns on investment:
 - For every **\$1** invested in community-based group therapy, **\$39** of lifetime earning loss is averted.
 - For every **\$1** invested in School-based Cognitive Behavioural Therapy, **\$57** of lifetime earning loss is averted.
 - And for every **\$1** invested in social and emotional learning skills education, an astounding **\$225** of lifetime earning loss is averted.
- Specific Areas of Focus (missing/need to be strengthened):
 - Prevention and Early Intervention: increased funding towards preventive measures and early intervention programs in schools and communities, which can reduce long-term costs and improve lifetime health outcomes.
 - Family and Community Engagement: financing models that involve family and community support structures, which are crucial for the effective management of NCDs and mental health issues in children and adolescents.
 - Integrated Care Systems: models of care that integrate physical and mental health services for children and adolescents, ensuring that funding supports comprehensive health services that address the multifaceted needs of young individuals.
 - Research and Data on Child and Adolescent Health: more targeted research and data collection focused on child and adolescent health outcomes related to NCDs and mental health, to better inform policy decisions and funding allocations.
- In case useful, could draw some of the recommendations from [GMHAN - Financing child & adolescentf.pdf - Google Drive](#)

5. Financial protection for NCDs and mental health: Why and how?

Financial protection for NCDs and mental health: Why and how?

- Need to better contextualize financial vulnerability- and look at how individuals with NCDs and mental health conditions are particularly vulnerable to financial instability due to recurring health-related expenses and the potential for reduced earning capacity.
- Under non-medical costs – need to emphasize other elements specific to children e.g. caregiver expenses.
- On financial coverage – should this go beyond treatment to include prevention, ongoing management, and supportive services which are crucial for NCDs and mental health conditions?

⁴ [GMHAN - Financing child & adolescentf.pdf - Google Drive](#)

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

[Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions](#)

- Paper should acknowledge important role of non-health workforce in delivering interventions, eg across education, social welfare and other sectors.
- Introduction suggestion: *'In low-income countries, there is less than one mental health worker available per 100,000 people.'*
- Linked to EQUIP example or education/employment section – important to add a reference to the specific capacities and training needs for the mental health workforce working with children and adolescents.

Other important considerations:

- Need for greater collaboration between universities in low and middle income countries
- we need to understand from other sectors what works,
- we need to support the next generation of practitioners to lead from the places where the work is happening to avoid colonial structures and systems that have not served well in the past.
- We need to advocate for protections that specifically consider the mental health needs of health workers and other frontline workers across sectors, including stress management and burnout prevention.
- Outline cost estimation methods for scaling up workforce inputs in child and adolescent health services.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

[Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society](#)

- Overall the paper needs to better and more directly highlight/strengthen:
 - While the document references global coverage data for mental disorders in young people, it could strengthen by explicitly discussing the distinct needs of children and adolescents, such as developmental considerations, schooling impacts, etc. Highlighting the need for age-specific health data and services can strengthen advocacy efforts, making them more targeted and effective.
 - Although civil society's role is broadly discussed, integrating specific advocacy for caregivers' needs is imp e.g. advocating for caregiver mental health & support services, recognition in policy frameworks, and financial support mechanisms.
 - Need to strengthen the sections on participatory processes by advocating for the direct involvement of adolescents in civil society advocacy efforts e.g. youth-led advocacy initiatives or ensuring that adolescents have representation in forums where health policies that affect them are discussed.
 - Highlight role of Civil society in collaborating with educational sectors to ensure that young people receive education about NCD prevention and mental health literacy from a young age.

General comments relevant to multiple papers:

- Across the papers there is a distinct lack of focus on children and adolescents and the specific developmental needs across these life stages. It would be important to highlight this in the introductory paper and reference throughout.
- More could be made of the return of investment in prevention/promotion initiatives in childhood and youth that can have multiple health, developmental, social and economic benefits in the short- and long-term.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: LifeLine International
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? National health accounts should record funding for mental health and psychosocial support services and programs. These accounts should explicitly record funding for crisis support services, as immediate psychosocial supports, such as national crisis lines, online crisis chat, crisis text, community-based crisis support services
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? Development Assistance should reflect the priority given in the Sustainable Development Goals (Goal 3) to mental health and psychosocial support.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? Nations should allocate funding for NCDs and for mental health and psychosocial support commensurate with the burden of disease these aspects of health and wellbeing generate.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Basic levels of accessible, free and open (no restrictions on eligibility) psychosocial support services, including services that are ‘crisis support’, i.e. oriented towards provision of immediate, accessible, low cost support for people who are experiencing a crisis state – a life situation, symptoms of a mental health condition, a relationship or social problem. These should be regarded as ‘essential services’.

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

It is possible to provide mental health psychosocial support services using paraprofessionals, thereby broadening the options for workforce recruitment and avoiding reliance on higher paid professional roles.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Civil society organizations are community based and maintain connections and interactions with communities, so they are well placed to respond to social, cultural and contextual factors surrounding the prevention and treatment of non-communicable diseases and mental health. Civil society organizations can foster stigma reduction, promote help seeking and make services accessible in ways that others cannot.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

The provision of immediate psychosocial support at time of disaster, emergencies, social disruption, conflict and economic instability should be regarded as an essential feature of all humanitarian health plans and financing commitments. This will have a beneficial preventative effect on non-communicable diseases, especially mental health and behavioural health conditions, notably the prevention of suicide.

General comments relevant to multiple papers:

It is vital that the emerging policy, funding and program directions recognise these aspects of non-communicable diseases and mental health:

- Mental health is a high priority amongst the non-communicable diseases, given the burden of disease and impacts of mental illness and mental health conditions worldwide, and the potential for prevention.
- Behavioural health issues such as suicide, domestic and gender-based violence, substance and alcohol addictions, should be included in the scope of work on non-communicable diseases given their impact on population health and wellbeing.
- The social determinants of health apply in non-communicable diseases, i.e. diet, education, housing, income security, family violence and abuse, discrimination, social exclusion, cultural disconnection, climate change. Accordingly, psychosocial support to address the social determinants and build individual's capabilities is a vital contributor to the prevention and response to non-communicable diseases.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Every Government to commit to providing funding for the establishment or maintenance of a nationally accessible crisis support service, such as a crisis line, online crisis chat, or crisis text, to provide every person in every country with a basic level of immediate support during times of personal difficulty and distress, an expression of Universal Health Coverage (UHC): thereby creating a constant 'front line' response to people's when there is a need for immediate help and support, and an ability to use this opportunity as a pathway for people's use of health and social services for their longer term needs.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: NCD Alliance

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

☒ Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions ☒
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

NCD Alliance Comments

Emerging Messages to Inform the Outcome Document of the International Dialogue for the Sustainable Financing of Noncommunicable Diseases and Mental Health

May 2024

We welcome the set of technical background papers and the document of emerging messaging to inform the outcome document of the international dialogue for the sustainable financing of noncommunicable diseases and mental health (hereinafter “financing dialogue”), prepared by the WHO and World Bank. The background papers are a useful and comprehensive resource addressing many of the issues in NCD and mental health financing and we appreciate the good work and wide range of expertise covered by the authors and the External Technical Expert Group in the development of these papers.

The emerging messages document adequately and accurately captures the critical information delivered through the dialogue’s technical background papers, and we welcome the reiteration of best practices and technical tools that already exist for health and NCDs and mental health (NCD/MH¹) financing.

We express concern, however, that current recommendations, outcome messages, and calls to action from the background papers are not sufficiently clearly stated. Also, we note with concern that some of the key recommendations from civil society and other stakeholders for bold action on NCD/MH financing that would help to accelerate progress on efforts for NCD and mental ill health prevention and control are omitted.

In particular, we welcome:

- In Paragraph A, the emphasis on **health-in-all-policies approaches** to address NCDs, mental ill health, and their risk factors in the most comprehensive way possible. We also welcome the recognition of the

importance of including the **meaningful participation of civil society and people with lived experience** in policymaking processes and the critical role they play in ensuring a whole-of-society response.

- Acknowledgment that there is an under-explored opportunity to leverage Official Development Assistance (ODA) for NCDs to facilitate **catalytic and sustainable** external funding for NCD/MH due to a lack of national plans and priorities (Paragraph B). We also appreciate the recognition of the continued dominance of Millennium Development Goal agenda items in development for health, and of the shared responsibility all actors have in integrating NCD/MH into their respective strategies. Analysis from *Tracking NCD Funding Flows: Urgent Calls and Global Solutions* (Global Alliance for Tobacco Control, NCD Alliance, 2024), shows that there are large financing gaps that ODA and other forms of development assistance for health (DAH) can assist in closing for NCD/MH in LMICs. For example, tobacco control faces an annual funding gap of \$8.4 billion for proper implementation of the WHO FCTC, and alcohol use, while causing 5.3% of mortalities, only receives US\$50 million per year.
- We strongly welcome the “win-win” message presented in Paragraph F, through its reiteration of the success and importance of **fiscal measures** for health in not only increasing fiscal space but also serving as a **preventative** measure against NCDs and mental ill health **by reducing risk-factor exposure**. These strategies are well-evidenced and there is room for expanding the range and role of fiscal measures as an upcoming report from NCD Alliance, *Getting Fiscal Policies Right*, demonstrates as it explores the range of fiscal measures to deliver a “win-win” situation including taxes, levies, and subsidies.

However, we express concern that:

- The emerging messages for the financing dialogue do not mention nor propose the **development of NCD/MH financing targets**. Unlike other global health agendas, such as HIV/AIDS or tuberculosis, NCD/MH does not have politically agreed specific and measurable financing targets. Since the inception of the global AIDS response, there have been targets on the corresponding funding gap and the level of investment required both globally and in LMICs. Targets can be and have been impactful tools for accelerating action; it’s clear that **what gets measured gets managed**. Without a clear understanding of the optimal funding and targets necessary for the adequate financing of NCD/MH, investment will continue to stagnate or lag.
- Despite the emphasis placed on increasing and mobilizing financial resources, the main messages for the dialogue do not include accompanying **calls for enhancing data collection, monitoring, and accountability** mechanisms for NCD/MH spending, outside of a brief reference to health financing mechanisms in Paragraph E. All stakeholders should be encouraged to create and/or improve the reporting on indicators across national health accounts, OECD indicators, and ODA budget lines. It is likely that some NCD/MH investment is hiding in plain sight, with governments and donors initiating NCD-related projects under general headings (such as “health systems strengthening,” or “essential medicines”) without effectively tracking, examining, or using this information to inform strategic investment planning. NCDA’s forthcoming paper, *Building Momentum for Change through the G20*, argues that a global monitoring standard for NCD financing is necessary for both delivery of, and accountability for, global action against NCD/MH.
- The current outline of the outcome document does not include nor reaffirm the main messages and outcomes from the 2018 *Global Dialogue on Partnerships for the Sustainable Financing of NCD Prevention and Control*, which highlighted the important **role of multi-sector partnerships and innovative funding mechanisms** to increase the fiscal space for NCDs. Governments have the primary responsibility in delivering on their commitments to reducing NCD mortality and achieving UHC, but unlocking these resources is essential to driving progress on NCD/MH financing.

We also offer the following recommendations to further strengthen the outcome document:

- We welcome the recognition in Paragraph I, that households affected by NCDs and mental ill health are subject to **high levels of out-of-pocket spending (OOP)**, increasing their risk for financial hardship and non-adherence to treatment. As such, we recommend that the outcome document include a rationale that links the strengthening financial and social protection policies to **the achievement of Universal Health Coverage (UHC)** and the triple billion targets, and important principles such as health **equity** given that NCDs and mental ill health disproportionately impact people of lower socio-economic status.s

- **Strengthening linkages across the broader Sustainable Development Agenda.** NCDs and mental ill health are not just a health issue; they are a human rights, gender, equity, and economic issue. Providing SDG-related rationale will provide messaging and justification to stakeholders not participating in the financing dialogue, which will be important in **encouraging political leadership and political will to address NCDs and mental health**. Transforming the good frameworks and technical guidance that already exist into meaningful action links closely to the earlier point on the need for whole-of-society and whole-of-government responses, which cannot be done without a common and comprehensive understanding of the issue.
- Strengthening and clarifying the messages around **information systems** in Paragraph E. The enhancement of information systems for the collection of routine health information is a critical investment to improve and integrate patient care and we suggest that main messages also include recognition that these enhanced systems can also contribute to data collection on disease prevalence, the effectiveness of interventions, and patient needs to facilitate that can **be used in national resource planning and financing strategies** to ensure that resources are purchased strategically and allocated based on need.

The above statement is written by NCD Alliance and supported by the following organizations:

Alianza			ENT		Uruguay
Australian	Chronic	Disease	Prevention	Alliance	(ACDPA)
Bangladesh			NCD		Forum
Burundi			NCD		Alliance
Cancer			Research		UK
CLAS	Coalition		for	Americas'	Health
Eminence	Associates		for	Social	Development
European	Federation	for	Neurological	Associations	(EFNA)
Ghana			NCD		Alliance
Healthy		Caribbean		Coalition	(HCC)
Healthy			India		Alliance
International	Federation		of	Psoriasis	Associations
International	Society		of	Nephrology	(ISN)
Japan			NCD		Alliance
McCabe	Centre	for	Law	and	Cancer
NCD		Alliance		East	Africa
NCD			Alliance		Malawi
NCDI			Poverty		Network
OMIS	(Multidisciplinary	Organization	for	Social	Integration)
OneNeurology					
Rwanda			NCD		Alliance
South	East	Asia	Regional	NCD	Alliance
Tanzania		NCD	Alliance		(TANCODA)
The		Africa	NCDs		Network
The	Cameroon	Civil	Society	NCD	Alliance
The	George	Institute	for	Global	Health
The	International	Association	for	Dental	Research
The	Zambia		NCD	Alliance	(ZANACODA)
Unesco	University	Committee/Club	for the	Fight Against	Drugs and other pandemics
United		for	Global		Mental
Wale		Action		Sante	Population
World	Cancer		Research	Fund	International
World Stroke Organization					

¹ In line with the inclusion of mental health conditions in WHO's '5x5' approach to NCDs, we refer throughout this document to the need for financing of NCDs including mental health conditions as NCD/MH. Where mental health is not specifically mentioned, it should be assumed that it is not included in the corresponding text.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

- We welcome the recommendation that there is a need to develop guidance on NHAs for NCD/MH to facilitate a better understanding of spending patterns, and that WHO can promote tracking expenditure by disease.
- We welcome the acknowledgment of the role digitization and technology can play in monitoring and tracking spending and other financial trends.
- We recommend reframing the key messages to be action-oriented recommendations, particularly as initiating and strengthening data collection for NCD/MH in health accounts in LMICs will challenge the capacity of these governments to collect accurate and detailed data. While it is important to know what is being spent, it is equally important that financial flows can be better tracked, monitored, and analyzed to support national decision-making and that bottlenecks in selected areas can be addressed to support increased service delivery.
- Moreover, we would recommend contextualizing the importance of the collection and disaggregation of NCD/MH data through a health and development lens, noting that without information on current NCD/MH spending, the development of global funding targets to achieve SDG 3.4 is not possible.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- We welcome the promotion of the use of DAH to catalyze sustainable domestic research mobilization for NCD/MH
- We caution against the use of generalizations throughout the paper without caveat. One such example is on page 5: “the NCD conversation has stayed very much in the technical/technocratic space. There is a lack of counterpart actors in the other dimensions of agenda-setting, e.g., advocacy, policy champions, rights (with mental health being an increasing exception), and development.” This ignores the interest and engagement of civil society groups such as Access Accelerated, City Cancer Challenge, NCD Alliance, PATH, the Union for International Cancer Control, United for Global Mental Health, and the World Diabetes Foundation, among others, which have prioritized NCD/MH financing in their advocacy work, as well as the successful investment cases of the UNDP and the three UN High-Level Meetings on NCDs.
- We recommend building stronger links between this paper’s discussion on advocacy and civil society engagement with the key messages in Paper 7, as well as emphasizing the need to recognize and build champions, a key consideration for building political will and leadership.
- We recommend bringing forward the point around the complexity of tracking DAH contributions for specific diseases and the need for standardized definitions and reporting mechanisms to improve transparency and accountability in health

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- We welcome the key messages and recommendations for this paper and offer our full support of its key messages and findings.
- A forthcoming report from NCDA on fiscal measures provides a comprehensive overview of the various taxation and subsidy measures governments can take beyond direct taxes on health-harming products. We see these two papers as complementary in this discussion, and we recommend that our report be considered as additional reading for dialogue participants and considered as an input in the development of the final outcomes document.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- We welcome the emphasis on greater money for health and NCD/MH-informed decision-making in PHC and UHC efforts.
- We also welcome the presentation of key messages from the case studies in Section 2.
- In Section 3, we recommend creating better links with background paper 7 and including similar points from the “emerging messages” document around the engagement of civil society and people with lived experience.
- We encourage the introduction of a recommendation section to bring together the various ways this paper discusses how to enhance domestic financing.

5. Financial protection for NCDs and mental health: Why and how?

- We welcome the continued recognition that OOP spending is a barrier to seeking care for NCD/MH and can lead to financial hardship and that financial protection is a key component of UHC
- We recommend using the discussions around OOP and its ripple effects, as an opportunity to bring in links to other SDGs and how addressing NCD/MH can accelerate action on these other goals, as outlined in our response to the “emerging messages” document.
- We recommend the development of sharper messaging in the two “strategies” subsections to create an actionable recommendation section. Much of the useful information is obscured in its current format.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

- We welcome this paper and have no further comments at this time

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society**General comments relevant to multiple papers:**

- We recommend developing a standard definition across all background papers for “NCDs and mental health” as it is often unclear whether this formulation also consistently includes neurological conditions. Terminology and acronyms should be consistent throughout.
- NCD Alliance has consistently introduced “NCDs” as an inclusive term, “including mental health and neurological conditions”. We appreciate that this is a complex issue, and we appreciate that statistics and data used can vary in terms of the specific diseases used in their calculation. We have used “NCD/MH” to reflect the title of the dialogue in this instance but recommend that an inclusive approach to the NCD agenda be taken as the road to 2025 continues. We would welcome further development of the conceptualization of co-morbidities and the relationship between physical and mental health being factored into the ongoing development of UN HLM on NCDs’ 5x5 agenda and how this is communicated.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Building upon our comments above, we encourage Heads of Government/State to commit to:

- Developing and/or enhancing the tracking of public spending on NCD/MH in national health accounts and development budgets and indicators.
- Recognizing and committing to the fulfilment of a set of global financing targets, as developed by the WHO and World Bank, for NCD/MH as a health and development issue in the Political Declaration on NCDs in 2025.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Distilled Spirits Council of the United States (DISCUS)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback

Draft outcome document of the International Financing Dialogue

The International Financing Dialogue to support the preparatory process leading up to the *WHO and World Bank's Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs and Mental Health in 2025* should be informed by multistakeholder input, representing Member States and non-State actors – include Economic Operators (EOs).

When it comes to the topic of alcohol, the approach to sustainable financing to address NCDs and mental health should retain options for Member States (MS) to implement the Global Action Plan 2022-2030 to Strengthen Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Action Plan), the NCD Global Monitoring Framework, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases (UN Political Declaration on NCDs), as appropriate and feasible within each national context.

The private sector and EOs have played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the 2018 UN Political Declaration on the Prevention and Control of Non-Communicable Diseases (UN Political Declaration on NCDs). A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals. The private sector and EOs must continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This document raises the topic of cross-border alcohol marketing, advertising and promotion. In February 2020, the WHO Executive Board directed the Director General to “Develop a technical report on the harmful use of alcohol related to alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the Executive Board, which could contribute to the development of the action plan.” The International Financing Dialogue should acknowledge the co-regulatory and self-regulatory measures that build on legislation and that are recognised by regulatory authorities. The Dialogues should also recognize that, when it comes to alcohol, there is a lack of research evidence to support the introduction of new or unsupported international marketing and advertising bans.

When it comes to marketing and advertising, the distilled spirits industry in the U.S. has led the way in developing and implementing responsible practices. Within months of the repeal of Prohibition, leaders in the distilled spirits industry approved their first voluntary [Code of Responsible Practices](#). Throughout the decades, the Code has embodied high standards and a commitment to responsibility. The [DISCUS Code of Responsible Practices](#) applies to all activities in the U.S. undertaken to advertise and market distilled spirits, as well as beer and wine brands marketed by DISCUS members and distilled spirits brands of non-DISCUS members. The DISCUS Code covers the responsible placement and content of beverage alcohol advertising and marketing materials, as well as:

- [Digital & Social Media Guidelines](#)
- [Media Buying Guidelines](#)
- [Crossover Products Responsible Marketing Guidance](#)
- [Social Media Platform Alcohol Policies](#)

Additionally, DISCUS is a member of the [International Alliance for Responsible Drinking \(IARD\)](#). IARD Members have been proactively raising standards in e-commerce and digital marketing to eliminate exposure to minors as per the UN Political Declaration on NCDs, and that there have been reductions in underage drinking and binge drinking even while digital marketing has increased. There is a host of research data to support this; for example, countries with high social media use do not have higher rates of underage drinking. The progress made in this area has been achieved, in part, through industry efforts, such as using geo-blocking to ensure users see ads that are designated for their country as well as age gates to ensure ads are visible to those over Legal Purchase Age.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#)). Further, analysis of “health taxes” should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples, and peer-reviewed studies should be prioritized over grey literature. When it comes to alcohol, there is a large body of research that indicates increased taxes do not reduce the harmful consumption of alcohol.

Additional considerations for the International Financing Dialogue include the impact of agricultural subsidies and on illicit alcohol. The removal of agricultural subsidies would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes. Similarly, better data are required on illicit alcohol as it poses a significant threat to national revenue streams and the health of societies.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

When it comes to the harmful use of alcohol, the International Financing Dialogue should consider ways to strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Strategy). The Global Strategy has been successful in drawing greater attention worldwide to the harmful use of alcohol, and meaningful results have been achieved in its implementation. It includes important policy options and evidence-based strategies to reduce the harmful use of alcohol (e.g., Screening and Brief Intervention) that have not had adequate investment. The [WHO has highlighted](#) the “*lack of resources to finance prevention and treatment programs and interventions.*” Global trade and private sector investment provides significant value to national economies, which in turn delivers revenue streams that can be used to fight NCDs; this value should be recognized in the International Financing Dialogue.

General comments relevant to multiple papers:

The aim of the International Dialogue on Sustainable Financing for NCDs and Mental Health is to explore approaches to addressing NCDs and mental health within national health and financing plans. It should reflect a whole-of-society approach, and references to Economic Operators (EOs) should reflect the positive, constructive contributions EOs can offer. For example, there should be a defined role for EOs allowing for contributions to the development and implementation of policy, as well as to other efforts, such as capacity-building.

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: New Zealand Winegrowers (NZW)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

NZW endorses a ‘whole-of-society approach’ by international agencies to reducing the harmful use of alcohol.

Engaging all sectors, including the private sector, will ensure there is progress in tackling alcohol-related harm and reducing non communicable diseases (NCD’s)

This approach is consistent with the [WHO’s Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals.

In New Zealand, industry supports programmes focused on reducing the harmful use of alcohol. A key initiative is The Tomorrow Project, an industry funded charity that supports evidence based and evaluated harm reduction programmes, including alcohol education reaching over 20,000 school students a year.

The industry also funds a dedicated government health levy to support better drinking cultures and reducing harmful consumption.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

NZW encourages the inclusion of the private sector in discussions, both internationally and nationally, to reduce harmful alcohol use, including in the areas of alcohol marketing, advertising and promotion. We support the ability for states to create nationally appropriate responses which will contribute to reducing the harmful use of alcohol.

In New Zealand, NZW and its members do not support minors being exposed to alcohol advertising and marketing. We ensure that activities are consistent with a specific code governing alcohol advertising and promotion, as well as a code protecting minors from all unwanted advertising. Compliance and infringements are managed by the independent Advertising Standards Authority.

New Zealand’s Sale and Supply of Alcohol Act creates the regulatory framework for alcohol advertising and enforcement, including allowing local authorities to put in place restrictions where the community is consulted and requests these measures. The Act also includes a criminal offence for irresponsible promotion of alcohol.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The wine industry contributes to New Zealand's economy through export returns of \$2.29 billion in 12 months to September 2023, and job creation, which was last estimated at 6,950 employees and 12,500 roles in supporting sectors. The government benefits from tax returns on employees' income, business income, GST on products, excise payments on wine sold for domestic consumption and a health levy.

NZW recognizes the costs on the primary health care system of the harmful use of alcohol and supports consideration of evidence-based interventions through the health care system to reduce harmful alcohol use and improve health outcomes.

General comments relevant to multiple papers:

NZW endorses the role of the private sector as a legitimate stakeholder in discussions around financing and strategies to address global health issues such as NCDs.

NZW refers to the UN Political Declaration on NCDs ([A/RES/73/2](#)), which recognises the importance of inclusion of civil society and the private sector to the prevention and control of NCDs throughout the resolution.

The current documents are inconsistent with references to the inclusion of all parties, so we request the inclusion of civil society and the private sector.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Nil

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

**International dialogue on sustainable financing for
noncommunicable diseases and mental health
Key human rights messages from OHCHR**

National health accounts (paper 1)

- **Suggested key message:** The collection of comprehensive, fully disaggregated data is part of upholding the right to health. With a view to ensuring that no one is left behind, data should be disaggregated, for example, according to sex, age, race, gender, socio-economic status, disability and other categories as locally relevant. Essential action needed in this area includes: (i) allocating adequate resources for the expansion of national and subnational data collection capacity, including that of non-State stakeholders; and (ii) building long-term capacity to analyse, disseminate and use disaggregated data for policy formulation, impact evaluation, advocacy, programming and information sharing on good practices.

The role of development assistance in mental health and NCD finance (paper 2):

- Under the International Covenant on Economic, Social and Cultural Rights, ratified by 171 countries, States have an obligation to use the maximum available resources available to them from both domestic sources and **through international assistance and co-operation, especially economic and technical**, for the realisation of economic, social and cultural rights including the right to health. As such, development assistance is a crucial component of the human rights framework, facilitating the realisation of health and health-related rights, particularly in resource-poor settings.

Improving domestic financing (paper 4):

- When deciding how universal health coverage is to be achieved, States should use human rights principles to guide the formulation, implementation, monitoring and review of policy in this area. The realisation of the right to health requires that good quality health services, goods and facilities, including those needed for mental health and NCDs, be available and accessible to everyone on the basis of non-discrimination. This includes directing resources to the following: (i) improving the availability of cost-effective basic technologies and essential medicines required to provide treatment, care and support for major NCDs, in both public and private facilities; (ii) investing in the infrastructure, expertise and services required to provide mental health and NCD services that are free from stigma, discrimination and coercive practices; (iii) orienting health systems to address mental health, NCDs and their associated risk factors through people-centred health care, social support and universal health coverage; and (iv) integrating rights based, cost-effective NCD and mental health interventions into the basic primary health care package with referral systems to all levels of care.
- Due to severe resource limitations, developing countries, particularly, lack the flexibility to implement effective measures to respond to the cost-of-living, housing, food and poverty crises which followed the COVID-19 pandemic. Over half of the world's poorest countries are in or near full-blown debt distress, with debt commitments and servicing crowding out critical investments in social protection, health care, education and other services. Debt servicing constitutes a significant burden for low and middle-income countries, making them more vulnerable to external shocks and constraining the fiscal space needed to invest in mental health and the NCD response. Austerity measures, which include taxes on food, fuel and other necessities or cuts to social sector spending, affected 85 per cent of the global population in 2023.¹ Between March 2021 and March 2022, as low- and middle-income countries continued

¹ See Isabel Ortiz, Matthew Cummings, [End Austerity: A Global Report on Budget Cuts and Harmful Social Reforms in 2022-25](#), September 2022.

to reel from the effects of the pandemic, austerity and fiscal consolidation measures were required as conditions for most (87 per cent) of the International Monetary Fund's loan programmes concluded with countries in this category. There is an urgent need to assess the impact of constrained fiscal space on the delivery of services for NCDs and mental health and respond accordingly.

Financial protection (paper 5)

The protection of the right to health is a prerequisite for the enjoyment of other human rights, and the converse is also true: the right to health can only be fully realized when other human rights are upheld. The right to social protection, in particular, secures the enjoyment of at least the minimum levels of rights such as health and food, provides protection from risks and contingencies throughout the life cycle, and is extremely important in the context of chronic illnesses such as NCDs. A comprehensive social protection system helps to address the multiple dimensions of deprivation and hardship linked to illness, such as accessibility of medical care, related non-medical expenses, and loss of income. Universal health coverage should be part of a comprehensive system including social protection and should be modelled in line with human rights standards designed to ensure non-discrimination, the protection persons in situations of vulnerability and participatory priority-setting.

Input with relevance for all papers:

- Corruption in healthcare systems can be pervasive at all governance levels, from high level policy and legislative decision-making to everyday interactions between healthcare providers and patients. The obligation to respect, protect and fulfil the right to health requires countries to address corruption and its interference with the enjoyment of this right health. Anti-corruption, Transparency and Accountability (ACTA) measures in health systems are essential for health systems strengthening and upholding the right to health. Preventing and combatting corruption, promoting good governance and prioritising the rights and needs of people and communities must be cross-cutting imperatives in health financing. ACTA measures should be integrated into all aspects of healthcare systems and its financing.
- Resources are required to strengthen the capacities of civil society, community-based organisations and the general public to participate meaningfully in public health decision making processes and actively promote their engagement in law and policy making related to the NCD and mental health responses. This involves establishing and funding transparent social dialogue and multi-stakeholder mechanisms at community, sub-national, and national levels and ensuring that participation outcomes inform sub-national, national and global policies and programmes related to public health, specifically NCs and mental health.

17 June 2024

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Employers' Association Polish Spirits Industry

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the [WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals](#). The private sector must continue to be included as part of the solution going forward.
- The Employers' Association Polish Spirits Industry plays a significant role in reducing harmful alcohol consumption in Poland. Since 2008, Polish Spirits Industry on behalf of spirits producers, has been running social campaigns and educational programs responding to the most important problems resulting from harmful alcohol consumption. The objective of our activities is to promote responsible alcohol consumption among Poles, and in situations when alcohol consumption could be harmful (pregnant women, minors, drivers) - total abstinence. Most of our activities have been conducted in cooperation with NGOs, the Police, the National Fiscal Administration, and locally with municipal authorities. At the moment we are running an education campaign on raising awareness of the need for moderation when choosing to consume alcoholic beverages - we reach around 3 million adult Poles every year with practical knowledge of how alcohol affects the human body and how to control the amount of alcohol consumed (from 2016).

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Illicit alcohol should not be ignored. More focus and better data are required on illicit alcohol as it poses a significant threat to national revenue streams and the health of societies.
- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#))
- Analysis of "health taxes" should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples Peer-reviewed studies should be prioritized over grey literature.
- Removal of agricultural subsidies would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes.
- State tax policy, including health taxes, should take into account the long-term consequences of excise duty changes for consumer health, budget and businesses.
- For the second year in a row, the legal market of spirits in Poland decreased by 10 million litres (in terms of 100% alcohol, i.e. 52 million 0.5l bottles of vodka). We estimate that this alcohol has found its way into the grey market. Everyone loses out - legal alcohol producers, the state budget and, of course, consumers, who

started to consume larger quantities of suspicious quality alcohol from unknown sources, which may contain highly poisonous methanol and glycol, as well as residues of denaturants, which may pose a serious threat to their life and health.

- The increase in excise duty in Poland has resulted in alcohol price rises (also influenced by inflation and rising energy costs), making consumers aware of the effects of inflation more likely to reach for cheaper products from the illegal market. According to the Polish Statistics, sales of legal spirits in 2023 were down by as much as 10 per cent compared to 2022, and 2022 vs. 2021 was a drop of 8 per cent.
- The introduction of the Excise Roadmap in Poland, which resulted in a 10% increase in excise duty on alcoholic beverages in 2022 and annual increases of 5% between 2023 and 2027, did not bring the expected fiscal effects - a decrease in state budget revenues, which should be spent on reducing harmful alcohol consumption, as well as health effects - the grey market is growing and alcohol from unknown sources is more harmful than legal products.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))
- Global trade and private sector investment provides significant value national economies. This economic value delivers revenue streams that can be used to fight NCDs. This value should be recognized.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Spirits New Zealand Inc.

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): Peak trade association for the New Zealand Spirits Industry

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the *WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.

In New Zealand the industry is committed to a range of positive programmes aimed at supporting the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. In addition industry, through a specific health levy, help fund a range of government programmes aimed at supporting better drinking cultures and reducing harmful consumption.

At the core of industry efforts is an industry-established and funded charity called The Tomorrow Project (TTP). TTP is a vehicle through which industry funds can be used to support quality harm reduction programmes.

Over the years it has supported a wide variety of programmes focusing on, at a societal level, improving New Zealand's drinking culture. It has helped run campaigns on pregnancy and drinking, drinking responsibly and a facts-based programme providing consumers with the information they need to make sensible and responsible drinking choices.

Today the majority of TTPs budget is used to fund an education provider to undertake education activity in schools focusing on 12 and 13 years olds. Each year over 20,000 school children are, through experiential education, given the tools to navigate drinking environments and make better drinking choices including saying "no" to drinking at all.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This document raises the topic of cross-border alcohol marketing, advertising and promotion. Spirits New Zealand does not feel use of the term "cross-border" is appropriate and is misleading as, by definition, almost all advertising and marketing effort is bought, sold and created in and for specific jurisdictions. To imply that there is a stated aim to have advertising and marketing programmes designed in one country but be usable and effective in another does not make sense.

Having said this the New Zealand industry goes to great lengths to ensure that, in particular, minors are not exposed to alcohol advertising and marketing programmes. Advertising activity is underpinned by a set of enforceable codes of practice managed by the Advertising Standards Authority. There is a specific code governing alcohol advertising and promotion (the code can be found [here](#)) and is supplemented and

strengthen with a code of practice established to protect minors from all forms of unwanted advertising. (this code can be found [here](#)).

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Spirits New Zealand members are committed to reducing harmful drinking and to contributing to the New Zealand community, including through contributions to the New Zealand economy through taxation. We strongly believe that any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework. Taxation should be proportionate, appropriate for each local context, and consistent with World Trade Organisation principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption.

We would also strongly point out that peer-reviewed studies have shown that the effects of increased taxation can vary across different types of drinkers. Some scientific studies show the heaviest drinkers, including heavy episodic drinkers, are the least sensitive to pricing policies. Disproportionate taxation may penalise moderate drinkers and those with limited disposable income.

Particularly in countries where a large share of the alcohol market is unrecorded, taxation of the regulated alcohol sector may not significantly reduce harmful drinking. To be effective, a regulatory framework, which includes taxation, must be accompanied by interventions aimed specifically at harmful drinking. High levels of taxation may lead to unintended consequences, including growth in the unrecorded and illegal markets. Other potential outcomes may include tax evasion and corruption, illicit trade, and a resulting loss, rather than an increase, in government revenue.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Spirits New Zealand acknowledges that there is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))

We note that the Technical Background Paper goes into some detail to background the underinvestment and we also acknowledge the framework of policy actions to lead to improved and/or increased funding as described in Figure 1 on page 4 of the Background Paper. We would also point out however that global trade and private sector investment provides significant value to all economies. This economic value delivers revenue streams that can be used to fight NCDs. We would ask that this value be properly recognised.

General comments relevant to multiple papers:

It is with some concern that we find inconsistent (or absent) mention of the need to include the private sector in discussions around financing for global health problems such as NCDs. We would point out that although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: World Brewing Alliance

Type of organization – other private sector trade association

The World Brewing Alliance is a community of brewers that includes national and regional trade associations as well as the largest brewers in the world. We represent about 70% of the world's beer production, from large multinational conglomerates to small craft brewers. WBA's members are working to implement the WHO Action Plan (2022–2030) to Effectively Implement the Global Strategy to Reduce the Harmful Use of Alcohol (hereafter the GAAP) and support the target to reduce harmful alcohol use by 20%.

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

WBA strongly supports the “whole of society approach” included in the key messages. Multi-stakeholder engagement and public/private partnerships, in line with the recommendations of the Global Alcohol Action Plan, are essential for tackling the harmful use of alcohol. A whole of society approach is vital to ensuring the prevention and control of NCDs remains a priority for international cooperation.

The Global Alcohol Action Plan (GAAP) identifies a critical role for the private sector to reduce alcohol-related harm. The 2010 Global Alcohol Strategy also establishes a **whole-of-society approach that recognizes economic operators as “essential for success,” and asks them to “consider effective ways to prevent and reduce harmful use of alcohol within their core roles”** as developers, producers, marketers, and sellers of alcoholic beverages.

The Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, reaffirms this approach:

“Encouraging economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing harmful use of alcohol in their core areas, taking into account national, religious and cultural contexts”¹

Brewers have taken multiple actions to implement the WHO's recommendations for economic operators' cooperation and worked to develop, produce, and market new lower- and non-alcoholic products that have since been proven to contribute to preventing and reducing harmful use of alcohol.² This demonstrates what expert advisers to the WHO identify as the common interests between the brewing sector and public health: **“reduction of alcoholic strength might constitute a unique situation, whereby the interests of public health (in reducing overall consumption of alcohol) and the alcohol industry (in achieving profit) coincide.”³**

Paper 2 . External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Suggestions to use DAH funding to exclude private sector operators from the dialogue undermines the whole of society approach advocated would be counterproductive to achieving the overall objectives.

¹ General Assembly [resolution 73/2](#), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, A/RES/73/2 (17 October 2018).

² Availability of lower-strength beer reduced average consumption – especially among heavy drinkers. Anderson P, Jané Llopis E, O'Donnell A, et al., Impact of low and no alcohol beers on purchases of alcohol: interrupted time series analysis of British household shopping data, 2015–2018. *BMJ Open* 2020;10:e036371. doi:10.1136/bmjopen-2019-036371

³ Rehm, Jürgen, et al. "Evidence of reducing ethanol content in beverages to reduce harmful use of alcohol." *The Lancet Gastroenterology & Hepatology* 1.1 (2016): 78-83.

Paper 3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with established international best practice on alcohol taxation.

Alcohol Tax Design: WBA agrees with the sentiment that design of the excise tax plays an important role in promoting health by reducing harmful consumption of alcohol, as well as raising much needed tax revenues⁴.

The practice of nudging consumers towards lower alcohol-strength options as recommended in the WHO Global Strategy, is recognized as an evidence based, cost effective way to reduce alcohol related harm. The Strategy also calls for the reduction of alcohol strength inside beverage categories. This requires that national tax policies create the market conditions for producers to innovate, produce and promote new-lower strength products, and encourage consumers to switch consumption to these products.

From the perspective of public health, alcohol tax systems should broadly seek to encourage consumption of lower, rather than high-strength drinks, as this is likely to lead to reductions in overall levels of alcohol consumption. Best practice public health policy for alcohol includes measures that steer consumption toward products with lower concentrations of ethanol, including tiered structures. “Specific taxes are preferred to ad valorem taxes because they are more effective in targeting negative externalities and internalities and are more effective in improving health.”⁵

As recognized in the WHO Global Report of Alcohol Taxes⁶ a more progressive approach to align alcohol taxation with public health objectives is that *“alcoholic beverages with higher concentrations of ethanol are expected to be taxed at higher rates”*.

“For the purposes of reducing incentives for substitution between alcoholic beverages with similar alcohol strength, taxes should be based on the alcohol content of beverages (using alcohol-content-based specific taxes or well-designed tiered tax structures with alcohol-content-based tiers or thresholds), since this would have a higher impact on relatively cheaper, stronger alcoholic beverages. Furthermore, if substitution were to occur it would probably be to beverages with lower alcohol content. Taxes based on the alcohol content of beverages limit so-called down-trading to cheaper beverages with the same strength.”⁷

This approach reflects the desire to encourage consumers to choose lower-alcohol beers and to encourage producers to manufacture more low-strength products and reduce the strength of existing products. (Angus et al. 2019). And to repeat the view of the WHO, *“well designed alcohol-content based taxes, tiered rates and mixed structures can increase the effectiveness of alcohol tax by generating stronger incentives for firms to reformulate alcoholic beverages and for consumers to reduce consumption.”⁸*

Progressive taxation. These principles are reflected in the existing recommendations of the World Health Organization and represent the international standard for taxation of alcohol. The OECD and the IMF are also aligned on the principle of progressive taxation based on alcohol strength. All 27 EU Member States tax spirits at higher rates than beer, and these principles are also applied in the US, UK and OECD countries.

Structuring alcohol tax regimes to promote consumer substitution from higher alcohol beverage categories to lower-strength products has been shown to improve public health outcomes. A 2019 study from WHO Europe⁹ revealed that the policies introduced in Russia at the beginning of the 2000s to move consumption away from high strength liquors towards low strength beer, were associated with a decline in mortality and morbidity related to harmful drinking. In particular: mortality due to alcohol consumption reduced by 39%, heavy drinking consumption reduced by 27%, beer consumption increased by 78%, spirits consumption reduced by 48%.

Similarly, the OECD recommends alcohol excise regimes that are based on a sliding scale according to the alcohol content of the beverages. Consequently, most OECD Member States have adopted a specific excise structure that

⁴ We note that the findings of Wagenaar et al, as cited in the paper concluded that the results linking alcohol to suicide rates were statistically insignificant.

⁵ [GTP Health Taxes Knowledge Note #4 - Unpacking the empirics behind health tax revenue \(worldbank.org\)](#)

⁶ [Global report on the use of alcohol taxes, 2023 \(who.int\)](#) p. 27

⁷ [WHO Technical Manual on Alcohol Tax Policy & Administration \(WHO 2023\)](#) p 108

⁸ [WHO Technical Manual on Alcohol Tax Policy & Administration \(WHO 2023\)](#) p 49

⁹ [Alcohol_policy_case_study_online_.indd \(who.int\)](#)

taxes spirits higher than beer, in terms of excise per litre of pure alcohol. Additionally, nearly half of OECD members have gone a step further to apply progressive excise taxation within the beer category, to encourage production and consumption of even lower alcohol-strength beer beverages (e.g. Australia, Canada, Denmark, Finland, France, Iceland, Ireland, Israel, Mexico, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, and the UK).

While adding some complexity to the tax design, use of staggered or tiered tax rates are such a powerful mechanism to invoke changes in consumer consumption patterns that we believe the health benefits outweigh the potential complexity. Burden of disease experts have studied the assumption that a given amount of alcohol will have the same impact regardless of beverage type. They have found that this is incorrect and instead that highly concentrated alcoholic beverages were more associated with a specific set of harms at the population level than were lower-strength beverages like beer. They called for this finding to be integrated into global comparative risk assessments, like that of the WHO.¹⁰

- In other words, the public health impact of beer has been since shown to be different to that of hard liquor. This important distinction and its associated implications have not been fully integrated into global risk assessments. On the other hand, most governments have long taxed spirits higher than beer, whether to account for the higher costs of bringing beer to market, or to encourage consumers to choose lower-strength options, or both. Most developed alcohol markets tax beer lower than spirits¹¹.
- This practice has not been considered in alcohol policy research, most of which has been conducted in developed alcohol markets¹². For example, studies on the public health effects of increasing excise taxes rely on current excise rates as the baseline and model the impact of a significant increase. Many of the countries studied have excise structures that differ according to beverage type and/or alcohol strength. Such a policy design would be expected to encourage consumers to choose lower-strength products, influencing the drinking culture and avoiding some amount of the public health outcomes more correlated with high-strength beverage types. This key feature should not be left out of advice to countries that are developing their policy structures.

