CONCEPT NOTE ***(as of 17 June, 2026)***

3rd International Dialogue on Sustainable Financing for Noncommunicable Diseases (NCDs) and Mental Health

Theme:

"*Scaling Sustainable Financing and Service Reforms for Noncommunicable Diseases and Mental Health: From Policy, Practice and Pricing"*

Dates: September 2-4, 2026

Venue: Manila, Philippines

I. Background and Rationale

Preventing and addressing noncommunicable diseases (NCDs) and mental health conditions are some of the most critical public health challenges of our time. The burden of disease from the above conditions is immense, accounting for approximately 80% of the global burden of disease and non-fatal disability, mostly in low- and middle-income countries (LMICs). Premature mortality from NCDs remains three to four times higher in low-income settings, reflecting enduring inequities in prevention, diagnosis, treatment, and financial protection.

Despite growing political recognition of the NCD and mental health burden, progress in translating commitments into sustained system-wide impact remains uneven. WHO monitoring mechanisms, including the NCD Progress Monitor and the Mental Health Atlas, consistently demonstrate gaps in three interrelated areas:

(1) insufficient and fragmented financing,
(2) weak alignment of service delivery with primary health care (PHC), and
(3) persistent unaffordability and limited availability of essential medicines, diagnostics, and other health technologies.

In 2025, the *Fourth High-Level Meeting of the United Nations General Assembly on the prevention and control of NCDs and the promotion of health and wellbeing (HLM4)* reaffirmed the urgency of strengthening financial protection, setting a global target for at least 60% of countries to have mechanisms in place by 2030 to cover essential NCD and mental health services and health products. Achieving this target requires moving beyond policy declarations toward concrete, system-level reforms that reduce out-of-pocket expenditure and improve continuity of care.

The Strategic Opportunity: The 2026 Access Pivot

The year 2026 presents a critical and time-bound opportunity to accelerate progress toward universal health coverage (UHC) for NCDs and mental health. Several high-impact medicines, including glucagon-like peptide-1 (GLP-1) receptor agonists, such as semaglutide, and selected

biosimilars for cancer and chronic diseases, are expected to lose patent protection across multiple LMICs.

This "2026 Access Pivot" offers countries a unique window to:

1. Improve affordability through inclusion of quality-assured generic and biosimilar medicines into UHC benefit packages; and
2. Strengthen financial protection by shifting from high out-of-pocket spending to predictable, publicly financed access.

Continuity from Previous Dialogues

This Dialogue builds on the outcomes of the 2024 International Dialogue on Sustainable Financing for NCDs and Mental Health, which highlighted three core insights:

Domestic financing as the foundation:
Long-term NCD and mental health care must be anchored in domestic investment, complemented and not replaced by external support.
Alignment with primary health care:
Financing reforms can incentivize integrated, people-centered care delivered through PHC systems.
Financial protection through medicine access:
Reducing the price and improving the availability of essential medicines is central to preventing catastrophic health expenditure.

The 3rd Dialogue advances these insights by focusing on implementation, specifically, how countries can operationalize sustainable financing reforms, including through the strategic use of the 2026 off-patent opportunity.

II. Objectives

General Objective

To align political commitment with coordinated implementation that strengthens sustainable financing and health system reform for NCDs and mental health, with a focus on leveraging the 2026 generics and biosimilars transition to accelerate financial protection and UHC integration.

Specific Objectives

1. To secure high-level endorsement of a shared reform agenda through the *Manila Declaration on Sustainable Financing and Health System Reform for NCDs and Mental Health*.
2. To facilitate the exchange of country experiences and evidence on the effective use of fiscal policies, pooled procurement, and PHC integration.

3. To support countries in translating policy commitments into actionable reforms across financing, procurement, regulation, and service delivery.
4. To initiate a Sustainable Financing Toolkit to support post-Dialogue implementation.
5. To identify priority areas for technical assistance, capacity-building, and partner coordination.

III. Expected Outputs and Outcomes

A. Adoption of the Manila Declaration *(Core Political Output)*

The Dialogue will culminate in the adoption of the ***Manila Declaration on Sustainable Financing and Health System Reform for NCDs and Mental Health***, an action-oriented statement reaffirming commitments to UHC, financial protection, and equitable access, articulating priority reforms across the policy, practice and pricing continuum, including a section dedicated capitalizing on the 2026 access pivot, related to access to generic and biosimilar medicines.

B. Regional Compact on Access to Health Products and Services

The Dialogue will advance a ***regional compact on access to health products and services***, highlighting a strategic approach to improve affordability, supply security, and market access for priority health products, particularly for LMICs, through among others, stronger regulatory capacity, aligned reimbursement policies and strengthened regional partnerships.

C. Sustainable Financing Toolkit

The toolkit draws on existing evidence and guidance to better support countries in operationalizing options for financing and strategic purchasing reforms. It offers practical tips, guidance, and checklists across the policy, practice, and pricing continuum, including in relation to fiscal policies, coverage policies for financial protection, benefit packages, health service design for chronic care, and purchasing, payment, procurement, and reimbursement strategies, including for off-patent generics and biosimilars.

