



THE WHO/UNDP GLOBAL JOINT PROJECT ON CATALYSING MULTISECTORAL ACTION FOR NON-COMMUNICABLE DISEASES

REPORT TO THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

FINAL REPORT
RESULTS SEPTEMBER 2017 – NOVEMBER 2021

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EXECUTIVE SUMMARY

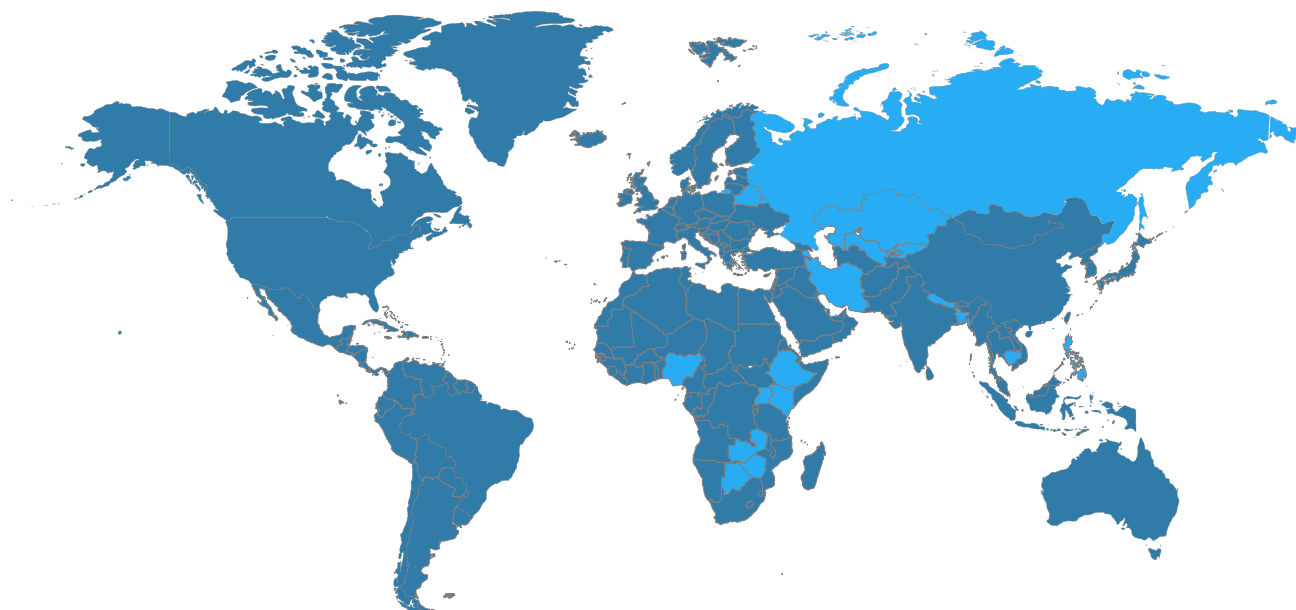
Between September 2017 and November 2021, funds from the Russian Federation supported the flagship programme of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF), Catalysing Multisectoral Action for NCDs, which supports governments in strengthening whole-of-government and whole-of-society responses to NCDs and mental health conditions.

The outputs of the Joint Project under Russian Federation funding are as follows:

- Methods established for investment cases for NCDs and mental health, published in two sets of guidance notes
- Capacity-building workshops to train economists in the investment case method and to improve the method
- 14 NCD and 7 mental health investment cases completed for 18 countries. The investment cases provide data and evidence on the high socioeconomic costs of NCDs and mental health conditions for countries and demonstrate the huge health and economic benefits that can result from their prevention and treatment. Russian technical expertise was extensively used in all project activities.
- 30 national multi-stakeholder events, including launches of national investment case reports to advocate for greater whole-of-government and whole-of-society action on NCDs and mental health conditions, including greater inclusion of NCDs and mental health in national NCD planning frameworks
- Use of the investment cases nationally that resulted in 19 new NCD prevention and control measures in 10 countries, eight of which were tax increases
- Tools developed to support national policy-makers in implementing the recommendations on health taxes highlighted in a number of investment case reports
- A policy brief, a rapid review of evidence and action by United Nations agencies on NCDs and COVID-19
- Six high-level international events, including “Friends of the Task Force” events co-chaired by the Russian Federation and the World Health Organization in the margins of the United Nations General Assembly and the ECOSOC High-level Political Forum, to mobilize international support and build stronger partnerships for the prevention and management of NCDs and mental health conditions.



KEY PROGRAMME OUTCOMES: 2017– 2021



18
COUNTRIES

14
INVESTMENT
CASES

7
MENTAL HEALTH
INVESTMENT
CASES

34
COUNTRY
EVENTS

IMPACT: CATALYSING CHANGES IN POLICY



Note: The sum of actions in the above chart is greater than 19 because some of the actions target more than one risk factor

IMPACT: CATALYSING CHANGES IN POLICY

29

**HIGH-LEVEL
MULTISAKEHOLDER
EVENTS**

4

SIDE EVENTS
Friends of the Task Force
Meeting

2

SIDE EVENTS
All-Russia Forum on Public
Health

TOOLS AND GUIDANCE

2

**GUIDANCE NOTES FOR
INVESTMENT CASES**



**A Guidance
Note for NCD
Investment
Cases**



**A Guidance
Note for
Mental Health
Investment
Cases**



**Framework
for Multi-
stakeholder
Mechanisms**

4

**TOOLKITS
TO SUPPORT
IMPLEMENTATION**



**Toolkit
for NCD
Strategies**



**Guidance
for NCD
Legislation**



**Health Taxes
Guidance
and Tools**

CAPACITY-BUILDING

1

VIDEO COURSE

4

**MEETINGS
OF EXPERTS**

2

**ECONOMIST
TRAININGS**



**ROSTER OF
ECONOMISTS**

WITH PARTICIPATION OF

21

INSTITUTIONS

150

**ECONOMISTS
AND PUBLIC HEALTH SPECIALISTS**

15

**RUSSIAN
EXPERTS**

NCDs AND COVID-19



**RAPID REVIEW OF THE
STATE OF EVIDENCE**



COVID-19 POLICY BRIEF

FUTURE DIRECTIONS

INVESTMENT CASE METHODOLOGY UNDER DEVELOPMENT

**AIR
POLLUTION**



**ROAD
SAFETY**



ALCOHOL



**HEALTH
TAXES**



**DIGITAL
HEALTH**



**ADVANCED
CLINICAL**



BACKGROUND

Action on NCDs and mental health: a development priority

The WHO–UNDP Global Joint Project on catalysing multisectoral action for non-communicable diseases (NCDs) was launched in 2017 to support governments in all regions in responding to the growing NCD epidemic. The scope of the project was widened in 2019 to include mental health, in recognition of the important role of mental health and well-being in achieving the highest attainable standard of health.

NCDs are the leading cause of death and disability worldwide, accounting for more deaths and disease than all other causes combined (1). Common mental health conditions such as depression and anxiety are the second major cause of disability (2), and suicide is the second leading cause of death among 15–29-year-olds (3). NCDs and mental health conditions not only cause human suffering but also slow growth and development by holding back individuals, families and countries from realizing their social and economic potential. NCDs and mental health conditions are linked to poverty and deprivation, exacerbate social and gender inequalities, cause loss of human capital, undermine the long-term sustainability of health and social security systems and contribute to increase the vulnerability of individuals and communities to external shocks.

Addressing NCDs and mental health is, therefore, imperative for sustainable development. Mortality associated with NCDs and mental health conditions must be reduced to achieve Sustainable Development Goal (SDG) 3, Ensure healthy lives and promote well-being for all at all ages, and is also inextricably linked to all the other SDGs. Action on NCDs and mental health can also directly contribute to other goals and targets, including those of SDGs 1, 2, 4, 5, 8, 10, 11 and 12 (4).

Despite the central importance of a response to NCDs and mental health conditions for health and development, the world is not on track to achieve a one-third reduction in premature mortality from NCDs by 2030 or to reduce inequalities in access

to mental health services. According to the latest WHO Noncommunicable Disease Progress Monitor report, half of all countries are fully meeting only 2 of 10 indicators of progress in NCDs (1). In low- and middle-income countries, 76–85% of people with mental health conditions receive no treatment (5).

The situation has deteriorated further during the COVID-19 pandemic. The 2021 Sustainable Development Progress Report (6) notes that “nearly half of countries reported one or more disruptions to essential NCD services”, and the WHO report on the impact of COVID-19 on mental, neurological and substance use services (7) found that psychotherapy and counselling services were disrupted in almost 60% of reporting countries, and overdose prevention programmes and critical harm reduction services did not function as usual in more than 50% of countries. Lockdowns and overburdening of health systems have deprived millions of people of access to diagnosis and treatment, which, in many countries, were limited even before the pandemic. The pandemic has shown that NCDs and mental health conditions make countries and societies more vulnerable in health crises. Individuals affected by NCDs and exposed to risk factors for NCDs are often at increased risk of severe COVID-19, leading to complications and challenges for both individuals and health systems that could have been avoided (6,8,9). Furthermore, many people suffering from depression and anxiety have become more susceptible to worsening of their conditions during the pandemic (10,11,12).

Catalysing national action on NCDs and mental health conditions

The leading cause of NCDs is population exposure to common, preventable risk factors. Cardiovascular disease, cancers, chronic respiratory disease and diabetes are causally linked to four leading behavioural risks: tobacco use, harmful use of alcohol, physical inactivity and an unhealthy diet. These factors lead to four specific metabolic and physiological adverse outcomes: raised blood

pressure, overweight or obesity, raised blood glucose and raised blood lipids. Similarly, mental health conditions, while influenced by individual and genetic attributes, are also determined by social, cultural, economic, political and environmental factors, such as national policies, social protection, standards of living, level of education, working conditions, stress, environment hazards and the availability of community support. Perinatal infections are among the contributing factors to mental health conditions.

Control of these behavioural and socioeconomic conditions would significantly reduce death, disease and disability due to NCDs and mental health conditions. Practical, cost-effective measures to address NCDs and mental health conditions supported by evidence are widely available. These include the WHO “best buys” (13) and the WHO menu of cost-effective interventions for mental health (14).

While the risk factors listed above are modifiable, their control requires coordinated action among sectors, as the risks concern not only the health sector. Ensuring affordable access to essential services, including as part of national moves towards universal health coverage, reducing consumption of health-harming products, reducing stress, unhealthy environments and air pollution, creating urban and work settings conducive to healthy lifestyles and raising awareness are key components of the response but can be realized only in cooperation and coordination with a broad range of non-health stakeholders. Furthermore, adoption of policies on NCDs and mental health and their implementation are often complicated by lack of dedicated resources and political commitment, industry interference and weak governance of NCD and mental health programmes.

The WHO-led United Nations Inter-Agency Task Force on the Prevention and Control of NCDs¹ (UNIATF on NCDs) was established by the United Nations Secretary-General in 2013 to support countries in realizing their commitments under the 2011 “Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases”. As mandated by

the division of roles and responsibilities in the Task Force’s terms of reference, WHO and UNDP co-convene work on “strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country responses for the prevention and control of NCDs”. In 2019, the scope of work was extended to include national mental health interventions and policies.

Global Joint Programme on Catalysing Multisectoral Action for NCDs

A key component of WHO and UNDP’s joint support to Member States is the Global Joint Programme on Catalysing Multisectoral Action for NCDs, which includes preparation of national investment cases. These consist of economic and institutional analyses of current and potential future interventions to prevent and control NCDs in countries. They are distributed to a wide range of decision-makers to allow them to prioritize cost-effective policy interventions and to situate NCDs in sustainable development responses.