We also suggest that consideration is given to the recent recommendations from the IMF Note How to Design Excise Taxes on Alcoholic Beverages¹³. In particular, the IMF recommends using *“a specific rate per litre of alcohol content that is beverage specific or proportional to concentration brackets (beer wine or spirits or for example “up to 6%, 6% to 20% and more than 20%). This would target the source of the externality (quantity of alcohol) and the tax would then be calculated as the multiplication of alcohol content volume and product specific rate)”*.

The IMF further recognizes that *“the optimal level of tax is country specific and cannot be driven by simple rules. It is challenging to recommend global or regional policies to define appropriate excise tax levels on alcoholic beverages because countries differ in their consumption patterns, income levels and the extent of local damage caused by alcohol use”*.

A recent example from the UK, demonstrates the impact of progressive tax changes. In 2021 the UK Treasury announced a reform of the alcohol duty system (which came into effect on 1 August 2023). The objectives included making the tax structure simpler and more economically rational and reducing administrative burdens on producers. The new system is progressive in that more harmful higher ABV products pay more tax per unit of alcohol than lower ABV products. Announcing the review, the (then) Chancellor Richie Sunak said:

“Our new system will be designed around a common-sense principle: the stronger the drink, the higher the rate. This means that some drinks, like stronger red wines, fortified wines, or high-strength ‘white ciders’ will see a small increase in their rates because they are currently undertaxed given their strength. That’s the right thing to do, and it will help end the era of cheap, high-strength drinks which can harm public health and enable problem drinking”¹⁴. A

¹⁰ Rehm, Jürgen, et al. "Evidence of reducing ethanol content in beverages to reduce harmful use of alcohol." *The Lancet Gastroenterology & Hepatology* 1.1 (2016): 78-83.

¹¹ This has been the practice in the UK for centuries, in Denmark for over 100 years, in the U.S. since the end of Prohibition, in every Member State of the EU. In fact, it is the practice in almost every OECD country, nearly half of which also use progressive excise taxation within beer, encouraging production and consumption of even lower alcohol strength products.

¹² Chisolm et al, Are the "Best Buys" for Alcohol Control Still Valid? An Update on the Comparative Cost-Effectiveness of Alcohol Control Strategies at the Global Level. *J Stud Alcohol Drugs*. 2018 Jul;79(4):514-522. PMID: 30079865.

¹³ Mansour, Mario, Patrick Petit, and Fayçal Sawadogo. 2023. "How to Design Excise Taxes on Alcoholic Beverages." IMF How to Note 2023/004, International Monetary Fund, Washington, DC

¹⁴ [Autumn Budget and Spending Review 2021 Speech - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/autumn-budget-and-spending-review-2021-speech)

recent study evaluating the early impact of these changes showed a reduction in the mean strength of beer, driven by manufacturers reformulating a small number of weaker beers. The authors concluded that the results suggest that tax bands are a “potential stimulus for change”.¹⁵

Reforming alcohol tax structures can also generate meaningful increases in tax revenue. Recent research from the World Bank Group (WB) demonstrated the importance of tax design and administration to maximising alcohol tax revenues. Specific tax structures taxes and uniform systems are more likely to generate larger and more stable tax revenues, but more sophisticated tax structures are likely to generate incentives for consumers to substitute towards lower alcohol beverages.¹⁶

Further evidence from WHO and OECD regarding taxation based on the amount of alcohol in the beverage

1. **WHO Resource tool on alcohol taxation and pricing policies (2017) – Link [here](#)**

- *“Spirits should be taxed at higher rates because the production cost is less than the production cost for beer and wine” and “specific taxation [where the tax is calculated based on the amount of ethanol a beverage contains] ... promotes consumption of beverages with low alcohol content instead of beverages with high alcohol content, resulting in a reduction in total alcohol consumption.” (page 11).*

2. **WHO Global Strategy to Reduce The Harmful Use of Alcohol - Link [here](#).**

- **Area 7: Pricing Policies.** *“For this area policy options and interventions include: 34(a) establishing a system for specific domestic taxation on alcohol accompanied by an effective enforcement system, which may take into account, as appropriate, the alcoholic content of the beverage” (page 16).*
- **Area 8: Reducing the negative consequences of drinking and alcohol intoxication.** *“For this area policy options and interventions include: 36(d) reducing the alcoholic strength inside different beverage categories” (page 17).*

3. **WHO Global Status Report: Alcohol Policy (2004) - Link: [here](#)**

- *“... the official policy of the pricing system is to steer people towards a particular type of low-alcohol or non-alcoholic beverage, in order to substantially reduce risky or high blood alcohol levels” (Page 42).*

4. **Public health successes and missed opportunities: Trends in alcohol consumption and attributable mortality in the WHO European Region, 1990–2014 (2016) – Link [here](#)**

- *“Taxation is one important tool of an alcohol policy, and different taxation schemes can be used for different purposes, such as switching beverage preferences” (page 61).*

5. **Alcohol Pricing in the WHO European Region: Update report on the evidence and recommended policy actions.” (2020) – Link [here](#)**

- *“From the perspective of improving public health, there is little justification for any approach other than specific taxation, through which the tax payable on a product is directly proportional to its alcoholic content.”*
- *“Such a system may be most effective at improving health if it has higher rates of taxation for stronger products for two reasons: first, drinkers can consume a greater volume of alcohol more quickly through stronger products, and such products may therefore be more closely associated with heavy episodic drinking and intoxication; and second, production and distribution costs may be lower, at least in some cases, for stronger products, meaning that the same volume of alcohol can be sold more cheaply in higher ABV products even at the same rate of specific duty. ... A further argument for moving to a tax system based on the volume of alcohol in a product is that this is likely to have the biggest effect on the reduction of health inequalities.”*

6. **OECD Consumption Tax Trends 2022: VAT/GST and Excise Rates, Trends and Policy Issues – Link [Here](#)**

- Almost every OECD Member taxes spirits higher than beer, in terms of excise per liter of pure alcohol. In addition, nearly half of OECD Members use progressive excise taxation within beer, encouraging production

¹⁵ [The early impact of the UK's new alcohol taxation system on product strength and price: an exploratory comparative descriptive study - ScienceDirect](#)

¹⁶ *Unpacking the Empirics Behind Health Tax Revenue (English)*. Washington, D.C. : World Bank

Group. <http://documents.worldbank.org/curated/en/099755211022314276/IDU1ce8d42c01ed701496c18b6317a0118352541>

and consumption of even lower alcohol-strength products (Australia, Canada, Denmark, Finland, France, Iceland, Ireland, Israel, Mexico, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, and the UK)

Illicit alcohol

A comprehensive approach to policy for health should recognize the potential for harm from illicit alcohol. The WHO estimates that unrecorded alcohol accounts for 25% of global alcohol consumption¹⁷ and recognizes that unrecorded alcohol poses unique health and policy challenges. *“Unrecorded alcohol may contain higher ethanol content and potential contaminants, and the low cost can promote heavy drinking. In addition, it is difficult to gauge the level of consumption for unrecorded alcohol, thus undermining countries’ efforts to tax and control legal alcohol production”*¹⁸.

In some countries, particularly in the South-East Asia Region and the Eastern Mediterranean Region, unrecorded alcohol consumption makes up some 50% or more of total alcohol consumption (45.4% in the South-East Asia Region, 70.5% in the Eastern Mediterranean Region). In lower-middle-income and low-income countries in the WHO South-East Asia Region, home-made spirits constitute a high percentage of total alcohol consumed.¹⁹

Illicit alcohol trade represents a significant fiscal loss for governments, presenting an untapped pool of value that could be crucial for financing health costs. This illegal market undermines sustainable economic growth and decent work for all, as outlined in Sustainable Development Goal 8 (SDG 8). The diversion of income from legitimate businesses to illicit traders leads to unfair competition, reducing the ability of lawful enterprises to create jobs and pay taxes. The resulting loss of corporate and personal income taxes, along with avoided excise duties, deprives governments of essential revenue needed for public investments, particularly impacting developing countries that rely heavily on these funds for crucial services.

The case of Zambia illustrates the severe impact of illicit alcohol on fiscal revenue. In Zambia, illicit alcohol sales account for more than 60% of the total market volumes, costing the government over ZMW 1.2 billion annually in lost revenue. This includes substantial losses from bulk unpackaged opaque beer, counterfeit products, and the industrial manufacturing of non-compliant alcoholic drinks. The proliferation of low-cost spirits, often made using smuggled ethanol and sold in small bottles, further exacerbates the fiscal loss. Addressing this issue through a comprehensive national strategy could reclaim these funds for public health investment and other essential services.

The United Kingdom provides a compelling example of how effective measures can mitigate fiscal losses from illicit alcohol. Through a coordinated strategy involving increased funding for fraud investigations, stricter due diligence requirements for businesses, and enhanced collaboration with industry and enforcement agencies, the UK has significantly curtailed its illicit alcohol market. These efforts have protected over GBP 1 billion in annual revenue, demonstrating how targeted interventions can transform fiscal losses into valuable public funds. Governments worldwide can adopt similar approaches to capitalize on the potential revenue from reducing illicit alcohol trade. Increasing penalties for illegal trade, bolstering enforcement of existing laws, and fostering cross-border cooperation can significantly diminish the illicit market. Additionally, public awareness campaigns and incentives for informal producers to formalize their operations can improve consumer safety and boost tax revenues. By addressing the fiscal losses associated with illicit alcohol, governments can unlock a vital source of funding to finance health expenses and other public investments, thereby supporting both economic development and public health goals as envisioned in SDG 8.

However, governments should meticulously scrutinize public policy proposals, regulations, and systems to address the illicit alcohol market and assess whether similar systems have been successfully implemented in other countries, and whether they address the root cause of the problem. This scrutiny is essential to maintain a proportional balance between the effectiveness of potential measures aimed at curbing illicit trade in alcohol, the associated costs (including system enforcement), consumer safety, and the potential disruption to legitimate businesses.

For example, tax stamps, either physical or digital, which have traditionally been used as evidence of tax paid status of excise goods are increasingly being marketed as tools for controlling the supply chain and strengthening excise

¹⁷ WHO “[Unrecorded Alcohol What the evidence tells us](#)” 2021

¹⁸ [Global status report on alcohol and health 2018 \(who.int\)](#) p112

¹⁹ [Global status report on alcohol and health 2018 \(who.int\)](#) p 43

collection. Tax stamp systems are costly but have failed to effectively reduce illicit trade in the countries where they have been implemented, often because they are introduced without a thorough analysis of the size shape and drivers of illicit trade in the national context, and therefore fail to address the root cause of the problem. Moreover, there is inconclusive evidence that tax stamp schemes have increased government revenues, compared to the cost of implementing the system. The case for tax stamps for beer is even weaker, because the financial burden is particularly onerous and disproportionate given the large unit volumes and the relatively small illicit beer trade in most markets.

The use of subsidies.

The use of subsidies in the form of lower tax rates for alcohol produced wholly or significantly from locally produced raw materials is another important element to counter illicit alcohol. By facilitating a lower price for legal alcohol, these encourage consumers to switch from consumption of cheap, highly concentrated, unregulated forms of alcohol to lower strength, legal alternatives, sold by producers that comply with all regulatory and fiscal measures. Far from encouraging an overall increase in alcohol consumption, they incentivize a switch to a lower strength alternative and a reduction in consumption. This is beneficial for both domestic revenues and population health.

Developing competitively priced beers in markets where the informal alternatives are priced at less than 10% of the price of products produced from imported raw materials is practically impossible. The World Bank evaluated that in these circumstances excise subsidies aid domestic economic development by helping cultivate local supply chain that creates benefits throughout the value chain from the local farmer through to the government.²⁰ These benefits are not considered in the technical paper, and we recommend that further analysis is given to the benefits of these arrangements in terms of revenue and public health.

Paper 4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Screenings and Brief Interventions (SBI) are a highly effective tool to assess alcohol use disorder risk and recommend subsequent lifestyle changes. Despite their effectiveness, SBIs are underutilized due to time constraints in interactions with health providers. The World Health Organization estimates that a mere 15% of 152 countries have implemented SBIs in one-third of their primary care facilities.¹ There is a significant opportunity to improve, integrate and grow the outreach of SBI as an impactful tool in primary care settings.

To address this, AB InBev developed an electronic SBI solution called ModeraSP, that simplifies SBI implementation at scale. The Brazilian public health system and the City of Sao Paulo have incorporated ModeraSP into the health app of the city, used by its residents, benefiting its population of 11 million people. Similar initiatives are also being planned for Colombia, Mexico, and South Africa.

Description of the Program:

- Modera SP is a digital health application designed to expand access to Screening and Brief Intervention (SBI), a WHO-recommended strategy to reduce alcohol-related harms.
- It benefits São Paulo's 11 million residents by screening alcohol consumption and providing brief interventions, counselling, and access to treatment for those at risk of dependence.
- Developed with Ambev (a subsidiary of AB InBev), Modera SP offers an online platform for guidance and behavioural change, along with training on alcohol prevention in primary care.
- After a successful pilot, São Paulo's Public Health Secretary integrated Modera SP into its health app, marking a significant step in improving public health and reducing alcohol-related issues citywide.

[Here](#) is the link to the information on the Modera SP Program on the official Portal of the São Paulo City Government.

The Modera SP pilot program in São Paulo impacts the WHO Global Action Plan's targets by leveraging private sector innovation to facilitate early intervention and promote responsible drinking habits. This collaboration will significantly contribute to reducing alcohol-related mortality and morbidity and addressing risky behaviours such as heavy episodic drinking. Without the collaboration between the public and private sectors, developing this project, which provides important public health benefits, would not be viable.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

²⁰ [Private Sector Supply Chain Development for launch of New Ugandan Beer: World Bank](#)

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: My name is Tanner Durant. I am a data scientist in my early 30s, self-employed and working out of Hawaii. I am a recent graduate of Syracuse University's School of Information Students at the masters degree level, although I am not currently formally affiliated with any organization or university.

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify): X individual commentator

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

I'm really interested in advocating for the World Health Organization and its institutional partners to take into account the insights of a recent 2023 health sciences epistemology article: "The Human Functioning Revolution: Implications for Health Systems and Sciences" by Jerome Bickenbach et al.

<https://www.frontiersin.org/journals/science/articles/10.3389/fsci.2023.1118512/full>

The article advocates for a new multidisciplinary health sciences field, the "human functioning sciences," to be developed in response to the WHO's 2001 creation of the International Classification of Functioning, Disability, and Health (ICF) and the related concept of human functioning. The article explains that mortality and morbidity are the overriding concepts that most often dominate data collection, policy creation, etc. in the health sciences. The authors suggest that a true epistemological turn would take place if attention to solely mortality and morbidity began to be joined by a third consideration, human functioning.

Among other things, in my words, I would say that an increased concern for human functioning would expand the comprehensiveness of enlightened health policy and health outcomes assessment by accounting for all the other nuances of human life, from healthy homeostasis to early stage pre-diagnosis sickness, to recovery from sickness and return to whatever homeostasis is possible. If we focus purely on mortality and morbidity, we may miss many important aspects of health policy and health outcomes assessment in human life. We may also miss some conditions of sickness and ill-being, including economic injustices faced through unequal access to health insurance, as well as injustices faced through epistemic violence and iatrogenic violence in the treatment of the mentally ill and other subaltern patients.

I am a librarian as well as a data scientist and am available for a comprehensive literature review, if desired, about to what extent exactly the WHO's 2001 ICF dataset creation and the concomitant human functioning idea have or have not been appropriately used and cited in the 23 years since then. The article certainly makes it sound like there is an urgent need to dig the ICF classification and the human functioning concept out of the dust and recenter it in current health sciences policy.

The new multidisciplinary field that the authors envision, the human functioning sciences, would be a blend of biology, medicine, and socio-humanistic consideration. AI and other social and technological developments are leading to a lot of major social and epistemological changes in society. The digital humanities, digital migration studies, and the health functioning sciences are a few examples of new disciplines of thought that have emerged in response to 21st century events. I would encourage the WHO Director-General to read this article, to incorporate it into future health advocacy, and to reach out to me as a consultant if I can be helpful as either a librarian or data scientist in supporting an increased transition toward awareness and focus on human functioning, the human functioning sciences, and the ICF dataset. My email is alohacodingsolutions@gmail.com. All of this is, according to the article, a WHO creation. Let's use it and not let it sit gathering dust!

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents
Noncommunicable diseases, tobacco control and mental health investment cases
Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: United Nations Road Safety Fund
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations X Non-State actors ○ nongovernmental organizations, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? In addressing non-communicable diseases (NCDs), it is essential to consider functions, risks, and solutions holistically. Just as with other major global mortality burdens, road traffic injuries (RTIs), is critical and is to be considered in the NCDs discussion as equally valuable as others. When considering NCDs, it is imperative not to overlook the RTIs and its burden as a public health issue. <i>There were an estimated 1.19 million road traffic deaths in 2021; this corresponds to a rate of 15 road traffic deaths per 100 000 population. Furthermore, road traffic injury remains the leading cause of death for children and young people aged 5–29 years and is the 12th leading cause of death when all ages are considered. The global macroeconomic cost of road traffic injuries as high as US\$ \$1.8 trillion, roughly equivalent to 10–12% of global gross domestic product (GDP)¹.</i> Functions such as prevention and treatment intersect and are beneficial to tackling both NDCs and RTIs. Furthermore, they can leverage on each others, creating a multiplying beneficial effect. For instance, prevention efforts, such as promoting active mobility and reducing alcohol consumption, yield benefits not only for NCDs but also for RTIs. Similarly, strengthening health system governance enhances both NCDs care and RTI management, such as emergency care response and road injuries treatment. The NCD discussion recognizing the RTIs as a major public health concern would benefit from considering these aspects holistically leading to interventions that address both conditions. The World Bank report "The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa, an Overview" suggests that NCDs/road traffic injuries should not be tackled separately as a vertical program, nor should they displace communicable diseases as priorities. Instead, given resource constraints, and some shared determinants, characteristics, and interventions, there is scope for an integrated approach focusing on functions (prevention, treatment, and care) rather than on disease categories ² . Furthermore, a potential solution such as domestic financing mechanisms play a crucial role in supporting these multifaceted approaches, enabling government to address both NDCs and RTIs in a sustainable manner.

¹ Global Status Report on Road Safety 2023, WHO, p. 4.

² Marquez, P. V., Farrington, J. L. (2013) "The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa. An Overview". Washington, DC.: The World Bank."

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

In addressing non-communicable diseases (NCDs), it is essential to consider functions, risks, and solutions holistically. Just as with other major global mortality burdens, road traffic injuries (RTIs), is critical and is to be considered in the NCDs discussion as equally valuable as others.

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5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

³ Global Status Report on Road Safety 2023, WHO, p. 4.

⁴ Marquez, P. V., Farrington, J. L. (2013) "The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa. An Overview". Washington, DC.: The World Bank."

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: University of Antwerp (completed by Ass. Prof. Dr. Josefien van Olmen) – josefien.vanolmen@uantwerpen.be
Type of organization (please add X next to your selection): Non-State actors x academic institutions
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers Background section, para 2: The challenge for NCD”do more with less”. <i>Suggestion: to add:</i> <i>“This implies: “Do more together”.” (referring to pooling of resources, across sectors and actors)</i>
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue Objectives, 5.b: [...] in varied contexts [...] <i>Suggestion to clarify which context typology is meant. Income groups? Others?</i> Key messages, c Health system design: [...]including through elaborating and implementing tailored chronic disease management approaches. <i>Suggestion to change:</i> <i>[...] including through elaborating and implementing segmented and tailored chronic disease management approaches, including a population health management perspective.</i> <i>(emphasizing the public health perspective and differentiation between population-based and individual-based care needs, for instance through a combination of segmented approaches and options of individualized complex care)</i>
1. Health spending on NCDs and mental health: What can national health accounts tell us? Key message: [...] most countries are not currently generating (or not reporting) disease-specific health accounts <i>Comment: this paper ignores the fact that many persons with NCD have more than one disease, and that disease-specific health accounts would ignore this fact. Suggestion to add that more research is needed to understand the superadditive of subadditive effects of treating multiple conditions within the same person.</i> (see for instance Tran, et all. (2024). Multimorbidity healthcare expenditure in Belgium: a 4-year analysis (COMORB study). <i>Health Research Policy and Systems</i>, 22(1). https://doi.org/10.1186/s12961-024-01113-x)
4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments <i>General comment:</i> <i>I miss a reflection about the need for joint action and integrated financing mechanisms of actions in the health sector and the social sector, especially taking into account equity. Think about syndemics, and social determinants of health.</i>
General comments relevant to multiple papers: - The occurrence of multimorbidities and syndemics is not mentioned, while this is important in the development of joint strategies. See van Olmen, J., Leon, N., Yan, L., Kulkarni, M. M., Maulik, P. K., Siddiqi, N., & Hurst, J. R. (2020). <i>Global Alliance for Chronic Diseases Policy Brief for Research and Action on Multi-morbidity in Low and Middle Income Countries</i>. Global Alliance of Chronic Diseases. https://www.gacd.org/perch/resources/content/mm-policy-briefvfinal-gacd.pdf

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Comisión para la Industria de Vinos y Licores (CIVyL) A.C.

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue **Industria Unida**

Respecto a otras organizaciones de bebidas alcohólicas en el país, hemos construido un ambiente de interlocución con autoridades donde se garantice la gobernanza entre el sector de bebidas alcohólicas en México y las autoridades gubernamentales encargadas de su regulación; se fortalezca el cuidado del consumidor y se reduzca el uso nocivo del alcohol.

1. Hemos promovido el diálogo de la industria con la autoridad fiscal en México, es decir, con el Servicio de Administración Tributaria (SAT), para la correcta operación de los **marbetes físicos y electrónicos**, para garantizar que estas etiquetas con código QR que ha dispuesto la autoridad para dar trazabilidad en términos tributarios también tengan un impacto en los consumidores al brindarles información para prevenir el uso nocivo del alcohol; así como sobre el origen, la autenticidad y la legalidad de los productos, promoviendo a su vez la formalidad de las bebidas alcohólicas.

Desde CIVyL promovemos el uso de los códigos QR en tanto que permite tener acceso fácil y rápido a información adicional, actualizada y con posibilidad de ser interactiva para el consumidor, brindando no sólo beneficios en un espacio limitado de la etiqueta, sino también en materia de sostenibilidad por disminuir los materiales impresos. Incluso pueden influir en generar información y con ello ayudar a generar estrategias en torno a la promoción de la responsabilidad frente al consumo de bebidas alcohólicas

2. De igual forma en conjunto con el SAT, desarrollamos la **página Web [Juntos contra la ilegalidad.mx](https://www.juntoscontrailegalidad.mx)** en donde se promueve la cultura de la verificación de las botellas, a través de la lectura de los marbetes a través del código QR.

En la página se informa al consumidor en la lectura de los códigos QR a través de la cámara de un dispositivo móvil con conexión a internet, verificando que el marbete se encuentre adherido a la botella y no esté rayado, dañado o alterado. Se insiste en que el folio impreso del marbete debe ser igual al que se obtenga al consultar el sistema, así mismo se le enseña al consumidor que los datos de la página y los de la botella deben coincidir, brindándoles más elementos para tener responsabilidad ante el consumo de bebidas alcohólicas.

3. La **NOM 047** incluyen límites de consumo y el concepto equivalencias del trago estándar, facilitando al gobierno que aplique el criterio que de otra forma no existe en el sistema jurídico mexicano.

Ante la intención de la autoridad de derogarla sólo considerando un objetivo de simplificación normativa, promovemos el diálogo de la industria con la autoridad promotora de desarrollo económico y encargada del sistema normativo del país, es decir, la Secretaría de Economía (SE), en la necesidad de mantener la NOM 047 y hacer que

permanezca vigente y con ello estén determinados los parámetros de la responsabilidad ante el consumo y la unidad del trago estándar para el consumo de bebidas alcohólicas.

4. Hemos promovido el diálogo de la industria con el **Instituto Mexicano de la Propiedad Industrial (IMPI)** para garantizar que el sistema legal que protege las Denominaciones de Origen e Indicaciones Geográficas del país funcione, teniendo un marco legal y regulatorio específico sobre la correcta producción de las bebidas alcohólicas y de esta forma se proteja al consumidor garantizando que los productos no representen un riesgo para la salud.
5. Compartimos los conocimientos, la tradición y la fuerza de nuestros asociados en beneficio de los pequeños y medianos productores que forman parte de la **Rama 27, Fabricantes de Bebidas Alcohólicas, de CANACINTRA Nacional**, y con ello contribuimos en la capacitación de estos, que les permite estandarizar sus procesos, tener una relación estrecha con las autoridades regulatorias del país y ser parte del proceso formal e institucional del pago de impuestos.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

CIVyL

6. En conjunto con la autoridad, establecimos un **Convenio de concertación de acciones de autorregulación en materia de publicidad de bebidas alcohólicas**. En él, nos comprometimos a
 - Promover y apoyar la elaboración y difusión de campañas publicitarias orientadas a la moderación en el consumo de bebidas alcohólicas, que adviertan sobre los daños a la salud y los efectos nocivos en el abuso en el consumo de estos productos puede producir en la salud de la población.
 - Incluir leyendas precautorias en la publicidad, no utilizar espacios en radio, TV o internet de interés para menores de edad
 - Incluir mensajes de responsabilidad social en las campañas de comunicación
 - Incluir mecanismos de verificación de edad en las páginas Web de las bebidas alcohólicas, con recordatorios de edad legal para consumirlas.

Finalmente, nos comprometimos a incluir en los materiales publicitarios la referencia a la página electrónica de alcoholinformate.org.mx, que brinda numerosos elementos de educación para la responsabilidad ante el consumo.

7. De forma conjunta con los asociados de nuestra Comisión, al interior de CIVyL hemos desarrollado una herramienta de autorregulación respecto a la publicidad de influencers, que hemos denominado ***Estándares para la promoción de la responsabilidad en el influencer marketing de bebidas con alcohol en México***, que se enfoca en la promoción de una cultura de responsabilidad ante el consumo de bebidas con alcohol, mediante acciones puntuales que favorezcan un comportamiento ético y ambientes seguros y de esta forma:
 - Orientar las acciones de los asociados de CIVyL con las relaciones que establecen con influencers con objetivos comerciales, a fin de que los términos y condiciones de dicha colaboración sean claros;
 - Sirvan para reforzar mensajes de prevención del uso nocivo del alcohol;
 - Garanticen transparencia publicitaria;
 - Privilegien el respeto a los derechos humanos y;
 - Participen del sano desarrollo de la comercialización digital.

Estos estándares han contribuido a promover la responsabilidad en la promoción de bebidas alcohólicas y apoyan la prevención del uso nocivo del alcohol y la importancia de la transparencia en la publicidad.

Es importante destacar que esta medida fue impulsada desde CIVyL frente a la ausencia de alguna regulación por parte de la autoridad, dos años antes de que se publicara una Guía de Publicidad para Influencers.

Respecto a la Guía, la autorregulación desarrollada por CIVyL es mucho más exhaustiva en tanto que establece que al seleccionar los perfiles para la publicidad las personas deberán tener al menos 25 años y aparentar físicamente que cumplen al menos con la edad legal de consumo o compra de alcohol. En la Guía no se menciona ninguna recomendación en torno a la edad aparente de la publicidad en influencers por lo que los asociados de CIVyL tienen disposiciones superiores en este sentido.

8. Desarrollamos en conjunto con la autoridad el **Código de ética en materia de comercio electrónico** a fin de respetar y promover los derechos de la población consumidora, fomentar una cultura de consumo responsable, la protección de grupos vulnerables y la autorregulación. Los asociados de CIVyL que firmaron el Código recibieron el reconocimiento oficial del **Distintivo Digital PROFECO** por promover información clara y completa, seguridad, transparencia, confidencialidad, confianza y certeza jurídica en sus páginas Web.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

9. En CIVyL hemos construido a través de los últimos diez años un **estudio bianual del mercado ilegal de bebidas alcohólicas** en conjunto con la agencia internacional Euromonitor, que determina el consumo de alcohol informal en México, lo cual ha permitido identificar los factores que influyen en esa actividad para ayudar a las autoridades a combatirlo, permitiendo que no haya un riesgo en la salud de los consumidores. Los resultados de esta quinta edición serán presentados a la nueva Administración Federal en México que inicia el 1 de octubre de este año y se propiciará el realizar acciones conjuntas para disminuir la ilegalidad de bebidas alcohólicas en el país.

Lamentablemente en el país, el consumo inmoderado de alcohol que desemboca en daños a la salud normalmente viene de productos de muy bajo costo que se entiende dentro del mercado ilegal como bebidas que no cumplen con la normativa, por lo tanto, la medición permite el monitoreo de esta actividad y con ello el desarrollo de estrategias por parte de la autoridad para proteger al consumidor y combatirlo.

10. En cuanto a la política de impuestos en particular, promovemos en México la **actualización del esquema fiscal** a fin de que no existan incentivos para la distribución o venta de bebidas alcohólicas que incentivan el uso nocivo del alcohol por su bajo precio en comparación con su contenido alcohólico.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

11. Creemos firmemente que la participación que se hace desde las asociaciones del sector privado es vital en los diálogos en medidas que disminuyan el uso nocivo del alcohol y el riesgo de enfermedades no transmisibles.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization:

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☒ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

- The data presented reveals significant disparities in spending on noncommunicable diseases (NCDs) and mental health among countries, with higher-income countries allocating more resources. Understanding these disparities will be crucial for developing targeted interventions to address gaps in funding and service delivery.
- The summary could underscore the importance of health equity and access to essential medications and primary health care services. Providing examples of successful interventions that have addressed access barriers and improved equity among population groups in resource-constrained settings would add depth to the discussion.
- While the summary outlines challenges and existing initiatives, it could enhance its effectiveness by offering concrete policy recommendations. This could include integrating hypertension services into primary healthcare, implementing financing incentives for blood pressure control, establishing hypertension financing pools or drug procurement funds, and expanding health insurance coverage to include comprehensive packages that include hypertension management in the bundle of essential covered services.

Draft outcome document of the International financing dialogue

- Emphasize the urgent need for coordinated action to address the growing burden of NCDs and mental health conditions. Highlight the detrimental health and economic impact of NCDs on individuals, communities, and health systems, and underscore the imperative for immediate and sustained efforts to mitigate this impact.
- Stress the importance of inclusive and collaborative approaches among government agencies, civil society organizations, international agencies, academia, and the private sector to foster innovation, resource mobilization, and knowledge sharing.
- Emphasize the importance of evidence-based interventions that are tailored to the specific needs and contexts of different populations. As examples, men often seek formal health care less than women; working-age adults may be reluctant to lose wages in order to attend a clinic visit during working hours. Integrated programs that leverage primary health care settings have demonstrated effectiveness in improving hypertension control rates and reducing cardiovascular risk.
- Advocate for sustainable financing mechanisms that prioritize investment in NCD prevention, early detection, and comprehensive treatment and care services. Investments in primary health care infrastructures, human resources, medications, and digital health technologies are essential to ensure equitable access to quality health services for all individuals, regardless of socio-economic status.
- Highlight the need to address health disparities in access to NCD and mental health services, particularly among vulnerable and marginalized populations. For instance, universal access to hypertension screening, diagnosis, and affordable treatment should be prioritized, particularly for vulnerable and marginalized populations.
- Encourage innovation in service delivery, including the integration of NCD and mental health services into primary health care systems. Advocate for the adoption of health worker-friendly digital health technologies, task-shifting and task sharing approaches, and community-based interventions to enhance service delivery and reach underserved populations.

- Call for robust accountability mechanisms and monitoring frameworks to track progress towards achieving the proposed goals and targets. Stress the importance of data collection, analysis, and reporting in informing evidence-based decision-making and ensuring transparency and accountability in health financing efforts.
- Highlight the role of investments in NCD prevention and control in strengthening health systems' resilience and preparedness to respond to future health threats, including pandemics, climate change-related crises, and other emergencies. Stress the importance of prioritizing long-term investments in health promotion and disease prevention as part of a comprehensive approach to global health security.
- Call to action for all stakeholders to commit to implementing the proposed strategies and recommendations, mobilizing resources, and accelerating progress towards achieving the shared goal of reducing the burden of NCDs and improving mental health outcomes globally. Stress the importance of sustained political will, leadership, and collective action in achieving tangible results.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

- While the paper effectively compares spending patterns across countries with different income levels, it could benefit from a more detailed comparative analysis of NCD and non-NCD health spending trends over time within individual countries or regions. This could help identify changes in investment priorities and inform future policy decisions.
- The paper could provide a more explicit discussion on the policy implications of its findings. For example, how can the insights gained from health expenditure data on NCDs, and mental health conditions inform the development of targeted interventions or resource allocation strategies at the national or regional level?
- While the paper briefly mentions the need for improved guidance on preparing health accounts for NCDs and mental health, it could offer more specific recommendations for addressing data gaps and improving data quality. This could include suggestions for capacity building, standardized reporting mechanisms, or leveraging digital health technologies for data collection and analysis.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- The paper would be enhanced by providing concrete suggestions to address barriers to increased investment in NCD and mental health, while also emphasizing the importance of engaging other key stakeholders – such as development banks, agencies, ministries of finance, and the private sector – to foster innovative financing mechanisms and facilitate the uptake of recommendations.
- The emphasis on catalytic funding to support national actions outlined in NCD and mental health plans is pragmatic. To operationalize this, there should be criteria and mechanisms for identifying priorities, overcoming implementation barriers, and measuring outcomes. Strengthening documentation and knowledge sharing of successful catalytic funding projects can enhance accountability and inform future investment decisions.
- Recognizing the importance of DAH in supporting collective action and global public goods for NCDs and mental health is crucial. It is essential to systematically assess priorities for collective action and ensure alignment with country-level needs and regional collaboration efforts. Investing in regional initiatives and leveraging regional platforms can maximize the impact of DAH and facilitate knowledge sharing and capacity building across borders.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The paper provides practical policy recommendations for ministries of finance, such as increasing tobacco taxes, implementing taxes on unhealthy foods, and phasing out harmful subsidies. Including case studies or examples of successful implementation and offering specific guidance on overcoming implementation challenges would improve the paper's practical relevance and strengthen its arguments.
- While the paper addresses some counterarguments against health taxes and subsidy removal, it could benefit from a more robust discussion of opposing viewpoints. Anticipating and addressing limitations of the proposed fiscal measures would strengthen the paper's persuasiveness.
- The paper emphasizes the importance of policy coherence across different sectors and levels of government to achieve health goals effectively. Providing specific examples of how fiscal policies can be integrated with broader health strategies or economic development plans would illustrate the interconnectedness of these issues.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- Encourage the inclusion of basic, essential NCD and mental health interventions in national Health Benefit Packages (HBPs) to ensure access to essential services. Advocate for evidence-informed, transparent, and inclusive decision-making processes during the HBP revision process, with a focus on cost-effectiveness, equity, and financial risk protection.

- Advocate for reforms in health financing systems to progress towards UHC. Highlight the importance of explicit service guarantees, prevention programs, and broader systemic changes to support the effective management of NCDs and mental health conditions.
- Align health financing with broader systemic changes to ensure effective implementation of NCD and mental health interventions. Advocate for funding to cover the full cost of service provision, including medications, and consider innovative payment models like capitation for chronic care and bundled payments for integrated services.

5. Financial protection for NCDs and mental health: Why and how?

- The inclusion of data and insights from different regions of the world helps to provide a comprehensive understanding of the issue. It acknowledges the diversity of challenges faced by countries at different income levels and underscores the need for tailored solutions.
- Acknowledge the importance of health system strengthening efforts in improving financial protection for NCDs and mental health. Discuss investments in healthcare infrastructure, workforce development, and technology innovation as integral components of sustainable financing strategies.
- Explore innovative financing mechanisms, such as health insurance schemes, or public-private partnerships, that have the potential to mobilize additional resources for NCDs and mental health. Highlight examples where these mechanisms have been successfully implemented and their impact evaluated.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

- Emphasize the economic implications of investing in workforce inputs for NCDs and mental health. Provide specific examples of how addressing these health challenges can lead to long-term cost savings and economic growth, especially in LMICs where the burden is disproportionately high.
- Advocate for multisectoral collaboration to address the workforce shortage. Highlight the role of governments, international organizations, private sector entities, and civil society in mobilizing resources and implementing effective strategies to strengthen the health workforce.
- Stress the importance of leveraging technology and innovation to optimize workforce training, deployment, and service delivery. Highlight successful examples of e-learning platforms and digital tools that have improved access to training and support for health workers, particularly in remote or underserved areas.
- Advocate for providing a living wage for community health workers, justified by the return on investment through improved health outcomes, increased productivity, and reduced healthcare costs in the long term.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

- Emphasize the importance of strengthened data collection and monitoring to track resource mobilization effectively. Suggest specific strategies for leveraging innovative health information systems that allow for continuous, real-time patient and program monitoring, such as standardizing indicators and enhancing data-sharing mechanisms between governments, international institutions, and civil society organizations.
- Advocate for transparent and consultative budget processes to ensure that civil society has the space to participate effectively in public budget development and tracking. Recommend specific measures for enhancing transparency, such as public disclosure of budget allocations and consultations during the budget planning phase.
- Highlight the role of civil society in empowering community engagement and involvement of people with lived experience in NCD and mental health responses. Provide examples of successful community initiatives led by CSOs and outline the benefits of participatory approaches in driving positive change in policies and programs.

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

1. Allocating resources to innovative health information systems facilitates efficient monitoring of NCDs and mental health conditions. These systems enable real-time data collection, analysis, and feedback, informing resource allocation decisions and enhancing overall management.
2. Investing in patient-centred care models requires financial backing to reduce access barriers, such as providing affordable medications and establishing community-based care options. Sustainable financing is vital for scaling up these initiatives and ensuring long-term viability.
3. Integrating team-based care into primary healthcare systems demands financial resources for training healthcare workers, developing simple treatment protocols, and establishing supportive infrastructure. Sustainable financing ensures effective implementation and long-term sustainability, leading to improved patient outcomes.

4. Financing mechanisms are essential for ensuring the availability and affordability of medications for NCDs and mental health disorders. Investments in medicines procurement, distribution, and subsidy programs address access barriers, making essential treatments affordable for patients.
5. Integrating hypertension management into universal health coverage initiatives requires adequate funding to expand service coverage, strengthen health systems, and ensure equitable access to care. Sustainable financing supports the integration of NCD services, promoting health equity and improving outcomes for all individuals.
6. Addressing the disparity in funding by increasing investment in NCDs, which currently receive less than 2% of DAH despite representing nearly three-fourths of the health burden. This includes prioritizing NCDs as a development issue, using innovative financing mechanisms like taxing unhealthy foods, tobacco, and alcohol, and increasing primary care access through proven financial incentives.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation

Organization:



scotch whisky
association



This is a submission on behalf of the UK alcoholic drinks trade associations: British Beer & Pub Association (BBPA), National Association of Cider Makers (NACM), Scotch Whisky Association (SWA) and Wine and Spirit Trade Association (WSTA). Our membership ranges from small family run businesses up to multi-national companies.

There are millions of people around the globe that benefit from the responsible enjoyment of alcoholic beverages. This is compatible with a balanced lifestyle and the majority of adults that choose to drink alcohol do so without harm to themselves and others. However, harmful drinking is an issue which must be tackled; we and our member companies are committed to playing our part.

We welcome the opportunity to provide input to the consultation and have responded to specific questions below.

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- X ☐ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

The alcohol industry is a key stakeholder and plays an active role in tackling harmful drinking. We believe multisectoral action and partnership working have helped harness the power of the private sector in support of achieving important NCD objectives.

The UK alcohol industry is committed to partnership working as part of a whole of society approach to tackle harmful drinking. We welcome recognition of the whole of society approach in the emerging messages document. Continuing

recognition of such an approach and inclusion of the private sector is critical and will encourage further efforts to support implementation of the key relevant NCD targets ahead of the 2030 deadlines.

Detailed below are examples of the action taken by the UK alcohol industry to promote responsible consumption and tackle harmful drinking.

Drinkaware

The UK alcohol industry action to promote responsible consumption and tackle harmful drinking includes support for [Drinkaware](#), the independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. It works in partnership with others to help reduce alcohol-related harm by helping people make better choices about their drinking. In 2022 more than five million unique visitors accessed the Drinkaware website. More than 355,000 people completed the Drinkaware alcohol self-assessment tool – Drinking Check. The Drinkaware unit and calories counter tool was used more than 600,000 times ([Drinkaware Annual report 2022](#)).

Drinking Check is a digital IBA based on the WHO AUDIT assessment tool. Drinkaware has set a target to get 2 million people to complete Drinking Check tool by 2025. The alcohol industry is supporting the Drinking Check campaign to help achieve that. Drinking Check disproportionately engages those drinking at higher risk levels.

Low & no-alcohol products

Alcohol producers and retailers recognise the positive impact of the growing range of alcohol free and lower alcohol products and have worked to promote awareness to consumers, including those looking to moderate their consumption. Whilst starting from a small baseline, this category has shown sustained growth due to significant industry investment.

No-alcohol products provide choice to consumers who cannot or do not wish to drink. No-alcohol products, together with low alcohol products (1.2% ABV and below) can play a role as part of a harm reduction strategy for those consumers who wish to moderate their consumption and provide an alternative to other non-alcoholic drinks.

A recent [report](#) from the Portman Group found that:

- Just under two-thirds of UK adults had at least tried a low and no alcohol products.
- 75% of alcohol drinkers have at least tried these products, compared to only 33% of non-drinkers.
- 35% of UK drinkers now ‘semiregularly’* consume low and no alcohol, up from 29% in 2022.
- 23 % of current alcohol drinkers said that their weekly consumption has fallen due to low and no alcohol products, up from 21% in 2022**.
- For the sixth year in a row, the most cited reasons for why consumers choose low and no alcohol are to drive home 36% and not drink excessively at social events 22%.

(Note: * Incorporating those who responded drinking low and no alcohol either ‘regularly’ or ‘occasionally’. ** Removing those who did not drink alcohol before first trying a low/no alternative).

Support for anti-drink drive campaigns

In addition to individual initiatives established by alcohol producers, alcohol education charity Drinkaware has coordinated numerous campaigns to tackle drink-driving. The most recent campaign, ‘Home and Dry’ was also supported by the BBPA and the Department for Transport’s THINK! Initiative to support pubs, clubs and bars to encourage customers in their venues to stay alcohol-free when driving. British alcohol producers have also invested heavily in alcohol-free products which can be used as a substitute for regular strength drinks to provide an adult alternative option for those who are driving.