D. Consolidated Country Commitments and Insights (Dialogue Report)

The meeting will consolidate commitments, implementation priorities, and shared lessons from countries and international partners participating in the Dialogue, and capture agreed reform pathways, common challenges, and areas for coordinated technical and partner support.

IV. Format and Structure

To ensure coherence between political commitment and technical implementation, the Dialogue will be structured as follows:

Day 1 - The Macro Picture: Policy, Financing, and Service Reform

Ministerial-level discussions culminating in the adoption of the Manila Declaration

High-level sessions focused on sustainable financing, fiscal space (including health taxes), UHC coverage policies, financial protection mechanisms, and regulatory convergence

Day 2 - Market Shaping, Generics, Pooled Procurement

Discussions on achieving Universal Health Care by identifying high-impact medicines and leveraging price drops in generics/biosimilars to create fiscal space, supported by a shift toward collective pooled procurement and transparent industry partnerships.

Parallel Acceleration Panels on specialized tracks, focusing on the 5 Key A's of Access: Availability, Affordability, Adequacy, Accessibility, and Acceptability.

Day 3 - Cross-Cutting Components and Political Commitment

Advancing the Regional Compact on pooled procurement and scaled-up generics access

Addressing supply-side and demand-side levers, including pooled procurement, reimbursement alignment, voluntary licensing, and market competition

Identification of implementation bottlenecks, regional collaboration pathways, and next steps for coordinated technical support

V. Participants

Approximately 300 in-person participants are expected, including:

Ministers and senior officials from the health, finance, trade, and planning sectors;

Representatives from WHO, other UN agencies (UNDP, UNICEF), and international financial institutions (World Bank, Asian Development Bank);

Development partners, academia, civil society, patient groups, people with lived experience, and the pharmaceutical sector (innovator and generic)

Strategic Participation

To ensure high-impact outcomes and actionability, the dialogue strategically targets key groups:

Category	Rationale & Examples
A. Key Generic Manufacturing Powerhouses	Countries with strong generic and biosimilar manufacturing capacity that play a critical role in scaling supply, ensuring quality, and influencing global price dynamics. **(India, China, Brazil, South Korea, Bangladesh)**

B. Major Middle-Income Buyers	Countries with large populations in which improvements in affordability and financial protection would generate a substantial global health impact. **(Indonesia, Philippines, Vietnam, Pakistan, Egypt, Kenya)**
C. Countries with High Vulnerability to Access Constraints	Small Island Developing States (SIDS) and Pacific Island Countries (PICs), and other settings facing structural constraints in medicine procurement, supply security, and price negotiation, such as the **Federated States of Micronesia, Tonga, Tuvalu, and the Maldives**
D. Countries with best practices on Sustainable Financing and Access to Medicines for NCDs and Mental Health	For financing, countries that have relevant experiences to share include Chile and Peru in the Americas, Ghana and Tanzania in Africa, and Ukraine. Countries in Asia and the Western Pacific could be the Philippines, China, Vietnam, Thailand, and Samoa.
E. Countries with Active Bilateral or Regional Health Cooperation with the Philippines	Other countries with strong geopolitical ties and bilateral health cooperation with the Philippines, such as **ASEAN Member States, Jamaica, Singapore, the USA, Germany, the UK, Nigeria, and Oman**
F. International Pricing and Pooled Procurement Actors	Multilateral organizations and global health entities capable of supporting collective purchasing power, market-shaping, and price transparency mechanisms. **(PAHO Revolving Fund, Global Fund, UNICEF Supply Division, UNOPS)**
G. High-Income Countries with Regulatory and IP Influence	Countries and regulatory authorities with influence on intellectual property (IP) policies, voluntary licensing, and regulatory convergence that can accelerate generic and biosimilar entry. **(EU/EMA, United States/FDA, Japan, Australia, Republic of Korea, Singapore, Indonesia)**
H. High-Level Delegates and Multi-Sector Representation	Ministers and senior officials from Health, Finance, Trade, Planning, and Foreign Affairs; Heads of international organizations; civil society, patient groups; and pharmaceutical sector representatives (innovator and generic).

VI. Governance and Organization

The Dialogue will be guided by a **Global Steering Committee**, co-chaired by DOH Philippines and WHO, providing overall strategic direction and oversight of the program and key outputs, including the Manila Declaration.

To support the technical and programmatic refinement of the Dialogue, an **Advisory Group of Experts** will be convened by the Global Steering Committee and will operate under its direction. The Advisory Group will comprise internationally recognized experts in health

financing, service delivery, pharmaceutical policy, procurement, regulation, and implementation science. It will provide technical guidance to help shape the program, session design, and expected outputs, ensuring coherence across the policy, practice, and pricing agenda.

At the national level, an **Organizing Committee**, led by the DOH Philippines, will manage operational planning and local coordination for the Dialogue. This includes coordination of logistics, protocol, communications, and all local arrangements necessary for the successful conduct of the Dialogue.

VII. Conclusion

The 3rd International Dialogue represents a decisive step from commitment to implementation. By anchoring sustainable financing reforms within health system strengthening and by leveraging the 2026 generics transition as a practical accelerator, the Dialogue aims to deliver measurable gains in access, affordability, and financial protection for people living with NCDs and mental health conditions.

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