In view of the growing burden of mental health conditions and the strong links between mental health and other chronic health conditions, the scope of the investment cases has extended gradually to include this aspect. The analyses are also being broadened to include factors and policies that are known to have a particularly strong effect on the prevalence of NCDs, such as air pollution, alcohol consumption, tobacco and health taxes.

Many governments have requested quantification of the costs of NCDs and mental health conditions to national economies and estimation of the potential benefits of a strengthened national response. As of November 2021, 90 countries had requested tailor-made investment cases to better understand their socioeconomic burden of NCDs and to implement more effective counter-measures.

¹ The Task Force’s terms of reference are available at <http://www.who.int/nmh/ncd-task-force/un-tf.PDF?ua=1>. More information on the Task Force can be found at <http://www.who.int/ncds/un-task-force/en/>.

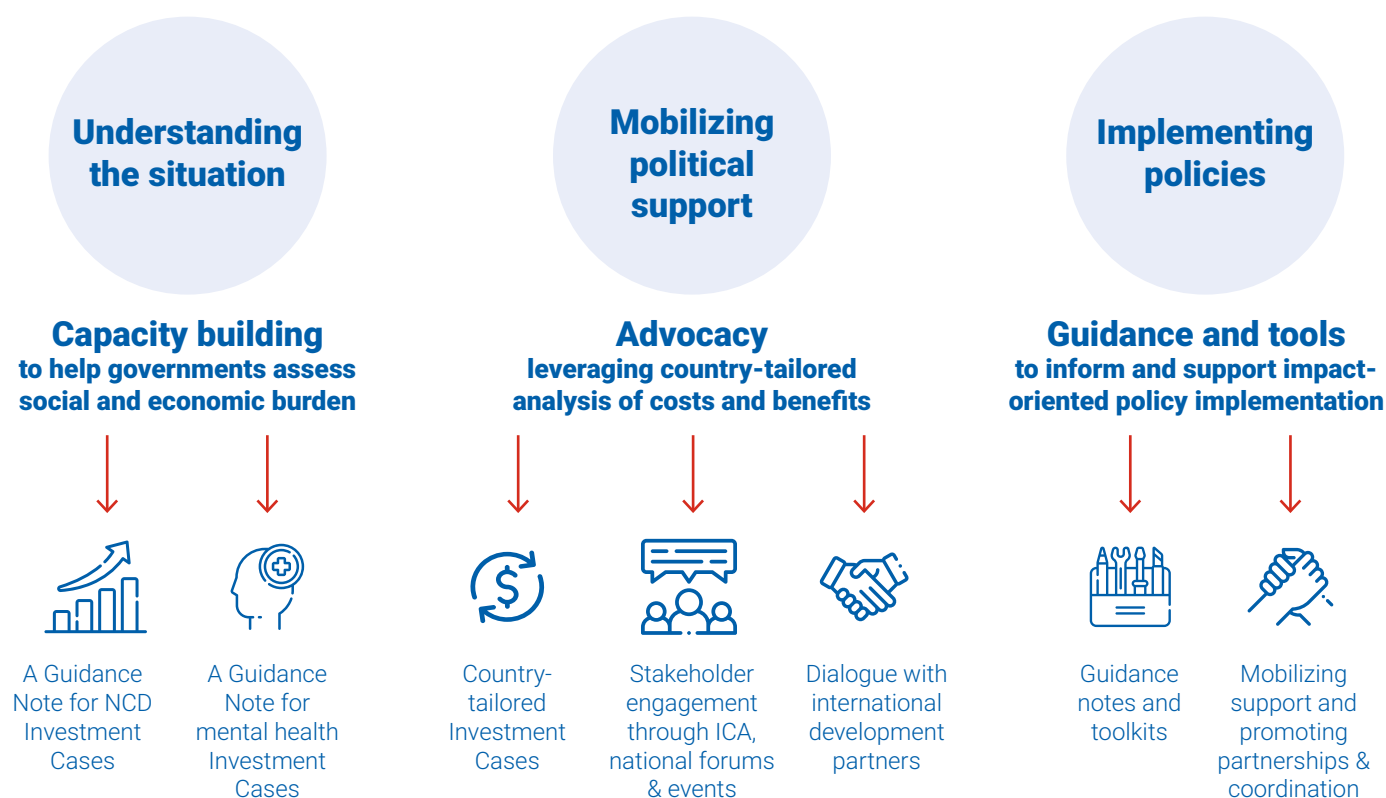
The Russian Federation has been funding implementation of the programme by WHO and UNDP since 2017, and investment cases have been conducted in 18 countries: Armenia, Bangladesh, Belarus, Botswana, Cambodia, Ethiopia, the Islamic Republic of Iran, Kazakhstan, Kenya, Kyrgyzstan, Nepal, Nigeria, Philippines, Russian Federation, Uganda, Uzbekistan, Zambia and Zimbabwe. Eleven of these countries received support for conducting the investment case, four for conducting investment cases for mental health and three for both.

In addition to investment cases, the Global Joint Programme also seeks to build national capacity through knowledge transfer and to empower national policy-makers with guidance and tools to streamline implementation of cost-effective, evidence-based health interventions. The Programme has therefore produced handbooks and guidance notes on the technical aspects of translating the

findings and recommendations of investment cases into real policies and measures. The Programme thus addresses the entire process of scaling up action on NCDs – from monitoring and situation analysis to development of compelling, evidence-based arguments for strengthening NCD response, to targeted advocacy and introduction of WHO-recommended cost-effective measures.

The core implementing partners are the Secretariat of the UNIATF on NCDs, UNDP, WHO headquarters, Geographically Dispersed Office on NCDs, WHO regional and country offices. The project is being supported by a number of Russian institutions, companies and consultants with expertise in public health, epidemiology and health economics.

STRENGTHENING NATIONAL RESPONSE



INVESTMENT CASES: METHODS

The priorities of Member States are quantification of the costs of interventions and their returns on investment in relation to the costs of inaction. National investment cases provide governments with a comprehensive assessment of the burden of disease, identify priority areas for action and estimates of the cost and returns of recommended packages of preventive policy and clinical measures. A case for investment incorporates social, economic and political perspectives, ensuring that the recommendations are appropriate for each country's institutional capacity and political environment.

Between 2017 and 2021, WHO and UNDP provided support to 18 countries in preparing tailored national investment cases. This work started with development of analytical frameworks and methods for analysing economic and institutional contexts in order to develop compelling arguments for scaled-up responses to NCDs and mental health conditions in countries.

NCD investment cases

NCD investment cases are prepared to estimate both the direct costs associated with government spending on health care and social security (e.g., disability payments) and the indirect losses due to reduction of the working population and decreased workplace productivity. Indirect losses reveal the scale of the problem and demonstrate that inaction on NCDs not only increases expenditure on disease treatment but also weakens countries' current and future economic output.

To identify the best interventions for NCDs in a given country, WHO and UNDP collaborate with government representatives in analysing the depth and scope of the coverage of existing NCD measures and policies. Experts evaluate the extent to which those policies and measures are aligned with the highly effective intervention packages recommended by WHO. The intervention packages are either specified in a national plan of action on NCDs or derived from the full set of 88 cost-effective actions defined in Annex 3 of the WHO Global Action Plan on the Prevention and Control of Noncommunicable Diseases 2013–

2020 (15). The analysis identifies NCD interventions that should be strengthened and the scope of action required. Two broad categories of interventions are considered – preventive policy measures that target behavioural risk factors for NCDs and clinical measures that target metabolic risk factors.

An analysis of the return on investment provides quantitative estimates of the potential return from investing in the identified set of country-specific priority interventions in terms of averted disease or mortality and the resulting economic benefits relative to the costs of implementation. Projecting increases in economic output from a healthier national workforce corresponds to the degree to which investment in health drives economic development.

The economic component of investment cases is complemented by an institutional context analysis, which identifies all the institutions, actors and stakeholders that affect NCD-related policy in the country. The analysis reveals areas of consensus, political “appetite” and opportunity and also challenges and barriers. It can be used by stakeholders, including non-health sectors of government, to determine how their decisions and policies influence the NCD burden. It enables UNDP and WHO to provide customized recommendations to increase the likelihood that the numbers, narratives and policy options derived by economic modelling will be heard, understood and acted upon. Another important function of the institutional context analysis is to raise awareness and stakeholder engagement. During meetings and interviews for this analysis, participating stakeholders engage in dialogue on NCDs and their respective roles in NCD control and prevention. They are provided with evidence of the hidden burden of NCDs and the substantial health and economic benefits that may be accrued by scaled-up action on NCDs.

An NCD investment case begins with a mission by WHO and UNDP staff to meet government representatives and collect statistical information. (Since 2020, most missions have been conducted remotely because of travel restrictions due to COVID-19.) Data are collected with local experts and, if necessary, partners from other countries or organizations with relevant information, experience

and/or resources. The data are supplemented by relevant WHO statistical indicators. If there are gaps in the available information, proxy measures and statistical data from other countries are used, as appropriate, to make approximate estimates.

Each investment case includes a section on the method, limitations, the important factors considered and the issues excluded from the analysis. WHO and UNDP have produced a [guidance note](#) on the preparation of NCD investment cases (16), which contains a detailed description of the method and background information on the rationale and their use in advocacy.

Mental health investment cases

Mental health investment cases are prepared by the same approach as NCD investment cases. They were added to the project in the context of the growing burden of mental health conditions worldwide and the high priority given to mental health at the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs in 2018 and in WHO's Thirteenth General Programme of Work (2019–2023).

Mental, neurological and substance use conditions have important social implications. They may result in suicide, violence and accidents associated with alcohol use disorders, negative impacts on education (dropout, poor performance) and on carers (such as lost opportunities for girls and women) and stigmatization and discrimination. Most of these conditions are treatable; however, the challenge

in many parts of the world is lack of access to affordable, high-quality health and social care services. Promotion and prevention are important, as they can encourage or increase protective factors and healthy behaviour that can help prevent the onset of mental health conditions.

The COVID-19 pandemic has made the issue of mental health conditions even more relevant, as the global health crisis and its wide-ranging effects have significantly increased levels of stress and anxiety, whereas the priority is to raise funds for health systems strengthening and a broader COVID-19 response and recovery efforts.

Building on their work on NCD investment cases and in view of the strong demand from Member States to understand the attributable and avertable economic impacts of mental health conditions, WHO and UNDP have prepared a [method and guidance](#) for national mental health investment cases (17). Like NCD investment cases, a mental health investment case shows the costs of mental health conditions to the health sector and to the economy as a whole and the benefits of scaled-up action. The work begins with a mission to the country (most conducted remotely since 2020) to evaluate the status of relevant policies and services, analyse the economic burden and the institutional context and to model the return on investment, in which the costs of mental health conditions to a country are compared with the estimated health and economic returns over a defined period of investment.

Both NCD and mental health investment cases provide impact-oriented recommendations to governments.



CAPACITY-BUILDING AND KNOWLEDGE TRANSFER

As part of the project, WHO and UNDP have organized several thematic events and training courses for capacity-building and transfer of knowledge for the development and use of NCD and mental health investment cases.

Training for economists, Moscow, September 2017

A 2-day [training course for experts](#) was conducted to build the capacity of economists, in particular those in the Russian Federation, to undertake NCD investment cases funded under the joint programme and any additional investment cases requested.