Alcohol Labelling Guidelines: Best practice guidance for communicating alcohol and health-related information

Developed by the Portman Group in association with the UK trade associations this best practice guidance sets out how to communicate alcohol and health-related information to consumers on-pack. It is critical that consumers be equipped with elementary information on the alcohol content in their drink and be guided on how to reduce the potential health risk from their drinking.

It recommends that producers include the following four elements on their primary packaging:

- I. Unit alcohol content per container (and optional per typical serve)
- II. Pregnancy logo/message
- III. Active signposting to Drinkaware.co.uk
- IV. Chief Medical Officers' Low Risk Drinking Guidelines 2016

An [assessment](#) of the market in 2021 found that:

- 99% Carry a pregnancy warning logo or message
- 94% Carry alcohol unit content per container information.
- 93% Carry a reference to the independent alcohol education charity Drinkaware or a responsibility message.
- 79% Carry the latest UK Chief Medical Officer guidance that it is safest not to regularly drink more than 14 units per week.

The industry is also working to providing consumer with information on calories, ingredient and nutrition information either on label and/or online. Digital solutions such as e-labels accessible via QR codes can provide more detailed information for consumers in their own language.

Made to be Measured campaign

The Scotch Whisky Association (SWA) launched its Made to be Measured campaign in 2023. Its aim is to promote responsible drinking through a Scotch Whisky lens, encouraging mindful drinking with a focus on appreciation of the product's quality rather than the quantity consumed.

The key aims of the campaign are:

- Promote appreciation of Scotch Whisky's quality, a product to be savoured and enjoyed responsibly.
- Increased awareness of the alcohol content (units) of Scotch Whisky in particular amongst Scotch consumers but also within the wider context of the alcohol content (unit) of different drinks.
- Increased awareness of the Chief Medical Officer's (CMO) low risk drinking guidelines – 14 units per week.
- Awareness of the importance of measuring your Scotch Whisky.

It is aimed at Scottish consumers aged 24 -55 years old. The campaign is planned to run for several years.

International Alliance for Responsible Drinking (IARD)

We work closely with IARD through the partnership council and other forums to support IARD's responsibility standards as appropriate, including supporting the UN goals to tackle the harmful use of alcohol.

IARD has taken significant action in this area across digital marketing, through its [digital guiding principles](#), promoting [standards for online advertising](#) and including guidance for [social media influencers](#). Their work with the platforms has helped to build in safeguards to protect minors.

On 10 June IARD members and digital platforms issued [a joint statement announcing their collective commitment](#) to further enhance online safeguards, where necessary, to prevent those under legal purchase age inadvertently

seeing alcohol advertising online and to provide confidence that age-assurance methodologies on digital platforms are robust by 2025.

As part of this unique collaboration, digital companies have shared transparency reports that summarise the platform-specific safeguards particularly the policies and practices they have in place to assure age. [Reports: [Google](#), [Meta](#), [Pinterest](#), [Snap](#), [TikTok](#), [X](#),]

The SWA operates its own Code of Practice for the Responsible Marketing and Promotion of Scotch Whisky this applies to all its members and operated globally. The SWA incorporated the IARD digital guiding principles and guiding principles for social media influencers into its [code](#).

In relation to online sales, more than 800 million consumers are subject to [IARD global e-commerce standards](#) for online sale and delivery of alcohol, through more than 20 e-commerce companies and platforms. In relation to physical retail. IARD has developed [responsibility standards](#) in partnership with physical retailers and hospitality venues to implement responsible sale and service, including training and empowering staff to sell, serve and deliver responsibly. In 2023 IARD launched the [Global Standards Coalition](#) with 85 major retailers and hospitality firms.

IARD members have also taken action on product labels, they have committed to [carry age-restriction warnings](#) on all of their products including their no- and low-alcohol products.

Challenge 21/25

[Challenge 25](#), is a retailing strategy that encourages anyone who is over 18 but looks under 25 to carry acceptable ID if they wish to buy alcohol. If you look under 25 you are likely to be challenged to prove you are 18. No proof, no sale. The scheme is used across the UK. In addition to the retailing strategy, the BBPA also leads Challenge 21/Challenge 25 schemes which operate across the UK on-trade.

Community Alcohol Partnerships (CAPs)

[CAPs](#) bring together and support local partnerships of councils, police, retailers, schools, health providers and community groups across the UK to reduce alcohol harm among young people, improve their health and wellbeing and enhance their communities. Impact figures from latest [annual report](#) are set out below:

- 64% reduction in regular drinking among 13–16-year-olds
- 98% pass rates in Challenge 25 following CAP training
- 42% reduction in alcohol related anti-social behaviour

The Scotch Whisky Action Fund (SWAF) launched by the Scotch Whisky Association invested in projects from charities and other organisations that help reduce the impact of alcohol-related harm in Scotland's communities. Managed by Foundation Scotland, an independent charity, SWAF's aim was to support and develop projects that deliver targeted interventions to tackle harm among young people, families and communities impacted by excessive consumption of alcohol. Since its launch in 2013, the fund has made 89 awards totaling £1.17 million, supporting over 66,000 people in Scotland. Examples of the projects can be found [here](#). In 2024, following an evaluation of the fund the Scotch Whisky Association (SWA) announced a new partnership with Community Alcohol Partnerships (CAP), to support the rollout of CAPs in Scotland in areas of high harm. £300,000 of funding from SWAF is being provided over the next three years.

Retail of Alcohol Standards Group

The [Retail of Alcohol Standards Group](#) focuses on work around preventing underage drinking, as well as promoting high standards among alcohol retailers. It works to ensure all retailers are supported with guidance on the responsible retail of alcohol including through sharing best practice and case studies. Current guidance covers:

- Responsible retail guidance

- Proxy purchase guidance
- Online sales guidance
- Rapid delivery guidance.

Proof of Age Standards Scheme (PASS)

The [Proof of Age Standards Scheme \(PASS\)](#) is the UK's national proof of age accreditation scheme, endorsed by the Home Office, the National Police Chiefs' Council (NPCC) and the Security Industry Authority (SIA).

The Scottish Alcohol Industry Partnership

The Scottish Government in its 2018 Alcohol Framework welcomed industry initiatives to prevent underage drinking, such as our proxy purchase campaign and campaign to promote smaller wine measures in pubs, which are delivered through the [Scottish Alcohol Industry Partnership](#).

The '[It'll Cost You](#)' proxy purchase campaign is run in partnership with Police Scotland, the Scottish Alcohol Industry Partnership and Community alcohol partnership. 2024 will be the third year the campaign will be run nationally across Scotland. The campaign aim is to raise awareness among adults that proxy purchasing is a criminal offence and help communities and retailers stop it. A copy of the evaluation report for the 2023 campaign can be found [here](#).

Other Initiatives

Other partnership initiatives supported by the UK alcohol industry include [Pubwatch](#): its key aim is to help achieve a safe, secure and responsibly led social drinking environment in all licensed premises throughout the UK and thereby reduce alcohol-related crime. [Best Bar None](#) is an accreditation scheme supported by the UK Home Office and drinks industry that aims to improve standards in the evening and night-time economy. [Purple Flag](#) is the accreditation programme that recognises excellence in the management of town and city centres in the early evening and night-time economy.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The role of Development Assistance for Health to tackle NCDs and mental health is an important issue. The technical paper looks at catalytic funding to support specific country activities which would include tackling barriers to local implementation/scale-up and mentions workforce development, capital investment including purchasing of new equipment. It is unclear from the paper if the private sector would be included in discussions around catalytic funding to share knowledge and experience. Something to consider.

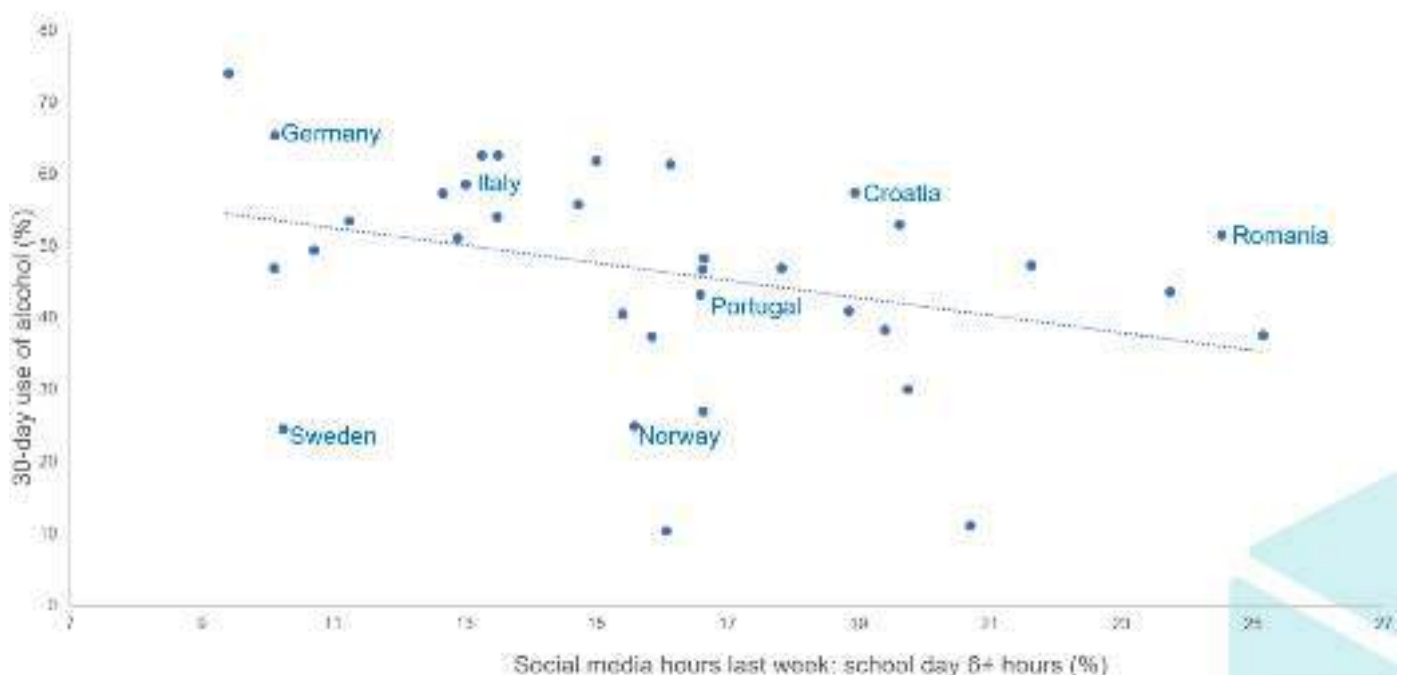
Another issue raised in the technical paper is the issue of collective action at the international or regional level. We note the papers states that a systematic assessment of the priorities for collective action on NCDs and mental health that includes a justification of why these initiatives should receive priority over country projects is needed. But that '...this effort is outside the scope of the International financing dialogue but will be worthwhile to undertake in the months leading up to the 2025 High Level Meeting'. With so many other pressing issues to consider we would query the usefulness of such an exercise at this time.

The report also notes several potential opportunities for DAH to support global functions for NCDs and mental health. It includes some examples of the possibilities but is clear that it does not purport to be systematic, rigorous, or to represent consensus priorities. An area identified is cross-border threats with a potential action being technical assistance to regulate cross-border alcohol marketing, advertising or promotion. The UK alcohol industry is committed to the responsible marketing of its products, we see it as a key deliverable.

It is important to recognise that marketing is largely local. Typically, multi-national advertisers will have global marketing and media budgets which are allocated to local marketing and media teams with the aim reaching local consumers. This applies to all forms of advertising, including TV and online advertising. Companies need to consider the local retail, cultural and linguistic environments when developing campaigns. Alcohol brands also need to consider the different regulatory requirements that apply to them.

Companies also make use of geo-blocking. Marketing communications are directed at specific geography where alcohol marketing is allowed. Geo-blocking is used to prevent audiences outside of the intended geography from seeing the advertising.

There have been reductions in underage drinking and binge drinking while digital marketing has been increasing. Countries with high social media use do not have higher rates of underage drinking. Refer to the chart below. Alcohol advertising represented roughly 1.2% of total market share in 2021 (WARC) and in recent audits by Nielsen using avatars estimate that a child would need to visit a site hundreds of times before seeing an alcohol advert.



Source: ESPAD

Binge drinking has declined globally while social media use has grown. For example, between 2010 and 2016 Facebook and Youtube added more than two billion users. During the same period global rates of heavy episodic drinking (HED) dropped more than 10% (Our World in Data; WHO).

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The taxation alcoholic beverages is an acknowledged revenue stream for Governments. Our shared view is that any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption.

We would highlight that peer-reviewed studies have shown that the effects of increased taxation can vary across different types of drinkers. Some scientific studies show the heaviest drinkers, including heavy episodic drinkers, are the least sensitive to pricing policies. Disproportionate taxation may penalize moderate drinkers and those with limited disposable income .

Particularly in countries where a large share of the alcohol market is unrecorded, taxation of the regulated alcohol sector may not significantly reduce harmful drinking. To be effective, a regulatory framework, which includes taxation, must be accompanied by interventions aimed specifically at harmful drinking. High levels of taxation may lead to unintended consequences, including growth in the unrecorded and illegal markets . Other potential outcomes may include tax evasion and corruption, illicit trade, and a resulting loss, rather than an increase, in government revenue.

[\(References\)](#)

We would certainly support alcohol taxation regimes being simple in their design.

We note that technical background paper 3 in its key messages it states ‘...health taxes are progressive when viewed holistically, and they do not harm economic growth or foster illicit trade.’ However, the paper also notes ‘While it is true that higher prices disproportionately affect the poor,...’. As regressive taxes refer to those which impose greater burdens on those on low incomes, the paper clearly concedes that they are regressive. The paper is clearly presenting a specific view of a complex issue. In the case of alcohol there are a number of studies that show that excise taxes are regressive and in particular for low income groups ([Tax Foundation \(US, 2007\)](#), [Ataguba, 2012](#) and [Subramanian and Kumar, 2017](#)).

The WHO estimates unrecorded alcohol consumption accounts for 25% of global consumption. That figure can vary significantly by country and region, see chart below.

Table 3.1. **Per capita consumption of alcohol and share that is unrecorded, by region, 2016**

Region	Per capita consumption (litres)	Share of consumption that is unrecorded (%)
Africa	6.3	32
America	8	14
Eastern Mediterranean	0.6	67
Europe	9.8	18
Southeast Asia	4.5	47
Western Pacific	7.3	21
World	6.4	25

Source: [\(WHO, 2018\[1\]\)](#).

The WHO expects the share of unrecorded alcohol globally to continue to rise to an estimated 27.7% of consumption by 27.7%.

We think it is an important the issue of illicit alcohol should not be downplayed due to the significant health risk it poses to consumers, especially within poor communities.

Director-General of WTO Ngozi Okonjo-Iweala commented on 28 May that “the problem of illicit trade is sizable and impacts all continents and food sectors, ranging from olive oil to honey, from wines and spirits to spices, it spares nobody.”

There are many examples of this. In June 2020 the Dominican Republic reported over 200 deaths caused by illicit alcohol. Deaths caused by illicit alcohol poisoning are a regular occurrence in India. In late February 2019, local media reported one of the worst illicit alcohol tragedies which resulted in 150 deaths and 200 injuries in Assam. In the same month, approximately 100 people from Uttar Pradesh and Uttarakhand died from consuming illicit alcohol. These deaths were reportedly due to the consumption of cheap locally made liquor (TRACIT 2019).

There is also the issue of lost tax revenue for Governments, revenue that could go to health spending. It is a diversion of resources to organised crime, which uses the proceeds to support other illegal activity and reduce sales by legitimate tax paying businesses. The fiscal loss for governments can be significant as the table below shows.

Fiscal loss from illicit alcohol in selected countries (Millions of USD)		
Country	Fiscal loss	Year
 Indonesia	69	2018
 Vietnam	441	2019
 Thailand	83	2019
 Philippines	438	2016

Note: Calculation on fiscal loss of Indonesia, Vietnam, Thailand is derived from Euromonitor, Fiscal loss of the Philippines is derived from “Tacking Illicit trade Trade in ASEAN” (2020).

The OECD in its report [‘Illicit Trade in High-Risk Sectors: Implications of Illicit Alcohol for Public Health and Criminal Networks’](#) clearly identifies that one of the main factors that fosters illicit sales of alcohol is the price differential between illicit and legal alcohol with an important aspect of that being the taxes applied.

Technical paper 3 argues in its key messages that taxes do not ‘foster illicit trade’. This is in the keeping with the arguments in the WHO’s technical manual on alcohol tax policy (p.xxiv) that price and tax are not key determinants of unrecorded trade: rather, unrecorded trade is often a result of weak governance or a lack of tax administration capacity.” In practice tax capacity is often weak in many of the countries most plagued by illegal alcohol; during the time it will take to build that capacity, high taxation risks creating parallel markets with damage to public health.

Technical background paper 3 also briefly discusses the issue of removing government subsidies, including agricultural subsidies. Such a significant policy interventions would require much more detailed analysis to assess the impact and consequences on supply chains, economies and communities.

We note the issue of earmarking of taxes is also raised. We welcome recognition that it is not a universally supported approach with several negative aspects.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#)). There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs) so perhaps an area for prioritization.

As mentioned above, in the UK Drinkaware is investing in its Drinking Check tool a digital identification and brief advice based on the WHO AUDIT assessment tool. Drinkaware has set a target to get 2 million people to complete Drinking Check tool by 2025. The alcohol industry is helping to promote the tool to achieve that target and is an example of where the industry can provide practical support.

It is also important to recognise the global trade generated by the alcohol sectors and the investment provides significant value to national economies. For example, in 2022 the Scotch Whisky industry generated £7.1 billion Gross Value Added (GVA) (direct + indirect + induced) in the UK. It also invested £2.1bn in capital projects between 2018 and 2022 ([SWA Economic Impact 2022 Report](#)). Global export figures that show the value of Scotch exports topped £5.6bn in 2023.

An Oxford Economics report for the British Beer and Pub Association ([The Economic Impact of the Beer and Brewery Sector in the UK](#)) highlights that the beer and brewing sector is a significant contributor to the UK economy, adding £19bn in GVA, supporting 557k jobs and paying £9.1bn in wages (all impacts direct + indirect + induced). The beer and brewing sector also generates £10.4bn in tax revenue for the Exchequer (£1bn Corporation Tax, £1.6bn Income Tax/NIC, £3.6bn Excise Duty, £3.9bn VAT and £300m Business Rates).

This economic value delivers revenue streams for governments that can be used to fight NCDs and creates meaningful employment and economic well-being which have positive impacts on employee’s mental health.

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

References to the inclusion of the private sector are inconsistent across the papers. UN resolution (A/RES/73/2) calls for inclusion of the private sector, however paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue in Washington, despite later references to a “Whole of Society approach” which includes “private sector entities”. The feedback template also fails to list the private sector under non-state actors. The phrase ‘industry interference’ is used on several occasions in technical paper 2.

All documents should be consistent with the resolution and recognize that all stakeholders, including the industry have an important role to play to reduce harmful drinking.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Wine Growers Canada

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

The private sector has played a significant and role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the *WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.

Wine Growers Canada – An Effective Harm Reduction Stakeholder

Wine Growers Canada (WGC) is the not-for-profit national association representing Canadian grape wine producers. We are committed to upholding our social responsibility by promoting safe and responsible wine consumption and supporting harm reduction initiatives. We believe that wine can be enjoyed as part of a healthy, active, and balanced lifestyle, consumed responsibly and in moderation with food, friends, and family.

For nearly two decades, WGC has been a dedicated partner in Canada's fight against alcohol-related harms. We recognize the importance of responsible consumption and have consistently taken action to empower Canadians to make informed choices about wine.

National Alcohol Strategy: WGC proudly participated in the National Alcohol Strategy Advisory Committee (NASAC), contributing to the 2007 report, "[Reducing Alcohol-Related Harm in Canada: Towards a Culture of Moderation – Recommendations for a National Alcohol Strategy \(2007\)](#)". We actively supported its 41 recommendations, which included:

- Establishing clear standard drink measurements for Canada.
- Developing Low-Risk Drinking Guidelines for informed consumer choices.
- Equipping physicians with tools for intervention and referral.
- Advocating for best practices in minimum pricing.

Industry Leadership

WGC's commitment to social responsibility extends beyond our participation in NASAC. In 2018, following the exclusion of industry representatives, we established a dedicated Social Responsibility Task Group within our Board of Directors to champion industry-led initiatives.

According to a national Abacus Data survey 84% of Canadians believe that Wine Growers Canada should conduct a public educational and awareness campaign about responsible wine consumption and standard drink measures.

- **Responsible Marketing:** In addition to Canada's [Code For Broadcast Advertising of Alcoholic Beverages](#) WGC created a voluntary [Code for Responsible Advertising and Marketing Practices](#), ensuring ethical wine

marketing and promoting [Wine in Moderation](#), an initiative encouraging Canadians to enjoy wine responsibly.

- **Digital Engagement:** Recognizing the importance of online education, we launched "[The Right Amount](#)" campaign in 2021. This interactive platform and social media campaign offer engaging resources on responsible wine consumption and standard drink awareness. The campaign has reached nearly 16 million consumers, out-performed engagement targets, and empowered informed choices through its resources including the wine standard drink calculator.

Wine Watch (2024): Building on this success, WGC developed a comprehensive digital platform, [Wine Watch](#), to inform consumers about various aspects of the wine world:

- **Industry Intelligence:** News, market trends, and developments.
- **Lifestyle:** The intersection of wine culture with mindfulness, healthy living, culinary experiences, and social engagement.
- **Innovation:** Cutting-edge advancements in winemaking and sustainability.
- **Health Information:** Fact-based health insights and research promoting harm reduction and responsible consumption.
- **Policy Updates:** Policy, regulatory, legal, and program updates affecting the wine industry.
- **Community Benefits:** The social, economic, and cultural impact of the wine sector on communities.

Global Impact

WGC actively participates in international harm reduction efforts through membership in FIVS, a leading international beverage alcohol organization. We previously chaired the FIVS Social Sustainability Committee, which launched FIVS-Assure, a comprehensive best practices guide for the beverage industry in almost 40 countries. This guide covers critical areas such as:

- Responsible Marketing & Advertising
- Responsible Drinking
- Young People and Alcohol
- Drinking and Driving

By contributing to FIVS, WGC plays a vital role in shaping a global culture of moderation and responsible alcohol consumption.

Wine Growers Canada is committed to working collaboratively with governments, public health organizations, and other stakeholders to advance effective alcohol harm reduction strategies. We believe that meaningful industry and trade association engagement is crucial for augmenting and enhancing global initiatives.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Canadian Broadcasting Advertising Code

In 1996 Canada established [broadcasting advertising code for alcoholic beverages](#) governed by the Canadian Radio and Television Commission (CRTC), with 17 guidelines that outline what commercial messages for alcoholic beverages may and may not say and/or show. Includes no marketing and advertising to minors.

Every Canadian province and territory, except Alberta, Yukon and Nunavut, has legally binding restrictions enforced by law on alcohol advertising that go beyond the national CRTC code.

Wine Growers Canada Code for Responsible Advertising and Marketing Practices

In 2020, Wine Growers Canada launched its [Code for Responsible Advertising and Marketing Practices](#) (WGC Code), a code developed to provide guidance to WGC members and their employees on responsible marketing best practices. It is an essential framework for responsible communication activities to advertise and market the products of WGC members to those of legal purchase age.

WGC members have made a commitment to undertake consumer communications activities in line with this code, including through undertaking measures to ensure their marketing is never directed at those under the legal purchase age and does not portray the consumption of wine in an irresponsible manner. Wineries will uphold their

commitments to never direct marketing towards minors through a range of measures, from reviewing audience analytics for media communications, limiting the manufacture of branded goods to adult-only sizes, restricting billboard advertising to ensure it is not in proximity to elementary or secondary schools, and using age mechanisms on social media.

As consumer information channels change to incorporate more digital channels, it has become more important than ever to create this code, by ensuring member wineries continue to market their products in a responsible manner and with the highest ethical standards. WGC thanks all those who participated on our expert working group to develop this code.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Canada allocates significant resources to healthcare, spending approximately \$345 billion annually (roughly 12% of GDP), placing it among the highest spenders within the OECD. While federal, provincial, and territorial governments have increased mental health funding across primary care, program delivery, research, and public education, total expenditure is challenging to pinpoint due to a mixed funding model involving public funds, private insurance, and charities.

Healthcare program delivery falls under provincial and territorial jurisdiction. Federal funding utilizes an equalization framework to ensure equitable access to healthcare across Canada. Notably, federal tax revenue allocation isn't tied to specific programs; all revenue is consolidated and distributed through legislation or the federal budget.

Alcohol Taxation and Public Health

Canada levies substantial taxes on beverage alcohol, including federal excise duties (indexed to inflation) and various sales taxes at both federal and provincial/territorial levels, along with markups and levies. While these taxes contribute revenue, they are not a sole solution for addressing mental health and NCD rates.

Economic Considerations and the Importance of a Thriving Wine Industry

A robust economy fosters meaningful employment and improves quality of life. In this context, agricultural subsidies and support programs are crucial for maintaining economic prosperity. Canada's emerging wine sector, generating \$1.5 billion in direct revenue and over \$11.6 billion in economic impact, exemplifies this. This integrated value chain across six provinces drives rural economic growth and investment, anchoring local culinary and tourism sectors. Furthermore, a successful wine industry strengthens local agriculture, promotes food sovereignty, and contributes to improved quality of life.

A Holistic Approach to NCDs and Mental Health

Mental health and many NCDs, including cancer, are complex and multifaceted. Addressing them necessitates a whole-of-society approach focused on wellness promotion and evidence-based public education. This approach, informed by peer-reviewed scientific research, aims to reduce harm and encourage behaviors that promote active, balanced, and healthy lifestyles.

Importance of Flexibility for Member States

A one-size-fits-all solution doesn't exist. Member States require flexibility to address their unique circumstances, including implementing innovative strategies to empower and educate diverse populations. This empowers individuals to make informed choices and ultimately contribute to a reduction in harmful consumption levels of foods that may impact mental health and NCD rates.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Canada's publicly funded health care system is inadequate to meet the scope and spectrum of funding demands from primary care, labour, innovations, research and public health education. There is a role for the private sector operators to promote responsible alcohol consumption, amplify alcohol harm reduction initiatives and investments in evidence-based preventative approaches to reduce harmful drinking.

According to Statistics Canada per capita alcohol consumption in 2022 declined to 97.5 liter from a high of 107.3 liters in 2008. Wine sales decreased 4.0% to 516 million litres in 2021/2022, which is equivalent to 2.4 standard glasses of wine per week per person of legal drinking age. This was the largest decrease in the volume of wine sold since Statistics Canada began tracking alcohol sales in 1949.

76% of Canadians aged 15 and over report consuming alcohol, of these 17% report exceeding Canada's Low Risk Drinking Guidelines including regular incidents of binge drinking, and acute alcohol consumption. Wine Growers Canada believes that harm reduction initiatives should focus on Heavy and Event Drinkers with an aim to reduce or cease consumption for those most at risk.

Screening, Brief Intervention and Referral (SBIR)

Wine Growers Canada has previously invested in the development of the Screening, Brief Intervention and Referral (SBIR). Jointly led by the College of Family Physicians of Canada and the Canadian Centre on Substance Abuse, the referral guide provides family doctors and other health professionals with a screening guide for patients, on whether a patient is at-risk, and suggested clinical and other interventions required.

The SBIR web resource offers a three-step alcohol assessment and referral process to help physicians detect and address harmful alcohol consumption among their patients. Wine Growers Canada promoted the initiative through our corporate communications and advocacy initiatives.

The Right Amount campaign – Responsible alcohol consumption and standard drink education

Wine Growers Canada's [The Right Amount](#) campaign is a perfect example of industry providing a meaningful role in alcohol harm reduction. While government, public health agencies and NGOs have clinical and policy expertise, private sector operators understand their consumers and how to engage them.

Canada's Low Risk Drinking Guidelines and Standard Drink were developed in 2011 by the National Alcohol Strategy Advisory Committee, the new initiatives were introduced with considerable fanfare however the initiatives remained static on government and health agency websites and pamphlets.

Educ'alcool in Quebec and Wine Growers Canada were the only organizations actively promoting these initiatives. Through our sizeable investment in The Right Amount Campaign WGC continues to engage consumers where they live, work and play; on digital and social media platforms. The Right Amount provides positive, lifestyle oriented messaging to engage consumers about standard drinks, and to encourage consumers to be mindful of their wine consumption and to make informed decisions about their relationship with alcohol. The tag line is "The Right Amount for some is none".

To date the campaign has reached nearly 16 million consumers, out-performed engagement targets, and empowered informed choices through its resources including the wine standard drink calculator.

General comments relevant to multiple papers:

Canada's Low Risk Drinking Guidelines suggest that men should not exceed 3 standard drinks per day to a maximum of 15 standard drinks per week and women should not exceed 2 standard drinks per day to a maximum of 10 standard drinks per week.

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Wine Growers Canada believes that our social licence is a covenant with consumers to produce safe, high quality foods that are crafted to be consumed responsibly and in moderation. Our exclusion from public policy discussions and harm reduction initiatives is a disservice to our industry and diminishes the effectiveness of alcohol harm reduction interventions that could be informed, augmented, and amplified by Wine Growers Canada's commitment and expertise.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Brewers Association of New Zealand

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

The Brewers Association of New Zealand strongly supports the "whole of society approach" recommended by the WHO and UN for reducing the harmful use of alcohol. This multi-stakeholder approach engaging all sectors, including the private sector, is essential and vital for tackling alcohol-related harm and preventing non-communicable diseases (NCDs).

The Global Alcohol Action Plan and other WHO strategies identify a critical role for economic operators like brewers in reducing alcohol harm. The brewing industry has embraced this role by developing, producing and marketing new lower- and non-alcoholic beer products. Evidence shows these products can contribute to reducing overall alcohol consumption, especially among heavy drinkers, aligning industry and public health interests.

In New Zealand, the industry is committed to positive programs supporting the calls to action from the WHO and UN on NCDs and harmful alcohol use. A key initiative is The Tomorrow Project, an industry-funded charity that supports quality harm reduction programs. It has run public campaigns around responsible drinking and provided alcohol education reaching over 20,000 school students annually.

The industry also helps fund government efforts through a specific health levy aimed at supporting better drinking cultures and reducing harmful consumption. Overall, the brewing sector is taking multiple actions to implement the WHO's recommendations by offering consumers more beverage options and supporting targeted interventions.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The Brewers Association cautions against suggestions to exclude the private sector from the dialogue on reducing harmful alcohol use, as this would undermine the "whole of society" approach advocated by the WHO and UN. Such an exclusion would be counterproductive to achieving the overall objectives.

On the topic of cross-border alcohol marketing and advertising, we feel the term "cross-border" is misleading. By definition, almost all advertising and marketing efforts are bought, sold and created for specific jurisdictions, not designed to be used across borders.

That said, the New Zealand industry goes to great lengths to ensure minors are not exposed to alcohol advertising and marketing. Our activities are underpinned by enforceable codes of practice managed by the Advertising Standards Authority. This includes a specific code governing alcohol advertising and promotion, as well as a code protecting minors from all unwanted advertising.

Furthermore, New Zealand's Sale and Supply of Alcohol Act provides a regulatory framework for alcohol advertising and enforcement, including allowing territorial authorities to implement localized marketing restrictions where appropriate.

The industry is committed to responsible marketing practices within the established legal and self-regulatory frameworks in our markets. We caution against measures that could undermine the collaborative "whole of society" approach needed to address harmful alcohol use.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The Brewers Association of New Zealand believes illicit alcohol should not be ignored, as it poses significant threats to national revenues and public health. More focus and better data are needed on the illicit alcohol market.

Regarding taxation of alcohol beverages, any policies should be part of a comprehensive fiscal and regulatory framework, proportionate and appropriate for the local context. Taxation should avoid creating market distortions or exacerbating harmful consumption issues. Analysis should prioritise peer-reviewed studies over grey literature and reflect the broad range of evidence from member states currently implementing "health taxes."

On proposals to remove agricultural subsidies, further analysis is required given the potential large-scale economic impacts and effects on global supply chains that are not fully quantified in the technical papers. Removing subsidies could have significant negative downstream impacts that need to be carefully considered.

Overall, a balanced evidence-based approach looking at all relevant factors is needed when considering alcohol taxation, marketing regulations, and policies impacting agriculture and supply chains related to alcohol production. Unintended consequences must be avoided.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Global trade and private sector investment in the alcohol beverage industry provides significant economic value and revenue streams to national economies. This economic value should be recognised, as the revenue can help fund efforts to fight non-communicable diseases (NCDs).

At the same time, there is a major opportunity to better utilise screening and brief interventions (SBIs) as a highly effective and cost-efficient tool for addressing harmful alcohol use in primary care settings. Despite proven impact, the World Health Organisation estimates only 15% of countries have implemented SBIs in one-third of their primary care facilities.

The Brewers Association supports an approach that harnesses the economic benefits of a legal, regulated alcohol industry while also scaling up evidence-based interventions like SBIs through the healthcare system. Growing the reach of SBIs presents a significant opportunity to make an impact on reducing harmful alcohol use in a targeted, efficient manner through primary care. This complements the industry's contributions to government revenue streams that can fund broader NCD prevention and control efforts.

General comments relevant to multiple papers:

The Brewers Association firmly believes the private sector must be included as a legitimate stakeholder in discussions around financing and strategies to address global health issues such as non-communicable diseases (NCDs). This is consistent with the UN Political Declaration on NCDs (A/RES/73/2), which calls for engaging and encouraging economic operators like the alcohol industry to contribute solutions.

However, we have noticed some inconsistencies across the preparatory documents regarding explicitly listing the private sector as a participant in the dialogue on NCD financing. While the UN resolution advocates private sector inclusion, some documents do not clearly list the private sector under relevant stakeholder groups like non-state actors.

To align with the UN resolution and advance the "whole of society" approach it promotes, all preparatory documents should consistently encourage and provide opportunities for participation from all relevant stakeholders, including the private sector. The alcohol beverage industry is committed to being part of the solution and can provide valuable perspectives on effective financing mechanisms, intervention strategies, and public-private partnerships.

Including the private sector as an active stakeholder will help ensure comprehensive, pragmatic strategies result from this dialogue that leverage all available expertise and resources to maximize impact against the global NCD burden. We urge the consistency called for by the UN resolution across all documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: The Australian Centre for Lived Experience
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify): X psychosocial disability lived experience organisation
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers Taxation and a mandatory levy. Redistribution of high-income countries to provide funding to LMIC.
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? Member states should have funding reflecting the needs in each country. A national assessment aligned with funding outcomes and other measures such as inflation and current taxation should be factored in. Member states where there are humanitarian crises should be assisted by high-income taxation aid from economically strong member states.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? External financing could come from private entities that have a social purpose/impact on mental health. Member states should be supporting one another at regional levels.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? Mandatory taxation levy such as Medicare in Australia, but specifically for mental health based on gross domestic product alignment with disease burden. Measure the current costs of crisis and tertiary services as opposed to preventative solutions that are structural in nature e.g. race, class, gender, sexuality, and unequal policies retrenching welfare states, housing and improving capital for those already resourced.

Capitalism is eroding individuals' sense of connection, community and belonging. The more money for fewer people, the more unequal and dissatisfied as a democracy.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

As above. Focus on prevention. Focus on welfare state increase and access to safe and affordable long term housing. Address distress at the child development level with families and address violence issues both in the form of family and domestic, and criminal activity.

Multisectoral investment across, employment, education, health, housing, and welfare. All aspects create conditions for cost of living crisis and a move into despair.

Address intersectionality through social justice imperatives.

5. Financial protection for NCDs and mental health: Why and how?

Increase public spending on prevention and early intervention and multisectoral health and welfare areas that impact distress.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Funding for peer workers. We need to upskill peers in all roles including policy, health promotion and finance. Lived experience is everywhere. They require training in lived experience, recovery, Mad studies and necessary skillsets to fulfil roles. Task sharing and upskilling and centering the lived experience movement principles, aims and goals.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Ensure all lived experiences and CSO's are actively funded and evaluated based on the quality of impact not always quantifiable outcomes. Evaluate CSO's from the perspective of those accessing the services.

Ensure lived experience groups/organizations are co-producing solutions.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

Nil

General comments relevant to multiple papers:

Lived experience leadership to lead solutions to addressing funding of mental health in alliance with key decision makers.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Engage in crowd-sourcing and higher taxation. There should be a mental health taxation levy as we have in Australia for Medicare. Universal access to mental health services and a focus on prevention and addressing structural determinants.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: WHO Collaborating Centre for the Prevention and Control of Noncommunicable Diseases in Humanitarian Settings and Chronic Kidney Disease

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

X other (specify): WHO Collaborating Centre

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

1. Health spending on NCDs and mental health: What can national health accounts tell us?

The document is solid but does not include sufficient information on how costs will be disaggregated to facilitate appropriate action. Chronic kidney disease and kidney failure (CKD/KF) are known to be key drivers of health expenditures based on analyses of more granular data: both for chronic care and in emergency settings.

In the health accounts data as presented, CKD/KF could be lumped in with “genitourinary disease” or could be captured under one of the causal drivers for CKD/KF, such as diabetes or hypertension. In either case this will mask the burden of CKD/KF and obfuscate certain appropriate actions that will reduce such costs, such as early identification and treatment of CKD. Acknowledging that national health accounts data are inherently high level, there are opportunities to address this limitation given the catastrophic individual and societal impact of CKD/KF, such as by disaggregation of CKD/KF costs.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

(a) CKD and KF are major drivers of death, disability and high health costs in humanitarian settings, and requests for technical assistance with the management of CKD and KF in humanitarian settings are exceedingly common. DAH may be used to attract funding for management of CKD and KF in humanitarian settings (including conflict). DAH may also be framed as supporting “building back better”, for example by embedding CKD/KF prevention, detection and treatment in activities for the recovery phase in such settings.

(b) Since CKD/KF prevention and management in LMIC hinges on strengthening health systems, DAH may be used to foster detection and treatment of CKD in low resource settings, using cheap and readily available drugs and technologies, and by integrating CKD detection and management into care pathways for other diseases.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

We strongly support the messages in this document, that will help with prevention and control of all NCDs including CKD.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Again, this document is solid. Specifically on the actions related to selection of a benefits package – it will be critical that the downstream costs of failing to prevent kidney failure are considered in the context of the growing number of people with CKD/KF, the much larger number of people at risk, and the availability of cheap and effective technologies to detect and manage CKD.

Specifically, please consider that some very effective tools for CKD prevention and treatment (eg SGLT2 inhibitors) are often not considered for inclusion in core benefits packages because the downstream costs of KF are not incorporated into decision-making.

5. Financial protection for NCDs and mental health: Why and how?

Kidney failure is a classic example for catastrophic health expenditures even in wealthy countries. Prevention of KF through timely detection and treatment of CKD, and integration of CKD management with other programs for NCD control is a cost-efficient, equitable and effective method for reducing catastrophic health expenditures and a strong argument in favor of UHC. Please consider explicitly mentioning KF as an example of catastrophic health expenditure that could be addressed by action on multiple levels depending on the setting, ranging from temporary acute dialysis for people with temporary/reversible KF (eg following trauma), to inclusion of medicines to manage CKD in UHC benefit packages, to a national dialysis program for people with chronic KF.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

We would like to see the Global Kidney Health Atlas mentioned as an exemplar project within the text of the document, similar to the examples given, eg Ghana NCD Alliance. The Atlas provides data at national and regional level on the burden of CKD/KF as well as key details on quality of care, financing, workforce etc. One key purpose of the Atlas is to show progress and hold countries to account. Results are available in major peer reviewed journals (eg JAMA, Lancet Global Health) as well as on the Atlas' dedicated page at <https://www.theisn.org/in-action/research/global-kidney-health-atlas/>

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Similar to the previous comments: the investment case is already strong, but could be further strengthened by including the costs associated with failing to detect and manage CKD, and the potential benefits of doing so. As noted, the burden of CKD is extremely high, growing rapidly, and is especially pronounced in countries with weaker health systems. Since cheap and effective treatments are readily available and ready to be scaled, the additional benefits of such scaling could easily be captured in the updated case for investment...which will further emphasize the need for action.

Humanitarian health financing for noncommunicable diseases

We applaud the recommendations in this document. See earlier comments about humanitarian settings.

General comments relevant to multiple papers:**Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?**

Given the strong economic argument for timely detection and management of CKD, we believe that Heads of Government should commit to supporting this objective through UHC, inclusion of kidney-relevant medications such as SGLT-2 inhibitors in national benefits packages, special mechanisms for preventing catastrophic health expenditure, and specific funding for incorporating prevention and management of CKD into national NCD programs.

We believe that these objectives warrant specific mention in the Director-General's report to WHA 2025.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: FDI World Dental Federation (FDI)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

X Non-State actors

- ☒ **X** nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Full name: FDI World Dental Federation (FDI).

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Draft outcome document of the International financing dialogue

1. Health spending on NCDs and mental health: What can national health accounts tell us?

The general findings and conclusions of this paper are supported and the intention to provide a manual for preparing NHAs related to NCDs is welcome. It is unclear in Appendix 1 what the bold lines are meant to represent. If they are meant to represent the relevant codes for the report, oral diseases should be included. It would be useful in the report to acknowledge the siloing of different disease finance data systems and the need for these to be standardised/made compatible. This is particularly an issue for oral diseases where dental services are often administered completely separately to the rest of health and different finance reporting and provider claims systems are used.

We support the recommendation on pages 7-8 that there is a need to develop and distribute new / improved guidance on preparing health accounts for NCDs and mental health, the ongoing efforts to develop a 'manual' and the upcoming release of the health accounts production tool (HAPT). We strongly recommend that oral diseases, which are the most prevalent NCD globally and a key driver of out-of-pocket expenditure be included.

Please see below some data on oral health that can be used to strengthen this report.

This paper notes that the classification of spending by diseases is not part of the basic or compulsory block. Thus, not all countries include the expenditure distribution by disease in their accounts: in fact, only 59 developed, or shared, data on diseases.

However, in countries that analyse expenditure by disease, oral diseases represent a substantial economic burden for economies and households. For example, in 2018 oral diseases accounted for €90 billion in direct costs (treatment expenditure) in the (then) 28 European Union member countries, thereby ranking third behind costs for diabetes (€119 billion) and heart diseases (€111 billion).¹

This paper notes that direct out-of-pocket spending (OOP) for NCDs is above the threshold of 20% in 10 of the 11 countries analysed in 2019.

This point is particularly relevant to oral health. The United States, Canada and France have well-developed private dental insurance markets which account for 40% to 50% of total dental spending. Nevertheless, out-of-pocket payments account for 20% to 40% of dental care financing.² Similarly, direct payments by patients for dental services represent the largest source of funding of total dental care spending in 22 countries in the European region.¹

This paper notes that that NCDs are mainly financed by households [74%] and in a minor proportion of spending by governments [21%], as an average in 2019.