The course was organized by WHO, UNDP and the Moscow National Research Centre for Preventive Medicine. Sixteen economists participated. The aims were to acquaint the participants with:

- the WHO–UNDP programme and the roles and responsibilities of economists and others in NCD investment cases;
- what NCD investment cases are, their aims and their limitations;
- the difference between business and investment cases and WHO experience to date; and
- an overview of the components and process for conducting an NCD investment case, including:
 - » guidance developed by WHO, UNDP and the World Bank;
 - » the tools available for economic evaluation and how to use them;
 - » the sources of data necessary for economic evaluation, including investment cases; and
 - » the NCD investment cases conducted so far.

An [online executive course](#) for health economists was also developed to increase the technical capacities of national ministries of health through economic modelling in public health.

Training for economists, Geneva, March 2018

The [training course](#) provided an opportunity for economists to master the OneHealth Tool, a web-based application that enables economists to calculate the burden of disease and the return on investment of various policy interventions. Dr Melanie Bertram, WHO, responsible for NCD interventions in the OneHealth Tool, co-facilitated the course. She noted that more and more countries are requesting NCD economic analyses, and that the capacity of the international community to respond must be increased. Thus, training health economists in use of the OneHealth tool for costing and strategic planning will support countries in developing plans for universal health coverage.

The participants immersed themselves in the OneHealth Tool and other aspects of investment cases. Aashna Mehta, research associate at the Public Health Foundation of India and one of the participants, said, “The training was extremely helpful in understanding the OneHealth Tool as well as investment cases. The trainers were very supportive.”

Sessions were arranged on the method used in the analysis of institutional context in NCD investment cases to demonstrate the complementarity of the economic and political components of NCD investment cases.

A roster of international health economists was constituted among the participants according to their performance and the results of a test. More than 30% of the experts on the roster are representatives of Russian institutions. The meeting thus increased the number of economists available to work with countries on NCD investment cases, so that WHO, UNDP and the broader UNIATF on NCDs can be more responsive to the increasing demand.



NCD investment case meeting, Geneva, June 2019

The [third investment case update meeting](#) took place on 11–12 June 2019 to review work to date and future plans; technical issues in investment case development, method, quality control and coordination; and how to assist Member States that request assistance in scaling up and extending investment cases.

Participants were informed about the latest global events and reports relevant to NCD investment cases, including the 2018 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, which included a recommendation to develop national NCD investment cases, broaden the scope of commitment, from four major NCDs and four main behavioural risk factors (the “4 x 4 NCD agenda”) to include reduction of air pollution and promotion of mental health and well-being (the “5 x 5 NCD agenda”).

Meeting of economists, 2021

The [fourth annual meeting](#) of economists to discuss progress in nationally tailored investment cases was held on 19–21 April 2021. The participants reviewed all the investment cases completed in the [WHO-UNDP global joint programme to catalyse multisectoral action](#) and those conducted under the [Convention Secretariat’s FCTC2030 project](#). More than 70 health economists and public health specialists took stock of experiences to date and charted a path for helping governments to conduct cost–benefit analyses to advocate for scaled-up action on various health challenges.

The meeting reviewed progress in the following areas in which investment cases are being used or developed: NCDs, tobacco control, mental health, air pollution, alcohol, comorbidity with NCDs and infectious diseases, neglected tropical diseases, health taxes and road safety.

HIGHLIGHTS OF COUNTRY WORK

This section outlines the NCD and mental health investment cases conducted in countries to date and some of the actions that followed.

The links to the eleven published investment case reports are as follows:

ARMENIA

[NCD investment case](#)



KYRGYZSTAN

[NCD investment case](#)

BELARUS

[NCD investment case](#)

PHILIPPINES

[NCD investment case](#)

[Mental health investment case](#)

CAMBODIA

[NCD investment case](#)

UZBEKISTAN

[NCD investment case](#)

[Mental health investment case](#)

ETHIOPIA

[NCD investment case](#)

ZAMBIA

[NCD investment case](#)

KAZAKHSTAN

[NCD investment case](#)

ARMENIA

WHO region: **Europe**

Population: **2 963 000**

Income group: **Upper-middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return-on-investment analysis
- ✓ Investment case launch event
- ✓ Web story release

NCD investment case

Preparation of an NCD investment case in Armenia began in 2018 after a data collection mission by WHO and UNDP experts. The economic burden analysis showed that Armenia loses about 362.7 billion drams (US\$ 741 million) every year due to NCDs, equivalent to 6.5% of the country's gross domestic product (GDP). With partners from the Ministry of Health, the joint WHO and UNDP team assessed the scope and effectiveness of the measures in place and identified NCD policy areas that required strengthening. On the



basis of the findings, five packages of interventions were identified to strengthen the Armenian NCD response, in tobacco control, alcohol control, awareness about physical activity, salt reduction and clinical interventions for cardiovascular disease and diabetes. The costing analysis indicated that



implementing all five recommended packages would cost the Government 71.2 billion drams (US\$ 150 million) over 5 years and 203.8 billion drams (US\$ 429 million) over 15 years.

It was estimated that implementing all five recommended intervention packages would save more than 41 000 lives and avert more than 43 000 cases of stroke and ischaemic heart disease over 15 years. Furthermore, strengthened preventive NCD policies would be expected to yield substantial economic benefits, with an average estimated return on investment of eight drams on every dram invested over 15 years.

The completed NCD investment case report was presented to the Armenian Government at a multistakeholder forum in Yerevan on 3 May 2019. The report drew attention to the areas that should be strengthened and scaled up in order to implement the WHO-recommended interventions. The investment case was positively received, and the Minister of Health of Armenia underscored its importance for future NCD action.

The findings of the investment case were cited in September 2019 when the Government approved a draft comprehensive tobacco control bill. The National Assembly enacted the bill into law later the same year, thus introducing a comprehensive ban on smoking in cafés, restaurants and all other indoor public places.

BANGLADESH

WHO region: **South-East Asia**

Population: **164 689 000**

Income group: **Lower-middle**

Scope of work: Mental health investment case

- ✓ Data collection
- ... Investment case inception event
- ... Institutional context analysis
- ✓ Economic and return on investment analysis
- ... Investment case launch event
- ... Web story release
- ... Video visualization

Mental health investment case

The Government of Bangladesh recognizes mental health conditions as one of the first 10 priorities in health in the country (18). In 2018, the Parliament thoroughly revised national mental health legislation by passing a new Mental Health Act. Furthermore, a draft National Mental Health Policy and a Mental Health Strategic Plan were developed by a multidisciplinary working group in 2019, which are being reviewed by the Cabinet.

In spite of these positive developments, many challenges remain, including very few mental health professionals, underdeveloped infrastructure, lack of psychosocial interventions, little awareness in the population and insufficient funding. The available estimates indicated that public spending on mental health is approximately US\$ 0.08 per capita, representing 0.05% of the total health budget, of which 60% is dedicated to psychiatric hospitals (18).

Work on the mental health investment case was initiated in August 2021 to advance ongoing reforms and to catalyse investment to increase the coverage of and access to mental health services, especially in the context of the COVID-19 pandemic, which has created new risk factors and disrupted the provision of health care and diagnosis to the population.

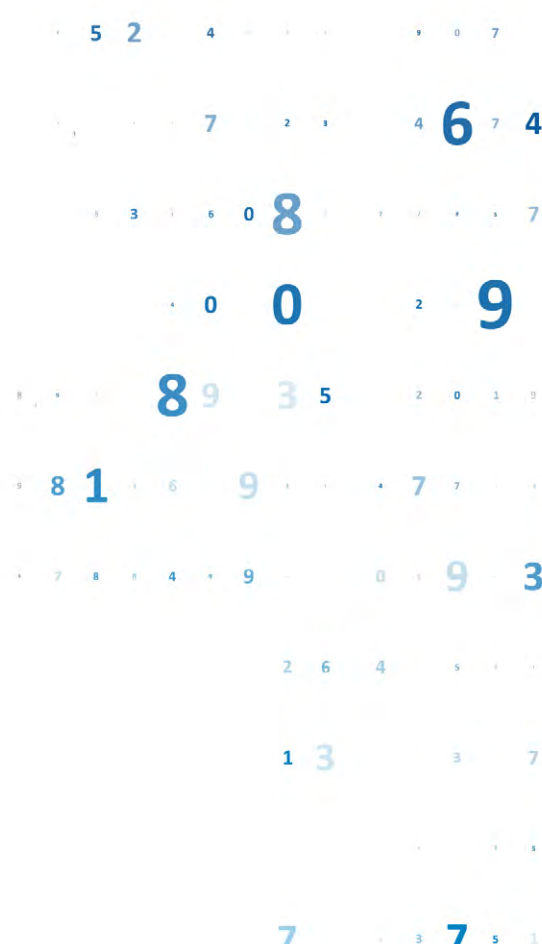
The joint WHO-UNDP team is working with the Ministry of Health and Family Welfare to engage

relevant stakeholders and mobilize support. The terms of reference have been prepared and agreed upon with the Government. International and national expert teams have been assembled to coordinate the collection of data, situation and economic analyses and validation of results.

Preliminary data inputs for economic modelling have been obtained and submitted for review by the Government, and a preliminary status assessment has been drafted, which will be complemented by insights and information from stakeholder interviews, which began in November 2021.

As part of the institutional context analysis, the investment case team has met with representatives of national ministries, members of Parliament, various development partners, education and research institutions, mental health practitioners and their associations as well as private sector service providers.

The first draft of the report is scheduled for submission in the first quarter of 2022.



BELARUS

WHO region: **Europe**

Population: **9 399 000**

Income group: **Upper-middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return-on-investment analysis
- ✓ Investment case launch event
- ✓ Web story release

NCD investment case

The Belarus NCD investment case was requested by the Minister of Health in order to advocate for a scaled-up national response to NCDs and their risk factors. NCDs are responsible for 89% of all deaths in the country, and an average person has a 29% risk of dying between the ages of 30 and 70 from NCDs, significantly exceeding the regional average. The NCD investment case showed that the Belarus economy loses an estimated 4.67 billion BYN (US\$ 2.4 billion) – or 5.4% of its GDP – annually due to premature death, morbidity and disability caused by NCDs and the associated reduced workforce productivity.

The NCD investment case drew attention to the high prevalence of NCD risk factors, such as tobacco smoking, alcohol consumption (including heavy episodic drinking), insufficient levels of physical activity among adults, high consumption of salt (estimated to be more than twice the WHO recommendation), high blood pressure and increased total cholesterol.

The cost of implementing preventive policies and clinical measures to address the common NCD risk factors was estimated to be 237 million BYN (US\$ 122 million) over 5 years and 850 million BYN (US\$ 437 million) over 15 years. The analysis of return on investment showed that most of these measures would yield substantial economic benefits that would greatly exceed their costs. The entire package of public health measures modelled in the investment case is expected to return 15 BYN for every BYN



invested if fully implemented over 15 years. Even more importantly, it is projected that more than 272 000 lives would be saved and more than 291 000 cases of stroke and acute ischaemic heart disease averted during the same period as a result of a stronger NCD response.

The final version of the report was presented to the Government in April 2018 at an official forum in Minsk. The findings were shared with all ministries, including trade, finance, agriculture and education, to promote a whole-of-government, whole-of-society approach and to ensure that all sectors recognize the strategic importance of scaled-up NCD action for the health and economy of Belarus.

Since the launch of the NCD investment case in the country, Belarus has taken a number of preventive policy measures to reduce the burden of NCDs, in particular in the area of tobacco control. Between 2018 and 2019, the Government increased excise taxes on tobacco and imposed additional restrictions on the use, advertisement and sale of tobacco products, including electronic smoking systems.

BOTSWANA

WHO region: **Africa**

Population: **2 352 000**

Income group: **Upper–middle**

Scope of work: Mental health investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return-on-investment analysis
- • • Investment case launch event
- ✓ Web story release
- • • Video visualization

Mental health investment case

Work on the NCD investment case for Botswana was initiated in September 2020 after receipt of an official request from the President of the Republic.

NCDs are estimated to account for 46% of all deaths in Botswana, and the prevalence of major NCD risk factors, such as tobacco use and obesity, have been increasing steadily. In 2019, the President launched a strategy to strengthen the NCD response. WHO was requested to prepare an appropriate NCD investment case to guide the health sector in resource allocation and ensure adequate financing of national NCD prevention and control measures.

In March 2021, after formation of national and international teams of experts, data collection and stakeholder interviews were begun. In July 2021, a “multistakeholder NCD investment case forum” was organized to raise awareness of the NCD burden in the country, invite stakeholder participation in the NCD investment case and advocate for a collaborative, whole-of-government approach to the prevention and management of NCDs. Over 100 experts joined the event, from the Government, academia, civil society and the United Nations, including the Minister of Health and Wellness, the Minister of Presidential Affairs, Governance and

Public Administration, the United Nations Resident Coordinator and the Ambassador of the Russian Federation to Botswana.

Between July and October 2021, interviews were held with several national stakeholders, and more interviews are scheduled in November and December. The investment case team has already begun preparation of the context sections of the report. The preliminary analysis of the economic burden of NCDs in the country has been completed. The results suggest that NCDs have a strong negative effect on the economic development of the country. Government expenditure on health care for NCDs of US\$ 226 million (2.5 billion BWP) is just the tip of the iceberg: the indirect (hidden) costs due to premature mortality and lost productivity (absenteeism², presenteeism³) are almost five times higher. In Botswana, the cost of presenteeism alone, US\$ 226 million (BWP 2.6 billion), is 4% higher than total health expenditure on NCDs. Altogether, the economic cost of NCDs to the Botswana economy is estimated to be US\$ 1.2 billion (BWP 13.2 billion) per year, equivalent to 5.92% of the country's annual GDP. These findings will be part of the investment case report that is being finalized in collaboration with national stakeholders.

² Absence from work due to illness.

³ Reduced productivity at work.

CAMBODIA

WHO region: **Western Pacific**

Population: **16 719 000**

Income group: **Lower-middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return-on-investment analysis
- ✓ Investment case launch event
- ✓ Web story release

NCD investment case

Cambodia is undergoing an epidemiological transition, as NCDs become a growing public health concern and a challenge to the country's long-term sustainable development. Between 2009 and 2019, the proportions of deaths due to stroke, chronic obstructive pulmonary disease, ischaemic heart disease, diabetes and lung cancer increased by 36%, 38%, 46%, 48% and 55%, respectively (19).

In 2018, the Government of Cambodia invited WHO and UNDP to provide support in preparing a national NCD investment case, and a UNIATF NCD mission to Cambodia was undertaken in August 2018 to initiate the study.

The economic burden analysis assessed the total economic losses due to NCDs in Cambodia at KHR 5.97 trillion (US\$ 1.5 billion) per year (6.6% of the country's GDP). A comprehensive situational analysis was conducted in cooperation with Government representatives to identify gaps and weaknesses in



the national NCD response. The cost of relevant WHO "best buy" interventions was assessed to estimate the investment necessary to fill the most pressing policy gaps. Economic modelling indicated that implementation of the selected intervention packages would cost 1.4 trillion KHR (US\$ 344 million) over 15 years, which is less than one fourth of the loss to Cambodia every year due to the impact of NCDs on its workforce.

The benefits to be derived from the recommended measures would be significant. The investment case showed that the five packages of interventions would save more than 184 000 lives over 15 years. Furthermore, the improved health and well-being of the Cambodian population would result in stronger, more sustainable growth of the national economy, contributing over KHR 1.73 trillion (US\$ 422 million) in economic benefits over 15 years.

A multi-stakeholder forum was organized in Phnom Penh on 2 October 2019 to present the findings of the investment case.



ETHIOPIA

WHO region: **Africa**

Population: **114 964 000**

Income group: **Low**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return-on-investment analysis
- ✓ Investment case launch event
- ✓ Web story release
- Video visualization

NCD investment case

Ethiopia is one of the fastest-growing economies in the Africa Region, and improving the population's health is important for sustaining the high rates of growth and achieving a transition to a middle-income country, in accordance with the national strategic objectives for 2025. NCDs are emerging as a new, pressing health concern for the Ethiopian population, in addition to the burden of communicable diseases and the health of mothers and children. The number of deaths from NCDs in Ethiopia increased by almost 18% between 2010 and 2015, while the annual economic losses associated with the four main NCDs were estimated to be 31.3 billion birr (US\$ 1.1 billion), equivalent to 1.8% of the country's GDP.

As in other countries, behavioural and metabolic risk factors are the principal causes of NCD in Ethiopia. Unhealthy diets, little physical activity and poor awareness of the importance of blood pressure and



cholesterol levels in the population are of particular concern. The costing analysis conducted as part of the investment case showed that implementing relevant intervention packages to address these and other major NCD risk factors would cost 36.7 billion birr (US\$ 1.3 billion) over 5 years and 242.2 billion birr (US\$ 8.3 billion) over 15 years.

All the recommended interventions are expected to improve health and the economy in Ethiopia. The investment case projected that more than 1 450 000 lives would be saved over 15 years if the recommended policy and clinical measures are fully implemented. In addition, 62.1 billion birr (US\$ 2.13 billion) would be generated in restored economic productivity to contribute to the country's long-term growth.

The NCD investment case was officially launched in September 2019. In 2020, the Government raised excise taxes on cigarettes to reduce tobacco consumption, and, in 2021, a major mass media campaign was launched to lower the salt intake of the population and to promote healthier diets, both in line with the recommendations of the NCD investment case.



ISLAMIC REPUBLIC OF IRAN

WHO region: **Eastern Mediterranean**

Population: **83 993 000**

Income group: **Upper-middle**

Scope of work: NCD investment case

- ✓ Data collection
 - ✓ Investment case inception event
 - ✓ Institutional context analysis
 - ✓ Economic and return-on-investment analysis
 - Investment case launch event
 - Web story release
 - Video visualization
-

NCD investment case

In the past 20 years, NCD-related mortality in the Islamic Republic of Iran has risen by over 14%. In 2016, more than 80% of all deaths in the country were linked to NCDs, and the average adult had a 15% risk of dying between the ages of 30 and 70 from an NCD.

To respond to the growing threat, the Government has taken measures to combat the major risk factors, including introducing a new food labelling system, strengthening regulations on the salt, sugar and fat content of foods and restricting importation and use of palm oil.

In 2018, the Government invited WHO and UNDP to support its work and provide a basis for further action by preparing an NCD investment case. A mission of the UNIATF on NCDs was undertaken in November 2018 to analyse the current and projected economic and social impacts of NCDs in the country and the return on investment of a scaled-up national response.

It was estimated that the economic burden of NCDs on the country is equivalent to a loss of about 3% of the national GDP annually. For the investment case, four packages of preventive policy and clinical interventions were modelled to address the primary risk factors for NCDs and particularly tobacco, diet (salt consumption), physical activity and metabolic conditions. The cost of implementation was estimated to be about US\$ 4.7 billion over 5 years and

US\$ 19.4 billion over 15 years. The findings suggest that full implementation of the modelled interventions would greatly improve the population's health and strengthen the Iranian economy by averting nearly 550 000 deaths and generating more than US\$ 8.7 billion in restored productivity over 15 years.

The finalized NCD report was shared with the Ministry of Health and other national stakeholders in 2020. The joint WHO-UNPD team remains in contact with country representatives on dissemination of the findings of the investment case.

KAZAKHSTAN

WHO region: **Europe**

Population: **18 754 000**

Income group: **Upper-middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return-on-investment analysis
- ... Investment case launch event
- ✓ Web story release
- ... Video visualization

NCD investment case

NCDs such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are a growing problem in Kazakhstan, claiming more than 100 000 lives every year and resulting in disability and loss of working capacity for tens of thousands more. In addition, NCDs are holding back the national economy. After a data collection mission to the country in 2018, it was estimated that Kazakhstan loses about 2.3 trillion tenge annually (US\$ 6 billion), equivalent to 4.5% of the GDP, due to the direct and indirect economic impacts of NCDs.

The major causes of NCDs in the country are tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity, obesity, raised blood sugar, high blood pressure and abnormal blood lipids. In particular, the population has a high consumption of salt (three to four times the WHO-recommended norm), a high prevalence of tobacco use and a high prevalence of metabolic conditions (high body mass index, high blood pressure and raised total cholesterol). Fostering conducive built and policy environments was identified as key to support people in reducing their behavioural risk factors for NCDs and to ensure access to the necessary clinical interventions. The investment case report recommended the appropriate targeted interventions.

An analysis was conducted with an econometric model to review the cost of the selected evidence-based intervention packages. The cost of



implementation was estimated at 165 billion tenge (US\$ 0.5 billion) over 5 years and 89.8 trillion tenge (US\$ 278 billion) over 15 years. The results of the return-on-investment analysis indicated that all the interventions would contribute substantially to the health and well-being of the Kazakh population. Specifically, implementing the recommended policy and clinical interventions would save more than 394 000 lives over 15 years and generate over 5.89 trillion tenge (US\$ 15.3 billion) by preserving potential economic productivity.

In 2021, Kazakhstan raised excise taxes on cigarettes, tobacco and some other nicotine-containing products in line with the recommendations of the NCD investment case.



KENYA

WHO region: **Africa**

Population: **53 771 000**

Income group: **Lower–middle**

Scope of work: Mental health investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- ... Investment case launch event
- ✓ Web story release
- ... Video visualization

Mental health investment case

One in four people who seek health care in Kenya are estimated to have a mental health condition. Depression is common, and there are increasing rates of substance and alcohol use disorders.

Work on a mental health investment case for Kenya began in November 2020. In May 2021, the Ministry of Health, in collaboration with UNIATF, organized a multistakeholder forum that brought together over 100 experts from the Government, academia, civil society and the United Nations to discuss opportunities and challenges in effectively improving mental health in the country. The high-level participants included Kenya's Health Chief Administrative Secretary, the Presidential Advisor on Mental Health, the Director of Mental Health at the Ministry of Health, the Director of the Global NCD Platform and the Russian Ambassador to Kenya, who underscored the importance of the initiative to promote a comprehensive, whole-of society response to the challenges posed by the rising burden of mental health and substance use disorders.