Relatedly, the WHO Global Oral Health Status Report notes that accessing oral health care ranks high among the main reasons for catastrophic health expenditures, resulting in an increased risk of impoverishment and economic hardship.³

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The general findings and conclusions of this paper are supported. We welcome the recommendation (on page 8) that WHO or another normative body should clearly identify what core NCD, and mental health financing metrics should be collected and reported on. The 14th WHO General Program of Work includes the following new indicator to measure progress (page 63).

- Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2 and regional definitions where available)
- Incidence of impoverishing out-of-pocket health spending (related to SDG indicator 1.1.1 and regional definitions where available)
- Out-of-pocket payment as a share of current health expenditure

We recommend supporting governments to measure and report these data for NCDs, to provide evidence of key aspects of the NCD response that can benefit from better financial protection measures.

Also, whilst partially acknowledged in Section 4, it would be helpful in Section 2 to elaborate on the importance of demonstrating spill-over effects, wider benefits and defining value in broader ways in advocating for investment in NCDs. The spillover effect could have significant impact on the most neglected of all NCDs, such as oral diseases, which share the same social and commercial determinants with the cancer, diabetes, cardiovascular conditions, mental health conditions and chronic respiratory diseases.

It is also noteworthy that health budgets worldwide (national, DAH, WHO) are heavily skewed towards infectious diseases and the Millenium Development Goals. Therefore, governments and other relevant stakeholders should also be supported to allocate funds based on disease burden and the availability of evidence-based interventions. This approach will enhance the prioritization of NCDs which constitute a huge burden of disease globally and which are not prioritized in any financing initiative. Oral diseases affect 3.5 billion people worldwide, causing significant morbidity, pain, poor quality of life and in some cases the increased risk of death.

We support the recommendation that health systems should be optimized to tackle the growing burden of multimorbidity, and service delivery, including financing should be redesigned with complex chronic conditions in mind.

¹ Winkelmann J, Gómez Rossi J, van Ginneken E. Oral health care in Europe: Financing, access and provision. Health Systems in Transition, 2022; 24(2): pp. 1–169.

² World Economic Forum. The Economic Rationale for a Global Commitment to Invest in Oral Health. White Paper. May 2024.

³ Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

WHO notes that most oral diseases have been linked with other noncommunicable diseases such as cardiovascular diseases, diabetes, cancers, pneumonia, obesity and premature birth.⁴ Therefore, redesigning models of care to diagnose and treat multimorbidity and ensuring adequate financing for them by both donors and governments, could be an important step forward.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The paper is broadly welcomed and the advice around tobacco and alcohol taxation is welcome. The cautious approach to hypothecation is appropriate. The paper could take a stronger approach to taxation of sugar. There is now good evidence around the effectiveness of SSB taxation, including for the reduction of oral diseases.

For example, a soft drinks industry levy (SDIL) was introduced in the United Kingdom in April 2018 to address the high prevalence of childhood obesity. The levy applies to sugar sweetened beverages (SSBs), seeking to encourage industry stakeholders to reduce their sugar content and provide healthier choices for consumers. Dental caries are largely preventable and the SDIL is part of a package of measures needed to address the complex problem and over-consumption of sugar and its effects. For example, a recent research published in [BMJ Nutrition, Prevention & Health in November 2023, suggests](#) that 22 months after it was implemented, SDIL was associated with a 12% reduction in hospital admissions amongst children, aged 0 to 18 years.

Furthermore, the paper should be advocating more strongly for consideration of broader sugar-based taxes to include foods as well as beverages.

⁴ WHO. World Health Assembly Resolution paves the way for better oral health care. <https://www.who.int/news/item/27-05-2021-world-health-assembly-resolution-paves-the-way-for-better-oral-health-care#:~:text=Most%20oral%20diseases%20have%20been%20linked%20with%20other,diseases%2C%20diabetes%2C%20cancers%2C%20pneumonia%2C%20obesity%20and%20premature%20birth.>

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The statement that “there is only one health financing system” is likely to be incorrect in many countries; oral health often has a separate, different health financing system from other areas of health including other NCDs and mental health, and this should be acknowledged. In Box 1 it would be useful to acknowledge the excellent WHO work around oral health best buys. It is very important to include oral health packages in Table 1. It would also be useful to refer to more specific priority setting/resource allocation tools based around multi-criteria decision analysis including, for example, Programme Budgeting Marginal Analysis.

Regarding political commitment, there is growing evidence that a well-informed Head of Department can promote the prominence of NCDs and Mental Health both within and outside the health sector. For example, the Chief Dental Officers of Ireland, Jamaica, Thailand, Malaysia and Canada are mobilizing their governments to prioritize oral health and the national level and are advocating for a stronger response globally. Ireland’s Chief Dental Officer is networking with other Chief Dental Officers, partnering with the relevant civil society organizations for increased impact while also leading and supporting relevant activities within WHO and United Nations.

We welcome the reference to the need for disaggregated data on NCD and mental health in financial data reporting systems. We strongly recommend that oral diseases should be included in these reporting efforts, as they are the most prevalent conditions in the world and are often not included in financial reporting efforts.

Furthermore, we welcome the recommendation that health promotion and NCD and mental health prevention and management interventions should be included into national HBPs. Most NCDs, including oral diseases, are preventable by a combination of downstream and upstream interventions. Such preventive efforts can be cost-effective and even cost-saving. For example, Economist Impact’s previous modelling work has shown that eliminating gingivitis through simple, home-based oral care techniques would be hugely cost-saving over a 10-year period as compared to the status quo. This modelling exercise included six European countries, France, Germany, Italy, the Netherlands, Spain and the United Kingdom (UK).⁵

Lastly, we support strongly the recommendation to implement modern, unified patient data systems for provider payment to allow planners to identify NCD and mental health conditions that are driving healthcare costs and use this information to tailor prevention efforts as well as case management strategies.

5. Financial protection for NCDs and mental health: Why and how?

The conclusions and actions are sensible. It would be useful to specifically list dental co-payments as an area for work given these are often dealt with differently to other health areas and one of the most frequent areas for health charges. It would also be useful to consider the potential advantages and disadvantages of exempting low-income individuals from co-payments, which seems to be implied but not fully explored in the paper at present. Also, tracking the proportion of populations paying for dental care either out-of-pocket, through insurance premiums or mixed schemes could guide governments on the risk of poverty due to the need for oral healthcare.

We support the emphasis on the “insidious impacts of reliance on OOP spending to pay for health care which pushes households to adopt harmful coping strategies—such as cutting household spending, using up life savings, selling assets or borrowing—which entrenches poverty and inter-generational disadvantage and can lead to poorer health outcomes.” However, paper 5 could be strengthened by addressing within it the cost of missed care due to complete lack of capacity to pay. A recent report on oral healthcare financing in Europe notes that dental care is the most frequently forgone care due to financial constraints. Limited coverage of dental care frequently leads to financial hardship for richer households who can pay out-of-pocket but results in unmet needs for poorer households because they forgo or delay seeking care. In Europe about 3% of the population reported an unmet need for dental examination or treatment in 2019.¹

⁵ European Federation of Periodontology. Time to put your money where your mouth is. Addressing inequalities in oral health. 2024

When governments fail to provide access to oral care, the people pay, sometimes with their lives. WHO's Global Oral Health Status Report (page 25) notes that in February 2007, 12-year-old Deamonte Driver died in Maryland, USA, after complications from an avoidable dental infection. A routine, \$80 tooth extraction might have saved him if his mother had been insured.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

No comments.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

It would be useful to more explicitly acknowledge the role of CSOs in illustrating the impact of disease including the financial impact at a personal level. The importance of capturing the perspectives of civil society and people with lived experience in setting national health financing targets and the monitoring and evaluation of health financing measures should also be added to the recommendation.

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

No comments.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: UN-Nutrition Secretariat –comments from the Nutrition Technical Working Group (TWG) of the Interagency Task Force (IATF) on prevention and control of noncommunicable diseases and mental health.

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations **X**

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

The nutrition technical working group of the IATF on NCDs would like to highlight several overarching issues.

- Nutrition is a cross-cutting issue requiring multisectoral action. Especially enhancing diet-related NCDs and the need for health and food systems actors to work together.
- Healthy diets from sustainable food systems are part of a preventive approach to NCDs. Malnutrition in early childhood is a risk factor for obesity and NCDs in later life.
- As nutrition is cross-cutting and multisectoral, it highlights the complexity and shortfalls in financing and tracking financing of nutrition-specific and nutrition-sensitive projects, programmes and policies across multiple sectors and ministries.

The Bridgetown Declaration paragraph 5 shows how SIDS are impacted by unhealthy diets: “Remain deeply concerned that SIDS show the highest rates of childhood and adult obesity worldwide and that the challenge in ensuring healthy diets and effectively responding to NCDs in SIDS is significantly constrained by high dependence on imported food, medicine and diagnostic devices, commercial influence and trade-related challenges”.

Draft outcome document of the International financing dialogue

Some suggestions for the emerging and key messages to inform the outcome document include:

Emerging messages

- Include in message #1 the climate and nutrition links and the growing work in this area notably through the I-CAN initiative. The WHO hosted [Alliance for Transformative Action on Climate and Health](#) (ATACH) includes a Working Group on Climate Action and Nutrition (I-CAN-WG).
- Along with nutrition as an unfinished agenda mention the shift from undernutrition as the main form of malnutrition affecting LICs/LMICs, to the rise in overweight and obesity and subsequent diet-related NCDs but also the double burden of malnutrition requiring prevention and cure.
- In message #9 note that the COVID-19 pandemic showed how obesity and other (diet-related) comorbidities negatively impacted the health outcome, thus re-emphasising the importance of healthy diets in disease prevention.

Key messages

The nutrition TWG requests that the key message includes the necessity to link other systems to the health system, notably the food system and the social protection system, as part of the approach to addressing diet-related NCDs.

The UN-Nutrition discussion paper on [Nutrition and the environment: Nurturing people, protecting the planet](#) illustrates how dietary trends and food systems are contributing to the triple planetary crisis of climate change, biodiversity loss and pollution, as well as how that crisis is exacerbating nutrition challenges.

The key messages can be backed up for example by the Bridgetown Declaration paragraph 10: “....to ensure priority is given to the prevention and control of NCDs and mental health conditions across the interconnecting agendas, such as health and climate change, emergency-resiliency, pandemic preparedness, development financing, biodiversity conservation, sustainable food systems and their commercial drivers.”

1. Health spending on NCDs and mental health: What can national health accounts tell us?

Unhealthy diets are a risk factor for NCDs and healthy diets are key to prevention of NCDs therefore it is essential that nutrition accounting goes beyond nutritional deficiencies. The updated WHO Best Buys would provide a starting point. <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030>

In the national health accounts nutrition appears limited to DIS.3 Nutritional Deficiencies which are likely to cover largely curative interventions to treat moderate and acute wasting, micronutrient programmes and specific nutrition activities (e.g. nutrition education and campaigns). The impact of protection and promotion of optimal breastfeeding on NCDs was reaffirmed in the updated WHO Best buys. However, nutrition is a cross-cutting issue in health and significant contribution towards nutrition and healthier diets are made as part of reproductive, maternal and child health (e.g. breastfeeding, complementary feeding and counselling on healthy diets for mothers and their families) as well as through counselling on healthy diets as part of NCD programmes. Strengthening the NHA reporting framework to be able to extract expenditures towards nutrition across different disease categories would be beneficial.

Moreover, nutrition is a cross-cutting issue beyond health and nutrition actions and accounting are also included under other ministries (for example Ministries of Agriculture, Education, Trade, and Finance) or interministerial bodies, thus the NHA method is limiting, although as a nutrition community we do recognise the difficulty in assessing accounting on nutrition because of its cross-sectoral nature. Efforts should be made to seek expenditures made towards food product reformulation, healthy public food and procurement service, front-of-pack nutrition labelling, marketing restrictions, and SSB taxes.

Taking into account the World Health Assembly nutrition and diet-related NCD targets could also be considered. This is laid out in the global Nutrition Accountability Framework set up in 2022. <https://globalnutritionreport.org/resources/naf/>

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Nutrition is referred to as part of the “unfinished agenda” of the MDGs. The Nutrition TWG highlights that the nutrition is not only unfinished but is also changing with increasing overweight and obesity. The [Lancet 2021](#) series on maternal and child health progress, reports modest progress globally but states that maternal and child undernutrition remain a major global health concern. In 2013, [Lancet maternal and child nutrition series 2013](#) drew attention to the growing problems of overweight and obesity for women and children and noted the double burden of malnutrition: continued stunting of growth and deficiencies of essential nutrients along with the emerging issue of obesity. A further series in 2019, the [Lancet double burden of malnutrition](#) stated that double-duty actions that simultaneously address more than one dimension must be implemented for policy solutions to be effective.

This paper also mentions the Colombia ‘junk food law’ and brings in ultra processed foods as an emerging issue in this paper which is excellent.

DAH supports financing for NCDs but we would strongly suggest that nutrition outcomes are included.

An example that could be referred to is the Bridgetown Declaration paragraph 13 stating that SIDS: “Call on all countries to provide financial and capacity building assistance to SIDS to address the impact of NCDs and mental health conditions in SIDS, including in addressing the environment-nutrition nexus.”

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

In line with Section #2, the Nutrition TWG supports SSB taxes. We suggest including examples of countries making progress on nutrition since taxes have been introduced. A Lancet editorial from March 2024, [Sweet success: will sugar taxes improve health](#), speaks to the successes of Mexico in this domain and optimistic evidence from modelling studies that ‘sugar taxes and other similar policies will pay dividends with respect to population health’. WHO guidelines have recently been published on fiscal policies to promote healthy diets (Available here: [fiscal policies for healthy diets](#))

The recent UNDP-WHO led work supported by the UN-Nutrition Secretariat, on the methodology for nutrition investment cases: building blocks for addressing malnutrition across the lifecourse, uses the WHO Best Buys list for modelling purposes to advocate for investment in nutrition at country level. The work is unpublished at the time of writing but future investment cases will benefit from the WHO Best Buys Expanded list related to unhealthy diet and the Nutrition TWG wishes to reinforce its uptake. <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030>

These best buys include:

- Reformulation policies for healthier food and beverage products (e.g. elimination of trans-fatty acids and/or reduction of saturated fats, free sugars and/or sodium)
- Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers’ understanding and choice of food for healthy diets
- Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium, unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)
- Behaviour change communication and mass media campaign for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium, unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)
- [Policies to protect children from the harmful impact of food marketing on diet](#) WHO guideline available on marketing restrictions, protection, promotion and support of optimal breastfeeding practices

Effective interventions:

- Taxation on sugar-sweetened beverages as part of [fiscal policies for healthy diets](#) (New WHO guideline launched on fiscal policies to promote healthy diets)

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Nutrition actions are not always included as part of primary health care.

Suggest referring to WHO Best Buys and give examples of where these can have impact on nutrition outcomes. Table 1 in this document shows the cost of NCD packages – the unhealthy diet package is relatively low in LICs and LMICs.

5. Financial protection for NCDs and mental health: Why and how?

This is the only paper that makes an explicit mention of the right to health. The nutrition TWG would like to add the importance of the right to adequate food which is fundamental to achieving the right to health and these are indivisible and interdependent. A set of [advocacy messages on NCDs](#) has recently been published by the Interagency Task Force on NCDs and includes the message ‘the right to adequate food, which includes adequate nutrition, is a universal right guaranteed to all. Premature deaths resulting from non-communicable diseases linked to bad diets are deaths that can be avoided, and States have a duty to protect in this regard’.

A big focus of paper 5 is out of pocket (OOP) expenditure on health. While it refers to the impact of OOP on coping strategies including reduced spending on food, the Nutrition TWG would like to enhance the link between reduced spending on food, diet quantity and quality, the impact on nutrition outcomes and their subsequent impact on NCDs,

entering into a vicious cycle across the lifecourse. The [Global Nutrition Report 2022](#) states what we eat across the world continues to fall short of the minimum standards for healthy and sustainable diets with resulting obesity and diet-related non-communicable diseases (NCDs) on the rise and that it is countries faced with food and nutrition insecurity, and the most vulnerable populations, that are threatened the most.

Also emphasised could be the growing evidence of the impacts of stunting (and wasting) in early life on health outcomes and notably NCDs in later life. A 2021 publication [Early and Long-term Consequences of Nutritional Stunting: From Childhood to Adulthood](#) (Soliman et al), highlighted the immediate and long term consequences of child stunting which include increased risk of non-communicable diseases, a higher risk of developing diabetes and hypertension, and unfavourable maternal reproductive outcomes in adulthood. It also refers to evidence that stunted children who experienced rapid weight gain after 2 years have an increased risk of becoming overweight or obese later in life.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Linked to paper #4 and nutrition actions as part of primary health care, here could be emphasised training on nutrition in health courses at all levels and as part of capacity building of health/nutrition professionals.

Protection and performance: the care pathway includes mention of nutritionists. The Nutrition TWG wishes to emphasise the importance of nutrition for all, at all times and not just when a nutritional illness has been identified – again bringing the essential preventive nature to the curative role of the health system.

To improve unhealthy diets and thus diet-related NCDs it is important to emphasise the multisectoral nature of nutrition and how this requires multisectoral action and that systems work together. The Nutrition TWG would like to stress that diet-related NCDs cannot be addressed by the health system alone and there must be collaboration and joint effort together with food system actors to deliver healthy diets from sustainable food systems for improved nutrition outcomes.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Not applicable.

General comments relevant to multiple papers:

A human rights-based approach to addressing malnutrition is highlighted in the IATF NCDs Human Rights Team [advocacy messages on NCDs](#) and includes statements from the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on the right to food and on the right to health. In July 2020 the Special Rapporteur on the right to health stated that NCDs are a major challenge of this century highly rooted on overweight, obesity and unhealthy diets.

Other key points from the advocacy messages are that the right to health framework requires States to take measures to prevent diet-related NCDs - States should not only provide nutritious food, but also institute measures in all areas of policymaking to reduce the burden of diet-related NCDs. States have a duty to protect as premature deaths resulting from non-communicable diseases linked to bad diets are deaths that can be avoided. As part of their right-to-health duties, States should address the diet-related NCDs preventable risk factors and promote frameworks whereby the food and beverage industry convey accurate, easily understandable, transparent and comprehensible information on their products and this includes front-of-package warning labelling regulations.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Not applicable for the Nutrition TWG inputs.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: The MHPSS Collaborative (hosted by Save the Children Denmark) www.mhpsscollaborative.org
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue Noting that the emerging messages do not specifically mention children, youth and caregivers or the variance within and across age groups in need, prevention or treatment: Children, adolescents and youth experience higher rates of mental health conditions than the wider population, with suicide being the fourth leading cause of death among 15- to 29-year-olds.¹ This prevents them from reaching their full potential leading to a less healthy, less educated and less job secure generation at great societal cost. Addressing mental health and psychosocial challenges among children and youth requires a whole-of-society and cross sectoral approach. Adequate investment in prevention, early intervention and health promotion across not only health but also other relevant sectors such as education, social welfare and protection is necessary. A holistic approach to child and youth mental health includes supporting parents and caregivers from pre-natal care through early childhood and acknowledging that young people and caregivers must play a role in informing funding and care strategies based on local needs. Proposed addition to message A. "Whole of society" approach is highlighted: The promotion of physical and mental health, as well as the prevention and management of NCDs, mental health conditions and their risk factors, needs a 'whole of society' approach realised. The credibility, social support, and effectiveness of NCDs and mental health policies rely on a participatory approach with meaningful engagement of people with lived experience of these conditions from different age groups and gender, nonstate actors (nongovernmental organizations, private sector entities, philanthropic foundations and academic), public and private sector service providers and all relevant arms of the government.

Commented [VU1]: should we use families or caregivers?

¹ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

1. Health spending on NCDs and mental health: What can national health accounts tell us? The current recommendation says that governments can/should devote more effort and resources to tracking NCD and mental health expenditures at the national level to inform better planning and monitoring, the MHPSS Collaborative would strongly recommend to add “disaggregated by age and gender” as a minimum, to allow for tracking expenditure across the life course and thereby ensure services are not only disproportionately reaching some age groups or benefitting one gender.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? We note that interviewees consistently reported data limitations as a major barrier to action (page 7), and that WHO or other normative body should clearly identify core metrics for reporting on NCD and mental health financing (p.8). Based on experiences analysing ODA financing for child and family mental health and psychosocial support published by the MHPSS Collaborative in 2021², we found that tracking funding specifically for children, youth and families was extremely difficult, because there were no clear reporting mechanisms. We recommend that metrics for future tracking of DAH funding for NCD and mental health can capture funding specifically for children and youth.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?
4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments Priority setting exercises on what to spend domestic financing on needs to include preventative and anticipatory action for good mental health starting early, throughout the life course and across the health, education and social protection sectors at the community level.
5. Financial protection for NCDs and mental health: Why and how? Advocate for financing for mental health and psychosocial support as a means to ensure adherence to treatment for children, youth and caregivers living with NCDs, mutually reinforcing help-seeking behaviours, NCD treatment plans and mental health and wellbeing.
6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions? As NCD and mental health conditions will require additional health workforce inputs to meet increasing demands, it is essential that not only institutional capacity is scaled up to provide competency-based education, but also the community level civil society capacity, with a focus on creating pathways for both graduated and non-graduated young people to engage in the cross-sectoral workforce needed to promote mental health and provide psychosocial support across sectors and levels of intervention, including the more preventative measures.
7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

² <https://mhpsscollaborative.org/resources/follow-the-money-global-funding-of-child-and-family-mhpss-activities-in-development-and-humanitarian-assistance/>

We agree that civil society can and must play a critical role in advocating for resource mobilization and holding governments accountable.

As an advocacy, research and capacity strengthening organisation for mental health and psychosocial wellbeing for children, youth and families, the MHPSS Collaborative supports the recommendations in the paper and wants to add:

Governments and donors should invest in developing civil society's capacity to support community engagement and people with lived experience in NCD and mental health responses, establishing collaborative and mutually supportive policymaking processes.

[Our proposed revision:] Governments, donors and civil society organisations must ensure that participation of people with lived experience and expertise is meaningful, accessible and safe, including children, youth and people living with severe illness, disabilities, or mental health conditions.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Children, adolescents and youth experience higher rates of mental health conditions than the wider population, with suicide being the fourth leading cause of death among 15- to 29-year-olds.³ This prevents them from reaching their full potential leading to a less healthy, less educated and less job secure generation at great societal cost.

Addressing mental health and psychosocial challenges among children and youth requires a whole-of-society and cross sectoral approach. Adequate investment in prevention, early intervention and health promotion across not only health but also other relevant sectors such as education, social welfare and protection is necessary.

A holistic approach to child and youth mental health includes supporting parents and caregivers from pre-natal care through early childhood and acknowledging that young people and caregivers must play a role in informing funding and care strategies based on local needs.

The MHPSS Collaborative stresses that mental health is both a separate and cross-cutting consideration in the prevention and treatment of NCDs and mental health disorders. While mental health needs to be addressed in its own right, it is also necessary to recognize that living with an NCD increases the risk of developing mental health conditions and that supporting patients' psychosocial wellbeing and mental health can have positive effect on physical health outcomes.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

The MHPSS Collaborative proposes Heads of Governments to commit to allocate resources for preparedness and anticipatory action for children, families and their caregivers mental health and psychosocial wellbeing in advance

³ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

of the occurrence of natural, man-made or climate induced emergencies to better safeguard existing strengths and coping mechanisms needed to tackle the various challenges to life and health which comes with these emergencies.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: West Indies Rum & Spirits Producers Assn (WIRSPA)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the *WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.

The Caribbean beverage alcohol sector in 2019 agreed a comprehensive set of actions in support of reducing the harmful use of alcohol.

The sector collaborated with the Caribbean Community to agree priority area for industry action and has accelerated action in support of:

- Reducing access to advertising and promotions by underage person (as well as vulnerable person and pregnant women)
- Supporting a harmonization upwards of the minimum drinking age
- Supporting programs to reduce drinking & driving – as well as tangible support to enforcement agencies
- Increasing server training to limit underage access and harmful consumption
- Implementing improved consumer labeling around advice logos and serving sizes

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#))
- Analysis of “health taxes” should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples Peer-reviewed studies should be prioritized over grey literature.
- Removal of support for investment in agricultural production linked to the beverage industry would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes.
- Illicit alcohol should not be ignored. More focus and better data are required on illicit alcohol as it poses a significant threat to national revenue streams and the health of societies.

- The small open economies of the Caribbean have a long history of tax evasion through smuggling and illegal production of alcohol.
- Easy access to an indented coastline (many attractive landing spots), weak customs enforcement and proximity to free trade entrepôts have long been a feature of trade in the islands of the Eastern Caribbean. The levels of illegal importation have been shown to vary directly with taxation changes and have forced several states to maintain lower taxation on alcohol and cigarettes in order to mitigate tax evasion.
- In larger Caribbean states on the South and Central America mainland (Suriname, Guyana, Belize), as well as the larger island states (Dominican Republic) substantial borders with limited enforcement capacity provide many opportunities for illegal importation of alcohol.
- In one territory, 30% of the alcohol market is estimated to be illegal alcohol, resulting in a fiscal loss of circa US\$350m per year. Most of this illegal alcohol is comprised of premium spirits. In this case, a thriving market for premium spirits, and an escalation in taxation has provided an economic opportunity for tax evasion. The contraband and counterfeit products which make up the bulk of the illegal alcohol sell at roughly the same price as the legal product. The driver is therefore directly related to the opportunity presented by increasing taxes for premium products which provide a windfall for operators in the illegal market.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))
- Global trade and private sector investment provides significant value to national economies. This economic value delivers revenue streams that can be used to fight NCDs. This value should be recognized.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

The West Indies Rum & Spirits Producers Association (WIRSPA) is one of the oldest private sector trade associations in the Caribbean. It represents rum producers in Antigua & Barbuda, the Bahamas, Barbados, Belize, Haiti, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, St. Kitts-Nevis, Saint Lucia, St. Vincent & the Grenadines, Suriname, and Trinidad & Tobago.

West Indies Rum & Spirits Producers' Assn. Inc.

Mars House, #13 Pine Road, Belleville, St. Michael BB11113, Barbados, WI

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www.wirspa.com www.acr-rum.com

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Representantes e Importadores de Vinos y Licores Asociados (RIVLAS)
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify): X ONG
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? En la República Dominicana, el comercio ilícito de bebidas alcohólicas representa un desafío significativo para la salud pública y la economía del país. La falta de regulación y control sobre estas actividades ilegales no solo pone en riesgo la vida de los consumidores que ingieren productos potencialmente peligrosos, sino que también genera pérdidas fiscales considerables para el gobierno. Además, este comercio desleal afecta negativamente a los comerciantes legales, quienes se ven obligados a competir con productos de menor precio y calidad cuestionable que además tiene un amplio impacto en la salud de los consumidores, poniendo en riesgo hasta su vida. En ese sentido, recomendamos que sea prestada amplia atención al comercio ilícito y se busque generar un ambiente de competencia leal y justa. La imposición excesiva de impuestos sobre las bebidas alcohólicas y la falta de

condiciones equitativas en el sector pueden aumentar los precios de un producto en un mercado específico e incentivar el comercio ilícito. Los aumentos de impuestos y precios conducen a consecuencias negativas y peligrosas no intencionadas como el robo, el comercio ilegal transfronterizo, la evasión fiscal y el consumo de productos falsificados y dañinos. Estudios globales realizados por IARD han informado un crecimiento en el mercado de alcohol no regulado como una consecuencia no intencionada de los aumentos de precios y una disminución del alcohol ilícito tras la reducción de precios de bebidas reguladas.

Es esencial que se implementen medidas efectivas para monitorear y combatir el comercio ilícito de alcohol, protegiendo así tanto a los consumidores como a la economía formal. Fortalecer la vigilancia y las políticas regulatorias permitirá reducir los riesgos asociados y promover un mercado más seguro y justo para todos.

Desde RIVLAS desarrollamos múltiples iniciativas en colaboración constante con el sector público encargado de la persecución del comercio ilícito, para frenar el auge de la ilegalidad que tiene efectos multidimensionales hacia los ciudadanos, el Estado y la sociedad, al poner en riesgo la vida de los consumidores, afectar la recaudación estatal y dañar permanentemente el clima de negocios.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization:
Type of organization (please add X next to your selection): Member States X UN agencies, programmes and funds, and other multilateral organizations - WHO Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers The terminology should be harmonised between chapters> e.g. the chapter 1 saying PHC level, the 2 nd says primary healthcare. National Health Accounts (NHA) refer to the Health Accounts (NA) created for a country and the classifications/boundaries can be customised to the needs of the country. I suggest using Health Accounts as terminology when we talk about international comparisons, as it is done in the chapter 1: Health spending on NCDs and mental health: What can Health Accounts tell us? Also, other terminology should be consistent across chapters. For example, chapter 1 talks about the primary health care <u>level</u> , chapter 2 talks about primary health care. It's not clear whether we're talking about the same thing or different things.
Draft outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can ~~national~~ health accounts tell us? I wonder why the paper is titled "spending on NCDs and mental health". Isn't mental health part of NCDs? I see a discussion of NCDs in the document, but nothing specific about mental health. The title is misleading and should be changed or an analysis and discussion of mental health care issues included in the document.

Key messages: In this part, as well as in the Conclusions, the level of PHC is mentioned. However, there is no discussion of PHC at all in the main text.

Also, what is meant by PHC level? Is it the service or the provider level?

PHC services can also be provided in hospitals, but on page 6 these two terms (hospital and PHC level) are contrasted with each other.

Introduction: In the following sentence a word “health” is unnecessary repeated twice:

“However, most of these interventions have not been fully implemented and in spite of their magnitude, NCDs and mental health receive only around 1–2% of global ~~health~~ financing investment for health(2).

Section 2 - Availability of Health Accounts data on NCDs and mental health conditions:

The sentence “The classification of spending by diseases is not part of the basic or compulsory block” - it is not clear “basic or compulsory” for what?

It is correct that the joint data compilation of Eurostat, OECD and WHO does not include the collection of data on disease expenditures. However, WHO collects all classification categories from Member States that they can provide. Please check what is meant by this sentence.

What is the reason for using data for only two HICs – Germany and the Netherlands – in this paper? Many HICs collect health expenditure data by ICD-10 but do not provide them to international organizations.

Conclusions: p.7, WHO released HAPT in August 2023, so we can't talk about an upcoming release in 2024. Please correct.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Center for Global Health, TU Munich and Goals4Health

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☒ academic institutions (X) Center for Global Health, Department of Health and Medicine, Technical University of Munich (CGH-TUM)
- ☐ other (specify): (X) Not-for-Profit Global Health Advisory focusing on the integration of NCDs and mental health into UHC

Please extend each of the boxes as needed to provide feedback:

A draft summary of the technical background papers (Key Messages paper)

I have provided more detailed comments in the table below, but it is pretty hard to disagree on any of the areas. Many reflect core beliefs and principles of investing in health and well-being, including NCDs and mental health. The question is understanding retrospectively which policies have worked or not worked to finance and scale NCD and mental health responses. Why some LMICs have invested in LMICs while others have not, what have been the country-driven factors and what was the role of external funders, and internal stakeholders including civil society and the private sector. I think there is a lot of benefit to taking a bottom-up perspective and then culling the main lessons learned from these countries to understand the next steps. Also, the discussion on NCDs and mental health needs to be couched in the broader context of country financing in the post-COVID-19 world. Understanding from the Ministries of Finance and Health how to keep up with levels of financing needed to support health and well-being including NCDs and mental health is key. Finally there is a need to look at different financing instruments in a context where 58 percent of SSA countries are in debt distress. Is Debt2Health relevant for strengthening health systems in general and targeting NCDs and mental health or is it for specific vertical programs? Through the dialogue next week, it would be good to understand the barriers and challenges to implementing these approaches, the priorities for countries, the few things countries can do to accelerate financing, and how the global community can help.

Key Message	Comments
Whole of society approach: The promotion of physical and mental health, as well as the prevention and management of NCDs, mental health conditions, and their risk factors, needs a 'whole of society' approach realised.	Agree that tackling NCDs and mental health requires a 'whole-of-society' and 'whole-of-government' approach, which is also critical for health financing. The technical papers do not talk much about the actual implementation of this approach and country examples of how the mobilization of the capacity and financing from multiple sources can be leveraged for financing NCDs and mental health. I believe there is much happening at the country level in LMICs on NCDs but without proper mapping and management, these resources are perhaps being duplicated, or allocated in areas where there are already resources. Tracking of NCD resources at the country level should include a whole-of-society perspective so we can crowd in private and philanthropic resources as one pooled pot to finance health and well-being (a.k.a NCDs and mental health). MDBs are key to this discussion since they focus on broader economic, social, and poverty alleviation policies and not just health.
External development support: National development objectives and overall health sector strategies often do not adequately integrate NCDs and mental health. Better linkages could allow for external support from development partners to be aligned in the context of broader priorities and catalytic in affecting needed changes in existing system and service delivery capacities and outcomes	Fully agree. However, this analysis does not acknowledge the complicated relationship between countries and funders, and the fact that donors are not that interested in funding NCDs and mental health. I have heard from multiple governments that even in the face of their requests to include NCDs and mental health/adopt a holistic PHC/health systems approach, such requests did not translate into desired funding. I think country ownership and donor dialogue is a delicate topic and donors need to be business differently to fully acknowledge country ownership of funding decisions. I have also had experience that despite efforts, it has been very hard for donors to agree on joint/pooled approaches. As we advance the NCD and mental health agenda, we need to openly acknowledge the limitations of certain donor-driven business models, learn from the best models (that support integrated care and UHC), and adopt different ways of funding health care. I very much like the focus on catalytic funding with a full focus on supporting countries to mobilize all sources of financing – including out-of-pocket and private sector financing into pooled, pre-paid systems that are well organized and finance

	evidence-based interventions with incentives and disincentives for public and private sectors, including industry and consumers.
Health system design: Local shifts in epidemiology and demographics reveal the shortcomings of current system organization and service fragmentation.	Fully Agree. The legacy of financing health systems to fight infectious diseases is indeed a gap in health systems' preparedness to address NCDs and mental health. I suggest we look into the work supported by the Global Alliance for Chronic Diseases (GACD) and also look at models that are working to change this paradigm through ecosystem-based city-wide models that can be adapted and scaled. There are also good examples of establishing family medicine from the European Region of the WHO. Given the urgency of tackling NCDs and mental health, technical assistance funds are needed to help countries rapidly test and scale (e.g. using innovative monitoring, learning, and evaluation tools/MEL)
Resource and capacity planning in the context of evolving population needs, fiscal space realities, and fragility, there is a need to plan forward investments, and financial and human resources to inform decision-making on strategic, phased investments that can be more systemic and sustainable over time.	Agreed. More inclusive and holistic investment tools are needed since healthcare systems tend to be fragmented, and impacts on society or the economy are not fully captured. With NCDs and mental health, this is almost a perfect storm, so new tools are needed to quantify impacts, including investment potential. One framework that we are using in our work on brain health is the brain capital dashboard (The global brain capital dashboard Brookings). Something to look at since brain health risks and NCD risks overlap and mental health is not just the absence of a disorder but rather promoting societal health and well-being. COVID-19 showed us that mental health issues – especially among the youth is a public health problem, not an isolated incidence.
Information systems: Routine health information and data systems are not adequately invested in and developed from the perspective of supporting population health management and continuity of care.	Fully agree. There are many good examples from countries that are trying to change this mainly driven by start-ups. Sustaining and scaling is an issues, so the approach should be bottom-up with a market-shaping angle to support local enterprises. Global knowledge generation of good practices is needed. Another area for catalytic fund support.
Fiscal policies: There is increasing evidence from countries of 'win-win' fiscal policies that can increase government revenues, reduce exposure to risk factors for NCDs and mental health, and improve health outcomes,	Agreed. The role of MDBs is critical since MDBs focus on broader economic, social development, and poverty alleviation issues and can raise these topics at the highest levels with Heads of State, and Ministries of Finance, National Development, and Industry. The costs of implementing such mechanisms are not high, but political capital and support (e.g. TA to Ministries of Finance and Health is needed).
Health financing reforms: Health financing reforms, including targeted incentives and provider payment data systems, are important elements towards the effective prevention and management of people living with NCDs, mental health conditions, and other chronic diseases	Agree. Health financing reforms are complicated and take a long time and can also be overturned with political changes. PHC reforms and PHC financing are complicated since they often change the power dynamics between different provider groups. Therefore taking a whole-of-society approach and embedding health financing dialogue in non-state actor advocacy is needed. Prevention and health promotion must be included in health financing reforms, not just treatment and care.
Health benefits packages and budgeting National health strategies and priorities do not systematically identify and include cost-effective interventions for the prevention and management of NCDs and mental health conditions in health benefit design and packaging	Agreed but this is a symptom of a larger problem – I am wondering if we know what are the barriers to making this happen. A recent publication by the United Nations Interagency Task Force Team (British Medical Journal) found the following: Despite having in place strong investment cases, the following country conditions were needed to drive action at scale: <i>'(1) stronger collaboration across government ministries and partners; (2) advocacy for NCD prevention and control; (3) grounding efforts in nationally owned data and evidence; (4) developing mutually embraced 'language' across health and finance; and (5) elevating the priority accorded to NCDs, by framing action as an investment rather than a cost.'</i> ¹ The recent Annual Health Financing Forum at the World Bank (April 15 – 17th) which was attended by Ministries of Health and Finance from many LMICs further reiterated the importance of evidence to drive country action. Is this what is missing to drive integration into health benefits packages?
Financial and Social Protection: households affected by NCDs, mental health conditions, and other chronic diseases are subject to high	Agreed. Reiterates the need to take a broader economic, social and poverty alleviation angle and integrate it into social protection packages (e.g. caregiving is often excluded from health insurance packages yet it is common in European health financing systems. (Caregiving for the elderly and people living with

¹ Troisi G, Small R, Chestnov R, Andreasyan D, Khachatryan H, Phillips EA, Malcolm T, Kol H, Khodjaeva N, Gebremichael M, Worku Tessema A, Workneh AB, Davidson T, Harris M, Ibraeva N, Nurmatova A, Altymysheva A, Go JJ, Kontsevaya A, Hanbunjerd K, Bunluesin S, Nieveras O, Ekinci B, Keskinkiliç B, Erguder T, Akiya OC, Kasule H, Nakanjako A, Shukurov S, Kasymova N, Banda P, Kakoma E, Bakyaïta NN, Kulikov A, Tarlton D, Putoud N, Chioffi S, Webb D, Banatvala N. The reported impact of non-communicable disease investment cases in 13 countries. *BMJ Glob Health*. 2024 Apr 10;9(4):e014784. doi: 10.1136/bmjgh-2023-014784. PMID: 38599663; PMCID: PMC11015227.

levels of cumulative out-of-pocket spending, increasing the risk of financial hardship	chronic conditions is expensive in many countries. Women are typically the informal carers. Women face burnout and often must drop out of the formal labour force to take care of persons living with chronic conditions and the elderly).
Pricing of medicines Prices of essential medicines for NCDs and mental health conditions are inflated due to the presence of import tariffs and taxes, poorly designed or nonexistent regulations, and limited negotiation capacity.	Agree that this is a factor for individual and health system affordability. This is another area for collective action. I would however also look at diagnostics, not just medicine prices.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

General comments relevant to multiple papers:

Overall the themes for the papers are well-selected, the methodology (review of literature and stakeholder interviews) is sound, and the papers lay out the evidence clearly without being overly prescriptive. The papers drive towards a systematic, health systems approach rather than vertical programs. This is the way to address NCDs and mental health – fully integrate into UHC and carry out selective macro level measures to address risk factors for NCDs and mental health, but for all diseases in general because these risk factors affect the immune system.

Some observations:

- a. Funding from other sources and philanthropic organizations for NCDs and mental health: very telling. It would be good to understand as well how this financing has been delivered. My feeling is that some of this funding has indeed been catalytic to support country-based projects involving multiple stakeholders including civil society, social enterprises, and the private sector. This is quite a different way of supporting countries compared to traditional models of grant support. We need to know more to bring in the evidence more clearly on the recommendation that NCD and mental health financing be catalytic.
- b. The external resources paper should be more transparent about the limitations of global health initiatives in supporting NCDs and mental health. Last year's GHI review has already acknowledged the fragmentation caused by GHIs and therefore while I agree that vertical and horizontal approaches will be needed to advance financing for NCDs and mental health, doing business as usual will not work and could cause fragmentation of efforts across NCDs and mental health.
- c. I find that the topic of NCD and mental health risk factor modification which can have an impact on many NCDs is not given sufficient attention. Prevention and health promotion financing in general did not show up much and yet is critical to addressing NCDs and mental health and making UHC sustainable.
- d. It may be helpful to understand how private sector resources can be mobilized for financing NCDs and mental health and the role of catalytic financing to crowd in private sector financing and capacity aligned with country priorities. How can NCD and mental health plans be built that are inclusive of civil society and, the private sector?
- e. Generally missed, how to finance civil society and social enterprises to accelerate NCD and mental health impact. Government financing for these groups is often a sticking point and yet these organizations have been leading any innovative efforts to tackle NCDs and mental health including through integration. These organizations struggle with financing and many good initiatives are never scaled.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

- Governments are under a lot of pressure to fund health. World Bank data shows that health is being de-prioritized in an era of poly-crises. Commitment to fund health at 5 percent of GDP or per capita what it will cost to deliver a basic benefits package that includes NCDs and mental health needs to be a commitment.
- Committing to pooling resources rather than fragmenting would be great and
- making sure NCD plans are fully costed and aligned with budget.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: COALITION ACTION FOR PREVENTIVE MENTAL HEALTH KENYA (CAPMHK)
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ✓ nongovernmental organizations, including those representing lived experience of health conditions philanthropic foundations academic institutions other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers The summary is captures in the feedback provided in the relevant segments
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue Emerging issues are documented hereinbelow
1. Health spending on NCDs and mental health: What can national health accounts tell us? Hits: 1. The paper highlights the need for better data collection and monitoring of NCDs and mental health spending, particularly in low- and middle-income countries like Kenya. This could lead to more targeted and efficient resource allocation in the health sector. 2. The paper also underscores the importance of out-of-pocket spending for NCDs and mental health, which can be a major burden for individuals and families. This information can be used to advocate for increased government spending and improved health insurance coverage for these conditions. Misses: 1. The study is limited by the quality and availability of data on health spending, particularly in lower-income countries. This makes it difficult to draw firm conclusions about current spending patterns and needs. 2. The paper does not address some key issues, such as the efficiency and equity of health spending and the impact of social and economic determinants on health outcomes.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? Hits: 1. This study recognizes that NCDs and mental health conditions have not historically received a fair share of development assistance, highlighting the importance of addressing this imbalance. 2. The proposed "catalytic" projects and learning networks could provide practical approaches to overcoming local implementation barriers and promoting transnational efforts to address common NCD and mental health challenges, respectively. Misses: 1. The study overlooks the political and economic realities that have historically constrained DAH for NCDs and mental health, which will likely continue to be factors even with a renewed focus on global priorities like climate change and health emergencies. 2. The emphasis on catalytic projects and learning networks might divert DAH funding from more fundamental approaches to health system strengthening, particularly in low-income countries where primary healthcare remains a major concern
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? Hits: 1. Tobacco, alcohol, and sugar-sweetened beverage taxes could prove beneficial in Kenya, not only in

generating revenue but also in improving public health outcomes. 2. Critically reviewing subsidy programs that indirectly contribute to harmful health outcomes, such as fossil fuel subsidies, could be a pragmatic approach towards reducing NCDs and mental health issues. 3. By using revenues from taxes on unhealthy products, more funds can be invested in mental healthcare. This could help increase access to mental healthcare services, especially in underserved areas. 4. Higher taxes on unhealthy products can reduce their consumption, which could lead to a decrease in mental health problems associated with unhealthy lifestyles.