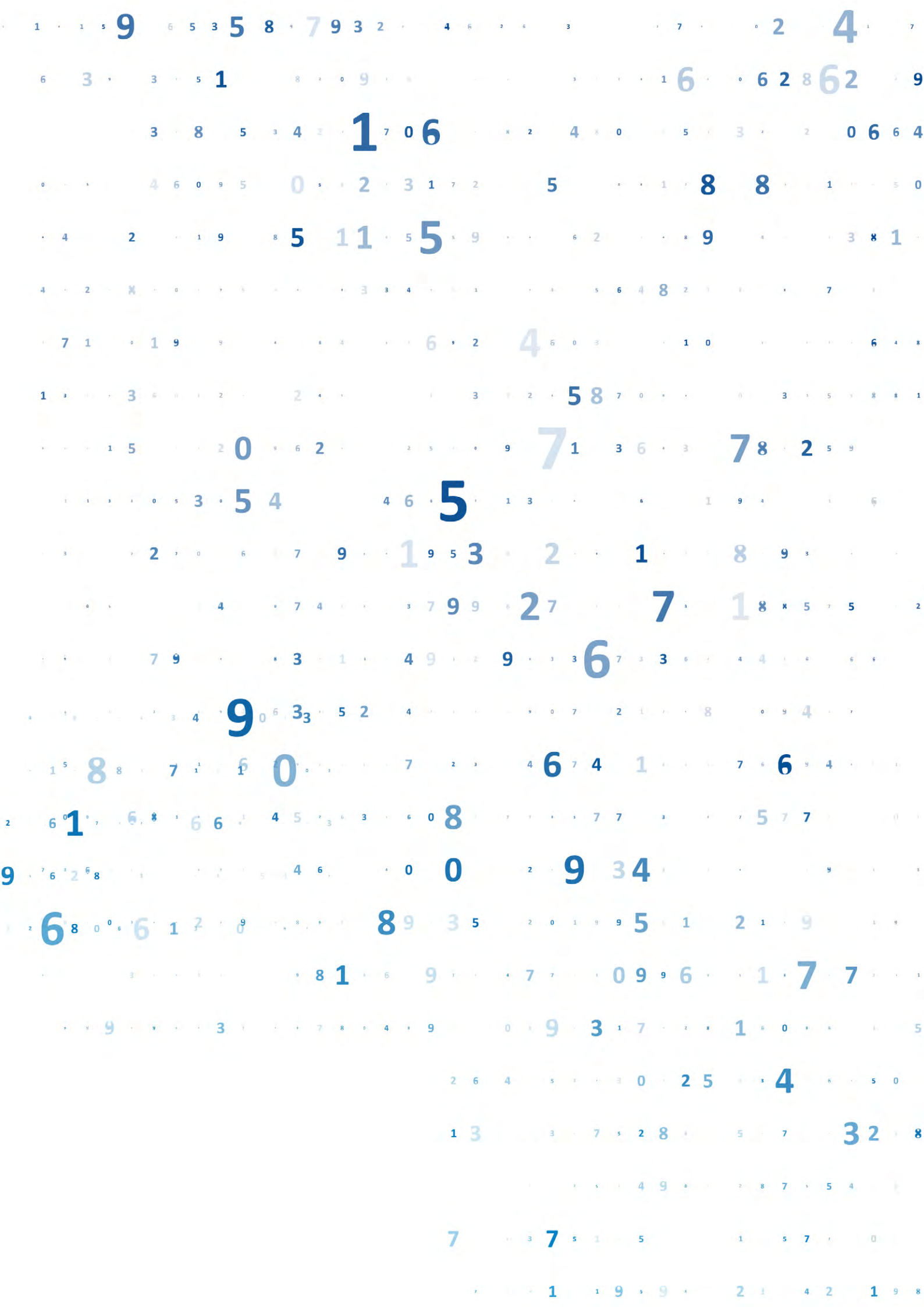
Extensive institutional and context analyses were conducted to better understand the priorities and potential enabling factors in relation to mental health policies and resources. Over several months, the investment case team interviewed more than 20 national and international stakeholders,



including representatives of national ministries and Government bodies, mental health practitioners and members of professional associations and representatives of nongovernmental organizations, civil society organizations and development partners involved in mental health-related work in the country. The interviews identified some of the major barriers to strengthening mental health services and policies, while at the same time raising awareness among key national and international stakeholders.

To further mobilize support for a whole-of-government response and promote recognition of the requirements for addressing mental health conditions, UNIATF and the Ministry of Health organized a Governors' Forum on Mental Health in August 2021. Governors of counties in Kenya play a crucial role in delivering mental health services to their populations, and the Forum served as an important platform for advocacy for urgent action. The event was attended by more than 180 experts and many governors. Information from interviews and presentations at the Forum was used in an analysis of the mental health situation and to assess the status of mental health policies in the country. The investment case team also advanced data collection and economic modelling and obtained preliminary results on the economic burden and expected return on investment.

The first consolidated draft of the investment case was submitted for review to the Ministry of Health in October 2021. The report is being finalized with feedback from the Government and will be presented to national stakeholders at an official launch to be organized in collaboration with national partners in January 2022.



KYRGYZSTAN

WHO region: **Europe**

Population: **6 592 000**

Income group: **Lower–middle**

Scope of work: NCD investment case

- ✓ Data collection
 - ✓ Investment case inception event
 - ✓ Institutional context analysis
 - ✓ Economic and return on investment analysis
 - ✓ Investment case launch event
 - ✓ Web story release
 - • • Video visualization
-

NCD investment case

UNIATF conducted a mission to Kyrgyzstan in 2016, and the joint WHO-UNDP team used the information collected for a context analysis and a needs assessment for the investment case. The data suggest that NCDs are responsible for more than 80% of all deaths in Kyrgyzstan, which is higher than the proportion of deaths attributable to NCDs at global level (71%). According to WHO, an average Kyrgyz citizen has about a one in four risk (24%) of dying between the ages of 30 and 70 from one of the four main NCDs – cardiovascular disease, cancer, chronic respiratory disease and diabetes. Each year, NCDs kill more than 30 000 people in Kyrgyzstan and result in illness and disability among thousands more.

The NCD investment case emphasized the high social and economic costs of the NCD epidemic on Kyrgyzstan. It was found that the economic cost of NCDs represents almost 4% of the country's GDP each year, equivalent to 17.1 billion som (US\$ 250 million).

Tobacco use and high intake of salt were identified as some of the most common risk factors for NCDs in the country. Other major risk factors, such as harmful use of alcohol, physical inactivity and metabolic risk factors like elevated blood pressure, high body mass index and abnormal levels of blood lipids are also prevalent.

The investment case indicated that implementing the WHO-recommended interventions to address these risk factors would require an investment of 175 billion som (US\$ 2.5 billion) over 5 years and 872 billion som (US\$ 12.4 billion) over 15 years. These investments would pay off, as they are projected to save more than 13 000 lives over 15 years. Furthermore, most would provide economic benefits that significantly outweigh the costs of implementation.

The completed NCD investment case report was presented to the Government of Kyrgyzstan at a multistakeholder forum in Bishkek in September 2017. Forum participants agreed that sectors beyond health must be involved in the national NCD response if Kyrgyzstan is to achieve the NCD-related SDG targets.

Since the launch of the NCD investment case, Kyrgyzstan has implemented at least two fiscal measures targeting tobacco products and several regulatory measures targeting alcohol, all in line with the recommendations of the investment case.

NEPAL

WHO region: **South-East Asia**

Population: **29 137 000**

Income group: **Lower–middle**

Scope of work: Mental health investment case

- ✓ Data collection
- Investment case inception event
- Institutional context analysis
- Economic and return on investment analysis
- Investment case launch event
- Web story release
- Video visualization

Mental health investment case

According to the National Mental Health Survey conducted by the Ministry of Health and Population in collaboration with WHO between 2017 and 2020 in all seven provinces of Nepal, the prevalence of mental health conditions was 5.2% among adolescents (13–17 years) and 4.3% among adults (≥ 18 years). The prevalence of suicide attempts over a lifetime was found to be 0.7% among adolescents and 1.1% among adults (20,21). Mental health conditions therefore pose a serious risk to the health and well-being of Nepalis. They result in suffering, disability or morbidity and often lead to reduced productivity, loss of income and other adverse social and economic outcomes. Current work towards progressive realization of universal health and social security coverage provides a strong basis for extending the access of the population to prevention and treatment of mental health conditions.

The UNIATF team and the Ministry of Health and Population of Nepal therefore initiated a national mental health investment case to advocate for and support strengthening of national mental health promotion measures and policies. Work on the investment case began in September 2021 after the formation of national and international teams of experts for data collection and analysis.

In consultation with national representatives, a list of stakeholders was identified to be interviewed for

the institutional and context analyses, which began in November 2021. The joint WHO–UNDP team will also meet with members of Parliament and representatives of seven national ministries: Health and Population; Labour, Employment, and Social Security; Education, Science and Technology; Youth and Sports; Finance; Women, Children and Senior Citizens; and Law, Justice and Parliamentary Affairs. Interviews with civil society actors, development partners and mental health practitioners and professional associations are also scheduled.

The investment case team has advanced preliminary desk research and data collection for the analysis of the status of WHO-recommended mental health policies in the country and subsequent economic modelling. Data validation and drafting of a report are scheduled for the first quarter of 2022.

NIGERIA

WHO region: **Africa**

Population: **206 140 000**

Income group: **Lower–middle**

Scope of work: NCD investment case

- ✓ Data collection
 - ✓ Investment case inception event
 - ✓ Institutional context analysis
 - ✓ Economic and return on investment analysis
 - ... Investment case launch event
 - ... Web story release
 - ... Video visualization
-

NCD investment case

NCDs pose a growing socioeconomic threat to Nigeria's 200 million population, whose exposure to NCD risk factors has been increasing because of unplanned urbanization, greater consumption of health-harming products (such as tobacco and sugar-sweetened beverages), changing lifestyles and environmental factors such as air pollution. The Government has committed itself to strengthen the national NCD response, with the adoption in 2019 of the 6-year National Multi-sectoral Action Plan for the Prevention and Control of Non-Communicable Diseases; the Minister of Health has called for stronger multisectoral collaboration for its implementation.

To further support national NCD response, UNIATF offered to work with the Government on an appropriate investment case in order to present compelling, evidence-based economic arguments for stronger preventive NCD policies. In February 2020, UNIATF undertook a joint mission to Nigeria in partnership with the WHO Global TB Programme to collect data and meet key stakeholders. The joint WHO–UNDP team then analysed the case for investing in prevention and control of NCDs with the Federal Ministry of Health and an international team of experts.

The results of the analysis show an evidence-based opportunity to reduce the burden of NCDs on health, the economy and other aspects of development through preventive action, ensuring treatment for

those most in need. The analysis of the economic burden showed that, currently, Nigeria loses over 1.6 trillion NGN each year, equivalent to 1.1% of its GDP. It also showed that consistent implementation or intensification of the WHO-recommended policy measures and scaling up of clinical interventions over the next 15 years would save more than 500 000 lives and generate around 2 trillion NGN in economic benefits by restoring productivity, averting disability and mortality and reducing health care costs for both the Government and households. The projected social benefits that are likely to result from improved health and well-being were evaluated at NGN 2.1 trillion. The combined projected economic and social benefits, estimated at 2.7 trillion NGN over 15 years, will greatly exceed the cost of implementing the WHO-recommended interventions. Even without the projected social benefits, the return on investment of most of the modelled interventions would be significant, from 1.2 to 6 NGN on every NGN invested over 15 years.

The results of the investment case are being validated with the Government. The finalized report will be shared widely with stakeholders in Nigeria at a launch event, which will be scheduled once the Government has cleared and approved it.

PHILIPPINES

WHO region: **Western Pacific**

Population: **109 581 000**

Income group: **Lower–middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- ✓ Investment case launch event
- ✓ Web story release
- Video visualization

NCD investment case

A country mission conducted in 2018 showed a growing need for investment in preventing and controlling NCDs in the Philippines. The objective of the NCD investment case that was prepared with the Government was to catalyse scaled-up action on NCDs by demonstrating the growing burden of disease and the benefits of comprehensive policies for the protection and promotion of health. According to the report, NCDs caused 68% of all deaths in the country and claimed more than 450 000 lives every year from the most common types of NCDs in the country, which are cardiovascular diseases and cancers. It was estimated that, if no additional action is taken, over 1.8 million people might die from these diseases in the country between 2020 and 2025. An analysis of the economic burden further showed that NCDs result in substantial economic losses, estimated at 756.5 billion PHP (US\$ 14.5 billion) per year, or about 4.8% of the GDP.

WHO and UNDP experts, in cooperation with the Department of Health, evaluated the policies and measures that were in place to combat NCD risk factors in order to identify the measures necessary to strengthen the national NCD response. A costing analysis showed that implementing the identified intervention packages would cost the Government 80.9 billion PHP (US\$ 1.6 billion) over 5 years and 582.7 billion PHP (US\$ 11.2 billion) over 15 years. The total cost of implementing all the recommended



measures to combat NCDs over 15 years is less than the total economic losses to the Philippines each year due to the burden of NCDs.

The investment case projected that strengthening the national NCD response would save more than 393 000 lives and avert more than 316 000 cardiovascular events over 15 years. A healthier population will, in turn, enable budget savings and boost the national economic output. The projected economic benefits from full implementation of the modelled intervention packages amount to 444.7 billion PHP (US\$ 8.5 billion) over 15 years, and most of the intervention packages would yield a return on investment of more than 7.

The results of the NCD investment case were presented to the Government in October 2019 at a multistakeholder forum. In November 2019, the Office of the President issued a decree to increase excise taxes on alcohol, e-cigarettes and vaping products and to mobilize more funds for the country's universal health care programme.

Scope of work: Mental health investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- ✓ Investment case launch event
- ✓ Web story release
- ✓ Video visualization

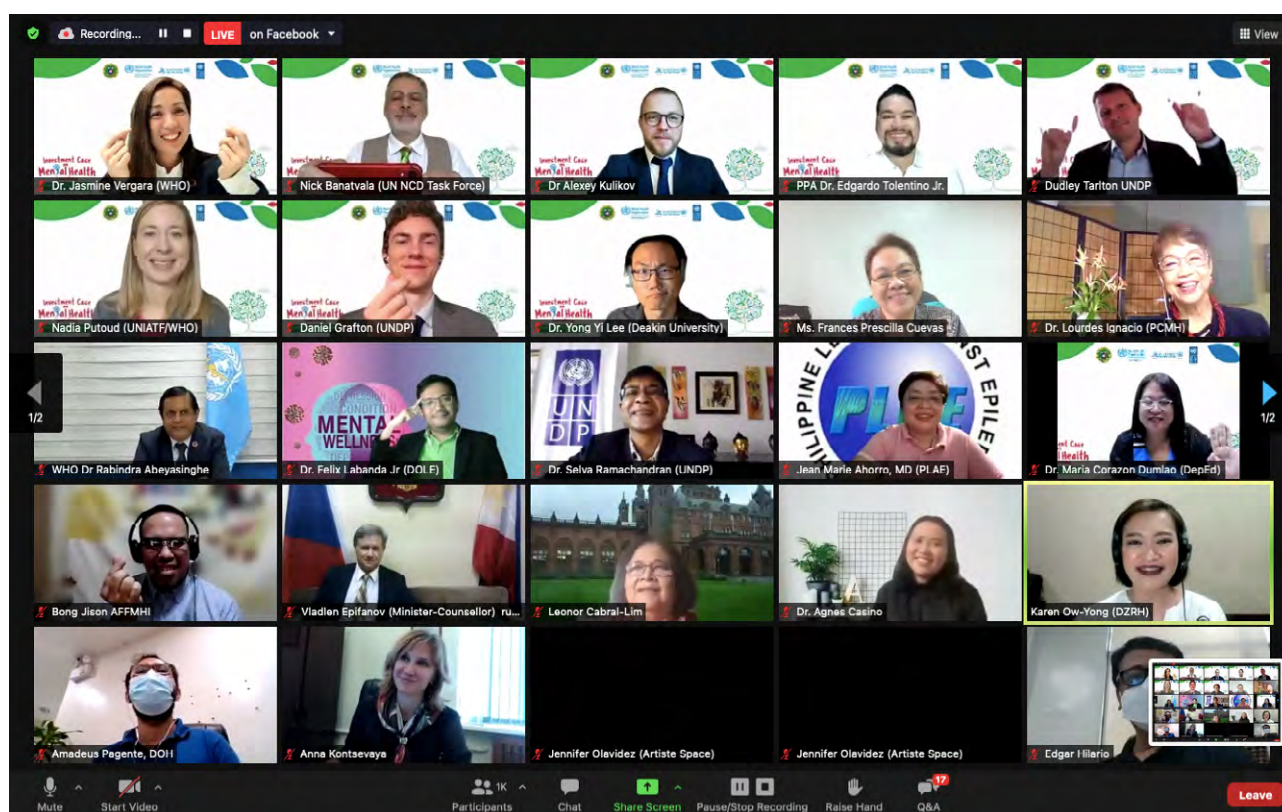
Mental health investment case

After the launch of the NCD investment case in 2019, the Government of the Philippines expressed interest in conducting a similar exercise with a focus on mental health. Given the participation of the country in the WHO “Special initiative for mental health: Universal health coverage for mental health” and subsequent health reforms, work on a mental health investment case was a highly relevant step for strengthening national health policies.

Work on the investment case began with an inception mission in February 2020, which led to a platform

for multisectoral engagement and dialogue for assessment of national mental health policies. The team met representatives of more than a dozen Government bodies and specialized entities, including the Department of Health, the Philippine Council for Mental Health, the Department of Trade and Industry, the Department of Finance, the Department of Labour and Employment, the Department of Social Welfare and Development, the Department of Education, the Philippine Information Agency, the Commission on Higher Education, the Commission on Human Rights, the Technical Education and Skills Development Authority, the National Economic and Development Authority, the Food and Drug Administration and Philippine Health Insurance. The team also met with representatives of national labour unions, civil society groups, members of academia and prominent development partners (such as the Asian Development Bank) to learn about their work and sensitize them for collaboration.

The data analyses and the consultations with stakeholders confirmed that the Philippine society is experiencing a growing burden of mental health conditions. These conditions lead not only to vast



human suffering but also to economic losses because of the impact on workforce productivity. It was estimated that, in 2019, mental health conditions cost the Philippine economy 68.9 billion PHP (US\$ 1.3 billion), equivalent to 0.4% of its GDP. The investment case also determined that implementing cost-effective, evidence-based clinical and preventive policy packages could significantly reduce the burden of mental health conditions on the Philippine population.

Eight packages of interventions were modelled: clinical interventions to treat anxiety disorders, depression, psychosis, bipolar disorder, epilepsy and alcohol dependence; and three population-based mental health interventions: universal and indicated school-based social-emotional learning to prevent depression and suicide and a nationwide regulatory ban on highly hazardous pesticides used to commit suicide. The cost of implementing these interventions was estimated at 143 billion PHP (US\$ 2.7 billion) over 10 years.

The investment case suggests that, by implementing the modelled interventions, the Philippines would save more than 5000 lives and restore 700 000 healthy life years over the next 10 years by reducing the incidence, duration or severity of these mental health conditions. Moreover, full implementation of the modelled interventions would yield 217 billion PHP (US\$ 4.1 billion) in economic benefits from improved workforce productivity and averted health-care costs.

The Philippines was the first country to launch a joint UNIATF-WHO investment case on mental health, at a high-level multistakeholder event in October 2021. The virtual event brought together more than 1000 participants. The investment case was positively received, and key sectors of the Government, United Nations agencies and civil society cited its findings to call for whole-of-government, comprehensive action on mental health.



RUSSIAN FEDERATION

WHO region: **Europe**

Population: **144 104 000**

Income group: **Upper-middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- ✓ Investment case launch event
- ✓ Web story release
- Video visualization

NCD investment case

According to the latest data, NCDs cause more than 1.6 million deaths in the Russian Federation each year. The risk of an average person for dying between the ages 30 and 70 from an NCD is higher than in most other countries in the WHO European Region, with serious implications for the Russian people and the national economy.

The Government recognizes the importance of addressing NCDs to achieve sustainable development and has shown leadership in raising the profile of the issue by implementing a number of important preventive policies in the past decade. The burden of NCDs nevertheless remains high, and additional measures are necessary to strengthen national NCD prevention and control. One of the strategic goals set by the Ministry of Health in Presidential Decree No. 204 of 2018 is a substantial reduction in premature mortality from cardiovascular diseases and cancers. Achievement of this goal will require further reduction of the major NCD risk factors.

About 37% of the adult population of the Russian Federation uses tobacco, over 18% have insufficient physical activity, the average daily salt intake is more than double the WHO-recommended norm, and consumption of alcohol is still among the highest in Europe, at 12 L of pure alcohol per person per year. A high prevalence of metabolic risk factors (elevated blood pressure, high body mass index and abnormal levels of blood lipids) is also a concern.

The NCD investment case was preceded by an analysis of the social and economic burden of NCDs and the most cost-effective interventions, based on the WHO “best buys”, to reduce mortality and morbidity due to NCDs and at the same time decrease Government health-care expenditure and substantial losses in productivity. The combined total costs of the four main NCDs was estimated to be about 4 trillion RUB (US\$ 64.6 billion) in 2018, equivalent to 3.9% of the GDP. The investment required to implement the WHO-recommended evidence-based policy and clinical measures was estimated to be 1.2 trillion RUB (US\$ 18.7 billion) over 5 years and 4.3 trillion RUB (US\$ 68.2 billion) over 15 years.

The analysis showed that implementing the recommended intervention packages would have a large positive effect on the well-being of the Russian population and the economy. First, it projected that stronger NCD prevention and control policies would save nearly 4.4 million lives over 15 years – the highest number in all the investment cases analysed to date. Furthermore, full implementation of the recommended policies would yield 8.1 trillion RUB (US\$ 130 billion) in economic benefits, with some interventions yielding as much as 51 RUB on every RUB invested over 15 years, thus substantially boosting the national economy.

The results of the NCD investment case were presented at the Fourth All-Russia Public Health Forum in October 2020. In 2021, the Ministry of Finance increased excise taxes on tobacco by about 20%, which is expected to push the average price of cigarettes from 120 RUB to about 140 RUB and generate additional revenue for the public budget.



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UGANDA

WHO region: **Africa**

Population: **45 741 000**

Income group: **Low**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- Investment case launch event
- Web story release
- Video visualization

NCD investment case

Uganda's Ministry of Health conducted an NCD investment case in 2019, which showed that NCDs reduce the economic output and that the country would benefit from investing in four policy intervention packages to reduce exposure to behavioural risk factors – tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.

The investment case showed that NCDs cost Uganda's economy 5.3 trillion UGS (US\$ 1.4 billion) annually, equivalent to 4.1% of the GDP in 2018. About 90% of the economic losses are indirect, resulting from lost productivity due to premature mortality, disability, missed days of work and reduced productivity at the workplace. NCDs thus impede development in Uganda beyond health and have serious repercussions for the country's long-term growth. Nearly one in four adults is at high risk of dying before the age of 70 from an NCD, cardiovascular diseases being the greatest threat.

The findings of the investment case demonstrate that investing in proven, cost-effective packages of interventions to reduce the key NCD risk factors over the next 15 years would have large social and economic benefits. The analysis projects that implementing cost-effective preventive measures would save 188 000 lives, reduce the incidence of disease and thus significantly reduce the economic impact of NCDs. It was estimated that over UGS 8.7 trillion (US\$ 2.4 billion) in losses of economic output could be averted through timely interventions.