Misses: 1. Implementation of these taxes could be challenging in Kenya, given the political difficulties in removing subsidies and interference by industry in the policy-making process. 2. Some aspects of these taxes, such as earmarking, might not be effective in all contexts and should be considered carefully in the Kenyan context. 3. In developing countries, many individuals might not have access to healthier alternatives due to economic constraints, low capacity, underserved communities and corruption budgets.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Hits: 1. The proposed framework could potentially provide a robust M&E framework for tracking targeted spending on NCDs and mental health. 2. The paper's emphasis on the role of multisectoral coalitions in driving health reforms suggests a potential opportunity for stronger collaboration between health and non-health sectors, which can enhance the effectiveness and transparency of M&E efforts.

Misses: 1. The paper does not provide specific guidance on how to measure the effectiveness of targeted spending on NCDs and mental health or on what indicators to use. 2. The proposed framework is strong on identifying entry points for NCD and mental health spending, but does not explicitly address how M&E can be used to evaluate the impact of these interventions.

5. Financial protection for NCDs and mental health: Why and how?

Hits: 1. The proposed measures to extend exemptions and limit OOP spending for households affected by chronic conditions could be beneficial in a social health insurance (SHI) system, as SHI aims to provide financial protection to the population and address inequities in access to healthcare. 2. The paper's emphasis on reducing the OOP spending for medicines is particularly relevant for Kenya, where OOP spending on medicines is a significant burden for households with chronic conditions.

Misses: 1. Social health insurance schemes often struggle to maintain financial sustainability and the proposed measures to extend exemptions and limit OOP spending could exacerbate this problem, especially in the initial stages of implementation. 2. The paper does not address potential equity issues within an SHI system, such as the ability of poorer households or those living in rural areas to access and utilize health services covered by the scheme.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Hits: 1. The recognition that a scale-up of NCD and mental health services will require a shift in how health and care workers deliver services is a valuable insight, particularly in light of the projected health workforce shortfall and macro-fiscal constraints. 2. The projection of the additional health workforce inputs needed to meet the demand for NCD and mental health services, as well as the accompanying cost estimates, could be a helpful input for policymakers when prioritizing health spending.

Misses: 1. Though not in the short term, the "demographic dividend" may not fully address the health workforce challenges in the near term, as it typically takes several years for the effects of increased youth populations to be realized in terms of increased tax revenue and a larger labor pool. 2. The paper does not address the specific challenges of providing health services in rural or remote areas, which may require different workforce strategies than those suggested for urban or more developed areas.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Hits: 1. The recognition of the crucial role of civil society in raising awareness, generating public support, and holding governments accountable is a valuable insight, particularly in contexts where stigma and criminalization of mental health issues remain prevalent. 2. The suggested approaches for civil society engagement, including building community engagement and involving people with lived experiences, could help to destigmatize mental health and NCDs in Kenya.

Misses: 1. While the paper recognizes the challenges associated with suicide criminalization, it does not offer specific guidance on how civil society can advocate for decriminalization and policy reform in countries like Kenya. 2. The paper's focus on public budget development and tracking might be less effective in countries with limited transparency and accountability in government spending, like Kenya. This could hinder the ability of civil society to monitor the allocation and utilization of resources for NCDs and mental health.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Several aspects might have to be considered generally for this investment case. Namely;

1. **Sustainability** The paper does not address the long-term sustainability of these programs. Will ongoing funding be readily available after initial investment?
2. **Social and cultural factors:** While economic considerations are highlighted, the paper doesn't delve into social and cultural factors that might influence the adoption and effectiveness of interventions.
3. **Equity considerations:** How will these programs ensure equitable access to prevention and treatment across different socioeconomic groups?
4. **Long-term health outcomes:** The focus seems to be on immediate economic gains and mortality reduction. Are there considerations of long-term health outcomes beyond mortality?
5. **Evaluation and monitoring:** The paper doesn't mention how the effectiveness of these investment cases is monitored and evaluated over time.

Humanitarian health financing for noncommunicable diseases

This topic is key and central to many challenges across the board. However two streams seem to emerge;

NCDs and humanitarian crises: NCDs are a growing concern in humanitarian settings, especially for displaced and refugee populations. They require sustained care and management, which often is unavailable in these settings due to the disruption of healthcare systems.

Sources of funding: Humanitarian health funding often comes from international organizations, bilateral donors, and private philanthropic organizations. However, funding for NCDs in humanitarian settings is often inadequate, as donors prioritize funding for more acute conditions.

General comments relevant to multiple papers:

One of the key themes across the research papers is the need for prioritization, resource allocation, and sustainability in the health financing landscape. While there is growing recognition of the burden of non-communicable diseases (NCDs) and mental health conditions in both developing and humanitarian settings, funding remains an on-going challenge. For these conditions, which require sustained care and management, there are missed opportunities for targeted spending, and potential trade-offs with other health system priorities.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

CAPMHK has two suggestions to make

1. Establish dedicated budget lines for NCDs and mental health, to ensure that these conditions receive dedicated funding and are not overlooked in the overall health budget.
2. Review existing health financing policies and explore opportunities for targeted spending to address the specific needs of NCDs and mental health, including exemptions for low-income households and caps on out-of-pocket spending.

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Cancer Research UK

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions - **X**
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

The emerging messages document effectively distils the important elements of the dialogue's technical background papers, and we welcome the focus on best practices and technical tools that already exist for NCD financing.

We have concerns however that the recommendations, messages and calls to action from the background papers are not laid out sufficiently clearly. In addition, we are concerned that some of the core recommendations from civil society, calling for bold action on NCD and MH financing, have been omitted.

Elements of the draft that we welcome:

It's encouraging that the report acknowledges that a lack of national plans and priorities for NCD prevention (paragraph B) is contributing to an underutilisation of Official Development Assistance (ODA) for NCDs to facilitate catalytic and sustainable external funding for NCD/MH. Analysis from Tracking NCD Funding Flows: Urgent Calls and Global Solutions (Global Alliance for Tobacco Control, NCD Alliance, 2024), shows that there are large financing gaps that ODA and other forms of development assistance for health (DAH) can assist in closing for NCD/MH in LMICs. For example, tobacco control faces an annual funding gap of \$8.4 billion for proper implementation of the WHO FCTC.

We welcome the "win-win" message presented in Paragraph F, which emphasises the importance of fiscal measures for health in increasing financing for health while also acting as a preventative measure against NCDs, including tobacco related harms, by reducing exposure to risk factors. These strategies are well-evidenced and there is room for expanding the range and role of fiscal measures as an upcoming report from NCD Alliance, Getting Fiscal Policies Right, demonstrates as it explores the range of fiscal measures to deliver a "win-win" situation including taxes, levies, and subsidies.

We express concern that:

The emerging messages for the financing dialogue do not mention nor propose the development of NCD/MH financing targets. Unlike other global health agendas, such as HIV/AIDS or tuberculosis, NCD/MH does not have politically agreed specific and measurable financing targets. Targets can be and have been impactful tools for

accelerating action; it's clear that what gets measured gets managed. Without a clear understanding of the optimal funding and targets necessary for the adequate financing of NCD/MH, investment will continue to stagnate or lag.

Areas where the document could be strengthened:

We welcome the recognition in Paragraph I, that households affected by NCDs and mental ill health are subject to high levels of out-of-pocket spending (OOP), increasing their risk for financial hardship and non-adherence to treatment. We recommend that the outcome document makes explicit the link between the strengthening financial and social protection policies to the achievement of Universal Health Coverage (UHC), as important principles of health equity, given that NCDs, including cancer, disproportionately impact people of lower socio-economic status.

In addition we recommend that there are strengthened linkages across the broader Sustainable Development Agenda. NCDs are an issue that impact across the SDG agenda beyond just health, as they are a human rights, gender, equity and socio-economic issue as well. Providing SDG-related rationale will provide messaging and justification to stakeholders not participating in the financing dialogue, which will be important in encouraging political leadership and political will to address NCDs and mental health. Transforming the good frameworks and technical guidance that already exist into meaningful action links closely to the earlier point on the need for whole-of-society and whole-of-government responses, which cannot be done without a common and comprehensive understanding of the issue.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

We welcome the key messages and recommendations for this paper and offer our full support of its key messages and findings.

Cancer Research UK has supported and funded partners including the University of Cape Town FCTC Knowledge Hub, to make the case directly to governments that improved tobacco taxation regimes can generate additional funds for public health measures, whilst reducing demand for health-harming tobacco products. In addition, we supported the NCD Alliance in developing its upcoming report on fiscal measures, which will provide a comprehensive overview of the various taxation and subsidy measures governments can take beyond direct taxes on health-harming products. We recommend that NCDA's report be considered as additional reading for dialogue participants and considered as an input in the development of the final outcomes document.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?
7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society
Additional documents
Noncommunicable diseases, tobacco control and mental health investment cases
Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Eman Shannan
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? National Health Accounts (NHAs) are comprehensive databases that track the flow of funds in a health system. They provide valuable insights into how resources are allocated and spent on various health services, including the prevention and management of noncommunicable diseases (NCDs) and mental health. Here's what NHAs can tell us about health spending on these areas: 1. Resource Allocation and Distribution 2. Efficiency and Effectiveness of Spending 3. Equity in Health Spending NHAs track health spending trends over time, allowing for the analysis of how investment in NCD and mental health has evolved. This can help identify long-term patterns and the effectiveness of past policy decisions. Key Insights from National Health Accounts: NHAs often reveal that NCDs and mental health are underfunded compared to their disease burden. This underfunding can lead to inadequate service provision and poor health outcomes. High Out-of-Pocket Expenditures: Many countries report high out-of-pocket expenditures for NCD and mental health services, indicating insufficient financial protection and the need for better insurance coverage and public funding. Variability in Spending: There is significant variability in spending on NCDs and mental health both within and between countries. This highlights the need for tailored approaches to address specific national and regional health challenges. Recommendations for Enhancing Health Spending on NCDs and Mental Health: Increase Investment: Governments should increase investment in NCD and mental health services to meet the growing demand and reduce the disease burden. Ensure Equitable Distribution: Efforts should be made to ensure that resources are distributed equitably, with a focus on underserved and vulnerable populations.

Enhance Financial Protection: Policies should aim to reduce out-of-pocket expenses and increase insurance coverage for NCD and mental health services.

Improve Efficiency: Funds should be used efficiently by investing in cost-effective interventions and ensuring that resources reach the intended beneficiaries.

Strengthen Data Systems: Robust data systems should be developed to improve the accuracy and comprehensiveness of NHAs, facilitating better planning and decision-making.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Development Assistance for Health (DAH) plays a critical role in addressing the global burden of noncommunicable diseases (NCDs) and mental health conditions, particularly in low- and middle-income countries (LMICs) where resources are often limited. DAH refers to financial and technical support provided by international donors, organizations, and institutions to help countries improve their health systems and outcomes. Here's an overview of

Key Roles of Development Assistance for Health (DAH):

Financial Support for NCD and Mental Health Programs

Capacity Building and Technical Assistance

Research and Innovation

Advocacy and Awareness

Policy Development and Support

Impact and Effectiveness of DAH:

Reduced Morbidity and Mortality

Improved Quality of Life

Strengthened Health Systems

Infrastructure Development

Sustainable Programs

Increased Equity

Recommendations for Enhancing the Role of DAH in NCD and Mental Health:

Increase Investment in NCD and Mental Health

Strengthen Local Capacity and Ownership

Enhance Monitoring and Accountability

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Domestic financing is crucial for sustainable funding of health programs, including those focused on (NCDs) and mental health. Health taxes and other fiscal measures play a significant role in generating revenue specifically earmarked for health expenditures. Here's an exploration of their role:

1. Health taxes can generate significant revenue, depending on the tax rate and consumption patterns. These funds can be earmarked for specific health purposes, including prevention, treatment, and management of NCDs and mental health conditions.
2. Beyond specific health taxes, sin taxes (levies on goods considered harmful to health or socially undesirable) can include broader categories like luxury taxes or taxes on certain types of entertainment.
3. Allocations from General Budget
4. Public-Private Partnerships

Enhance Efficiency, promote transparency and strengthen institutional capacity for tax administration and policy development to maximize the impact of health taxes and fiscal measures on public health.

Health taxes and fiscal measures represent powerful tools for mobilizing domestic resources to fund NCD and mental health programs. By leveraging these mechanisms effectively, countries can improve health outcomes, reduce health inequities, and strengthen their health systems' resilience to future challenges.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Domestic financing is essential for sustainable health systems that effectively address noncommunicable diseases (NCDs) and mental health conditions. This involves setting priorities, managing purchasing mechanisms, and ensuring fair provider payments.

Recommendations

Increase Funding: Advocate for increased domestic funding for NCDs and mental health, emphasizing their economic and societal impact.

Policy Integration: Integrate NCD and mental health priorities into broader health policies and development agendas to ensure sustained attention and resources.

Strengthen Purchasing Strategies: Enhance strategic purchasing mechanisms, including pooling of funds and performance-based financing, to optimize resource allocation and improve health service delivery.

Promote Provider Engagement: Engage healthcare providers in the design and implementation of payment mechanisms to foster ownership, accountability, and commitment to quality care.

Monitor and Evaluate: Continuously monitor and evaluate the impact of domestic financing strategies on health outcomes and adjust policies as needed to achieve desired results.

By concentrating on those priorities, optimizing purchasing mechanisms, and ensuring fair provider payments, countries can strengthen their health systems' capacity to effectively prevent, manage, and control NCDs and mental health conditions, ultimately improving population health and well-being.

5. Financial protection for NCDs and mental health: Why and how?

Financial protection for NCDs and mental health is essential for ensuring equitable access to healthcare services, reducing financial barriers, and promoting sustainable health systems. By implementing comprehensive strategies that include health insurance coverage, social health protection programs, financial risk pooling, and regulatory measures, countries can effectively mitigate the economic burden of NCDs and mental health conditions on individuals and families, ultimately improving health outcomes and promoting social equity.

The Important of financial protection is:

Reducing financial hardship.

Ensuring access to care and promoting equity

Supporting health system resilience

Strategies for achieving financial protection

Health Insurance Coverage

Mandatory Health Insurance

Social Health Protection Programs

Financial risk merging

Implementation Challenges and Considerations:

Sustainable Funding

Health System Strengthening

Political Commitment

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Increasing workforce inputs to address noncommunicable diseases (NCDs) and mental health conditions requires strategic planning, investment, and policy interventions to strengthen the capacity and capability of healthcare professionals.

Approaches to enhance workforce inputs in this critical area:

1. Workforce Planning and Training

Conduct comprehensive workforce assessments to identify gaps in skills, numbers, and distribution of healthcare professionals specialized in NCDs and mental health.

Establish or expand training programs for healthcare professionals, including physicians, nurses, psychologists, social workers, and community health workers, focusing on NCD prevention, diagnosis, treatment, and mental health care.

Promote interprofessional education and collaborative practice to enhance teamwork and coordination among different healthcare providers involved in NCD and mental health care.

2. Recruitment and Retention Strategies

Offer competitive salaries, benefits, and financial incentives to attract healthcare professionals to specialize in NCDs and mental health.

Provide opportunities for career advancement, specialization, and continuing education in NCDs and mental health to retain skilled professionals.

policies to ensure equitable distribution of healthcare professionals across urban and rural areas, including underserved communities where NCD and mental health services are often lacking.

3. Policy and Regulatory Frameworks

Advocate for policy changes that support workforce development in NCDs and mental health, including licensing, accreditation, and certification processes tailored to these specialties.

Ensure regulatory frameworks support collaborative care models, task shifting, and scope-of-practice expansions to optimize healthcare delivery for NCDs and mental health.

Implementation Considerations:

Multi-Sectoral Collaboration

Monitoring and Evaluation, adjusting strategies as needed.

Sustainability

By systematically addressing these areas, countries can strengthen their healthcare workforce's capacity to effectively prevent, diagnose, treat, and manage NCDs and mental health conditions, improving health outcomes and enhancing overall healthcare delivery.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Civil society organizations play a pivotal role in driving investment, action, and accountability in addressing NCDs and mental health globally. By leveraging their advocacy, mobilization, capacity building, and partnership-building capabilities, CSOs can effectively influence policies, mobilize resources, and empower communities to achieve better health outcomes and reduce the burden of NCDs and mental health conditions worldwide.

Civil society can effectively galvanize investment, action, and accountability in these areas:

1. Global and local advocacy, awareness campaigns

2. Mobilizing Resources and Funding

3. Capacity Building and Empowerment

4. Coalition Building and Partnerships

Implementation Challenges and Considerations:

Resource Constraints: CSOs often face challenges in securing sustainable funding and resources for long-term advocacy and programmatic activities.

Capacity Building: Strengthening the capacity of CSOs to effectively engage in advocacy, policy analysis, and program implementation requires ongoing support and investment.

Political Will: Addressing NCDs and mental health requires political commitment and collaboration across sectors, which may vary depending on national contexts.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases are leading causes of death globally, posing significant economic and health challenges. Investment in NCD prevention, treatment, and management is crucial for achieving sustainable development and improving population health.

Sample Investment Case Points:

NCDs impose a substantial economic burden on healthcare systems and economies due to direct healthcare costs, loss of productivity, and disability-adjusted life years (DALYs) lost. For instance, diabetes alone accounts for billions of dollars in healthcare expenditures globally.

Investing in preventive measures such as tobacco control, promotion of healthy diets, physical activity promotion, and screening programs can yield significant cost savings over the long term by reducing the incidence and progression of NCDs.

Strengthening health systems to deliver integrated care for NCDs, improving access to essential medicines and technologies, and enhancing healthcare infrastructure are essential components of the investment case. Collaboration across sectors (health, finance, education, urban planning) is necessary to address social determinants of health that contribute to NCDs, such as tobacco use, unhealthy diets, and physical inactivity. Aligning with international commitments such as the Sustainable Development Goals (SDGs) and the World Health Organization's (WHO) Global Action Plan for the Prevention and Control of NCDs provides a framework for coordinated action and resource mobilization.

Sample Investment Case Points:

Burden of Disease: Mental health disorders account for a substantial burden of disease globally, with profound social, economic, and health consequences. Addressing mental health is integral to achieving universal health coverage and promoting social inclusion.

Economic Productivity: Mental health conditions contribute to lost productivity, absenteeism, and decreased workforce participation, impacting economic development and social welfare. Investing in mental health services can enhance productivity and economic growth.

Integrated Care Models: Integrating mental health services into primary healthcare settings and promoting collaborative care models with other health professionals can improve access to mental health care and reduce stigma associated with seeking treatment.

Investment in Prevention: Investing in early intervention, prevention programs, and promoting mental well-being through public health initiatives can reduce the incidence and severity of mental health disorders, improving overall population health outcomes.

Human Rights Perspective: Investment in mental health must prioritize human rights, ensuring access to quality and equitable mental health services, protection of rights of people with mental health conditions, and elimination of stigma and discrimination.

Humanitarian health financing for noncommunicable diseases

Humanitarian health financing for noncommunicable diseases (NCDs) presents unique challenges due to the chronic and long-term nature of these conditions, which often require sustained care and management. However, there are examples and approaches where humanitarian organizations and agencies have addressed NCDs within their programs:

Examples of Humanitarian Health Financing for NCDs:

Integration into Existing Programs

Donor Funding and Grants

Health Systems Strengthening

Corporate Social Responsibility

Innovative Financing Models

Community-Based Approaches

Peer Support Networks

Advocacy and Policy Influence

Challenges and Considerations:

Long-Term Commitment: NCD care requires sustained funding and resources, posing challenges in humanitarian contexts where short-term funding cycles are common.

Access to Medications: Ensuring consistent and affordable supply chains for medications and medical supplies needed for NCD management in remote and unstable settings.

Coordination and Integration: Coordination among various stakeholders (humanitarian agencies, host governments, local health providers) to ensure seamless integration of NCD care into broader healthcare services.

Despite these challenges, humanitarian health financing initiatives for NCDs demonstrate progress in addressing the health needs of vulnerable populations affected by crises and displacement. Continued innovation, collaboration, and advocacy are essential to ensure that individuals with NCDs receive the care and support they need to live healthy and dignified lives, even in humanitarian emergencies.

General comments relevant to multiple papers:

Many of the papers emphasize the importance of integrating NCD care into broader humanitarian health responses. This integration ensures that individuals affected by crises have access to comprehensive health services that address both acute and chronic conditions.

Challenges of Long-Term Care: A recurring theme is the challenge of providing sustained care for chronic conditions like diabetes, hypertension, and mental health disorders in humanitarian settings. Papers highlight the need for long-term funding commitments and innovative financing models to support ongoing NCD management.

Role of Partnerships: Collaboration between humanitarian organizations, governments, donors, and private sector entities is crucial for effective NCD response. Papers discussed successful examples of public-private partnerships and the role of civil society in advocating for NCD prevention and treatment.

Equity and Access: Ensuring equitable access to NCD services for vulnerable populations, including refugees, internally displaced persons, and marginalized communities, remains a priority. access.

Data and Evidence-Based Practices: There is a strong emphasis on the importance of data collection, monitoring, and evaluation to inform evidence-based practices in NCD care during humanitarian crises.

Policy and Advocacy: Advocacy efforts are critical for prioritizing NCDs on the humanitarian agenda and securing political commitment and funding.

Innovation in Financing: Innovative financing mechanisms, such as social impact bonds, outcome-based financing, and donor partnerships, are discussed as potential solutions to sustainably fund NCD programs in humanitarian contexts.

Capacity Building and Sustainability: Building local capacity, including training healthcare workers and empowering communities to manage NCDs, is highlighted as essential for the sustainability of NCD programs beyond initial humanitarian responses.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Increase Funding Allocations.

Integrate NCDs and Mental Health into Universal Health Coverage (UHC)

Public-Private Partnerships

Invest in Prevention.

Data and Research

Support international efforts and partnerships aimed at addressing global health challenges related to NCDs and mental health.

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**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization:

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ **X other (specify): collaborative group of government and NGOs (including people with lived experience) in Ghana**

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

N/A

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

N/A

1. Health spending on NCDs and mental health: What can national health accounts tell us?

We agree that it is difficult to get health accounts in real time, often they are several years in arrears, and it is hard to analyse allocations in detail.

The paper does a good job to make a case for better identification of mental health spend in health accounts, as currently it is merged together with other NCDs. A proper breakdown on mental health spend, including out of pocket expenditure is needed and should be a detailed and disaggregated as possible.

The paper could also benefit from emphasising the need to track spending on preventative activities too. It would also be helpful to acknowledge the interlinkages between MH and: poverty reduction; social safety net; socio-cultural changes (addressing stigma); and conflict and violence (gender-based, childhood etc) when thinking about spending. Spend on treatment is important, however, spend on prevention is also critical. Even where we don't have this data, we can consider what we want to track going forward and make this point more strongly in the paper.

There should also be more attention on the value and benefit to this data – if there is, why is it voluntary for HICs? Surely the burden of data gathering, compilation and reporting should be equitably distributed?

MH at PHC level – this challenge of data capture is a tiny line in the conclusion. However, given that integration into PHC is quite an important approach for MH, it deserves much more attention.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This is a comprehensive paper. We noted that DAH plays a critical role but is still quite low despite an increase around COVID.

The share of mental health in DAH remains very very low reflecting under-prioritisation of mental health.

We noted the need to engage more with ministries of finance at the country level when developing propositions for using DAH and especially how universal health care can be implemented.

We had concerns over the focus on digitisation given the infrastructural and connectivity issues in countries like Ghana. There needs to be sustained donor support and commitment for this to materialise. While the digitisation of records can bring many benefits, work to look at the wider ecosystem will be critical especially around issues of data security and privacy concerns which may not be well-managed in all countries. Equally, understanding and mitigating the risks of relying on digital records within a context of regular power outages will be essential for sustainability. Finally, the issue of internet coverage would need to be addressed, especially in more remote areas.

It is interesting to see that interlinkages with other areas of health are alluded to, and this could be more fully explored, for example the interlinkages with maternal mental health.

The point on documentation of catalytic funding is an important one and we need to think harder about the level at which that catalytic funding should take place and how sustainable it is, eg systems strengthening. For example, the WHO Special Initiative is really important, however, our experience in one country has been that it has been difficult to coordinate learnings and findings from existing mental health funding so that the Special Initiative can leverage what exists rather than starting some activities from scratch. Collaboration between the various stakeholders and open sharing of plans and learnings is really critical here.

On the sample interventions, the mental health and psychosocial support example is a good one, both within and outside conflict settings, and our experience has been that for training to be truly effective it needs to a) include a range of healthcare workers not just mental health workers as there are typically so few of them and b) must be followed up by regular supervision and engagement with the trained workers for at least a year otherwise the training is not implemented

The point on crowding out government investment is a good one and to counter this it can be helpful to suggest return on investment studies to demonstrate the value of investment in mental health. This is also linked to the point on page 12 about need to finance scale up instead of endless pilots and proof of concept and this is really key and comes down to donor priorities. It could be helpful to move to a model of doing less, better. I.e allocate funds to implement promising pilots, focus on sustainability and longevity of the intervention and embedding it into the health system.

The paper can also consider the role and engagement with civil society , not just governments, as well as considering the role of private (corporate) philanthropy, especially in industries which can contribute to NCDs/mental health conditions

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Apart from the fact that the paper focuses on health taxes, exploring also the opportunities to remove subsidies on products that are harmful, could also increase subsidies for psychotropics and items incidental to same

The increase in the NCDs and mental health are due in part to recent social determinants.

Growing of "Weee" and other substances for individual use rather than industrial use, equally needs to be curbed

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

This paper was quite technical and raised questions of whether the approach was acceptable and feasible.

Two key commitments are recommended which are easy to demonstrate but hard to implement, 1) policy commitment to NCDs and mental health and 2) implementation of these policies.

Ultimately a good purchasing system is needed so that the scheme works and to avoid out of pocket expenditure

5. Financial protection for NCDs and mental health: Why and how?

We felt there needs to be a review of social protection schemes and eligibility and the role these can play.

Data is a key issue, especially around expenditure

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

As noted in the paper Ghana is already experiencing a shortfall in healthcare workers – there is a real issue with brain drain.

We felt there is a need for strong skills development, especially around mental health, at the training stage, rather than waiting until later in service. There is also a concern over training modalities, it is important not to lose people who are sent out to train and to have controls around them coming back to contribute.

We felt training should be co-delivered by people with lived experience – and not just anyone, rather people with lived experienced who have been trained, supported, coached to deliver training (and fairly compensated).

Concerns around recommendations for digital system on ongoing capacity building as this is inaccessible to many healthcare workers due to poor communication infrastructure, lack of funds for data, and lack of time to undertake training in own time.

A few weeks ago in Ghana WHO did psychiatrist training of trainers, but there were no resources for rolling out the onward training, so this is another area which needs to be reviewed

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

We felt there could be more emphasis on use of evidence-based studies and more emphasis on support for user-led groups.

While government should strengthen citizen movements to hold them to account, this does get complicated in terms of issues of patronage or feeling cowed due to funding flows.

But there is certainly strength in civil society being at the forefront of collaboration and advocacy, and there should be investment in civil society and there should be emphasis on involving intended beneficiaries.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

N/A

Humanitarian health financing for noncommunicable diseases

N/A

General comments relevant to multiple papers:

N/A

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

N/A

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: International Association for Adolescent Health
Type of organization (please add X next to your selection):
Member States
UN agencies, programmes and funds, and other multilateral organizations
Non-State actors
• <u>nongovernmental organizations</u>, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers The papers would be strengthened by stronger recognition of the life-course approach and an explicit call for systems that integrate NCD Prevention into child and adolescent health; especially as WHO is shifting to include and recognize a transformative focus which includes a well-care preventive healthcare delivery agenda and well-being outcomes in the context of universal access and use of quality primary care. I am surprised at the limited attention to this. See: “Adolescents in a changing world – the case for urgent investment” by the PMNCH (Partnership for Maternal, Newborn and Child Health), WHO, UNFPA, UNICEF, Victoria Institute of Strategic Economic Studies (VISES) of Victoria University, Melbourne, Australia and other partners.
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue The messages are also missing essential content with regard to the value of prevention of adult NCDs by investments in adolescent and young adult prevention and treatments. Recent investment case evidence strengthens this argument. See below for specific content and Adolescents in a changing world – the case for urgent investment.
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?
4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments
5. Financial protection for NCDs and mental health: Why and how?
6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Today's adolescents (10–19 years) face serious challenges in a rapidly shifting world. These range from the effect of population changes and age distribution and the increasing importance of noncommunicable diseases, the impact of climate change on mental health and well-being, the learning crisis and the persistent inequality, violence and neglect of human rights experienced, especially by women.

[“Adolescents in a changing world – the case for urgent investment”](#) is the result of over two years of work by the PMNCH (Partnership for Maternal, Newborn and Child Health), WHO, UNFPA, UNICEF, Victoria Institute of Strategic Economic Studies (VISES) of Victoria University, Melbourne, Australia and partners. This major report argues that there are strong reasons why substantially increased investment in programmes to promote adolescent well-being are both urgent and fully justified, including the human rights of this substantial and increasing age group, the major epidemiological and demographic transitions that are sweeping the world, and the fact that there is a substantial repertoire of highly effective interventions and an increasing body of experience in how to deliver them successfully. Such investments also make excellent economic sense, with a large number of interventions across multiple domains of adolescent well-being yielding returns of at least US\$10 for every dollar invested. Furthermore, the costs of inaction are enormous.

Over the period 2024-50, the average cost of inaction (benefits foregone) has been estimated at US\$110 trillion (USD 4.1 trillion per year). This equates to 7.7% of the GDP of the countries included in the models, which cover about 80% of the world's population. The report argues that investment must be across sectors to cover all aspects of adolescent well-being, and it must meet the context specific needs of adolescents and have opportunities for adolescents to contribute to design and development of programmes for them.

The report was launched at PMNCH's flagship event "**Lives in the Balance - Invest in What Matters: Making the Case for Women's, Children's and Adolescent Health and Well-Being**". **More information about the event and recording can be found [here](#).**

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Comments submitted as an individual organization but reflect background material and prior discussions (if not formal policy) from the Adolescent Wellbeing Workstream and the Health Care Professional Constituencies group at PMNCH. Please feel free to contact me for clarification or more information:

Jon

Jonathan D Klein, MD, MPH

Vice-Chair, Evidence and Accountability Workgroup and lead, adolescent health workstream, PMNCH

President, International Association for Adolescent Health

Treasurer, International Pediatric Association

Marron and Mary Elizabeth Kendrick Professor of Pediatrics and

Chief of the Division of Adolescent Medicine

Stanford University

jonklein@stanford.edu

(m) 1-847-505-3738

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

I would suggest looking at the Adolescent Well-being commitments made by member states for the 2023 Global Forum on Adolescents – many include NCD prevention and treatment goals.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Mitchell Berger
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☒ other (specify): individual/family member
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? The current paper does not discuss substance use as an independent or concurrent diagnosis with mental health conditions. However, substance use disorders and mental health conditions commonly co-occur (see e.g., Harris MG, et. al. World Health Organization's World Mental Health Surveys collaborators. Cross-national patterns of substance use disorder treatment and associations with mental disorder comorbidity in the WHO World Mental Health Surveys. <i>Addiction</i> . 2019 Aug;114(8):1446-1459). It may therefore make sense for national health accounts to include or consider substance use disorder diagnoses.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? While the paper considers use of health taxes through taxation of alcohol, tobacco or other products, it may be worth considering other dedicated sources of funding that are not expressly health-related. For instance, in the US some states are dedicating a portion of taxes on cell phone bills or sales taxes to fund behavioral health services (https://www.nyu.edu/about/news-publications/news/2023/april/earmarked-

taxes-mental-health.html#). In some cases, taxes may be viewed as regressive, difficult to implement in LMIC settings or counterproductive because they impact access to other needs and services (see e.g., Pineda, Elisa & Gressier, Mathilde & Li, Danying & Brown, Todd & Mounsey, Sarah & Olney, Jack & Sassi, Franco, 2024. "Review: Effectiveness and policy implications of health taxes on foods high in fat, salt, and sugar," *Food Policy*, Elsevier, vol. 123(C); Brikci N. Innovative domestic financing mechanisms for health in Africa: An evidence review. *J Health Serv Res Policy*. 2024 Apr;29(2):132-140; <https://www.brookings.edu/articles/taxing-mobile-phone-transactions-in-africa-lessons-from-kenya/>).

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

While community health workers are mentioned, WHO could also consider discussing in the paper the roles of peer support workers for mental health conditions and substance use disorders (Rathod S, Pinninti N, Irfan M, Gorczynski P, Rathod P, Gega L, Naeem F. Mental Health Service Provision in Low- and Middle-Income Countries. *Health Serv Insights*. 2017 Mar 28;10:1178632917694350).

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

The paper should discuss the potential role of the private sector (including private businesses) as well as nonprofits and community organizations in providing behavioral health services. Private businesses supply key goods and have an interest in the health of their workforces and communities (see e.g., <https://www.air.org/project/surgeon-generals-report-community-health-and-economic-prosperity>; Fanelli, S., Salvatore, F.P., De Pascale, G. *et al*. Insights for the future of health system partnerships in low- and middle-income countries: a systematic literature review. *BMC Health Serv Res* **20**, 571 (2020). <https://doi.org/10.1186/s12913-020-05435-8>).

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers: Would discuss substance use disorders as well as mental health conditions given that co-occurrence of these conditions is common.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Eltigany Mai
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback: Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? - I like how the paper responded to why these conditions have not captured the hearts and minds of donors. It is quite insightful, especially regarding whom to engage in the second high-level meeting to secure commitments. I also appreciate the discussion on the policy change. - However, regarding the ask to DAH, the paper is somewhat conservative. While it summarizes the findings of the interviewees, I expected more emphasis on services, such as improving access to essential NCD services and bridging the gap in diagnosis and treatment in LMICs, especially in the key messages. I understand that DAH cannot fund NCDs the same way it does other conditions, but there is a strong need to support countries in bridging the gap in services. The paper could have used language similar to that of the domestic finance paper, urging investment in systems to deliver essential NCD services using a primary care approach, thus making lasting changes in purchasing mechanisms and sustaining the impact of the investment. - I also find the term "overcoming local implementation barriers" broad. In some countries, this term could be interpreted as addressing barriers at the secondary care level (hospital), which is not the intended purpose of the investment. - I did not find emphasis on aspects such as human rights, equity, poverty, and protection. I wish the interviewee or the discussion had mentioned them more.

- I tend not to disagree with the statement: "Here, the public health/preventive approach comes into direct conflict with the treatment/cure approach. While the former is usually more desirable in most instances, the latter is what matters to patients and politicians here and now." I find both approaches equally important and believe this could have been challenged in the discussion.
- Regarding Table 2: Examples of catalytic funding projects to support evidence-based interventions, the example of diabetes at the primary care level focuses on insulin's poor availability and affordability. I suggest reflecting on the broader gap: the availability of services to detect and manage diabetes. The implementation barrier could be the gap in detecting, managing, and providing follow-up services for diabetes at the primary care level. Proposed solutions include ensuring the availability of diagnostic tools (e.g., point-of-care tests), improving access to medications, enhancing primary care staff capacities, and ensuring continuity of care.
- Regarding the three questions in the article on page 2, they stirred my doubt about the importance of funding NCDs and proceeded with recommendation without addressing these concerns.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

I am impressed by this paper. It clearly articulated the ask.

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization:
Type of organization (please add X next to your selection):
Member States
UN agencies, programmes and funds, and other multilateral organizations X (WHO)
Non-State actors
○ nongovernmental organizations, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Draft outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? In figure 1, it seems that there is an error in the right-hand Y axis, would it not be “Expenditure on NCDs as % of current health expenditure?” Otherwise, it would mean that there are 2 scales of health spending per capita in the graph, what would make it unreadable! It would also be good to differentiate the countries with dashes and dot, not only by colours, for a better visibility. Furthermore, the information regarding mental health is very limited, despite of the title of the article. It would be nice to add a specific figure for health expenditure on mental health conditions. Finally, I believe it would have been interesting to add more information on financing sources, since we know that NCDs are generally under-financed by Governments and external partners. I believe it would fit well with the scope of the series of publication, in particular in complementation of the papers #2 and #4, which are about DAH and domestic funding for NCDs and mental health.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? I believe it would be also interesting to put external financing in perspective with domestic government and private financing in countries with available data. We know in particular that NCDs have generally a lower proportion of government and external financing than other diseases, and an higher proportion of OOPS financing. I believe it would complete well the paper #1.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Danish Red Cross

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

- In 2023, a record 339 million people needed humanitarian assistance and protection according to OCHA. 103 million people were displaced and nearly a quarter of all refugees were hosted in Least Developed Countries. In order to 'leave no one behind' and ensure health care that reach last mile and underserved populations, **the DRC would strongly encourage a much stronger focus on humanitarian settings across the background documents.**
- A report commissioned by Danish Red Cross in 2023, investigated the necessity and potential mechanisms for establishing an additional global financing mechanism for NCD care (incl. Mental Health and Psychosocial Support) in humanitarian settings (to be found [here](#) together with a summary of a roundtable discussion where 35 experts had the opportunity to validate the analysis and to extend its conclusions beyond the Danish Red Cross to be found [here](#)). The report concluded that despite their outsized contribution to death and disability in LMICs, NCDs including Mental Health conditions receive a relatively small proportion of external financing, or development assistance for health (DAH). Over the past two decades, for instance, the proportion of DAH allocated to NCD has been relatively stable at between 1- 2% even though these conditions account for >70% of deaths in such settings.
- Private philanthropy and bilateral investors currently dominate external sources of NCD financing. Mostly focusing on physical NCDs and not on Mental Health conditions, despite Mental Health conditions being recognized as the 5th NCD. Additional financing mechanisms should aim to broaden and diversify the pool of funding sources available for NCDs and include funding for Mental Health care and psychosocial support following a continuum of care approach. Given the importance of domestic financing to NCD care in humanitarian settings, opportunities to leverage a financing mechanism to incentivize increased domestic financing, particularly that derived from more equitable pre-pooling mechanisms, should be explored.
- The financing mechanism should be designed in such a way that supports implementing partners to strengthen primary care systems. This may require anticipatory investments, rather than reactive investments in response to specific emergencies. The financing mechanism should be designed to support ongoing prevention efforts over a long period of time and with an understanding that the benefits of prevention efforts may not be seen immediately.
- To better inform funding decisions and improve the effectiveness of NCD interventions, it is crucial to invest in comprehensive data collection and research efforts in humanitarian settings. This will help identify the most pressing NCD-related needs, assess the feasibility of implementing evidence-based interventions and monitor their impact in these complex environments.
- Specifically during emergencies:** Persons living with a chronic disease and/or mental health problems are more vulnerable in humanitarian emergencies, as they need continuous access to essential health services, including affordable and available medicines and testing equipment adapted to crisis settings and climate extremes. Hence, when a humanitarian emergency strikes, people [with pre-existing chronic health conditions are at risk of exacerbations](#) from accompanying stress and scarce or disrupted medical care.

There is a need to mitigate the impact and strengthen resilience in people, communities and health care systems. This can and should be done by re-orienting the health care system to community and primary health care, and from curative to protective, promotive and preventive health services – including scaling up access to mental health and psychosocial support services. Services must focus on the needs of the person, be it somatic or mental health related, and take a holistic approach to health and well-being that is not merely confined to the health care sector.

- DRC support calls for effective integration of mental health and psychosocial support services (MHPSS) into general health services in humanitarian settings. The benefit of doing so include, and are not limited to:
 - Improves access to mental health care for the whole population;
 - Reduces stigma and discrimination for people seeking mental health care and psychosocial support;
 - Produces better health outcomes for comorbid physical and mental health problems;
 - Gives more opportunities for actions aimed at preventing mental health disorders and promoting mental health;
 - Improves mental health workforce capacity to meet the shortage of staff able to deliver mental health interventions.
- It is also cost effective: For every \$1 invested, there is a [\\$4 return](#). Nevertheless, what the existing data shows is that levels of public expenditure on mental health are low and only 25% of WHO Member States have integrated mental health into primary health care service provision, with 2 out of 3 dollars of government spending on mental health allocated to stand-alone psychiatric hospitals rather than community-based mental health services, where people are best served.

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments
5. Financial protection for NCDs and mental health: Why and how?
6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?
7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society
Additional documents
Noncommunicable diseases, tobacco control and mental health investment cases
Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Community Health Impact Coalition

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions X
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

This paper rightly notes that the world has changed since 2018. It states that that in particular, the COVID-19 pandemic created a seismic shock to health systems. It should also note that this shock has brought new attention to the enormous strain on health workers and lack of safety in the workplace, contributing to burnout and resignations. It should also note that since 2018, when WHO recommendations specified that community health workers should be paid, that it has become recognized that it is inappropriate and counterproductive to expect CHWs, most of whom are women, to work without a salary, and that this should be taken into account when projecting the cost of scaleup of NCD services by CHWs.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

We are glad to see that this paper acknowledges the critical role of community health workers (CHWs) in delivering essential health services, including to address NCDs. It also rightly notes that “women perform about 76% of all unpaid care activities – negatively impacting the valuation of health and care work, perpetuating gender inequalities and harming women’s empowerment.”

However, this paper should go further by noting that issues of retention, overwork, and remuneration apply not only to clinical workers, such as nurses and other formal cadres, but also to community health workers as well. It should also specify that estimates of the financing required to address NCDs must include the resources needed to provide salaries to community health workers.

When used as a stopgap solution or a source of cheap labor, CHWs are less effective than their well-resourced counterparts. The best results from community health programmes come when CHWs are integrated into national health systems, being officially counted as members of the health workforce. Not only does this enhance cooperation with, and effectiveness of primary health care systems, it affords professional CHWs (proCHWs) the same industrial relations and workplace rights as their multidisciplinary colleagues.

Despite growing consensus that CHWs, a predominantly female workforce, should receive a salary, many community health programmes take the form of a two-tiered or dual-cadre systems, where a salaried cadre of community health workers works alongside a cadre of unsalaried community health workers. However, our [research has found](#) that unsalaried community health workers in common, dual-cadre programmes often face labour exploitation, potentially leading to inadequate health-care provision.

[Our research has shown](#) that many common CHW payment models do not reflect WHO recommendations for pay. Financial needs estimates for human resources required to address NCDs should take fully into account that labor laws must be upheld and the creation of professional community health worker cadres with fair contracts prioritized, since volunteers should not be responsible for the delivery of essential health services. In addition to salaries, the cost estimates must include the cost of training, supervising and supplying community health workers.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

These investment cases should be based on a modelling of human resource needs in these areas that incorporates the cost of paying all health workers, including community health workers. It is unclear whether the WHO Costing

Tool for NCD prevention and control, cited in the paper as the basis for the investment cases, incorporates the cost of remunerating professionalized community health workers, as well as supervision, training and required supplies.

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: International Council of Nurses

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

☒ Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

- These issues of non communicable diseases and mental health are very important issues to the International Council of Nurses. Please reach out to our Deputy Chief Nursing Officer, David Stewart at stewart@icn.ch and our Policy Analyst Dr Gill Adynski at adynski@icn.ch to receive further input from nursing. Please reach out to us when the HRH paper is finalized as this is a key interest to the International Council of Nurses.
- The documents on primary care and non communicable diseases should include the mention of the advanced practice nursing workforce. This workforce is well cited to improve access to care and meet population primary care needs. This is a key sub-sector of the nursing workforce that can help advance access to both NCD and mental healthcare needs. When it comes to high value care and effective health financing, advance practice nurses reduce costs with the same or greater outcomes.
- These papers need to incorporate more how nurses provide care across the lifespan, and in a variety of different settings from schools, within the community and in health systems. This wide reach for nursing care is especially important for NCDs as prevention is key, and people need to be reached before they are within the health systems.
- The Human Resources for Health paper should focus on strengthening education systems for nursing and beyond through improved regulations.
- On page 5 the summary reads "Several general health financing reforms, such as improved public financial management, will likely yield major gains in resources for NCDs and mental health. However, these are part of the overall health and UHC agenda and are not the primary responsibility of NCD and mental health experts." While there are elements of this that are true, it omits responsibility from those experts of those diseases and areas of health in a way that is non productive. This was phrased much better in the actual paper. Focus more on the collaboration between these two areas of health research/ deliver (i.e. financing experts and NCD/ mental health experts) rather than just pointing out the differences between these sectors.
- Several things did not match up between the summary document and the final papers, from titles to content. This was especially important to the International Council of Nurses as the HRH paper summary mentioned recommendations for nursing schools, however this was not in the final HRH paper. ICN Would like to review the final HRH paper as it closely pertains to the nursing workforce.

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

- Generally, this document has no mention to the health workforce or nurses needed to carry out its mission. This document should address specifically the investments needed in human resources for health in order to successfully carry out all other objectives. It warrants its own objective.

- Human resources for health for NCDs/ mental health warrants its own key messages at the end of this document

1. Health spending on NCDs and mental health: What can national health accounts tell us?

- In order to accurately assess funding for health related to NCDs and mental health, health workforce needs to be accounted for in this conversation.
- A thorough review of NCD and mental health expenditure tracking on health workforces is needed in order to better understand the return on investments for looking to health workers, and specifically nurses, when it comes to combatting non-communicable diseases.
- While a thorough review of the data on health workforce spending would strengthen this paper, at a minimum this paper conclusions should better address the implications of investing in health workforce and the return on investment when it comes to specifically looking at health workforces. Nurses in particular will be key to combating NCDs and mental health due to their present in primary care and often being the only health worker individuals see in rural and remote areas.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- We appreciate the mention of health workers needed in conflict zones and the training and support those health workers may need as an example of catalytic funding projects to support evidence-based interventions.
- We agree that health workforce development is a known barrier that requires implementation and scale up.
- We encourage you to review in detail the 2024 [International Council of Nurses International Nursing Day](#) report. This reports highlights the return on investment when investing in the nursing workforce, however these principals may be applied to certain other health cadres as well. This report should emphasize the long term investment potential and return on investment from addressing interventions to the nursing and health workforces to better prevent and combat noncommunicable diseases and mental health.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Investing in the development of a robust health workforce is essential for economic development at the national level. While taxes on tobacco, alcohol, and sugar sweetened beverages are beneficial, they alone are insufficient for strong domestic fiscal planning and economy improvement. A well-trained health workforce not only enhances healthcare delivery but also contributes to economic growth by fostering a healthier population. With a strong health workforce in place, countries experience improved productivity, reduced healthcare costs, and increased revenue generation. This, in turn, creates a cycle of positive fiscal outcomes, allowing for more funding allocation to various projects and initiatives. Therefore, investing directly in the health workforce is not only a prudent decision for improving public health but also a strategic investment for bolstering domestic fiscal funding and driving overall economic development. Again please refer to our 2024 [International Council of Nurses International Nursing Day](#) report for more information and citations.
- Furthermore, lack of investment in health workforce from education/ training, regulation, working environment, staffing levels etc., when these things are not invested in, there are poorer patient outcomes. For example, poor patient safety and low quality of care have high costs on health systems. They can leave to missed diagnoses leading to higher costs in the long run, medication errors, infections and other high costs to health systems.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- Please acknowledge the importance of a government chief nursing officer in NCD and mental health at a domestic level.
- Government chief nursing officers will allow to influence substantially on policy reform related to NCDs and mental health of nurses, ensure the nursing workforce is optimal utilized in any NCD/ mental health interventions, and coordinate with the nursing profession on key matters related to this agenda.
- Please read more about the importance and success of these positions here: [ICN Briefing on Government Chief Nursing Officer](#).

5. Financial protection for NCDs and mental health: Why and how?

- Value based care and OOP spending are highly linked. Part of having high value care is having health workers working to the top of their scope of practice.
- A crucial aspect of preventing out-of-pocket spending is investing in the right health workers, ensuring they receive appropriate training, and are placed in the right locations. Over-specialization should be avoided to prevent undue increases in costs for populations worldwide. The nursing workforce plays a key role in delivering high-value care, particularly with the emergence of emergency nurse practitioners, which expands nursing scope of practice and helps address primary care needs in various locations around the world.
- Health workforce was not mentioned in this paper, which is an oversight as an effectively managed health and nursing workforce is key to high value low cost care.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

- This is an important paper, but does not omit the need to have health workforce throughout all other papers.
- I would suggest the inclusion of the use of nurse practitioners and advanced practice nurses in this section. They are a powerful tool for meeting primary care needs, which is critical to meeting NCD and mental health needs. ICN opposes the use of the phrase 'task shifting'. Instead we encourage the phrasing of 'allowing health worker to work to the full scope of their practice'.
- We see that your summary mentioned a call specifically to schools of nursing. The International Council of Nurses (ICN) is interested in reviewing this section of your report, however the paper does not include this section. Is this section to be included later? It does not appear in the full report currently, only the summary. Please email ICN to review the forthcoming modelling exercise as well, to provide feedback as it pertains to the nursing workforce. See contact details at the top of this document.
- Scope of practice, and the systemic limitations of nursing scope of practice despite the correct education and training should be mentioned in this paper, addressing these is especially important in primary care. Not doing so can have high costs on the healthcare system from unused human capital. We oppose the use of the term 'task shifting' as it implies certain individuals are more adapt to due a certain tasks than others, as opposite to multiple cadres being fulling trained in overlap needs of healthcare systems. Full scope of practice better highlights the challenges being faced by those individuals. Refer to recent ICN publication with author Dr. Stephen Duckett for more information [here](#).
- The gender section should mention that nurses are made up of 90% women and the largest health workforce worldwide, and also key delivers of primary care and often the only health worker individuals see in rural and remote areas.
- Please mention that investment in health workforce creates more jobs and therefore further develops economies.
- We believe funding models should support nurse led services as there is amply evidence is their cost effectiveness while still delivering high quality care.
- Please highlight the many studies that show that improving health worker/ nurse working conditions decreases costs. Look to the work of Dr. Linda Aiken and many other for the relationship between better nurse staffing and healthcare costs. While staffing is mentioned in relation to being needed to address NCDs/ mental health it is not mentioned that it can also drive down costs.

- This paper needs to mention the importance of taking care of care givers in regards to adequate salaries, staffing, work environments, opportunities for advancement. This needs to be applied to the NCD and mental health sector. The mental health of the health workforces is key to the mental health of the populations they serve.
- Nurse led care has also been shown to draw down cost of care while still providing high quality care. It is key to addressing NCDs and mental health sector and beyond.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

- We support that civil society organizations should have a voice in actions and accountability in NCD and mental health delivery.
- International Council of Nurses is a federation of more than 130 national nursing associations and the voice of global nursing. This paper could be strengthened by mentioning that part of civil society is the health workers themselves needed to be on the ground carrying out all interventions to address, prevent and improve NCDs and mental health.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

- Yes, this should call for a government chief nursing officer to help coordinate noncommunicable disease/ mental health efforts with the nursing workforce needed to carry out these interventions.
- In addition we call for head of government to work closer with their national nursing associations to listen to the specific needs of their countries in order to properly address NCDs/ mental health.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: International Sweeteners Association (ISA)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

☒ other (specify): **Industry association**

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

The ISA would like to provide the following comments when it comes to the specific tool of behavioural taxation, especially applied to food and beverages. We believe it is important when designing such scheme to carefully consider its scope.

Experience in countries with such tax show it can have a powerful effect towards increased reformulations of products by companies – leading to products with less fat, salt or sugar available on the market. However, there are also cases where the scope included ingredients such as low/no calorie sweeteners. These are crucial ingredients for food and drink manufacturers to deliver on its commitment to reduce the amount of sugar through reformulation in line with public health recommendations, as low/no calorie sweeteners are the only means of

giving foods and beverages a palatable sweet taste acceptable to consumers without all the calories of sugar. Having them in scope can undermine the objectives of fighting rising obesity and diabetes levels. Consuming a low/no calorie sweetened food or beverage instead of the sugar-sweetened version can help reduce overall daily sugar intake. In turn, when used as part of a balanced diet and healthy lifestyle, this can result in lower energy intakes and help with lowering excess body weight. They can also be beneficial to oral health due to their non-cariogenic properties.

Furthermore, because they do not raise blood glucose or insulin levels, they make it possible for a wider range of lower-sugar products to be available, providing people with diabetes with a greater choice of foods and drinks that are suitable for them while enabling them to enjoy the pleasure of sweet taste: something that plays also a role towards mental wellness (enjoying food/drinks).

As an illustration, the United Kingdom soda levy, which was introduced in 2018 and focuses only on added sugar, shows promising results in its objective to fight childhood obesity and it is also estimated that it contributed to remove more than 45 000 tonnes of sugar from soft drinks.

Inadequate calibration of such fiscal measure scope can have counterproductive effects or contradict different public policies goals. We believe WHO should provide balanced information in these matters, building on experiences in various countries.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: ACT Health Promotion
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☒ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? The consumption of ultra-processed foods, tobacco, and alcohol are risk factors for the development of non-communicable diseases (NCDs), which include cardiovascular diseases, lung diseases, cancer, and diabetes. These are the leading causes of death worldwide. These chronic conditions are often preventable, and such deaths could be avoided if preventive measures and public policies are adopted now by governments and parliamentarians. Tax policy is a highly effective measure: taxes on harmful products such as tobacco, alcoholic beverages, and ultra-processed foods significantly reduce healthcare costs, increase revenue, and save lives. Products that are harmful to health and the environment should be heavily taxed, as they cause negative externalities,

and the burden falls on society as a whole. Particularly in the healthcare system, there is an overload that influences accessibility, equity, and cost perspectives for the federal, state, and municipal governments.

Dozens of countries successfully adopt higher rates with the aim of increasing the final price of harmful items. The World Health Organization (WHO) and the World Bank recommend this measure as the most effective way to reduce consumption and, consequently, improve health indicators.

The path to a healthier and more sustainable future depends on reducing the attractiveness and accessibility of harmful products. However, we must also promote the consumption of healthy products through fiscal incentives. It is also worth noting that the resources generated from excise taxes could minimize the impact of NCDs on national budgets, provided that the revenue from the new tax is allocated to health programs.

Documents for consultation:

<https://actbr.org.br/post/proposals-to-fight-hunger-promote-health-and-protect-the-environment-in-the-context-of-the-brazilian-tax-reform/19721/>

https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099051024143539871/p179951143c53a0b11a90c11a90a9fcad7d?cid=WBW_AL_whatsnew_EN_EXT

<https://www.who.int/publications/i/item/9789240082793>

<https://www.who.int/publications/i/item/9789240086104#:~:text=This%20report%20provides%20an%20assessment,Report%20misconduct>

<https://tobacconomics.org/cigarette-tax-scorecard/>

<https://tobacconomics.org/>

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents
Noncommunicable diseases, tobacco control and mental health investment cases
Humanitarian health financing for noncommunicable diseases
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Union for International Cancer Control

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

X Non-State actors

- ☒ **X nongovernmental organizations, including those representing lived experience of health conditions**
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify):

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

- We have no comments to share at this time.

Draft outcome document of the International financing dialogue

We welcome the development of the draft outcome document, which has the potential to be a valuable contribution to advocacy on non-communicable disease investment, particularly in the upcoming negotiations of a fourth political declaration on NCDs in 2025. In particular, UICC welcomes:

- The recognition that seeking diagnosis and care for NCDs, including cancer, subjects households to high levels of out of pocket (OOP) spending, significantly increasing financial hardship and catastrophic health spending.
- The emphasis on health-in-all-policies approaches to address NCDs in a comprehensive manner. We also welcome the recognition of the importance of including the meaningful participation of civil society and people with lived experience in policy development, implementation and evaluation.
- The acknowledgment that there is a greater need to utilise Official Development Assistance (ODA) as catalytic investment in NCD services, in part due to the limited inclusion of NCDs into national plans and priorities. We also appreciate the recognition of the continued dominance of Millennium Development Goal agenda items in development for health, and of the shared responsibility all actors have in integrating NCDs into their respective strategies.
- The recognition of the potential for 'win-win' interventions by increasing fiscal space and curbing exposure to key risk factors, most notably tobacco use, but also the growing body of evidence on alcohol, sugar-sweetened beverages, ultra-processed foods and fossil fuel (the latter focusing on subsidy reform).

We note with concern that the current recommendations, outcome messages, and calls to action from the background papers are not clearly stated. In particular, the lack of a global financing target for NCDs is conspicuous by its absence. These types of global goal have been critical for mobilising resources and tracking progress across other health areas, including HIV/AIDs, TB etc. in order to quantify the investment gap and develop mechanisms to address this. We strongly encourage the World Bank and WHO to develop such a target, and for Member States to reiterate their commitment to allocating 0.7% GNI to ODA with an additional call to prioritise the disbursement of funds through development agencies as grants, rather than concessional loans.

We further note that the current recommendations, outcome messages, and calls to action from the background papers are not clearly stated. In order to strengthen the global NCD financing response, we urge the WHO and World Bank to consider include messaging:

- Encouraging all Member States to commit to costing national NCD strategies. WHO has a number of tools to support this, including a specialised cancer costing tool. These tools can also provide a valuable framework to help governments prioritise interventions with existing resources, as well as clearly demonstrate investment

gaps and support in the identification of appropriate and suitable financial resources (such as taxation, ODA or innovative financing mechanisms).

- Highlighting the importance of investing in data collection on NCDs. We note that many low- and middle-income countries struggle to collect the necessary data on NCD service provision and outcomes to evaluate the effectiveness of interventions, and so data systems should be a core part of every investment case, including cancer registries for national cancer responses. However, this must be accompanied by strong public finance management, for which there is a clear need for greater capacity building. It is also likely that with stronger management, it will be possible to identify those unreported sources such as investments in health systems strengthening or essential medicines, as noted in the reports.
- Including references to the role of multi-sectoral partnerships and innovative finance mechanisms to increase the fiscal space for NCDs. While Governments have the primary responsibility for their national NCD responses these mechanisms, where selected and implemented appropriately, can support in the mobilisation of additional resources. This was a key theme from the 2018 Global Dialogue Partnerships for the Sustainable Financing of NCD Prevention and Control.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

- We welcome the recommendation that there is a need to develop guidance on national health account for NCDs to facilitate a better understanding of spending patterns, and that WHO can promote tracking expenditure by disease. We strongly urge WHO and the World Bank to include a recommendation that Member States commit to better track investment in NCDs as part of their national responses, with support from international organisations to achieve this. While it is important to know what is being spent, it is equally important that financial flows can be better tracked, monitored, and analysed to support national decision-making and that bottlenecks in selected areas can be addressed to support increased service delivery.
- We note with concern the lack of robust health information systems as a key limiting factor. Many LMICs face significant challenges in mobilising investments in health information systems, including cancer registries, to be able to track the morbidity and mortality burden from cancer and NCDs. We urge WHO and the World Bank to include a recommendation for donors to include health information systems into their portfolios of support to act in tandem with the capacity building available. With robust health information systems Governments will be able to better assess the effectiveness of NCD investments, and refine activities in order to ensure investments are in pursuit of health goals and address bottlenecks in diagnosis, treatment and care as part of the drive to UHC.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- We welcome the recommendation to use development assistance for health as a source of catalytic investment for NCDs. We strongly urge Donors to move away from a siloed/vertical programme approach (e.g. support for HIV/AIDS or TB etc.) which commonly replicated the MDG-era goals.
- Likewise, and given the extensive investment in the establishment of health financing mechanisms, greater efforts needed in coordinating existing financial flows to fund national health priorities/strategies in recipient countries. Key within this should be looking to fulfil international DAH commitments whilst simultaneously implementing integration within existing mechanisms and institutional mandates. This would enable recipient countries to capitalise on health system strengthening efforts and ensure that care facilities are able to respond to the needs of communities (rather than in line with HIC donor priorities) but will require significant donor pressure to achieve as it may require revising how mandates are being applied.
- We also recommend the addition of a point point around the complexity of tracking DAH contributions for specific diseases and the need for standardised definitions and reporting mechanisms to improve transparency and accountability in health
- We agree that financing likely to be driven by Government but does not negate need for greatly increased DAH from 'anchor donors' to meet capital investment needs e.g. St Jude underpinning global platform for access to childhood cancer medicines, healthcare infrastructure investment.
 - Agree that there is a need for greater documentation of good practices and guidance on how needs for catalytic funding can be identified, calculated, implemented and evaluated – potential role for WHO and the World Bank in this (particularly capacity building and tool development)
- There is a clear need for strong support for investing in data collection to ensure the implementation of evidence-based policies and to critically assess that limited resources are being used in the most efficient manner.

- Welcome focus on PHC, particularly in countries with nascent healthcare infrastructure or in fragile situations, but highlight that countries also need secondary and tertiary services to respond to NCD management and achieve the goals of reducing morbidity and mortality. Put simply, a focus solely on PHC does not work for cancer and many other NCDs.
- We encourage WHO and the World Bank to make clear reference to the full WHO recommended interventions (better known as the 'Best Buys'), for example on p.7. and note that some of the resources are incomplete.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- We welcome the development of this paper and the messages included. To further strengthen action we highlight the value of specific commitments on:
 - The need for commitments to tax health harming products, prioritising the taxation of tobacco (75% of final pack retail price), alcohol and sugar-sweetened beverages
 - Communications to engage the general public and build support for fiscal measures to proactively address claims of regressiveness or the threat of economic harms regarding these measures made by health-harming product producers, alleging regressive nature of these measures or wider economic harms
- We also encourage the WHO and World Bank to not make health and climate and either/or discussion when it comes to subsidy reform.
- We support recommendation for soft earmarking, and wish to highlight the importance of some accountability mechanisms in maintaining public support for fiscal measures, particularly as governments seek to roll out more of these e.g. implementation of taxation on alcohol, SSBs etc.
- We welcome final section on fiscal policy coherence – would be valuable to integrate this in at all stages of national NCD policy and budget development, implementation and evaluation but note the need for capacity building to achieve this.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- Note that domestic policies (policy documentation) does not correlate with action. A 2018 review of cancer control plans by ICCP found that 55% of countries listed the need to budget cancer-related plans; among them only 10% provided details about how the plan would be costed or resourced. This lack of costing may, in part, hamper implementation.
- We echo need for health benefit packages and strategies to be dynamic documents and urge Member States, WHO and the World Bank to reflect on the need for regular reviews of benefit package impacts on health outcomes and catastrophic health spending in order to ensure the most effective use of scarce resources. This must be grounded in strong health information systems inc. cancer registries, need to ensure that these are full funded as part of NCD response and UHC delivery.
- We also note with concern the aspirational nature of health benefit packages, and this underscores need for capacity building in health department to ensure the financial management (inc. purchasing) capacities and plans are in place to remove this barrier to action.

5. Financial protection for NCDs and mental health: Why and how?

- We welcome the discussion of the huge challenges of out-of-pocket spending pose, and strongly encourage the WHO and World Bank to include practical examples, for example the ACTION study in South-East Asia which documents the rates of catastrophic health spending on cancer.
- We note with concern that many of these recommendations have been shared before, it would therefore be useful to consider how they can be implemented and what factors need to be in place to achieve this.
- It would be helpful to further contextualise the paper, particularly the challenges in the global landscape (particularly the political-economic landscape) as this is shaping the development and implementation of financial protection mechanisms. For example, disputes between countries on pricing, intellectual property and other issues are shaping the affordability of medicines, diagnostics and technologies, as well as the role of industry in countering price transparency mechanisms.
- Finally, it will be important for Member States to make clear commitments to reducing OOP, with similar commitments by the WHO, World Bank and other actions in how they will support Member States to achieve this as it has proven highly complex to implement.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

- We note with concern that, at the time of reading, this paper was incomplete and the discussion focuses more on the scope of the issue and lacks concrete suggestions. We very much look forward to reading the results of the modelling exercise is being conducted.
- In developing this set of recommendations, we urge WHO and the World Bank to consider the health workforce at all three levels. While PHC is the critical entry point for health systems for many of the 20 million people diagnosed each year with cancer, treatment cannot be implemented without surgery, radiation therapy etc. which must be delivered at secondary and tertiary facilities.
- It would also be valuable to discuss how different Member States are mobilising the investment needed in health workforce, noting that many of the main sources of funding (such as ODA) may not be sustainable enough to build and maintain the health workforce.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

- We welcome this paper and have no comments at this point.

General comments relevant to multiple papers

- We have no general comments to share at this time.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Seeking to synthesise the points made above, we encourage Heads of State/Government to:

- Develop and adopt a global investment goal for NCDs to support accelerated progress, particularly in LMICS.
- For donor Governments, fulfil commitments to allocated 0.7% GNI to ODA, channelling funding through development agendas as aid (rather than concessional loans).
- Develop, cost, adopt and fully invest in a national cancer control plan and NCD strategy.
- Invest a minimum of 5% GDP in the delivery of UHC, including a core package of NCDs, progressively increasing investment beyond this to bring out-of-pocket expenditure down to 15-20% of total health spending, in line with WHO guidance
- Increase tobacco taxes to 75% of unit price, and scale up taxes on other health-harming products in line with WHO recommendations.
- Invest in robust health information systems to monitor public investment in NCDs, the status of implementation of new programmes, and the effectiveness of these measures in achieving national NCD targets.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Dr Yacoub Abdourachid Hachine
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ○ nongovernmental organizations, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify): Social Enterprise “Vigilant Living”
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Draft outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us? Unfortunately more funding goes to secondary prevention then primary prevention.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? Development assistance should fund innovative solutions from social enterprises to create sustainability.
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? Health taxes on Alcohol, Tobacco and SSBs would be a great initiative if the revenue are used to fund preventive, curative, rehabilitative and palliative care.
4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments Value based payment care and not fee for services.
5. Financial protection for NCDs and mental health: Why and how?

Insurance based on monthly subscriptions.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Focus more on creating task sharing with more accessible and affordable health care worker like Nurses, should also be equipped with technologies to offer primary health care.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Civil society organizations are often more transparent and efficient than governments so more funding should go to CSO who will collaborate with the governments

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

To collaborate more with CSO and social enterprises to create innovations which are accessible, affordable and effective.

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: The International Society of Paediatric Oncology
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions X ☐ philanthropic foundations ☐ academic institutions ☐ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers [See detailed feedback for the topic of each paper underneath]
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue a. Whole of society approach SIOP and CCI, as non-state actors in official relations with WHO, St Jude Children's Research Hospital as a WHO collaborating center, and key civil society organizations, survivors of childhood cancer and those living with cancer as well as their families are all critical stakeholders to engage in meaningful collaboration with governments and funders under the aegis of the WHO Global Initiative for Childhood Cancer to improve access to appropriate treatment, essential medicines and technology and a specialized workforce to attain the goal of global 60% survival by 2030.
b. Government commitment to strengthen specialized health workforce and hospital infrastructure for childhood cancer across LMIC and UHC (and funding for OOP expenses) as well as housing for families who must travel far from home for treatment are all necessary for successful outcomes for children/adolescents with cancer worldwide.
c. Health Systems design Robust referral systems for children/adolescents suspected of having cancer are necessary for early detection and prompt treatment to improve the chances of survival. Survivorship surveillance is critical to ensure that consequences of childhood cancer treatment do not impede successful adult development and productive lives.
d. Resource and capacity planning Documented analyses of childhood cancer as a "best buy" in multiple LMIC have demonstrated that investments in systemic financial and human workforce resources can result in improved survival and care. Ministry of Health capacity planning under the WHO GICC is expected to be the most effective and sustainable approach for improved care.
e. Information systems Childhood cancer registries are essential tools to track incidence, support research sampling and data analyses, cross discipline collaborations and clinical applications. Registries also inform financial forecasting, e.g., coordinated pharmacy medication procurement, and general childhood cancer treatment allocations.

f. Fiscal policies

Taxes on tobacco and sugary drinks have been shown to be effective in improving public health including reducing risk for cancer related to nicotine and obesity. These new sources of government revenue could also support childhood cancer initiatives to address inequities in access to care and survivorship surveillance.

g. Health Financing reforms

Childhood cancer is in many countries the cause of death number 1 in children under the age of 15 years. It should be placed as a priority in national health agendas, and thus be considered also as a political priority within overall national health budget repartition. Dialogue with health care workers analyzing the existing health care system and sharing perspectives on adaptation, improvement or reform is essential to understand where the problems are and how to address them. It is also important that governments engage in dialogue with civil society organizations that can play a key role in operations and outreach.

h. Health benefit packages

Childhood cancers are the only child-specific NCD among the policy options/cost-effective interventions that underpin Objective 4 [‘To strengthen and orient health systems to address the prevention and control of NCDs... through people-centred primary health care and UHC’] of the WHO Global NCD Action Plan 2013–2030. In this light, investing in childhood cancer is a way to strengthen overarching health systems – in particular, for child health – and serve as a general progress tracker for NCD control. The important link between childhood cancer and UHC was in focus at a UNGA78 Side Event “CureAll Implementation Advancing Toward UHC Realization and Bridging Survival Gap in Childhood Cancer”.

i. Financial and social protection

The Global Platform for Access to Childhood Cancer Medicines (GPACCM) is designed to address inequities in access to essential medicines for childhood cancers. This new program can serve as a model for others addressing limited access to increasing costs for essential medications such as insulin, epi-pens and other life-saving pharmaceuticals.

j. Pricing of medicines

Documented unregulated pricing of vital medications threatens care and survival of patients with childhood cancers and other NCDs including mental health conditions. Development of government regulations and increased negotiation power, (e.g., GPACCM), will be critical for addressing this current barrier to successful outcomes.

1. Health spending on NCDs and mental health: What can national health accounts tell us?

The obligation to deliver National Health Accounts (NHA) for all countries will help to have an overview on a general level and country-specific situation, to compare between the countries and to define a strategy for help. Out-of-pocket (OOP) expenditure is THE major problem linked to insufficiently developed general health policy, lack of transparency, and forces families to find paths to treatment and care through personal initiative often incurring significant debt.

Childhood cancer is a case in point. Families of >80% children with cancer who live in countries with measured resources are challenged by the financial burden of paying for the costly treatment and OOP costs well documented in studies from Africa, Latin America, Asia and Eastern Europe. The situation forces parents to refuse treatment from the start or abandon treatment when their money is gone. Both options likely lead to the child's certain death. Even if the family is able to borrow the funds, they often find themselves in penury after months of treatment and in significant debt.

Children and their diseases remain orphans of medicine in many countries, especially in the field of cancer. They are rarely included into programs of early detection, diagnosis and treatment, considered as a minority compared to adults with cancer. Taking into consideration that most children with cancer can be cured in their own country when taken care of properly, having precise information on NHA and the part dedicated to children with cancer would give an important information for defining the best possible strategy.

Childhood cancers are the only child-specific NCD among the policy options/cost-effective interventions that underpin Objective 4 [‘To strengthen and orient health systems to address the prevention and control of NCDs... through people-centred primary health care and UHC’] of the WHO Global NCD Action Plan 2013–2030. In this light,

investing in childhood cancer is a way to strengthen overarching health systems – in particular, for child health – and serve as a general progress tracker for NCD control.

The WHO Global Initiative for Childhood Cancer (GICC) aims to increase overall survival to at least 60% and alleviate suffering for all. The GICC implementation framework [CureALL] document includes examples of initiatives at the national and regional level.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

Improving primary health care, strengthening UHC, developing or improving a national network, and linking to international organizations is crucial. The WHO Global Initiative for Childhood Cancer (GICC) aims precisely at concentrating experts from different fields in the care for children with cancer in a common action. Key elements of the GICC implementation framework [CureALL] include multidisciplinary health workers and essential health products. The Global Platform for Access to Childhood Cancer Medicines (GPACCM) linked to the GICC is an important example of addressing national needs to make basic treatment available based on scientific evidence and standard of care guidelines.

Multi-national cooperation is sensible to provide access to high investment cost facilities, e.g. radiotherapy and the associated expert workforce needed to treat children with cancer, with radiotherapy, where populations are small. Examples are the East African Regional Centres of Excellence (RCoEs) for 6 major disease indications, one of which is cancer led by Uganda.

Another example concerns India, where project funding from the WHO and SIOP enabled to launch an educational programme directed towards primary care pediatricians and physicians in 1998, "National Training Programme - Practical Pediatric Oncology" . Till 2023, nearly 6000 physicians have been sensitised and trained on early diagnosis of childhood cancer and shared care in pediatric oncology. The initial support from SIOP and WHO and subsequent support from the national pediatric Hematology Oncology Society has sustained this program with significant benefits in timely diagnosis, reduction of treatment abandonment & better patient outcomes .

Further examples concern international civil society-driven initiatives on childhood cancer including those supported by the American Childhood Cancer Organization, Global Hope Hematology Oncology Pediatric Excellence (HOPE), Foundation S - The Sanofi Collective, The Aslan Project, and World Child Cancer. These foundations sustain childhood cancer initiatives in low- and middle-income countries (LMIC) in partnership with local governments to foster ownership and sustainability.

Another example of an international cooperation initiative is the announcement of new actions under the US Cancer Moonshot to Reduce the Cancer Burden in Africa as Part of the U.S.-Africa Leaders Summit. This includes a focus on delivering better outcomes for childhood cancers.

In addition, collaboration with local governments and childhood cancer treatment centers in LMIC by WHO collaborating centers, e.g., St Jude Children's Research Hospital have shown significant progress in alleviating suffering and improving access to appropriate care.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Using health tax revenues seems a way to go to increase the health budget, it needs however information on National Health Accounts to strengthen arguments for such a policy.

Costa Rica and the Philippines are examples of using revenue from tax on tobacco to support oncology institutions and UHC.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Better awareness of pediatric cancer being curable if diagnosed and treated on time might help in the allocation of finances in the general health care system of a country. This could help to justify a financial commitment by the country in addition to the political.

There is a need for recognition that childhood cancer is largely not preventable, and that early detection and well-signposted rapid and appropriate referral pathways are needed from primary care. Retinoblastoma is an example where a general national campaign for recognition of early signs of the disease can be promoted and bring cure. For other cancers, an efficient primary health care system with specific education programs on awareness of symptoms, high level of suspicion of malignant disease, easy access to basic investigations, can help to promote and improve care of children with cancer in a timely manner.

In Nigeria, a foundation initially focused on providing financial assistance to families who could not afford treatment. However, addressing financial access did not consistently lead to better outcomes, and it became clear that many patients presented with a disease that was too advanced. Lack of accurate diagnosis, geographical disparities in access to treatment even for those able to pay (particularly in rural versus urban settings), and lack of trained specialists emerged as further critical hurdles. As a response, the Foundation supported the 'Look Again' early detection campaign which was implemented in several states. Over 1,000 primary healthcare professionals - including community health workers - were trained to use a short signs and symptoms screening tool. If a child is 'positive' on one or more items, direct referral to a specialised centre is implemented, which saves precious time. Such initiatives can be integrated into nationally funded schemes to increase coverage and sustainability.

A case in point and another example is that of a pediatric oncology nurse in Tanzania who has been awarded TWO My Child Matters nursing grants and conducted trainings for community health workers and primary health care nurses far from the capital in collaboration with the national nursing association. Following the training, the national nursing association decided to adopt the childhood cancer awareness program and integrate it in their national training program for community health workers and primary health care nurses.

UHC implementation is instrumental to underpin successful childhood cancer diagnosis and treatment. Gains of including childhood cancer under UHC schemes were documented in Indonesia by Indraswari and colleagues (2021). After the implementation of UHC, low-income patients with insurance rose from 40% to 85%, treatment abandonment fell from 36% to 19% and survival rates improved from 14% to 22%. More recently, Ghana announced the inclusion of childhood cancer treatment on the National Health Insurance Scheme (NHIS) starting with four of the commonest cancers in children. As these form over 60% of childhood cancers in Ghana, this decision is a huge step in the quest to make treatment more accessible and improve outcomes.

In Mexico, in 2005, the government initiated the Seguro Popular (popular medical insurance) program to pay for childhood cancer treatment for all children including those in families without employment (45% at the time). A National Council for Prevention and Treatment of Cancer in Childhood and Adolescence was simultaneously created with members of the government, academia, and non-governmental organizations to direct policy for this program. Although overall survival rates have not yet risen dramatically in the last 20 years, significant improvement in access to treatment has been documented, as well as scale-up of professional specialized capacity building, thus establishing the foundation needed for improved outcomes.

In September 2020, the Peruvian government passed the Law of Medical Emergency and Comprehensive Care of Cancer in Children and Adolescents providing UHC for all children up to 18 years of age with cancer. In addition, this law uniquely provided paid leave for parents of and established a National Childhood and Adolescent Cancer Program to improve childhood cancer care and a National Pediatric Cancer Registry. The comprehensive approach of this law acknowledges the multi-level support required to improve access to care and survival for childhood cancers in LMIC settings.

In India, the Comprehensive family Health Insurance scheme has made first steps to improve and enable childhood cancer care in a multiplayer, multi-actor health care system. Under the scheme called "Ayushman Bharat", treatment up to 6500 USD is supported and this amount is able to cover the treatment of most childhood cancers. The treatment can be accessed in public and private hospitals.

5. Financial protection for NCDs and mental health: Why and how?

The Global Platform for Access to Childhood Cancer Medicines (GPACCM) is a pioneering initiative bringing together St Jude Children's Research Hospital, WHO, governments, the pharmaceutical industry, nongovernmental organizations and the nonprofit sector together to ensure that quality and effective medicines are available to treat childhood cancer. It aims to increase the global visibility and predictability of the market for childhood cancer medicines. The GPACCM approach highlights importance of addressing the problems of procurement and infrastructure. Alongside the GPACCM, there are needs to more generally reduce costs of cancer medications, and improve health care coverage to include cancer medicine for children. Offering childhood cancer treatment close to the patients' homes, especially for treatments in outpatient settings and minimizes risks linked to substandard and falsified medicines both of which are priorities. The WHO plays a critical role in this space in collaboration with civil society, Childhood Cancer International (CCI), and professional organizations such as the International Society of Paediatric Oncology (SIOP) the only two non-state actors in official relations with WHO focused on childhood cancer.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

Programs for local training, exchange of experience and share of knowledge, common continuous educational programs on all levels, including nursing staff, nutritionist, infectious disease specialists are needed and can improve the care of children with cancer, prevention of complications, and management of the latter if they occur. There is need for a long-term follow-up with quality-of-life aspects by trained professionals, so patients who survive childhood cancer can become adults with normal educational, professional and social lives. SIOP invests in education about childhood cancer for all, and especially in LMICs, thus a strong link with SIOP can contribute immensely to the quality of care. However, in addition to quality, quantity is another important to educate the right proportion of health care workers depending on the population and children affected yearly by cancer.

As the largest single health workforce group, nurses require specific training and attention to recruitment and retention. As highlighted in the 2021 WHO Global Strategic Directions for Nursing and Midwifery, the consequences of the Covid-19 pandemic have retarded progress made over recent decades in ensuring an adequate global nursing workforce. The four policy focus areas of education, jobs, leadership and service delivery speak directly to the significant hurdle of assuring specialized training and safe work environment strengthening required to ensure that advanced childhood cancer nursing care is delivered appropriately and successfully. Appropriate orientation to pediatric oncology nursing, continuing education for existing the nurse workforce and nurse and patient safety measures are included in the SIOP Baseline Nursing Standards for Pediatric Oncology in LMIC.

Key elements of the GICC implementation framework [CureALL] include multidisciplinary health workers. Indeed, the need for multi-disciplinarity in training the workforce and the need for specific workforce disciplines (e.g., nursing, pharmacy and pediatric oncology rehabilitation) should be emphasized. Specialty professionals should be allowed to develop expertise and never rotated to other services, which significantly endangers the care of the patients with childhood cancer who require specialized care.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

The link between Civil Society Organizations, patient advocates, government and academia is extremely important in promoting investments in health, and more specifically pediatric cancer. Initiatives such as Childhood Cancer International (CCI), the largest patient and family support organization for childhood cancer. CCI is driven by parent groups across the world and is the most efficient force to bring stakeholders together, raise funds and convince decision-makers to invest in childhood cancer. Their strength is the capacity to engage with governments and politicians and convince on necessary health care programs and interventions based on personal experience and expertise in childhood cancer. For instance, providing parent accommodation to prevent treatment abandonment – "home from home" is often initiated by civil society and has proven to be essential in decreasing abandonment of care and improving survival.

The WHO curates its engagement with civil society, which is contributing to advance targeted solutions including in high-need specialized areas such as childhood cancer.

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

https://d1wqtxts1xzle7.cloudfront.net/61408306/Global_Philan_CC_TLO20191203-52589-12p640x-libre.pdf?1575376759=&response-content-disposition=inline%3B+filename%3DGlobal_public_and_philanthropic_investme.pdf&Expires=1718557492&Signature=c8Zl5ap4b1nGm1djgM

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00148-1/abstract](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00148-1/abstract)

<https://ascopubs.org/doi/pdfdirect/10.1200/JGO.17.00243>

<https://gh.bmj.com/content/bmjgh/4/5/e001825.full.pdf>

<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0221292&type=printable>

https://copenhagenconsensus.com/sites/default/files/improvements_in_child_cancer_diagnostics_and_treatment_in_africa.pdf

<https://acsjournals.onlinelibrary.wiley.com/doi/pdf/10.1002/cncr.35146>

Humanitarian health financing for noncommunicable diseases

People/children in/from countries with humanitarian crises need the same attention as those you are lucky to live in countries where childhood cancer treatment facilities are organized, well-resourced and functioning. As these increasing needs are highlighted in the paper, funding and a priori strategic planning is required to provide the same quality of care for children/adolescents with cancer affected by conflicts, crises, and forced migration. An important orientation is the integration of essential NCD health services in emergency preparedness strategies at both a national and international level to ensure continuity of treatment of life-threatening NCDs such as childhood cancers. Recent examples include the evacuation of children/adolescents with cancer from Ukraine and Gaza due to the collapse of specialized health care facilities and resources. There is an urgent need for a global policy and funded action plan to address the children/adolescents and families who are caught in these more frequent emergency situations.

General comments relevant to multiple papers:

Collaboration between adult and pediatric oncology professional organizations (e.g., UICC, City Cancer Challenge, NCD Alliance and SIOP), funders (e.g., Clinton Health Action Initiative and Partners in Health), and civil society advocacy groups could create synergy and streamline efforts to highlight the needs, solutions and opportunities for countries striving to manage the national burden of cancer overall and childhood cancer in particular. Childhood cancer survival rates outpace those for adult cancers and DALY rates are much lower globally. Nevertheless, many in this rapidly growing population of survivors will need healthcare surveillance to ensure successful and fruitful adult lives as productive citizens in society. Collaboration among all stakeholders and governments ensures evidence-based policies and regulation as well as comprehensive and sustainable action for childhood cancer and other NCDs, particularly in regions with marked disparities and inequities of healthcare access.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Investment into life-threatening and rare NCDs affecting children including in children merits a spotlight on this important agenda. Strengthening health systems to deliver childhood cancer diagnosis and treatment is a cost-effective (WHO 'Best Buy') intervention that can drive positive change in other disease areas.

Web-based consultation | Feedback template

Organization: Sunil Shrestha
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ○ nongovernmental organizations, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify): Hospital
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

1. Integration of Pharmacists/Clinical Pharmacists:

- **Current State:** The document does not specifically address the role of pharmacists/clinical pharmacists in the healthcare workforce for NCDs and mental health.
- **Recommendation:** Pharmacists/clinical pharmacists are critical in managing chronic diseases and medication-related mental health issues. Their inclusion in multidisciplinary teams can enhance patient outcomes through medication therapy management, adherence counseling, and comprehensive medication reviews. Integrating clinical pharmacists into the workforce strategy should be emphasized.

2. Focus on Implementation Science:

- **Current State:** While the document outlines the necessary actions, it lacks a detailed discussion of implementation strategies and evaluation methods.
- **Recommendation:** Incorporate implementation science frameworks to ensure that proposed interventions are effectively translated into practice. This includes pilot testing, scalability assessments, and continuous monitoring and evaluation to adapt strategies based on real-world outcomes.

3. Clinical Research Integration:

- **Current State:** The document does not elaborate on the role of clinical research in informing and optimizing workforce development and service delivery.
- **Recommendation:** Promote clinical research to identify best practices, innovative care models, and effective workforce training programs. Encourage collaborations between academic institutions, healthcare providers, and policymakers to foster research that directly informs workforce development.

4. Emphasis on Digital Health and Telemedicine:

- **Current State:** The document briefly mentions new care models but does not focus on the potential of digital health and telemedicine.
- **Recommendation:** Highlight the importance of digital health solutions and telemedicine in expanding access to NCD and mental health services, especially in underserved areas. Training programs should include competencies in telehealth to prepare the workforce for these emerging technologies.

5. Addressing Workforce Burnout:

- **Current State:** The document acknowledges workforce burnout but lacks specific strategies to mitigate this issue.
- **Recommendation:** Develop comprehensive wellness programs and support systems for health workers. This includes mental health support, workload management, and creating a culture of resilience and well-being within healthcare organizations.