The investment case further showed that the estimated cost of implementing the necessary measures over the next 15 years would be 2.7–4.3 trillion UGS and concluded that the benefits of the interventions under both a moderate and an ambitious scenario would significantly outweigh the expense, which is less than the annual cost of NCDs to Uganda's economy. Most of the intervention packages would deliver a positive return on investment of over 100% (> 2 UGS for every 1 UGS invested) after the first 5 years of implementation.

The final draft of the report was sent to the Ministry of Health in 2020 and is being cleared. Once the Government has approved it, the recommendations and the main findings of the investment case will be shared widely at a high-level launch event, to be organized in collaboration with the Ministry of Health, the WHO Country Office and the United Nations Resident Coordinator.

Scope of work: Mental health investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- • • Investment case launch event
- • • Web story release
- • • Video visualization

Mental health investment case

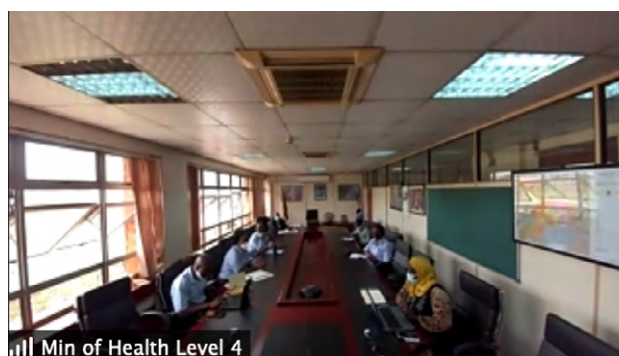
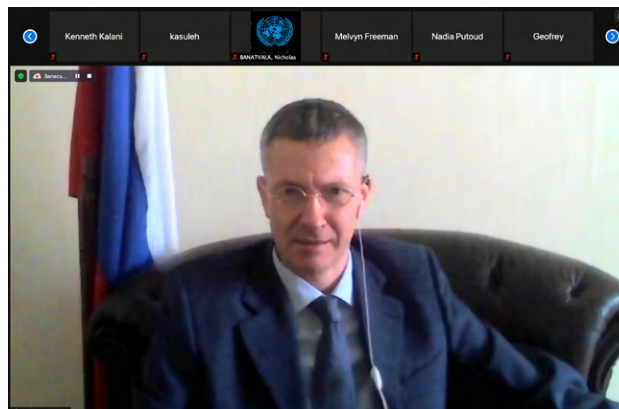
WHO and UNDP initiated a mental health investment case in Uganda in response to an official request from the Ministry of Health in September 2020. The Ministry had observed a progressive increase in the prevalence of and morbidity and premature mortality from mental health conditions and was concerned about their impact on the national population and the economy. UNIATF was therefore requested to provide technical support for a mental health investment case, and national and international expert teams were formed, with support from the WHO Country and Regional Offices and in collaboration with the Ministry of Health.

After preliminary data collection, an online Uganda Mental Health Multistakeholder Forum was organized in February 2021 on the status of mental health in Uganda, to present the purpose, process and method of the investment case and to obtain input from key stakeholders for the analysis. The Forum was attended by high-level representatives of the Government, members of the United Nations country team and a representative of the Russian Embassy in Uganda.

In the institutional context analysis, interviews were conducted with members of Parliament and representatives of the ministries of Health, Finance, Education and Sports and Gender, Labour and Social Development. The investment case team also met with heads of mental health units in regional hospitals, district health officers and representatives of departments of planning and mental health units. Comments, insights and suggestions were also collected from several civil society organizations, professional associations and development partners involved in mental health-related work in the country.

In collaboration with the Ministry of Health, a draft analysis of the mental health system has been

prepared, with the context sections of the investment case report. Preliminary results have been obtained from economic modelling, which are being validated by the team of national experts and the Government. The report is expected to be launched in the first quarter of 2022.



UZBEKISTAN

WHO region: **Europe**

Population: **34 232 000**

Income group: **Lower-middle**

Scope of work: NCD investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- ✓ Investment case launch event
- ✓ Web story release
- Video visualization

NCD investment case

NCDs are a major health threat to the Uzbek population, causing 84% of all deaths in the country. It is recognized, however, that scaling up NCD prevention and control could both improve the health outcomes of the population and advance socioeconomic development. Work on an NCD investment case was undertaken to quantify the cost of NCDs and the benefits of scaled-up action in order to provide national stakeholders with compelling arguments for stronger NCD action.

A mission for data collection was organized in November 2017, and an analysis of the economic burden of NCDs showed that the current cost to the Uzbek economy is 9.3 trillion sum (US\$ 1.1 billion) per year, equivalent to 4.7% of the country's annual GDP.

In cooperation with the Government, WHO and UNDP experts conducted a needs assessment analysis and identified priority interventions to address the drivers of NCDs in the country, which are tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity and metabolic risk factors (elevated blood pressure, high body mass index and abnormal levels of blood lipids).

The analysis showed that the benefits of implementing the recommended policy and clinical interventions would greatly exceed their costs. The costing analysis showed that implementing the recommended measures would cost the Government 172.7 billion sum (US\$ 20 million) over 5 years and 1.4 trillion sum



(US\$161 million) over 15 years. It was also projected that strengthening the national NCD response would save more than 119 000 lives and avert more than 195 000 cases of cardiovascular events over 15 years, yielding almost 2.3 trillion sum (US\$ 265 million) in averted lost productivity over the same period.

The completed NCD investment case was presented to the Uzbek Government at a multistakeholder forum in Tashkent on 12 October 2018. The report specified concrete steps that the Government could take to strengthen the NCD response, including effective cooperation and coordination among Government institutions. The Government rapidly launched an awareness-raising campaign, "Make a step towards a healthy life", to promote healthier lifestyles, in line with the recommendations of the NCD investment case.



Scope of work: Mental health investment case

- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ✓ Economic and return on investment analysis
- ✓ Investment case launch event
- ✓ Web story release
- ✓ Video visualization

Mental health investment case

After the launch of the NCD investment case, the Government of Uzbekistan expressed its interest in broadening the analysis to mental health and invited the UNIATF to develop a mental health investment case. The work was initiated at an opportune time, as the country is reforming its health system towards universal health coverage.

In September 2020, the joint WHO–UNDP team conducted a week-long virtual mission to the country. Consultations with national stakeholders were organized with the Ministry of Health to assess the situation, collect data and better understand the challenges and opportunities.

For the institutional and context analyses, the WHO–UNDP team interviewed representatives of six national ministries, two specialized government bodies (State Statistics Committee and National Chamber of Innovative Health), a national medical students' association, United Nations volunteers, and a number of non-profit nongovernmental organizations.

An analysis of the economic burden showed that common mental health and substance use disorders cost Uzbekistan around 4.8 trillion UZS (US\$ 495 million) in 2019, equivalent to about 1% of the GDP. Most of the losses were due to absenteeism (57%), followed by Government health-care expenditure (17%), the cost of presenteeism (16%) and premature mortality (10%).

Eight packages of cost-effective interventions were modelled for the investment case: clinical interventions to scale up treatment of anxiety disorders, depression, psychosis, bipolar disorder, epilepsy and alcohol use dependence; and two population-based mental health interventions: universal and indicated school-based social–emotional learning programmes to prevent depression and suicide.



The investment required to implement the interventions over 10 years was estimated at 3.9 trillion UZS (US\$ 402 million), which is 1 trillion UZS less than the losses to the country every year due to common mental health conditions. Furthermore, the projected health and economic benefits of the interventions were found to be substantial. First, more than 2600 lives would be saved and nearly 380 000 healthy life years gained by 2030 with full implementation of the intervention packages, thereby improving the health and well-being of hundreds of thousands of Uzbek households and contributing to attainment of SDG target 3.4. Secondly, the country would gain 4.4 trillion UZS (US\$ 454 million) in restored productivity and averted health-care costs, which could be re-invested in the economy or the country's health system.

The findings of the mental health investment case were presented to the public on 27 October 2021 at a high-level policy event attended by the Minister of Health of Uzbekistan, the Deputy Minister of Health of the Russian Federation, the Director of the WHO Regional Office for Europe, the United Nations Resident Coordinator, the Ambassador of the Russian Federation to Uzbekistan and the Director of the WHO Global NCD Platform.



ZAMBIA

WHO region: **Africa**

Population: **18 384 000**

Income group: **Lower–middle**

Scope of work: NCD investment case

- ✓ Data collection
 - ✓ Investment case inception event
 - ✓ Institutional context analysis
 - ✓ Economic and return on investment analysis
 - ✓ Investment case launch event
 - ✓ Web story release
 - Video visualization
-

NCD investment case

Improving the population's health is an important priority for Zambia. In 2017, the Zambian Government adopted the Seventh National Development Plan 2017–2021, with the goal of strengthening the national economy and institutions to attain middle-income country status by 2030. One of the main results to be achieved under the Plan is improvement of the population's health and the quality of national health-care services. Combating infectious diseases, child and maternal mortality, injuries and undernutrition remain priorities for the Zambian health-care system, but it has also recognized that addressing the growing burden of NCDs would generate considerable health-care savings that could be re-invested in the national health system.

The NCD investment case supported the Zambian Government in identifying the most appropriate measures, developing an economic rationale for action and implementing a stronger NCD response. It was estimated that NCDs cost Zambia about ZMW 14.5 billion (US\$ 1.6 billion) each year, equivalent to 6% of the national GDP, and that the largest losses arise from premature mortality and loss of productivity.

Four packages of preventive interventions were identified and modelled to estimate the benefits of a scaled-up NCD response: three packages of policy interventions covering tobacco control, alcohol control and promotion of physical activity, and one package of

clinical interventions to address metabolic risk factors. Unfortunately, although salt control is also highly relevant for the country, this could not be analysed because of data limitations.

The costing analysis showed that implementing all of the selected intervention packages would cost the Government ZMW 128 million (US\$ 14 million) over 5 years and ZMW 258 million (US\$ 28 million) over 15 years. The effects of the recommended policies would be considerable, as the four packages of interventions would save more than 13 000 lives and avert more than 19 000 cases of stroke and acute ischaemic heart disease over 15 years. In addition, implementation of the recommended measures would add almost ZMW 992 million (US\$ 106 million) in productivity gains to the Zambian economy. With an implementation cost of ZMW 258 million (US\$ 28 million), the investment would result in ZMW 734 million (US\$ 79 million) profit over 15 years – an average return of almost 4 ZMW for every ZMW invested.

The full NCD investment case report was presented to the Government at a multi-stakeholder forum in Lusaka in October 2019.

ZIMBABWE

WHO region: **Africa**

Population: **14 863 000**

Income group: **Lower-middle**

Scope of work: Mental health investment case

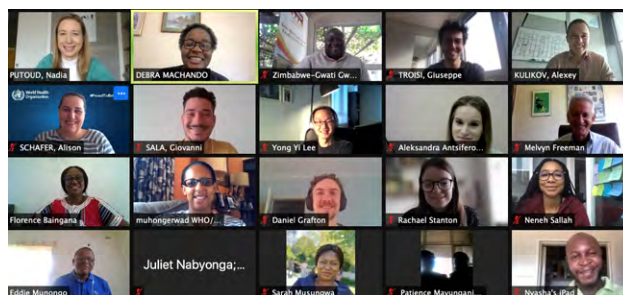
- ✓ Data collection
- ✓ Investment case inception event
- ✓ Institutional context analysis
- ... Economic and return on investment analysis
- ... Investment case launch event
- ✓ Web story release
- ... Video visualization

Mental health investment case

The mental health investment case for Zimbabwe was launched at the same time as a special initiative for mental health, in July 2021, at a 3-day multistakeholder event hosted by the Ministry of Health and Child Care in partnership with WHO and United Nations country teams. The event was chaired by the Vice-President and the Minister of Health and Child Care, Dr Constantine N. Chiwenga, and attended by over 200 experts from the Government, academia, UNFPA, civil society organizations and the Deputy Ambassador of the Russian Federation to Zimbabwe.