6. Interprofessional Collaboration:

- **Current State:** The document focuses on various health workforce categories but does not explicitly promote interprofessional education and collaborative practice.
- **Recommendation:** Foster interprofessional education and collaborative practice models where healthcare professionals, including pharmacists/clinical pharmacists, nurses, physicians, and mental health specialists, work together to provide holistic care. This approach can improve patient outcomes and optimize the use of the workforce.

The technical background paper provides a solid foundation for addressing the health workforce challenges related to NCDs and mental health. By incorporating the roles of clinical pharmacists, emphasizing implementation science, integrating clinical research, leveraging digital health, addressing workforce burnout, and promoting interprofessional collaboration, the document can offer a more comprehensive and actionable roadmap for workforce development. These enhancements will ensure that the health workforce is better equipped to meet the growing demands and improve patient care outcomes in NCDs and mental health.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

1. Introduction and Scope

- The introduction could benefit from a clearer explanation of the selection criteria for countries included in the investment cases. This would provide context for the diversity of the economic and healthcare environment.

2. Health Impact and Economic Returns

- While the document cites the economic benefits, including more specific examples of how these investments have tangibly impacted healthcare systems and patient outcomes in the countries studied would be helpful.
- There is a need for more granular data on the cost-effectiveness of individual interventions within the broader categories of NCDs, tobacco control, and mental health.

3. Methodological Approach

- The methodology section could benefit from a more detailed discussion of the limitations and assumptions underlying the economic models used.
- Consider including sensitivity analyses to show how different assumptions about costs and benefits might affect the ROI calculations.

4. Country-Level Analysis and Case Studies

- More detailed case studies that include qualitative data on the implementation challenges and successes in specific countries would enrich the analysis.
- Including patient or healthcare provider testimonials could provide a more nuanced view of the real-world impact of the interventions.

5. Policy Implications and Recommendations

- The recommendations could be strengthened by including more specific, step-by-step action plans for stakeholders (e.g., government officials, healthcare providers, NGOs).
- Discuss potential barriers to implementation, such as political resistance or economic constraints, and suggest strategies to overcome these challenges.

6. Focus on NCDs Clinical Research

- The paper could include a deeper focus on the specific challenges and opportunities within NCD clinical research, such as integrating new therapies and needing more personalized treatment approaches.
- Consider discussing the role of clinical trials in the context of NCD investment cases and how increasing investment in clinical research can lead to better healthcare outcomes.

7. Tobacco Control and Mental Health

- More detailed strategies for integrating mental health services into primary care settings would be beneficial, given the high burden of mental health conditions.
- The document could provide more insight into the long-term sustainability of tobacco control measures, especially in low- and middle-income countries.

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: Comité Européen des Entreprises Vins (CEEV)

Type of organization (please add X next to your selection):

Membership-based organization, representing the mainly SMEs, that produce and market the vast majority of quality European wines and account for over 90% of European wine exports.

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions

X other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The wine sector recognizes the importance of a whole-of-society approach to reducing harmful alcohol use, as outlined in the UN Political Declaration on NCDs 2018 and the WHO's Global Strategy and Action Plan. We are committed to working collaboratively within this framework, aligning with the WHO Global Action Plan for NCDs and the Sustainable Development Goals.
- While long standing research suggests potential viability of moderate wine consumption within a balanced lifestyle for healthy adults, particularly when paired with meals and water, it is crucial to emphasize that this does not apply universally. Regular, moderate consumption should never be interpreted as condoning heavy drinking. Additionally, some individuals should always abstain, including pregnant women, underage individuals, and those in situations where alcohol is unsafe.
- The wine sector should continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- This paper investigates how strategic funding mechanisms, like catalytic funding for NCDs, can bolster prevention and treatment efforts for both NCDs and mental health. It proposes the Global Fund to Fight AIDS, Tuberculosis and Malaria as a potential model for such funding. This model could extend beyond traditional stakeholders like foundations and civil society to include the private sector.
- By incorporating the private sector into discussions about catalytic funding, we can unlock innovative and efficient approaches to tackling these major health challenges. However, this remains an underutilized strategy.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The effectiveness of alcohol tax policies in addressing harmful use is a topic of debate. While some argue that well-designed taxes can target specific patterns like heavy episodic drinking, particularly by influencing price-sensitive lower-income consumers, other research suggests that excessive drinkers, including young people, may be less responsive to price changes. As a matter of fact, excessive drinkers seem to be least price responsive. Several studies reported that consumers substituted cheaper (and often lower quality) beverages after a price increase, both within and across categories. Consumers may also respond to a price increase by purchasing alcohol in jurisdictions where tax rates are lower. Some studies seem to show that taxes/price increases are not effective in reducing harmful use of alcohol. Therefore, a comprehensive approach to tackling harmful use likely requires a combination of strategies instead of focusing on taxation.
- It is recommended to look at the European discussion on the matter. Despite some claim that behavioral taxes would reduce alcohol consumptions while increasing revenues for governments, the debate on health

behavioral taxes at European level clearly states that a successful health tax leading to behavioral changes is actually resulting in decreased revenues, an element that should be taken into account when looking at sources of finance for NCDs and mental health.

- CEEV asks therefore for any taxation of alcohol beverages in general and wine in particular, to be part of a comprehensive fiscal and regulatory framework, to be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. Excise duties are just a small part of the overall tax paid by wine businesses. Wine is an agricultural product covering huge surfaces of agricultural land and requiring intensive workforce. Taxes deriving from these elements should also be considered when assessing the full contribution of the wine sector to fiscal efforts. Moreover, the full economic cycle of wine production and marketing involves many direct and indirect actors operating and interacting all along the wine chain providing a significant contribution to the national fiscal income.
- The EU wine sector represents a fundamental economic pillar in rural areas and an asset against rural depopulation and provides already €52billion in taxes to EU governments. An increase in its taxation would put at risk the economic sustainability of a vibrant but delicate sector and the 3 million people working in it in the EU.
- CEEV joins the call for robust monitoring of harmful drinking patterns and unrecorded alcohol consumption, particularly illicit alcohol. The WHO estimates that 25% of global consumption comes from unrecorded sources, exceeding 50% in over 20 member states. This poses a significant threat to public health and national revenue streams. As the OECD highlights, the pandemic exacerbated illicit alcohol trade. We need stronger data collection and targeted interventions to address this growing concern.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

The UN resolution ([A/RES/73/2](#)) calls for the inclusion of the private sector in discussions around financing for global health issues like NCDs. However, inconsistencies exist across related documents. For instance, the emerging messages document omits the private sector in paragraph 6's list of participants. Similarly, the current form excludes them from the non-state actor category.

To ensure alignment with the resolution and encourage broad stakeholder participation as intended, we urge the inclusion of the wine sector, alongside other private sector entities, in all relevant discussions and documents.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int by 17 June 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Regional Beverage Alcohol Alliance (RBAA)
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☒ other (specify): private sector
Please extend each of the boxes as needed to provide feedback:
Draft outcome document of the International Financing Dialogue - The private sector/Beverage Alcohol Sector (BAS) in the Caribbean Community (CARICOM), along with Members States and other actors have played an important collaborative role aimed at the reduction of the harmful use of alcohol through the implementation of actions emanating from the Global Strategy to reduce the Harmful Use of Alcohol (GAS, 2010). Consistent with Article 26 of the Revised Treaty of Chaguaramas (RTC), which is the principal integration instrument of the CARICOM, the BAS joined with Member States and other actors in committing to the UN Political Declaration on Non-Communicable Diseases (NCDs) 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global, CARICOM, and national alcohol policy, consistent with the GAS, the Global Alcohol Action Plan (GAAP, 2022), as well as the <i>WHO Global action plan for the prevention and control of NCDs (2013-2030)</i> and the associated implementation road-map which gives effect to the GAAP; and private sector commitments to achieving the goals and targets in the UN-SDGs. The CARICOM BAS, represented by the RBAA, remains committed to consultations, and where appropriate, to active participation in policies aimed at addressing the harmful use of alcohol. Indeed, the positive contribution of the BAS in various development aspects of CARICOM Member States, coupled with Treaty commitments to consultations, underscore the importance of inclusion of the BAS, and more generally the private sector, as a major contributor in addressing the harmful use of alcohol and to incidence of NCDs among Caribbean people. - The BAS actors in CARICOM, comprised of manufacturers, distributors of global, regional and national brands have participated in the national and regional dialogue on actions to address the harmful use of alcohol. In the instance of CARICOM, a Working Group on NCDs has been established to address, inter alia the harmful use of alcohol and the BAS has contributed concrete proposals to this Working Group process. - CARICOM's BAS has established self-regulatory bodies, in a number of Member States, which have contributed to a paradigm shift in the partnerships, alliances, and in many instances, in the reduction of alcohol related harms and trends, in Grenada, St. Lucia, Jamaica, Trinidad and Tobago, Suriname, Barbados, among others. - The BAS has undertaken various forms of partnerships with public institutions in launching and sustaining drink-drive initiatives, in several countries, including Trinidad and Tobago, Barbados, Jamaica, Suriname, among others. - BAS introduced Marketing and Advertising Codes of Conduct in several countries, including Trinidad and Tobago, Barbados, Suriname, Jamaica, St. Lucia, among others. In addition, important bodies such as the West Indies Rum and Spirits Association (WIRSPA), representing rum and spirits producers and the

Caribbean Breweries Association (CBA) have adopted codes and practices among their members which entrench the codes.

- Education and Awareness initiatives have been undertaken by the BAS in all CARICOM Member States-through 'Drink Responsibly' messaging. Far reaching marketing and advertising campaigns have been executed in Trinidad and Tobago, Suriname, Jamaica, Barbados. In some instances, these campaigns have been evaluated to assess impact.
- Underage drinking initiatives have been engaged, with an assessment of the legislative status of underage drinking legislation among the CARICOM Member States, in conjunction with the Caribbean Academy of Law and Court Administration (CALCA) of the Caribbean Court of Justice (CCJ). An insightful document titled 'Regional Alcohol Legislative Reform Project' was produced, which highlighted deficiencies in the domestic legislation of Member States, regarding the purchase of alcohol by minors and the legal drinking age. The findings remain valid today.
- Ask Listen Learn' program, developed by the Foundation for Advancing Alcohol Responsibility (FAAR), was executed in four Countries - Dominica, Grenada, Saint Lucia, and Haiti where it has been very well received. In the case of St. Lucia, a post programme implementation assessment for the 2017 -2018 revealed that the discussion in the classroom around underage consumption increased by 41%, whilst the frequency of family discussions around the harmful use of alcohol increased by approximately 18%.

Key outcomes from the engagement for the above four territories were, Number Students engaged 7851, among Schools and 80 Teachers and Coordinators trained.

- *The BAS made tremendous contributions throughout the COVID period, which assisted the Member States in combatting the spread of the Coronavirus and in economic recovery and supporting the spending on Health. The BAS sector was a major contributor of sanitizers.*

In many countries, the use of the equipment, infrastructure and assets of the BAS was a major support to the actions of the health sector. The BAS also assisted with the funding of vaccines, testing and in sustaining major segments of the work force and economic sectors which provide employment linked to consumption of beverage alcohol products. The BAS maintained its position of advocating for responsible consumption during COVID. The employment and economic activity contributed to much needed revenue for the small states of the CARICOM, where contributions from other economic sectors were absent - thus contributing to the extra-ordinary health spending.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- Cross-border marketing, advertising and promotion of alcohol products have increased with the increased penetration of social media and the advance by CARICOM towards a society in which digitalization plays a greater role. Correspondingly, based on Ministry of Health reports, there has been a decline in adolescent consumption in Member States such as Trinidad and Tobago, Grenada, among others. In other Member States, the available statistics, reveal a levelling off of consumption patterns, with shifting patterns of harmful consumption between males (reduction) and females (slight increase). There is therefore no discernible positive correlation among the CARICOM Member States between use of social media and digital advertising and patterns of consumption.
- The BAS actors have placed age verification on their social media and digital marketing and advertising. Marketing and advertising transactions (buy-sell -access) typically constitute domestic transactions in CARICOM, on account of the high product similarity among and between the countries (i.e. the same products are accessible in all markets). Accordingly, cross-border marketing, advertising and promotions has not revealed a propensity towards the increased access to digital marketing and advertising materials, relative to other forms of content.
- The incorporation of provisions which cover digital sales and marketing and e-commerce into the Marketing and Advertising Codes of Conduct which govern the self-regulatory bodies have lagged. Similarly, codes of practice of the individual global members of the CARICOM-based, self-regulation bodies. Consequently, the global BAS players, that are members of the CARICOM self-regulation bodies, have been engaged in various processes of contributing to an updating of the Marketing and Advertising Codes of Conduct. Currently, updating the Marketing and Advertising Codes of Conduct, to incorporate digital marketing and e-commerce advertising in a more direct and comprehensive manner is work in progress among several countries.
- The peer-oversight, by members of the self-regulatory bodies, has proven to be one of the most effective means of ensuring that the values and discipline of the self-regulatory codes are upheld. In several of the Member States, marketing and advertising materials which offend the provision of the code are swiftly rectified with members, with few requiring the attention of the 'Review Structures'. Still, there is a recognition that co-regulation can contribute to the 100% coverage of the marketing, advertising and promotions materials.
- CARICOM BAS actors have on a voluntary basis, incorporated the three warning symbols (no underage drinking, no consumption by pregnant women, no drink-drive) on the labels of beverage alcohol products. There is a commitment to achieve 100% compliance by 1st January 2025-compliance now stands at 80%. This commitment extends to both the beer and spirits clusters.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- The CARICOM economies are highly open, with international trade transactions (including imports and exports) accounting for greater than 70% of GDP annually. Taxes derived from the manufacture, importation, and sale of beverage alcohol products, are included in a special Revenue List in the CARICOM trade arrangements, where they are accorded the highest level of taxation. The excise taxes applied to beverage alcohol products are also in the highest tier, among all the Countries. Revenues in

CARICOM are all included in the Central Government Fund and are allocated by a process of estimates and expenditure on an annual basis. The revenue from beverage alcohol products provides support to the expenditure by the CARICOM Government on health and wellness. Revenues in CARICOM are not 'earmarked', and allocations depend on the budgetary process, which in turn depends on the general tax raise.

- Given CARICOM's openness, the reliance on taxes from the BAS, which already stands among the highest for goods, additional tax increases have often not resulted in an increasing level of revenue. Instead, actual revenue raised from excise tax of import duties has often been frustrated, by illicit trade, contributed to by the open sea- and land borders of all CARICOM States.
- The evidence from several CARICOM States demonstrates that the illegal alcohol market poses a major challenge. Such illegal markets are driven by the price differential between the legal trade and illegal imports markets. Euromonitor (2014), estimates the price differential for the Trinidad and Tobago market to be 45%, with the implication that in such circumstances, the efficacy of further tax increases to reduction in beverage alcohol products are frustrated.
- The BAS has collaborated with Governments in instituting 'Illicit Trade' responses, including 'Task Forces' as in the case of Grenada, Trinidad and Tobago and Jamaica. This whole of society approach has yielded the best response to illicit trade, deleterious to health financing and to the health and safety of consumers. The collaboration among the state agencies and the BAS, within and outside the Community, has been important to providing the data and information critical to combatting the illicit trade. Improved information and investigative tools are being made available with the use of AI, and international cooperation, including cooperation among the private sector with state bodies.
- The experiences of CARICOM countries, provide a clear association between the incidence of illicit trade and 'revenue forgone' by the state, which therefore limits the state's response to funding health and social services and to protecting against illicit products that are harmful to the health of consumers.
- In general, the BAS, holds the tried and tested position that alcohol tax should be located within the broader framework of comprehensive fiscal and regulatory reform, and should reflect the national and other context, including the need to discourage illicit product participation, address harmful consumption without favouring any category of products. Furthermore, the CARICOM BAS is of the view that the WTO, as it relates to the incidence of taxation, and measures which distort trade, including restrictive measures, unilaterally imposed by trading partners, negatively impacts on CARICOM's exports, subdues revenues and negatively impacts on the ability to finance the health sector. Equity, efficiency, and administrative and compliance burdens have also been critical to decisions regarding how best to apply further taxes to beverage alcohol in CARICOM States.
-

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- Most CARICOM Member States hold significantly high debt-to-GDP positions and run annual budget deficits. This cost of treating the incidence of diseases associated with NCDs accounts for a large share of the budgets of the Ministries of Health. There is a need to increase and ultimately shift support to preventative approaches to reduce harmful drinking, such as primary health care and screening.
- Screening and early interventions are proven responses to reducing the mortality rate associated with NCD related diseases. The Ministries of Health and CARICOM Member States have lamented the insufficient resources to finance preventative programs and early intervention.

Currently, public health spending in the Caribbean is low (3.6% of GDP) and out-of-pocket expenses are high (nearly 31% of current health spending). This places a significant burden on households and frequently leads to catastrophic health expenditure and impoverishment. Various economic impact studies, undertaken on the alcohol sector, underscore the significant contribution which the BAS makes to Government revenues and economic activity, including to agriculture and tourism. The contribution of the BAS to supporting revenues, which in turn finance health, including the shift to primary health care, early screening and prevention embraced by all CARICOM Members States is significant and should be recognized in the 'Whole of Government approach', which includes Ministries of Health

General comments relevant to multiple papers:

Consistent with Article 26 of the Revised Treaty of Chaguaramas, the BAS holds a legitimate expectation of its involvement in the discussions and in crafting the strategies. Financing for global health problems such as NCDs. The CARICOM BAS is concerned that the reference to the inclusion of the private sector is not consistent among the submissions and papers that guide this process. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue, and this form does not appear to recognize private sector under non-state actors. In 2020, the CARICOM Heads of Government recognized the CARICOM Private Sector Organization (CPSO), as an Associate Institution of the Caribbean Community and provided for the regional private sector's participation in the meetings of the Council, Bodies and Organs of the Community. It is for these reasons, but also on account of the increased global thrust to 'inclusion', that the BAS holds the position that fair and equitable opportunity (as with other stakeholders) must be provided for private sector participation in the process, including through this recognition on all documentation, consistent with the existing WHO Resolutions and the mandates endorsed by WHO Member States.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

The [Alliance for Primary Health Care \(A4PHC\)](#), the Pan American Health Organization (PAHO), the World Bank, and the Inter-American Development Bank (IDB) convened a two-day interactive event, the Caribbean Health Financing Forum, a few weeks ago to explore avenues for strengthening health financing in the Caribbean on 4th - 5th June, 2024. Unfortunately, the BAS and other private sector actors were not included in the forum. Bridgetown Declaration on NCDs and Mental Health, June, 2023 recognizes the role of the private sector, viz:

".....private sector to support SIDS through coherent political action, partnerships, resource mobilization and innovations to ensure that the challenges and multi-dimensional vulnerabilities specific to SIDS are addressed"; and

"Strengthen domestic and global engagement with the private sector, while preventing, mitigating, and managing conflicts of interest, for increased assistance to develop SIDS-contextualized solutions for the prevention and control of NCDs, mental health conditions and the climate crisis.

In the Call for Action, the 'Bridgetown Declaration on NCDs and Mental Health' recognizes the role of the 'relevant private sector' (while safeguarding from conflict of interest) among SIDS in escalating efforts against these influences and threats using a human rights-based approach), that involve applying human rights

principles, particularly the principles of equity and non-discrimination, to health, food, housing, water, environment and sanitation policies that prioritize people, especially those who are marginalized and living in vulnerable conditions especially children.

The CARICOM BAS reiterates its commitment to inclusion, and to playing its part as an 'honest stakeholder' in all these processes, which identifies the private sector, but which maintains an arm's length approach to full participation.

International dialogue on sustainable financing for
noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organización: Prolicores- Asociación de Productores Internacionales de Licores y Promotores del Desarrollo de la Industria.

Tipo de organización (please add X next to your selection):

*Estados Miembros

Agencias, programas y fondos de la ONU, y otras organizaciones multilaterales

Actores no estatales

- Organizaciones no gubernamentales, incluidas aquellas que representan experiencias vividas de condiciones de salud
- Fundaciones filantrópicas
- Instituciones académicas

X Otro (especificar): sector privado

3. Financiamiento doméstico para las ENT y la salud mental: ¿Cuál es el papel de los impuestos a la salud y otras medidas fiscales?

La industria ha demostrado interés en comprender este tema de manera objetiva, por lo que se han desarrollado estudios con los **think tanks** más importantes del país y los cuales se han puesto a disposición del gobierno nacional, los hacedores de políticas públicas y los entes reguladores, con el fin de construir políticas basadas en ciencia y data que consideren el contexto local de Colombia. Vale la pena resaltar que estos estudios los ponemos también a disposición de la OMS.

El Instituto de Ciencia Política, en el estudio “*Cadena de valor criminal del alcohol ilegal en Colombia: Amenazas y oportunidades de las políticas públicas*” publicado en 2020 establece que altas tasas impositivas en bebidas alcohólicas son determinantes para el crecimiento del comercio ilícito. Esto, debido a que se incrementan los precios finales al consumidor y aumentan los márgenes de utilidad de adulteradores y contrabandistas. La combinación de mayores impuestos y una baja capacidad de control aduanero para evitar el ingreso de productos ilegales tiene un impacto significativo en la salud pública.

Por su parte, el estudio publicado por Fedesarrollo “*Análisis de la Estructura Tributaria de las Bebidas Alcohólicas en Colombia*” presenta recomendaciones de política pública teniendo en cuenta las disparidades entre las distintas categorías de bebidas alcohólicas (cerveza, vinos y licores) y la importancia de reducir las brechas para aumentar la recaudación fiscal y así promover la equidad y no diferenciación del alcohol entre dichas categorías.

Desde Prolicores, optamos por promover un sistema tributario equitativo y coherente que desaliente el consumo excesivo y fomente una industria de bebidas alcohólicas responsable y



para tal fin tenemos una aproximación de tipo técnico sustentado a través de estudios que publiquen Centros de Pensamientos reconocidos y con alta trayectoria en el país.

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.



**International dialogue on sustainable financing for
noncommunicable diseases and mental health**
Web-based consultation | Feedback template

Organization: CONSEJO MEXICANO VITIVINICOLA A.C.

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- *The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the WHO's Global strategy to reduce the harmful use of alcohol and the Global Alcohol Action Plan, as well as the WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals. The private sector must continue to be included as part of the solution going forward.*
- *The Mexican Wine Council A.C., through permanent campaigns aimed at consumers, actively promotes responsible wine consumption. These campaigns seek to raise awareness among the population about the importance of enjoying wine in a moderate and conscious manner, promoting healthy habits and preventing excessive consumption. Through various media and educational activities, the Council reiterates its commitment to public health and consumer well-being.*
 - *The Mexican Wine Council A.C. is always committed and vigilant to ensure that its members strictly comply with the health legislation of Mexico. This constant surveillance aims to guarantee responsible consumption of wine, thus protecting the health of consumers and maintaining the highest quality standards in the country's wine production.*
 - *The Mexican Wine Council does not encourage the consumption of wine, but, on the contrary, always seeks to convey a clear message of responsibility to its consumers. Through its campaigns and communications, it promotes the conscious and moderate enjoyment of wine, emphasizing the importance of maintaining healthy habits and avoiding excessive consumption.*

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

This document raises the topic of cross-border alcohol marketing, advertising and promotion.

The Mexican Wine Council A.C. does not have specific financing for health issues, as these are covered individually by each of its members. Each wine company complies with national legislation and has the capacity to carry out health campaigns individually, in addition to participating in joint campaigns organized by the Council. Likewise, each company allocates its own resources to carry out work related to the health and well-being of consumers.

In Mexico, the regulation of alcoholic beverages, including wine, involves various taxes, with the most notable being the Special Tax on Production and Services (IEPS). This tax is designed to both generate revenue and reduce the consumption of products deemed harmful to health, such as alcohol and tobacco.

The Mexican Wine Council A.C., together with its members, strictly complies with the health legislation of Mexico and of each country, if applicable, in relation to the marketing, advertising, and promotion of wine. All of this is carried out by promoting responsible consumption and always within the framework of the law of each country, thus ensuring the protection and well-being of consumers at a national and international level. By adhering to these

regulations and supporting responsible drinking habits, the Council contributes to the broader public health objectives, aligning with the goals of Development Assistance for Health.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The Mexican Wine Council (CMV) and its associates wish to express their commitment to fully complying with their tax obligations before the Mexican Federation. The taxes we pay amount to more than 45% of the value of the final product, reflecting our significant contribution to the public treasury.

These taxes, collected by the government, are used to finance various priority areas of the country, according to the decisions and policies established by the competent authorities. One of the areas benefited by these resources is the health sector, thus guaranteeing that the entire national population has access to quality health services.

We are proud of our contribution and of supporting the well-being of the community, through the fulfillment of our fiscal responsibilities and the promotion of the integral development of Mexico.

- Illicit alcohol should not be ignored. More focus and better data are required on illicit alcohol as it poses a significant threat to national revenue streams and the health of societies.
- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#))
- Analysis of “health taxes” should reflect the broad range of evidence of member states currently implementing them, rather than isolated examples Peer-reviewed studies should be prioritized over grey literature.
- Removal of agricultural subsidies would have significant negative downstream impacts on global supply chains. These impacts are not mentioned or quantified in the technical papers. Further analysis of the proposals is required, particularly given the economic scale of the proposed policy changes.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

The Mexican Wine Council A.C. recognizes the importance of preventing and controlling non-communicable diseases (NCDs) and mental health issues. While we currently do not have specific financing dedicated exclusively to these areas, we are committed to working together with our affiliated companies to promote initiatives that contribute to public health.

Each of our affiliated companies complies with national legislation and has the capacity to carry out health campaigns individually, in addition to participating in joint campaigns organized by the Council.

We acknowledge the WHO's observation about the lack of resources to finance prevention and treatment programs. In this regard, we are exploring ways to increase investment in preventive approaches that can benefit the community at large. Additionally, we value the economic impact of global trade and private sector investments and believe that part of these revenues can be directed towards fighting NCDs.

The Mexican Wine Council A.C. and its members will continue to strictly comply with the health legislation of Mexico and, where applicable, each country regarding the marketing, advertising, and promotion of wine, thus ensuring the protection and well-being of consumers both nationally and internationally.

-

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

At the Mexican Wine Council (CMV), we recognize the crucial importance of addressing mental health and non-communicable diseases (NCDs) as essential components for the comprehensive well-being of society. Our mission goes beyond the promotion and development of the wine sector; we are also committed to the general well-being of the community.

1. Commitment to Mental Health:

- Mental health is essential for the quality of life and the development of a healthy and productive society. At CMV, we understand that the promotion of mental health must be a priority in public health policies.
- We support initiatives that seek to reduce the stigma associated with mental disorders and improve access to quality mental health services for all individuals, especially in vulnerable communities.
- We have established partnerships with universities across the country to implement addiction and mental health prevention programs, such as the National Strategy for the Prevention of Addictions (ENPA). These collaborations allow us to reach out to young people and new generations, promoting healthy habits from an early age.
- We work together with the Fundación de Investigaciones Sociales, A.C. (FISAC) to promote responsible alcohol consumption and develop educational programs that address addiction prevention and mental health.

2. Focus on Non-Communicable Diseases:

- NCDs, such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, represent a significant burden on public health. It is crucial to implement effective prevention and management strategies for these diseases.
- We promote the adoption of healthy lifestyles that include a balanced diet, regular physical activity, and the reduction of alcohol and tobacco consumption. As part of the wine industry, we advocate for the moderate and responsible consumption of our products.
- We participate in public awareness campaigns to educate the population about the risks associated with NCDs and the preventive measures they can take.

3. Promotion of Sustainable Policies:

- We collaborate with government entities, non-governmental organizations, and the private sector to develop innovative and sustainable solutions that improve the health and well-being of the population.
- We are working on pilot projects that integrate mental health and NCD prevention into the corporate wellness policies of our affiliated companies.

4. Education and Awareness:

- We are committed to promoting education and awareness about the importance of mental health and NCD prevention through informational campaigns and community programs.
- We collaborate with schools and universities to conduct workshops and lectures on mental health and NCD prevention, providing practical tools for young people to adopt healthy lifestyles.
- We work on disseminating evidence-based information that helps people make informed decisions about their health and lifestyle, using digital platforms and social media to maximize reach.

In summary, the Mexican Wine Council is firmly committed to promoting mental health and addressing non-communicable diseases as an integral part of our social responsibility. We believe that through collaboration and a focus on sustainability, we can contribute to building a healthier and more resilient society.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

1. Increase public and private investment:

- Encourage collaboration between governments, financial institutions and the private sector to increase funding for mental health and NCD prevention, treatment and support programs.
- Establish tax incentives and other benefits for companies that invest in health programs related to NCDs and mental health.

2. Promote strategic alliances:

- Facilitate the creation of alliances between government entities, non-governmental organizations and the private sector to develop integrated and sustainable initiatives in mental health and NCDs.
- Implement corporate social responsibility programs that support community projects focused on mental health and NCD prevention.

3. Develop and strengthen health infrastructure:

- Ensure that health infrastructure includes specialized services in mental health and NCDs, accessible to the entire population, with special attention to vulnerable communities.
- Improve the training of health professionals in the management and treatment of NCDs and mental health problems.

4. Promote education and awareness:

- Develop public awareness campaigns about the importance of mental health and NCD prevention, using traditional and digital media.
- Include educational programs in schools and communities to promote healthy habits and early detection of NCDs and mental health disorders.

5. Ensure financial sustainability:

- Create specific funds for the research and development of innovative treatments for NCDs and mental health.
- Establish long-term financing mechanisms that ensure the continuity of mental health and NCD programs and services.

The implementation of these commitments will contribute significantly to the improvement of public health and well-being of our society. The CMV is willing to collaborate and support the creation of strategies that promote sustainable financing in these crucial areas.

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International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: Asociación Gremial Pro Consumo Responsable de Bebidas Espirituosas de Chile (Aprocor)

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- No se debe ignorar el alcohol ilícito. Se requiere más enfoque y mejores datos sobre el alcohol ilícito ya que representa una amenaza significativa para los ingresos nacionales y la salud de las sociedades.
- Cualquier impuesto sobre bebidas alcohólicas debe ser parte de un marco fiscal y regulatorio integral, proporcional, adecuado para cada contexto local y consistente con los principios de la Organización Mundial del Comercio. La tributación no debe crear distorsiones de mercado ni exacerbar problemas de consumo nocivo.
- El análisis de los “impuestos sanitarios” debe reflejar la amplia gama de evidencia de los estados miembros que actualmente los implementan, en lugar de ejemplos aislados. Los estudios revisados por pares deben tener prioridad sobre la literatura gris.
- La industria está comprometida con la promoción de políticas justas y equilibradas que aseguren la sostenibilidad e integridad de la industria de bebidas alcohólicas. Nuestra defensa se centra en dos áreas críticas: esquemas de tributación y la lucha contra el comercio ilícito. Al abordar estos temas, nuestro objetivo es fomentar un entorno de mercado más seguro y equitativo.
- Esquema tributario: Abogamos por políticas tributarias justas, transparentes y equilibradas que promuevan un campo de juego nivelado para las bebidas con alcohol, evitando precios restrictivos que han demostrado llevar a los consumidores a buscar alternativas ilegales o dañinas, como productos falsificados, y prevenir disparidades distorsionadoras del mercado entre diferentes categorías de bebidas alcohólicas.
- Comercio ilícito: La tributación excesiva de las bebidas con alcohol y la falta de un campo de juego nivelado en el sector pueden aumentar los precios de un producto en un mercado específico e incentivar el comercio ilícito. Los aumentos en impuestos y precios conducen a consecuencias negativas y peligrosas no intencionadas como el robo, el comercio ilegal transfronterizo, la evasión fiscal y el consumo de productos falsificados dañinos. Estudios globales realizados por IARD han reportado un crecimiento en el mercado del alcohol no regulado como una consecuencia no intencionada del aumento de precios y una disminución en el alcohol ilícito tras la disminución del precio de las bebidas reguladas.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: The Spirits Alliance of Latin America and the Caribbean (ABELAC)
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☒ other (specify): private sector
Please extend each of the boxes as needed to provide feedback:
Draft outcome document of the International financing dialogue
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?
3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures? Tax and Illicit Trade ABELAC is committed to promoting fair and balanced policies that ensure the sustainability and integrity of the alcoholic beverages industry. Our advocacy focuses on two critical areas: taxation schemes and the fight against illicit trade. Tax scheme We advocated for fair, transparent, and balanced taxation policies that promote a level playing field for alcoholic beverages, avoiding restrictive pricing that has proven to lead consumers to search for illegal or harmful alternatives, such as counterfeit goods, and to prevent market-distorting disparity among different alcoholic beverage categories. - ABELAC has worked to dispel the myth that the alcohol in various types of beverages is somehow different. ABELAC promotes the concept of “All drinks are equal” and awareness of what a “standard drink” implies, as a cornerstone for responsible drinking. Illicit trade Excessive taxation of alcoholic beverages and the lack of a level playing field across the sector can drive up a product’s prices with a specific market and incentivize illicit trade. Tax and price increases lead to negative and dangerous unintended consequences like theft, illegal cross-border trade, tax evasion and consumption of harmful counterfeit products. Global and regional studies have reported growth in the unregulated alcohol market as an unintended consequence of price increases and decreases in illicit alcohol following price decreases of regulated beverages.
4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments
General comments relevant to multiple papers:
Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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International dialogue on sustainable financing for noncommunicable diseases and mental health

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Organization: FEDERACION ARGENTINA DE DESTILADOS Y APERITIVOS

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

La importancia de abordar el problema del alcohol ilícito no debe pasarse por alto. Es necesario dedicar más atención y mejorar la calidad de los datos sobre el alcohol ilícito, ya que representa una amenaza significativa tanto para los ingresos nacionales como para la salud pública de las sociedades.

En cuanto a la imposición de impuestos sobre las bebidas alcohólicas, es fundamental que estos impuestos formen parte de un marco fiscal y regulatorio integral. Deben ser proporcionales, adecuados para cada contexto local y coherentes con los principios establecidos por la Organización Mundial del Comercio. Es esencial evitar que estos impuestos generen distorsiones en el mercado o agraven los problemas relacionados con el consumo nocivo de alcohol, como lo destaca la Declaración de impuestos del IARD.

Es necesario que el análisis de los llamados "impuestos sanitarios" refleje la amplia gama de evidencia disponible proveniente de los estados miembros que actualmente aplican estos impuestos. Se debe dar prioridad a los estudios revisados por pares sobre la literatura gris para una evaluación más objetiva y precisa de esta cuestión.

La eliminación de los subsidios agrícolas podría tener impactos significativos y negativos en las cadenas de suministro globales, una situación que no se ha abordado ni cuantificado adecuadamente en los documentos técnicos. Es necesario llevar a cabo un análisis más exhaustivo de las propuestas planteadas, especialmente dada la escala económica de los cambios de política propuestos.

La industria está comprometida con la promoción de políticas justas y equilibradas que garanticen la sostenibilidad y la integridad del sector de bebidas alcohólicas. Nuestro enfoque se centra en dos áreas críticas: los regímenes fiscales y la lucha contra el comercio ilícito. Al abordar estas cuestiones, nuestro objetivo es promover un entorno de mercado más seguro y equitativo.

Régimen fiscal: Abogamos por políticas tributarias justas, transparentes y equilibradas que promuevan la igualdad de condiciones para las bebidas alcohólicas, evitando la imposición de precios restrictivos que pueden llevar a los consumidores a recurrir a alternativas ilegales o perjudiciales, como productos falsificados. Asimismo, es fundamental prevenir cualquier disparidad que pueda distorsionar el mercado entre las diferentes categorías de bebidas alcohólicas. Consideramos que las consideraciones económicas deben ser tenidas en cuenta en los procesos de formulación de políticas. Por ejemplo, la producción de agave-tequila en México es crucial para la economía de estados como Jalisco, donde más de 70,000 familias dependen directa o indirectamente de esta industria.

Comercio ilícito: Los impuestos excesivos sobre las bebidas alcohólicas y la falta de igualdad de condiciones en todo el sector pueden provocar un aumento en los precios de un producto en un mercado específico, lo que puede incentivar el comercio ilícito. Es importante tener en cuenta que los aumentos de impuestos y precios pueden tener consecuencias negativas y peligrosas, como el robo, el comercio transfronterizo ilegal, la evasión fiscal y el consumo de productos falsificados nocivos. Estudios globales realizados por IARD han demostrado un aumento en el mercado de alcohol no regulado como resultado no deseado de los aumentos de precios, lo que ha llevado a una disminución en el consumo de alcohol ilícito tras la reducción de los precios de las bebidas reguladas.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

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**International dialogue on sustainable financing for
noncommunicable diseases and mental health**

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Organización: ACIL – Asociación Colombiana de Empresas Licoreras

Tipo de organización (please add X next to your selection):

*Estados Miembros

Agencias, programas y fondos de la ONU, y otras organizaciones multilaterales

Actores no estatales

- Organizaciones no gubernamentales, incluidas aquellas que representan experiencias vividas de condiciones de salud
- Fundaciones filantrópicas
- Instituciones académicas

X Otro (especificar): entidad del sector privado, agremia sector público

3. Financiamiento doméstico para las ENT y la salud mental: ¿Cuál es el papel de los impuestos a la salud y otras medidas fiscales?

Nuestros afiliados son entidades públicas que no solo generan ingresos por el impuesto al consumo, sino que aportan sus utilidades al departamento.

El Instituto de Ciencia Política, en el estudio “*Cadena de valor criminal del alcohol ilegal en Colombia: Amenazas y oportunidades de las políticas públicas*” publicado en 2020 establece que altas tasas impositivas en bebidas alcohólicas son determinantes para el crecimiento del comercio ilícito. Esto, debido a que se incrementan los precios finales al consumidor y aumentan los márgenes de utilidad de adulteradores y contrabandistas. La combinación de mayores impuestos y una baja capacidad de control aduanero para evitar el ingreso de productos ilegales tiene un impacto significativo en la salud pública.

ASOCIACIÓN COLOMBIANA DE EMPRESAS LICORERAS

BOGOTÁ, D.C. CALLE 72 No. 6-44 Of. 502

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International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Brazilian Institute of Cachaça - IBRAC

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the *WHO Global action plan for the prevention and control of NCDs 2013-2030* and the *Sustainable Development Goals*. The private sector must continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- Any taxation of alcoholic beverages should be part of a broader fiscal and regulatory framework; it should be proportionate and appropriate to each local context; and consistent with the principles of the World Trade Organization (WTO). The tax regime should not create distortions in the market or exacerbate problems related to harmful alcohol consumption.
- Analysis of “healthy taxes” or selective taxes should consider all available evidence from Member States that currently implement them, rather than isolated examples. Peer-reviewed studies should be given priority over grey literature.
- Illicit alcohol cannot be ignored. Greater focus on the illicit market and more data on it are needed, given the serious threat it poses to countries’ fiscal balance and public health.
- Removing subsidies for agricultural production would have a major negative impact on the entire global supply chain. These impacts are not mentioned or measured in the technical studies. A more in-depth analysis of the proposals is needed, particularly given the scale of the economic impact that would be caused by the proposed changes.

IBRAC

The Brazilian Cachaça Institute (IBRAC) strongly urges that potential risks resulting from changes in taxation systems should not be minimized without considering the medium and long term, such as the emergence of illicit markets. Illicit markets negatively impact government revenues and, consequently, potential funding for public health programs, as well as increasing health risks for the population.

In the Brazilian context, both the market and consumers are highly susceptible to price changes. Today, in Brazil, in a context where alcoholic beverages are taxed differently, beverages with a higher tax burden are also more vulnerable to counterfeiting and other illegal activities. IBRAC advocates the importance of comprehensive, coherent and proportional tax structures, as well as equality as a tax principle for alcoholic beverages.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programs and interventions. ([WHO](#))
- Global trade and private sector investment provides significant value national economies. This economic value delivers revenue streams that can be used to fight NCDs. This value should be recognized.

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: ABBD – Associação Brasileira de Bebidas Destiladas

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): private sector

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Balanced Tax Framework

ABBD's advocacy for a fair and balanced tax structure is rooted in the need to address the R\$ 56.9 billion direct losses to the illegal alcohol market in 2023, a 224% increase since 2017. By establishing a tax framework that diminishes the financial attractiveness of illicit alcohol, the ABBD aims to protect both the consumers and government revenue, which suffered a R\$ 28.2 billion shortfall in 2023. This framework would not only reduce tax losses but also discourage consumers from turning to cheaper, harmful alternatives.

Tax Parity

Uniform taxation across all alcoholic beverages is crucial to prevent any single type from becoming more economically appealing due to lower taxes. ABBD's push for tax parity is informed by the understanding that all alcoholic beverages pose equal health risks when misused. This stance is supported by data showing the detrimental effects of the illicit alcohol trade on public health and the economy.

Avoiding Alcohol Percentage-Based Taxation

The recommendation to avoid taxing alcoholic beverages based on alcohol percentage variation is particularly relevant in Brazil, where beer represents over 90% of the market. ABBD supports Brazilian National Council stance on this issue.

Public Health Prioritization

Fiscal measures must prioritize public health by discouraging unregulated or illegal alcohol consumption. ABBD's approach aligns with this principle, seeking to support the government's fiscal objectives without creating environments that compromise health. Collaborating with the Brazilian Ministry of Justice and other government bodies, the ABBD is working to implement effective measures against the illicit alcohol market.

In summary, the ABBD's detailed recommendations are designed to tackle the significant impact of the illicit alcohol trade on public health and the economy. By advocating for a balanced tax framework, tax parity, avoiding alcohol percentage-based taxation, and prioritizing public health, ABBD is contributing to a safer, more regulated alcohol market in Brazil.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: Cámara Nacional de la Industria Tequilera

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☐ other (specify): **Sector Privado (Asociación Comercial)**

Please extend each of the boxes as needed to provide feedback:

Draft summary of the technical background papers

Document of the draft emerging messages that will inform the outcome document of the International financing dialogue

1. Health spending on NCDs and mental health: What can national health accounts tell us?

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

La CNIT en su carácter de organismo líder de la agroindustria tequilera de México, busca constantemente concretar acciones que incentiven la responsabilidad y moderación ante el consumo de bebidas con alcohol. Una estrategia que hemos venido promoviendo ante el Gobierno de México es, el cambio en el esquema tributario del Impuesto Especial sobre Producción y Servicios (IEPS) para los productos con alcohol, el cual consiste en pasar de un esquema ad valorem (impuesto en función del valor del producto) a un esquema ad quantum (impuesto en función del grado alcohólico del producto).

Enseguida se incluyen evidencias sobre nuestras acciones para disminuir el consumo nocivo de alcohol, mediante el combate al comercio informal de bebidas con alcohol.

Según el Estudio de Informalidad de Bebidas Destiladas en México, correspondiente al año 2020, realizado por Euromonitor, la dimensión del mercado informal de bebidas destiladas fue del 42.5%, sobre el total del mercado formal de bebidas destiladas.

La propuesta de cambio de esquema gravable del IEPS a sistema ad quantum ayudará a reducir el consumo nocivo de productos con alcohol en México, toda vez que se reduce la evasión fiscal en la producción y en la importación; lo cual impide la subvaluación de productos. Asimismo, cierto rango de productos bajaría su precio, haciéndolos menos atractivos para su falsificación. Por otra parte, se busca que los productores pequeños reciban incentivos fiscales con el objetivo de incrementar la formalidad. En conclusión, todas estas acciones vendrían a reducir el mercado informal en México y en consecuencia disminuiría el consumo nocivo de productos con alcohol. La CNIT seguirá promoviendo el cambio del esquema gravable del IEPS, con el nuevo Gobierno de México.

Por otra parte, es importante mencionar que, en México, la carga fiscal para el tequila es del 53% por concepto de IEPS, más el 16% de Impuesto al Valor Agregado (IVA). Incluso en 11 estados de México, se paga el 4.5% por concepto de impuesto a la venta final.

Como comentario adicional, estimamos relevante compartir que, en 2023, la aportación de la agroindustria tequilera al erario público de la nación por concepto de IEPS fue de \$9,300 millones de pesos mexicanos.

Podemos ver entonces que, la aportación que la agroindustria tequilera hace al gobierno de México por diversos impuestos es muy importante, por lo que deseamos seguir colaborando con el Gobierno de México, promoviendo acciones para ayudar en el fondeo económico, para la atención de la Enfermedades No Transmisibles, así como la Salud Mental.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: WHO Framework Convention on Tobacco Control
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations X Non-State actors ○ nongovernmental organizations, including those representing lived experience of health conditions ○ philanthropic foundations ○ academic institutions ○ other (specify):
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue Pg 2, end of the top paragraph: - Add the following sentence: <i>In relation to tobacco control, the only risk factor that is currently covered by a binding international instrument, those countries that are Parties to the WHO Framework Convention on Tobacco Control should intensify their actions to implement the requirements of the treaty in line with SDG target 3.a.</i> Pg 3, end of point a): - Add the following sentence: <i>Tobacco, one of the main NCD risk factors, is the subject of an international binding instrument, the WHO Framework Convention on Tobacco Control. Strengthening its implementation in line with SDG target 3.a and through a "whole of society" approach will effectively contribute to the reduction of NCD-related burden.</i>
1. Health spending on NCDs and mental health: What can national health accounts tell us?
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? Pg 2., Section "Key messages", 3 rd bullet: - Suggest adding reference to the WHO FCTC as follows: <i>"...efforts to control tobacco in line with the requirements of the WHO Framework Convention on Tobacco Control..."</i> Pg 8., paragraph beginning with "Second,": - Suggest expanding the text "(e.g., tobacco taxes to prevent NCDs)" as follows: <i>"(e.g., as outlined in the Guidelines for implementation of Article 6 of the WHO FCTC, tobacco excise taxes provide a potential source of financing for tobacco control and even beyond, for programmes to prevent and control NCDs)."</i>

Pg 10., Table 2 on tobacco taxes, 3rd column under “Potential role of catalytic funding”:

- Suggest adding to the end of the sentence: *“Support advocacy organizations on campaigns to counter industry lobbying in legislative process and develop legislation resulting in effective tobacco taxes that lead to higher consumer prices that eventually lower consumption and prevalence.”*

Pg 12., end of paragraph starting with “Finally,”, immediately before Section 5:

- Suggest adding the sentence: *“Experience on raising tobacco taxes are available from many countries that have implemented Article 6 (Price and tax measures to reduce tobacco consumption) of the WHO FCTC, and these can be used during knowledge transfer projects, on a peer-to-peer or south-south and triangular fashion.”*

Pg 14., Table 4, row on “Cross-border threats”, 2nd column under “NCD opportunities”:

- Suggest adding another point: *“Strengthening controls to prevent illicit trade in tobacco products, such as through effective tracking and tracing systems to help prevent illicit tobacco trade and availability of cheap, affordable tobacco products.”*

Pg 14, Table 4, row on “Leadership and stewardship”, 2nd column under “NCD opportunities”:

- Suggest adding another point: *“Regional economic integration organisations to focus on items that fall under their jurisdiction, such as packaging and labelling of tobacco products, tobacco taxation, and controlling tobacco advertising, promotion and sponsorship.”*

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

Pg 2., Section “Key messages”, 1st bullet.

- Another thing that countries must do is to improve tax administration. So the message should focus on raising taxes while improving tax administration.

Pg 3., Section “Key messages”, 5th bullet starting with “Countries should critically review subsidy programs...”

- Suggest adding *tobacco* to the list in the phrase “(e.g., corn, rice and cattle products)”
- Suggest adding new sentence at the end of the paragraph: *“The "Guidelines for implementation of Article 5.3 of the WHO FCTC" calls on Parties not to grant incentives, privileges or benefits to the tobacco industry to establish or run their businesses and not provide any preferential tax exemption to the tobacco industry.”*

Pg 4., Second paragraph starting with “We argue that these fiscal policy actions...” in reference to the phrase “finish the job”.

- I don’t know if we will ever be able to “finish the job”. Would recommend not referring to this.

Pg 5. Section 1: Finishing the job on tobacco

- Same comment as above regarding “finish the job”
- Paragraph 1, first sentence: Should be revised as follows *“Despite progress on tobacco control in the decades following the entry into force of the WHO Framework Convention on Tobacco Control,...”*
- Paragraph 2, second sentence: Not only is it *incredible* effective, but it is also the most cost effective tobacco control measure.
- Paragraph 2, sentence “Still, the total tax share in most countries is lower than the WHO-recommended level of 75% of final retail price.” My understanding is that this is not a recommendation. But we can leave it for WHO colleagues.
- Paragraph 2, suggest adding text to end of sentence: *“The priority for most countries, then, is to rapidly hike tax rates to WHO-recommended levels while moving towards a single, uniform tax and improving tax administration”.*
- End of paragraph 2: Suggest highlighting that for Parties to the WHO FCTC, this is an international obligation.
- Paragraph 4, last sentence: Suggest adding text to end of sentence: *“These gains in health might in some cases be an argument for allocating additional tobacco tax revenues to health, in line with the recommendations of the Guidelines for implementation of Article 6 of the WHO FCTC. (see section 4)”.*

Pg 6. Section 2: Opportunities to expand other health taxes.

- Suggest to add somewhere the link to this issue brief: <https://www.undp.org/publications/tobacco-control-what-ministries-finance-need-know>

Pg 8. Paragraph 3

- Suggest adding *tobacco* to the sentence: “Examples in agriculture include sugar, rice, beef and milk”.
- Suggest adding the following text to the paragraph: “*The WHO FCTC, in relation to Article 5.3, not only calls upon Parties not to subsidize their tobacco industries, but in its Article 17, also calls Parties to promote economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.*”

Pg 9. Paragraph 4: Suggest adding the following text: “*The Secretariat of the WHO FCTC also studied the experience of Parties on dedication of tobacco taxes on supporting various health goals.*”

Reference link: https://extranet.who.int/fctcapps/sites/default/files/2023-04/Convention_Secretariat_Earmarking_Analysis_2015.pdf

Pg 9-10 Section 5: Ensuring fiscal policy coherence: Suggest to include in this area a reference to Article 5.1 of the WHO FCTC on the obligation to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

5. Financial protection for NCDs and mental health: Why and how?

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7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

Pg 3-4, Section “Facilitating collaboration between stakeholders to push for policy change”

- In first paragraph, suggest adding the following text: “*Not only can CSOs provide insight and expertise to investment case development, such as with the UN Interagency Task Force on the Prevention and Control of NCDs national investment cases, or the investment cases for tobacco control developed under the FCTC2030 project of the Secretariat of the WHO Framework Convention on Tobacco Control, but can also demonstrate the need and effectiveness of external investment as service providers.*”
- Suggest adding the following paragraph at the end of this section: “*The “Global strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019-2025”, developed by the Parties to the WHO FCTC and now extended until 2030, in its Strategic Goal 2, calls for building international alliances and partnerships across sectors and civil society to contribute to WHO FCTC implementation. Along these lines, at global level, civil society organisations that are observers to the Conference of the Parties (COP), the governing body of the WHO FCTC, participate in the discussions and advocate for strong measures during the decision making of the COP. Furthermore, at both global and national levels, civil society organisations advocate for integration between tobacco control and national NCD-control policies.*”

Pg 4-5: Section “Participation and the benefits of participatory processes”, end of paragraph 2:

- Suggest adding the following text: *“The draft decision highlights the important role that empowered people and communities have to play in achieving universal health coverage (UHC) and urges member states to strengthen, institutionalise and sustain meaningful social participation. The “Panama Declaration” (<https://storage.googleapis.com/who-fctc-cop10-source/Decisions/fctc-cop-10-11-en.pdf>) adopted by the Parties to the WHO FCTC in February 2024 at the tenth session of the Conference of the Parties, acknowledged the important contribution of civil society not affiliated with the tobacco industry to tobacco control efforts, nationally and internationally. At each COP, new civil society organisations are granted observer status to increase the community base for international tobacco control efforts. This year, the NCD Alliance was granted observer status to the COP.”*

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

Pg 1, last sentence: 36 cases were completed by the WHO FCTC Secretariat in partnership with UNDP as part of the FCTC2030 project.

Pg 2, 3rd line from the top:

- Suggest adding a footnote to the “FCTC2030 project” with the following text: *FCTC2030 is a flagship project of the WHO FCTC Secretariat. For more information please visit: <https://fctc.who.int/who-fctc/development-assistance/fctc-2030>.*

Pg 3, title 2.3

- Suggest adding a reference to the “tobacco control investment cases” in the title with the text: *The WHO FCTC investment cases are available at <https://fctc.who.int/who-fctc/development-assistance/investment-cases>.*

Pg 3, end of first para under the title 2.3:

- Suggest adding the following sentence after the word “years”: *The overall conclusion of the analysis is that the costs of fully implementing and enforcing proven, evidence-based WHO FCTC tobacco control policies are greatly outweighed by the health and socioeconomic benefits that could be achieved as a result of fully implementing and enforcing those policies.*

Pg 3, footnote 14 can now be changed to (as the article is now out):

- *Mann N, Spencer G, Hutchinson B, et al Interpreting results, impacts and implications from WHO FCTC tobacco control investment cases in 21 low-income and middle-income countries Tobacco Control 2024;33:s17-s26. https://tobaccocontrol.bmj.com/content/33/Suppl_1/s17*

Pg 3, footnote 15: this article is also published now at: https://tobaccocontrol.bmj.com/content/33/Suppl_1/s27

Pg 3, end of title 2.3, add a new paragraph with new information from the WHO FCTC Secretariat:

- *In 2024, the WHO FCTC Secretariat also published a global investment case for tobacco control. According to it, tobacco use generated US\$ 1.7 trillion in social and economic losses in 2022, the equivalent of 1.7% of global GDP.*

By investing in and enforcing a set of nine proven tobacco control measures, over 15 years, global smoking prevalence could decline by over half (53.4%), saving 42.8 million lives and generating US\$ 6.2 trillion in social and economic benefits, including US\$ 2.3 trillion in direct healthcare savings.

Over 15 years, the value of the benefits generated by the tobacco control measures far outweigh the cost of implementation, both as individual interventions and as a package.

Source: <https://fctc.who.int/publications/m/item/the-global-case-for-investment-in-tobacco-control>

Pg 4, first para under subtitle 3.2 and footnote 18: this article is also published and available at:

https://tobaccocontrol.bmj.com/content/33/Suppl_1/s3

Pg 5, 2nd para, after WHO FCTC Article 5:

- Add the words: ... Article 5 (*General obligations*).

Humanitarian health financing for noncommunicable diseases

General comments relevant to multiple papers:

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

The George Institute for Global Health – Submission**The International dialogue on sustainable financing for noncommunicable diseases and mental health, Washington D.C., 20–21 June 2024**

The George Institute for Global Health welcomes the opportunity to submit feedback on the technical material prepared for the 2nd International dialogue on sustainable financing for noncommunicable diseases (NCDs) and mental health (MH), hosted by the World Health Organization (WHO) and The World Bank. As we look ahead to the Fourth High-level meeting of the UN General Assembly on the prevention and control of NCDs, this is an important opportunity to take stock and align on bold action on NCD/MH financing that will help accelerate progress towards the sustainable development goals, in particular SDG target 3.4 on NCDs and 3.8 on Universal Health Coverage (UHC).

Based on the expertise and research of our team of leading researchers, we recommend the following to further strengthen the outcome document:

1. Pay greater attention to the potential of innovative financing mechanisms to overcome some of the intractable challenges constraining domestic resource generation.
2. Make more ambitious recommendations for financial and social protection, including the development of a measurable target for investment in health to reduce out-of-pocket spending in alignment with national disease burdens.
3. Prioritise gender equity. When faced with high out of pocket costs, seeking treatment becomes a household budgeting decision. In contexts where a gender bias is prevalent, this often means that women and girls miss out accessing care.
4. Make a strong case for investing in research on health financing for NCDs and delineating research gaps that should be addressed. Research is important for understanding how financing interventions can be implemented at scale across health systems, assessing where and how NCD investments should be made, including the evaluation of financial risk protection and social security schemes.
5. Call for decisions that are driven by data disaggregated by region, age, disease, socio-economic status, ethnicity, sex, and gender, as well as other critical dimensions of inequality, and for monitoring mechanisms for existing and new programmes and schemes that are sensitive to context.



The material provided for the web-based consultation includes several strategic objectives and draft outcomes that we are engaged with and where we have considerable expertise. They are a useful and comprehensive resource addressing many of the issues in NCD and mental health financing and we appreciate the good work and wide range of expertise covered by the authors and the External Technical Expert Group in the development of these papers.

The George Institute has supported a complementary submission to the web-based consultation developed by the NCD Alliance.

About The George Institute

We are a leading independent global medical research institute with over 700 staff based at centres in Australia, China, India and the UK and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat non-communicable diseases and injury (NCDIs) and providing compelling evidence to guide health policy and practice. We work closely with the WHO on a range of health priorities, and direct two WHO Collaborating Centres, on Population Salt Reduction, and Injury Prevention and Trauma Care.

In addition, we have an extensive program of health economics and financing research that involves economic evaluation, health technology assessment and household economic impact studies. It is led by Professor Stephen Jan who has been a member of the Lancet Taskforce on NCDs and Economics and led numerous commissioned projects for the WHO (e.g. the health financing response of governments in SE Asia to the COVID-19 pandemic, the role of strategic purchasing in promoting quality in the delivery of care for people living with NCDs).

We applaud WHO for hosting the dialogue and there are several priority areas we strongly support. In particular, we welcome:

- 1. The emphasis on greater domestic financing for noncommunicable diseases and mental health care, inclusive of strengthened public financial management systems and more efficient use of resources.** Ultimately, progress toward Universal Health Coverage (UHC) in many countries will only be achieved through substantially increased government commitment to public spending on health. However, in a fiscally constrained environment with limited budgetary space for health, scarce resources must be equitably and efficiently used, while improving stewardship and accountability, and enabling evidence-informed priority setting of highly cost-effective services, including in response to and during economic crises.¹ One way in which this can be done systematically is to promote the sustained use of health technology assessment (HTA) (for new medicines, health procedures and public health investment) into policy, particularly in low and middle income countries (LMICs) where the need to ensure value for money is most acute.



2. The **emphasis on a “whole of society” approach to the Dialogue.** Ideally, this approach should be reflected by the participation of government representatives beyond ministries of health and finance. Others also have a role to play in addressing the burden of NCDs through broader policy and financing decisions. For example, investing in education can enhance health literacy on NCD risk factors, and spending on public infrastructure, including urban green spaces is a cost effective, adaptable, and small-scale solution for improving air quality. Air pollution is associated with short- and long-term adverse health effects, including serious impairment to lung function and links with other chronic respiratory disease and other major NCDs. Creating a safe built environment can also promote physical activity (walking and cycling) and interaction with nature. This in turn increases the local footfall for businesses and thus increases revenues. For instance, local merchants and services can benefit from increased business made possible through greater connectivity and access.ⁱⁱ Often the barrier to such inter-sectoral action is institutional as the compartmentalised way in which governments make decisions and set budgets does not facilitate the necessary co-operation. However, the COVID pandemic showed in many countries that whole-of-government responses to health crises can be effectively implemented and thus opportunity exists to harness those lessons in addressing NCDs.
3. The **focus on addressing the issue of catastrophic out-of-pocket expenses for health.** Individuals with NCDs and mental health conditions in low- and lower-middle-income countries (LMICs) bear a disproportionate burden of out-of-pocket healthcare costs, which can lead to delayed or foregone treatment due to financial constraints. The consequences of this extend to financial hardships and can impact not only individuals but entire households and subsequent generations.ⁱⁱⁱ Priority needs to be given to supporting countries in expansion of social insurance and tax-based financing of health care as a means of extending financial protection and ensuring that such protection is equitably available across populations.
4. **The recognition of the success and importance of fiscal measures for health in not only increasing fiscal space but also serving as a preventative measure against NCDs and mental ill health by reducing risk-factor exposure.** Our research in Mexico has found that the implementation of taxes on non-essential, energy-dense foods can result in significant decreases in their purchase, particularly among lower-income households with stronger preferences for taxed items, especially when accompanied by subsidies for healthier alternatives for whole grains, low-fat dairy products, fruits, and vegetables.^{iv} It is often perceived that these measures are regressive, so they need to be designed to avert (or compensate for) such possible adverse impacts and importantly be designed in partnership with consumer groups and low-income communities.



However, we express concern that:

1. The IFD24 **does not mention nor propose the development of a measurable target for domestic investment in health to reduce out-of-pocket spending in alignment with national disease burdens.** The current target of spending at least 5% of GDP on health is not limited to public spending, meaning some countries may achieve this target based on high levels of out-of-pocket costs and external assistance. A target for domestic investment in health would highlight the critical importance of government investment in this area and underline it as the fundamental measure of sustainable health financing. Further, the target would serve as a valuable indicator for assessing progress towards reducing out-of-pocket spending. Lastly, the pathway for such progress through investment in social health insurance and taxed-based financing needs to be specified.
2. **The IFD24 does not go far enough in calling for greater alignment of global health initiatives with local health system priorities.** The recently launched Lusaka Agenda calls for global health initiatives to “more effectively support integrated delivery of services, aligned behind one national plan, and coherently invest in strengthening resilient health systems, including at community level”.^v In the absence of such change, fragmented and duplicated service delivery will remain the status quo. An accountability mechanism is required to ensure that global health initiatives and donor spending are effectively aligned with national plans, government budgets and systems, to promote transparency and sustainability.
3. Despite recognising the importance of the meaningful participation of civil society and people with lived experience in policymaking processes and the critical role they play in ensuring a whole-of-society response, as far as we are aware, **only 6 seats will be offered to facilitate the engagement of civil society and people with lived experience, among 100+ expected participants.** While the IFD24 will be livestreamed, only a handful of civil society representatives will have the opportunity to contribute to shaping the NCD financing agenda that will ultimately impact their lives, contradictory to recommendations included in Technical Background Paper 7 on *‘galvanising investment, action and accountability in NCDs and mental health: the role of civil society’*.



We also offer the following recommendations to further strengthen the outcome document:

1. **Pay greater attention to the potential of innovative financing mechanisms to overcome some of the intractable challenges constraining domestic resource generation.** Policies championed by organisations such as UNITAID and UNITLIFE are gaining increasing traction in countries (e.g., levies on airline tickets, financial transactions, fossil fuel industries) and have the potential to promote the stability of financial flows and galvanise financial resources. While challenges remain in the form of industry resistance and ensuring revenues are earmarked for health, the increasing role of these innovative mechanisms is worthy of greater discussion. However, such mechanisms should not be seen as an avenue for governments to retreat from public financing of health care.
2. **Make more ambitious recommendations for financial and social protection, including the development of a measurable target for investment in health to reduce out-of-pocket spending in alignment with national disease burdens.** It is essential to note that merely reducing these expenses may not necessarily indicate meaningful progress in addressing impoverishment.
3. **Prioritise gender equity.** When faced with high out-of-pocket costs, seeking treatment becomes a household budgeting decision. In contexts where a gender bias is prevalent, this often means that women and girls miss out on accessing care. For instance, a number of studies have shown that in India abandonment rates for cancer treatment in children is higher for girls than for boys. Efforts to promote UHC must also be seen through the lens of gender equity.
4. **Make a strong case for investing in research on health financing for NCDs and delineating research gaps that should be addressed.** Research is important for understanding how financing interventions can be implemented at scale across health systems, assessing where and how NCD investments should be made, including the evaluation of financial risk protection and social security schemes. Understanding the incentives that are created by the different ways in which we fund health care is critical and thus we need to encourage governments and other health payers to be open to testing different payment systems to optimise the performance of health care personnel and health systems.
5. **Call for decisions that are driven by data disaggregated by region, age, disease, socio-economic status, ethnicity, sex, and gender, as well as other critical dimensions of inequality, and for monitoring mechanisms for existing and new programmes and schemes that are sensitive to context,** to important differences and inter-sectionality within and across population subgroups and with respect to various conditions (and comorbidities). This would require funding for, and partnerships with, institutions that generate actionable evidence through research and data analysis.



Acknowledgements

We thank you for considering this submission, which is based on the knowledge and experience of a team of leading researchers around the world. We look forward to following the discussions going forward, and to continuing to work closely with the WHO to ensure people live longer, healthier lives.

This submission was prepared by Claudia Selin Batz (Policy and Advocacy Advisor, UK, and Multilaterals) and Thomas Gadsden (Research Fellow, Health Economics) with input from Professor Stephen Jan (Head of the Health Economics and Process Evaluation Program and Co-Director, Health System Science) and Emma Feeny (Director, Impact & Engagement). For any queries or questions related to this submission contact Claudia Selin Batz at cbatz@georgeinstitute.org.uk

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WHO Consultation

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: F. Hoffmann-La Roche Ltd
Type of organization (please add X next to your selection): Member States UN agencies, programmes and funds, and other multilateral organizations Non-State actors ☐ nongovernmental organizations, including those representing lived experience of health conditions ☐ philanthropic foundations ☐ academic institutions ☒ other (specify): Private sector - Pharmaceutical Industry
Please extend each of the boxes as needed to provide feedback:
Draft summary of the technical background papers No comment.
Document of the draft emerging messages that will inform the outcome document of the International financing dialogue No comment.
1. Health spending on NCDs and mental health: What can national health accounts tell us? No comment.
2. External financing for NCD and mental health: What is the role of the Development Assistance for Health? The technical paper effectively highlights the critical role that Development Assistance for Health (DAH) plays in combating traditional communicable diseases and outlines the emerging need for DAH to pivot towards NCDs and mental health. We commend the focus on leveraging DAH as a catalyst for addressing these diverse yet burdensome conditions, which pose significant public health challenges globally. Catalytic Role of DAH - DAH has been instrumental in helping countries manage diseases like TB, malaria, HIV/AIDS, hepatitis, and many more by providing essential funding, technical assistance, and implementation support. This catalytic role has enabled many low- and middle-income countries (LMICs) to achieve significant health milestones and should be expanded to include NCDs and mental health. By focusing on overcoming local implementation barriers, DAH can accelerate progress in NCDs and mental health care, addressing critical needs such as workforce development, infrastructure investment, and policy support.

Inclusion of NCDs and Mental Health in DAH's Scope - Shifting the scope of DAH to encompass NCDs and mental health is crucial for achieving comprehensive health outcomes. As NCDs and mental health conditions become more prevalent, especially in LMICs, the inclusion of these areas in DAH funding will help countries better control and manage these diseases. Roche is advocating for the global health community and here, DAH to take a comprehensive approach that will ensure access to innovative medicines to treat NCDs, but also ensure access and affordability of tests and diagnostics to facilitate early screening, diagnosis, and ongoing monitoring for NCDs. The right tools are available, but there is a need to orient systems and encourage investment to promote access and uptake. Incorporating NCDs and mental health into DAH frameworks can ensure more holistic health interventions, improving overall health system resilience and sustainability. This approach aligns with the broader goals of UHC and primary healthcare strengthening.

Recommendations for Future DAH Initiatives - We advocate for increased and sustainable investment in NCDs and mental health within the DAH framework. Such investment should prioritise evidence-based interventions that have proven effective in diverse settings. Establishing dedicated funding streams for NCDs and mental health will facilitate targeted interventions and enable better tracking of outcomes, ensuring that resources are used efficiently and effectively. Highlighting "quick wins" and ensuring success is lauded will help maintain momentum and support for these initiatives.

Encouraging collaboration between international organisations, development banks, and private sector entities is essential to amplify the impact of DAH by pooling expertise and resources to address the complex challenges posed by NCDs and mental health. Expanding the role of DAH to include NCDs and mental health is imperative for creating resilient health systems capable of addressing current and emerging health challenges. We look forward to contributing to this important dialogue and supporting initiatives that enhance global health outcomes through comprehensive and integrated approaches.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

The arguments for and against earmarking taxation, and specifically tagging public health/sin taxes, are numerous, but they often remain theoretical. Despite vast country experience with this policy instrument little empirical evidence has been introduced into the debate. Few studies have examined the characteristics of earmarking policies and which country contexts may be conducive to the beneficial use of earmarking. Available results suggest that the outcomes of earmarking for health are highly context-specific and dependent on a country's political priorities and budget process. Moreover, sin taxes appear to have a decreasing effect on the demand for specific products as well as being capable of adding fiscal revenues. However, the review results suggest that the associated revenue streams may be subject to a significant degree of volatility.

In this respect, Roche recognises health systems struggle financially to get healthcare innovation to patients. As a leading player in the healthcare space, we are committed and invested in supporting health systems and protecting patients from financial hardship by developing more ways to fund and finance access to innovation. Roche strongly advocates for health to be prioritised in national budgets and that Governments should fund health systems to adequately address the needs of every patient. Moreover, we are convinced that achieving this objective requires a collective effort demanding the active participation of all stakeholders in the healthcare space – public and private. Funding of public health expenditure via earmark taxation has long been a standard practice in many health systems, and it is a widely recognised mechanism promoted by multilateral organisations such as WHO and the World Bank.

In this respect, Governments have every freedom and right to explore any mechanism to adequately fund their own health systems and priorities, including the creation of new taxation policies targeted towards a specific product or group of products as societies see fit (e.g. sin taxes).

Roche strongly advocates for health to be prioritised in national budgets and that Governments should fund health systems to adequately address the needs of every patient. Moreover, we are convinced that achieving this objective requires a collective effort demanding the active participation of all stakeholders in the healthcare space – public and private. Additionally, the following fiscal "good practices" are fundamental in all fiscal analytical exercises and should be incorporated in the design of similar projects. An exhaustive analysis of the fiscal situation should be performed to evaluate the collection and impact of current revenue flows from already existing earmarked taxes

before advocating or pursuing the creation of a new tax for healthcare. Contemplate proper hard earmarking mechanisms in projects of this nature to guarantee the channelling of funds to the specific healthcare areas of interest.

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

Domestic healthcare finance systems are indispensable for addressing NCDs and mental health. Some additional points to consider:

1. The adoption of WHA76.5 resolution on Strengthening diagnostics capacity in 2023, which aims to improve access, provides an anchor for countries to consider the mandatory inclusion of cost-effective diagnostics in the Health Benefits Package (HBP) when appropriate.
2. There is an opportunity to enhance legislation in countries by mandating screening measures for the early detection of NCDs in both social and private health insurance.
3. While the paper briefly mentions efforts to improve efficiency within the healthcare system, one point that is lacking is the significant system wastage of 20-40%, as reported by the World Health Organization. Addressing system wastage is crucial for controlling rising healthcare costs and curbing the expenses associated with health technologies and interventions.
4. The paper discusses various healthcare financing methods such as capitation, Diagnosis-Related Group (DRG) payments, and bundled payments, but could benefit from highlighting the importance of incorporating risk adjustment into these financing instruments.

Finally, one key element that seems to be missing from the NCD discussion is the importance of early preventive interventions (primary, secondary and tertiary). The sustainability of health systems does not depend on increasing spending indefinitely to meet growing demand from sicker populations. Health systems should not be contained within the remit of health ministers but should be managed across government entities. Shifting and strongly investing in prevention and early interventions that avoid the progression of diseases and worsening of quality of life will allow funds to treat those patients who would unavoidably develop and suffer chronic conditions like cancer or autoimmune diseases. By limiting the volume of late-stage patients health systems can offer the best available care to those requiring advanced and complex care.

5. Financial protection for NCDs and mental health: Why and how?

The paper rightly points out the importance to individuals and families of financial protection in preventing the social and economic costs of catastrophic spending associated with healthcare. The public good nature of health requires financial protection schemes to be well regulated, opportune, sustainable, and comprehensive enough to offer sufficient cover to individuals to uncertain adverse health events. The paper makes the case that financial protection schemes need to be updated to reflect the shift in healthcare from acute care and point interventions to managing long-term care of chronic illnesses characteristic of NCDs.

Although the paper calls out the role of publicly managed health financing schemes, it does not refer to the role private health insurance could play in expanding the UHC dimensions for particular segments of the population, which could be a missed opportunity in cases where public health systems struggle to meet their objectives.

Additionally, the paper would greatly benefit from distinguishing the associated challenges in offering health financial protection adapted to different types of societies, different demographics and socioeconomic conditions. Health financing reforms in ageing populations require a different approach from novel insurance schemes or high workforce informality levels.

Best practices in health budgeting linking the implementation of critical and foundational health financing reforms with health outcomes need to also be included, as this would impact the capacity of the systems to offer effective coverage.

6. Human resources for health: How to increase workforce inputs to address NCDs and mental health conditions?

The technical paper on Human Resources for Health (HRH) provides a comprehensive overview of the challenges and opportunities in scaling up the health workforce to address NCDs and mental health conditions. Roche advocates for strengthening the health workforce and sustainable investment in health, and as such, we fully

support the paper's emphasis on the pivotal role of a fit-for-purpose, skilled, and modernised health workforce in building resilient healthcare systems.

Foundational Role of Health Workforce - The health workforce is the cornerstone of effective healthcare delivery, particularly in managing NCDs and mental health conditions, which require specialised, continuous, and comprehensive care. A robust, well-trained and multidisciplinary health workforce is essential to meeting the growing demands of NCD care and mental health services and ensuring that patient needs are met today and in the future. As an example of the immense needs, one crucial but often overlooked specialty within the healthcare workforce is the staff who support testing in pathology and laboratory medicine (PALM). Their expertise is essential for addressing deficiencies in screening and early detection programs, as well as ensuring proper treatment and chronic care management. According to Fleming et al., there is an estimated shortage of 480,000–576,000 diagnostic testing staff globally, and an additional 360,000–432,000 are needed to support medical imaging. This results in a total requirement of 840,000–1,008,000 additional workers. It is important to explicitly recognise and address this need.

Legislative Framework and Investment - We advocate for a strong legislative framework and significant investment to expand healthcare workers' scope of practice and skills. This includes but is not limited to updating licensing regulations, enhancing competency-based education, and fostering new care delivery models, including decentralised care. Investment in health workforce training and development is crucial to equipping healthcare workers with the necessary skills to effectively manage NCDs and mental health conditions within and outside healthcare facilities (e.g. home care). Additionally, task shifting and sharing should be further developed and broadened to enhance the management of NCDs in low- and middle-income countries to address shortages in the healthcare workforce ([ref](#)).

Addressing Health Professional Migration - An additional critical challenge is health professional migration to high-income countries, which may compromise healthcare services in low- and middle-income countries. In the interest of global health workforce strategies, it is recommended that high-income countries focus on training an adequate number of healthcare workers domestically to minimise dependence on foreign-trained professionals. Additionally, implementing a self-sufficiency indicator can effectively monitor and demonstrate commitment to these strategies. In parallel, it is important for source countries to consider addressing the social and economic factors that drive professionals to migrate ([Ref 1](#), [Ref 2](#)).

Alignment with Sustainable Health Funding—The document's call for increased funding and targeted interventions aligns with our prioritisation of strengthening the health workforce as a critical pillar to achieving UHC and broader SDGs health targets. By supporting initiatives that enhance the capacity and resilience of the health workforce, we can contribute to the sustainable control and effective management of NCDs and mental health conditions globally.

The strategic focus on strengthening the health workforce is vital for addressing the complex challenges posed by NCDs and mental health conditions. We endorse the need for comprehensive legislative frameworks, sustainable investment, and innovative training models to ensure that healthcare systems can deliver high-quality care and achieve better health outcomes globally.

7. Galvanizing investment, action and accountability in NCDs and mental health: the role of civil society

- Invitation to call on **CSO-private sector partnerships** as a key to mobilise resources for NCDs and mental health
- **Multisectoral approach:** A national multisectoral action plan with national targets is a necessary framework for addressing noncommunicable diseases and their risk factors through a public health approach (The WHO Multisectoral action plan to prevent and control noncommunicable diseases in the Eastern Mediterranean Regionis could be an example:
<https://www.emro.who.int/noncommunicable-diseases/publications/questions-and-answers-on-the-multisectoral-action-plan-to-prevent-and-control-noncommunicable-diseases-in-the-region.html>)

Additional documents

Noncommunicable diseases, tobacco control and mental health investment cases

We commend the comprehensive analysis and recommendations provided in the document, underscoring the critical need for sustainable and increased funding to manage and control NCDs and mental health conditions effectively. The catalytic role of such funding cannot be overstated, as it provides the necessary resources to implement impactful interventions that can significantly improve health outcomes and economic productivity.

Catalytic Role of Sustainable Funding - Sustainable and increased funding is essential for countries to establish and maintain robust healthcare systems capable of addressing the complex challenges posed by NCDs and mental health conditions. This funding enables the scaling up of proven interventions, leading to better health outcomes and substantial economic returns. Investment cases for both current and potential interventions should be prioritised at the national level, emphasising the importance of these cases as key elements in the political dimensions of NCD responses (Reference to the WHO/UNDP NCD Prevention and Control: A Guidance Note for Investment Cases 2019: <https://www.undp.org/publications/non-communicable-disease-prevention-and-control-guidance-note-investment-cases>). The economic analyses highlighted in the document demonstrate that investments in NCD and mental health interventions yield high returns, making a compelling case for prioritising these areas in national and international health agendas.

Inclusive Dialogue and Partnership Building - We strongly support the emphasis on inclusive dialogue and partnership building to bolster the investment case for NCDs. Collaborative efforts involving governments, international organisations, and private sector stakeholders are crucial for developing and implementing effective funding mechanisms. Investment cases enable stronger collaboration across government and partners, including civil society organisations (CSOs) and non-state actors such as the private sector. The private sector, in particular, has unique expertise in leveraging innovative funding mechanisms and forging global partnerships. By incorporating best practices and innovative approaches from multiple stakeholders, we can enhance the efficiency and impact of NCD and mental health initiatives.

ROI Analyses and Policy Changes - ROI analyses play a key role in driving policy changes, and agreeing on a mutual language between health and finance entities has proven to be a key to success (reference: <https://gh.bmj.com/content/9/4/e014784>). The document's focus on sustainable investment and multi-stakeholder engagement aligns with our commitment to advancing global health through strategic partnerships and innovative solutions. The WHO Best Buys are valuable in recommending cost-effective interventions; ensuring such investment cases are routinely updated to reflect the most current evidence to guide comprehensive, impactful interventions is important. Additionally, countries should consider and implement more comprehensive interventions for the screening, diagnosis, and management of NCDs globally where appropriate.

We look forward to contributing to these efforts and supporting initiatives that promote the effective management and control of NCDs and mental health conditions, ultimately leading to healthier populations and stronger economies.

Humanitarian health financing for noncommunicable diseases

No comment.

General comments relevant to multiple papers:

These documents present a comprehensive examination of the necessary strategies for effectively managing NCDs and mental health and have strategically positioned primary healthcare to expand care delivery. However, further discussion may be needed to emphasise the importance of combining primary healthcare interventions with advanced specialty care to effectively address acute and/or rare NCD conditions. This is crucial for ensuring comprehensive NCD management and providing equitable care to patients at every stage of their disease type and disease progression.

Last, does your organisation have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

During the World Health Assembly in May 2024, Roche and Devex organised a multistakeholder roundtable entitled "Catalyzing Change: NCD Financing Roadmap Paving the Way for Sustainable Health Investments." This event marked the beginning of a series of discussions among various stakeholders on health financing in preparation for the UN High-Level Meeting on NCDs in 2025. The primary focus of this event was to stimulate a robust and solution-driven dialogue among stakeholders from diverse sectors regarding health financing for NCDs. During the roundtable, 18 experts from international organisations such as the WHO, IFC, and EIB, as well as NGOs like the G20&G7 Health Development Partnership, NCDA, UICC, and C/CAN, and private sector companies including Sanofi, Philips, AXA, and IFPMA, discussed how public entities and private sectors can create and benefit from impactful, sustainable, and complementary health funding and financing models. While an article detailing the takeaways from the discussion will be published soon, the roundtable highlighted key recommendations for improved NCD financing in both developed and emerging markets around the themes of tracking spending, re-engaging political will, setting targets, and demonstrating the multiple ways the private sector can contribute. Details of these recommendations are outlined below for consideration by the WHO for this consultation.

The main recommendation revolved around the need to **create an NCD financing roadmap** by the UN High-Level Meeting on NCDs in 2025, with concrete actions reflecting, among others, the elements below:

1. Holistic and Integrated Financing Approach:

- Adopt a comprehensive and integrated approach to sustainable financing for NCDs by supporting a wide array of financial mechanisms, including public and private funding models and local to global financing strategies. This approach should address health financing gaps at all levels of the healthcare system and household expenditures.
- Set specific financial targets for NCDs, similar to targets for other diseases like HIV/AIDS and tuberculosis. These targets provide clear investment guidelines and enhance accountability, driving focused and impactful health initiatives. Ensuring political will and support to governments is a prerequisite to consistently measuring the societal, economic and financial value of investing in NCDs. This is necessary to ensure health prioritisation and secure public funding amidst conflicting agendas and drive private and international investments in NCDs.

2. Multi-stakeholder Collaboration and Public-Private Partnerships:

- Promote public-private partnerships to leverage innovative solutions and scale up effective interventions. The private sector's resources and expertise are vital for developing and implementing sustainable health financing models, making these partnerships crucial.
- Engage communities and civil society organisations in planning, implementing, and monitoring NCDs programs. Their involvement ensures that funding meets the needs of those most affected. At the same time, there is a need to establish or enhance global health funds specifically for NCDs to guarantee that LMICs have access to essential resources.

3. Strengthening Health Systems and Innovative Financial Mechanisms:

- Invest in comprehensive health system strengthening, including workforce, infrastructure development, and digital health technology integration. These investments create a strong foundation for effective NCDs prevention and management.
- Enhance data collection and analysis on NCD financial needs and spending to improve resource allocation and accurately measure progress. Robust data capabilities enable better planning, resource management, and evidence-based decision-making, ensuring effective use of funds and targeted health interventions.
- Unlock domestic funding by considering innovative financial solutions like debt-for-health swaps, allowing countries to extend debt repayment periods in exchange for increased investments in health. Such mechanisms would provide financial relief and incentivise health funding, addressing immediate and long-term health financing needs.

These recommendations aim to ensure a sustainable and effective global response to NCDs, improving health outcomes and economic stability. Global leaders must prioritise health financing and create inclusive, innovative, and accountable frameworks to combat the rising burden of NCDs

WHO Consultation 2

**Fourth High-level Meeting of the UN General Assembly on the
Prevention and Control of NCDs**

Web-based consultation: Phase I (1–26 May 2024)

General comments on key priority areas in the WHO-Director General's report

Directions

The *WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030* ([NCD-GAP](#)) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, from local to global, to attain the nine voluntary global targets. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. These inputs may inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2025*.

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	From Dia: Leveraging strategic partnerships to offer equitable access to health services for all populations is critical for the control of NCDs. The contribution of the private sector and industry is mentioned briefly, but partnership with private providers could be considered more strongly, as this facilitates development and implementation of innovative solutions that benefit both patients and the healthcare system.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.	From Dia: Propose inclusion of explicit language on the value of diagnostics for the prevention and control of NCDs. Include language such as: "Health inequities cannot be addressed in the absence of a functioning laboratory network. Early and accurate screening and diagnosis requires investment in integrated testing networks incorporating high volume laboratories, point of care technologies as well as self-care to deliver essential services in an efficient, affordable and accessible manner. Ensure policies guarantee broad access to timely diagnosis and screening as a proactive approach to public health that empowers patients to participate in treatment decisions."
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	
★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

International dialogue on sustainable financing for noncommunicable diseases and mental health

Web-based consultation | Feedback template

Organization: International Alliance for Responsible Drinking (IARD) – 14 June, 2024

Type of organization (please add X next to your selection):

Member States

UN agencies, programmes and funds, and other multilateral organizations

Non-State actors

- ☐ nongovernmental organizations, including those representing lived experience of health conditions
- ☐ philanthropic foundations
- ☐ academic institutions
- ☒ other (specify): **private sector**

Please extend each of the boxes as needed to provide feedback:

Draft outcome document of the International financing dialogue

- The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the UN Political Declaration on NCDs 2018. A whole-of-society approach to reducing the harmful use of alcohol remains a central pillar of global alcohol policy, as set out in the [WHO's Global strategy to reduce the harmful use of alcohol](#) and the [Global Alcohol Action Plan](#), as well as the WHO Global action plan for the prevention and control of NCDs 2013-2030 and the Sustainable Development Goals. The private sector should continue to be included as part of the solution going forward.

2. External financing for NCD and mental health: What is the role of the Development Assistance for Health?

- This technical paper explores how catalytic funding for NCDs could be used to support NCDs and mental health prevention and treatment. The Global Fund for HIV, TB, and Malaria could be considered a useful model for such catalytic funding that is inclusive of the private sector beyond foundations and civil society. Including the private sector in conversations about catalytic funding can promote innovative and efficient approaches, but it is an approach that is frequently untapped.

3. Domestic financing for NCDs and mental health: What is the role of health taxes and other fiscal measures?

- We recommend including illicit alcohol. The WHO estimates that unrecorded alcohol accounts for 25% of global alcohol consumption ([WHO](#)), and exceeds 50% of consumption in more than 20 member states. More focus and better data are required on illicit alcohol as it poses a significant threat to both national revenue streams and the health of societies. More work is required as the OECD has noted that “the pandemic gave impetus to the ongoing illicit trade in alcohol” ([OECD](#)).
- Any taxation of alcohol beverages should be part of a comprehensive fiscal and regulatory framework, should be proportionate, appropriate for each local context, and consistent with World Trade Organization principles. Taxation should neither create market distortions nor exacerbate issues of harmful consumption. ([IARD taxation statement](#))

4. Domestic financing for NCDs and mental health: priorities, purchasing and provider payments

- There is significant under-investment in evidence-based preventative approaches to reduce harmful drinking such as Screening and Brief Interventions (SBIs). The WHO has highlighted the “lack of resources to finance prevention and treatment programmes and interventions” ([WHO](#)).

General comments relevant to multiple papers:

The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution ([A/RES/73/2](#)) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

Last, does your organization have any suggestions for new commitments from Heads of Government regarding sustainable financing for noncommunicable diseases and mental health?

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.