The mental health investment case will be a key component of the Zimbabwe Special Initiative for Mental Health Strategic Framework. The situation analysis, institutional context analysis and economic analysis will be used to determine priorities and also serve as compelling economic arguments for investment in mental health by stakeholders and decision-makers in the country.

For the institutional context analysis, the joint WHO–UNDP team, in collaboration with the Ministry of Health, conducted interviews with representatives of more than 20 national institutions, professional associations, nongovernmental organizations, civil society organizations and other local stakeholders. The information collected was used to identify the key challenges and opportunities for implementation



of mental health-related policies in the country. The interviews also helped sensitized the stakeholders about the relevance of mental health action, which will increase support for a collaborative, whole-of-government approach to improving mental health.

Data collection for economic modelling has been completed, and the joint WHO–UNDP team is now working with national ministries to validate the selected sources and estimates and then proceed to a quantitative analysis of the total direct and indirect burdens of common mental health conditions, estimate the cost of selected mental health interventions and project the expected economic and health benefits of scaled up action on mental health.

The findings will be reported by the investment case team, which will also show how mental health action will reduce social inequality, protect human rights and improve overall health outcomes in the country. The team expects to finalize the economic modelling and present the completed report to the Zimbabwe Government at a multistakeholder event in the first quarter of 2022.

ACTIONS CATALYSED

NCD investment cases have been received positively in all countries, and government representatives have acknowledged their utility for informing future action and mobilizing support for national NCD responses. Positive comments have also been received on the mental health investment cases, although feedback is still limited, as the first two cases were launched only recently (in October 2021).

After launching of investment cases, many countries have implemented the measures and policies recommended. The table below summarizes the actions mentioned in the country highlights and recorded by WHO and UNDP thus far. While the list is not comprehensive, the actions contribute to attainment of SDG target 3.4. As work by WHO,

UNDP and other United Nations agencies continues to advance the prevention and control of NCDs and mental disorders, it is difficult to attribute country progress to a particular programme or activity or to establish a direct causal link between an investment case and positive NCD or mental health action in countries after the launch of an investment case. Nonetheless, it is likely that the advocacy, stakeholder engagement and capacity-building conducted within the programme meaningfully contributed to more than one policy change in countries, ultimately leading to strengthening the prevention and control of NCDs and mental health conditions.

Action taken	Investment case recommendation(s)	Action taken
Armenia	"Pass the new, comprehensive tobacco control law."	Adopted the Law on Reduction and Prevention of the Damage Caused by the Use of Tobacco Products and Substitutions for Them (2020). Investment case findings were cited to advance the bill during Parliamentary debates.
Belarus	"Belarus's tobacco control legislation has been only partially aligned with the WHO FCTC, and there are opportunities to strengthen tobacco control further, particularly in relation to smoke-free environments, enforcing youth access restrictions and pricing policy."	Presidential Decree No. 2 of 2019 was signed to strengthen laws against smoking, including e-cigarettes. The Decree extends the ban on smoking in public places, introduces legislative regulation of the production, sale and use of electronic smoking systems and imposes new restrictions on the display and advertisement of liquids and equipment for electronic smoking systems. An increase of excise taxes on tobacco.
Cambodia	"Strengthen national coordination and planning for the prevention and control of NCDs."	NCD action included in national strategic plans and documents. Discussion initiated on tobacco tax increase.

Action taken	Investment case recommendation(s)	Action taken
Ethiopia	<p>"Increase excise taxes on harmful products to protect the population, avoid spending on NCDs and other health problems, avoid productivity losses and raise reliable domestic revenue to finance health, universal health coverage and development."</p> <p>"Implement integrated education and communication strategies to raise awareness about the health risks and dietary sources of salt in order to change behaviour."</p>	<p>Introduced a mixed-excise system on cigarettes, with a 30% tax rate of the cost of producing cigarettes, in addition to a specific excise rate of eight Ethiopian birr (USD\$ 0.25) on each packet. This is expected to increase the average rate of total tax in the retail price of cigarettes from 33% to around 54%.</p> <p>Launched, in collaboration with WHO, a national salt reduction media campaign, "Reduce your salt consumption habit by half!", as part of work to reduce the incidence of cardiovascular diseases in the population. The findings of the investment case were cited in a WHO press release announcing the campaign.</p>
Iran, Islamic Republic of	<p>"Develop a comprehensive approach to taxes on health-harming products (health taxes), prioritizing increases of excise taxes on tobacco, alcohol and sugar-sweetened beverages."</p>	<p>A law was passed that mandates a 40% tax on cigarettes produced inside the country by foreign brands, a 24% tax on local cigarettes produced inside the country and a 65% tax on imported cigarettes.</p>
Kazakhstan	<p>"Reducing tobacco consumption – for example, through increased taxation ... – would also provide substantial return on investment."</p>	<p>Increased excise taxes on cigarettes, tobacco and several other nicotine-containing products</p>
Kyrgyzstan	<p>"To ensure better price measures and reduced affordability of tobacco products in Kyrgyzstan, the excise tobacco tax (for both filtered and unfiltered cigarettes) should be increased by at least 30% annually in the coming three years."</p> <p>"Reduce the harmful use of alcohol via price measures and regulations on the affordability, marketing and sale of alcohol."</p> <p>"Strengthen national coordination and planning for the prevention and control of NCDs."</p>	<p>Introduced new excise duty on tobacco products (filtered cigarettes, unfiltered cigarettes and cigarettes) in 2021. The rates have increased by about 250 soms per 1000 pieces (about 14%) and will rise further in 2022.</p> <p>Excise tax on electronic cigarettes introduced in 2020.</p> <p>Minimum price set for vodka. Retail prices to increase gradually from 112 soms in 2020 to 145 soms in 2023.</p> <p>President signed a decree banning alcohol advertising on the Internet. The ban applies to websites registered in both the kg domain and other domains.</p> <p>Included NCD action in national strategic plans and documents.</p>

Action taken	Investment case recommendation(s)	Action taken
Philippines	"Develop a comprehensive approach to sin taxes, resulting in increasing the tobacco and alcohol excise taxes and allocating revenue towards NCD prevention and control."	Law adopted that increases excise taxes on alcohol, e-cigarettes and vapour products
Russian Federation	"The provisions of tobacco control legislation need to be further aligned with the WHO Framework Convention on Tobacco Control and enforcement strengthened."	Introduced minimum retail price for a pack of cigarettes and a ban on sales of all unlabelled alternative tobacco (cigars, smoking tobacco, hookah tobacco). Average cost of a pack of cigarettes is expected to increase from 120 RUB to 140 RUB.
Uzbekistan	<p>"... increasing physical activity in the population would also provide substantial return on investment."</p> <p>"Additional policies could be put in place to reduce tobacco consumption and meet WHO FCTC obligations..."</p> <p>"A sustained national multisectoral NCD coordination mechanism that can bring together and strengthen Uzbekistan's existing cross-agency initiatives is needed."</p>	<p>Launched an awareness-raising campaign to promote physical activity and healthy lifestyles: "Make a step towards a healthy life!" The campaign targeted four districts of the capital for 1 month, with activities including public events, inspections to promote compliance with regulations on sales of tobacco and alcohol, open lectures and advocacy by doctors and medical personnel.</p> <p>"Commit to quit" campaign launched, with introduction of WHO quit toolkits, TV programmes, social activities and others</p> <p>Included NCD action in national strategy and planning documents</p>



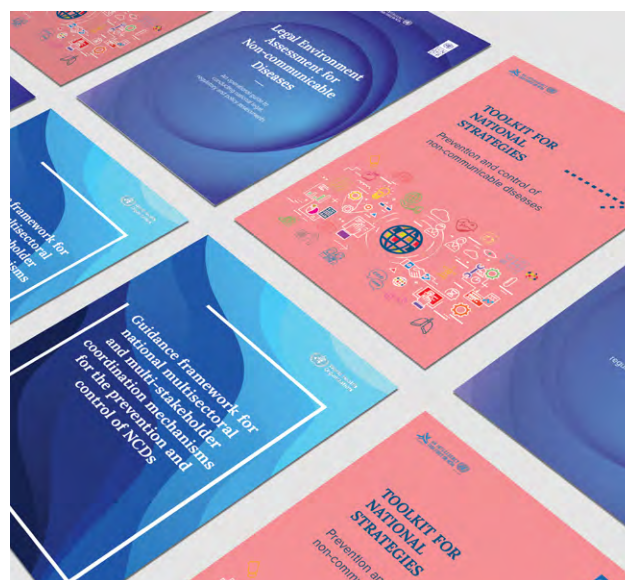
TOOLS AND GUIDANCE

WHO and UNDP have provided important new tools and instruments to support governments in implementing the recommendations provided in the national investment cases. Tools and instruments on national strategy development, coordination, legislative frameworks and health taxes strengthen the ability of the Task Force to provide practical guidance and advice on the technical activities necessary to introduce the interventions recommended in the investment cases. They provide technical support and capacity-building to strengthen comprehensive, whole-of-society NCD responses.

Toolkit for national NCD strategies

WHO and UNDP are developing a toolkit to support countries in drafting and implementing effective multisectoral strategies to prevent and control NCDs, recognizing the importance of national strategic documents for catalysing and guiding strong NCD responses. The toolkit will provide a road map for establishing multisectoral strategies, plans and programmes for NCDs, in line with the Global Action Plan for the Prevention and Control of NCDs 2013–2020, which has been extended to 2030.⁴ The toolkit is based on Member States' experiences and examples and provides a blueprint for addressing the NCD epidemic within a specified time. The toolkit is to be used by governments and particularly ministries of health, national NCD focal points, national coordinating mechanisms for NCD prevention and control and other stakeholders involved in the NCD response.

The toolkit provides step-by-step guidance and advice on preparatory work, drafting, finalizing, launching and implementing a strategy, ensuring alignment with other national work on health and development and mitigating possible challenges and barriers. It also provides templates and resources such as guiding questions, checklists, charts to track progress, sample letters to stakeholders and communication plans.



Framework for national multisectoral and multistakeholder mechanisms

Comprehensive NCD strategies must have strong leadership in order to ensure policy coherence and the compliance of all relevant sectors and to involve all relevant stakeholders in meeting national NCD goals and targets. There must be strong national governance, which has proven challenging. In some countries, gaps in capacity at various levels and lack of the necessary technical expertise have been found, including for effective engagement of a wide range of private sector entities with various influence on NCD-related outcomes.

WHO and UNDP have prepared guidance adaptable to national contexts and mechanisms (where relevant) that could support countries. It is designed to guide government engagement with appropriate nongovernmental stakeholders for achievement of national NCD objectives. Building on the different levels of responsibility for guaranteeing the right to health, including measures for the prevention and control of NCDs and their risk factors and determinants, the new guidance proposes a framework for a national coordination mechanism, which has two pillars that represent different levels of relations and roles.

⁴ WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 was extended to 2030 by World Health Assembly decision WHA72(11)2019. For more information, see [https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf).

- **Pillar 1**, multisectoral governance, is to establish a framework to ensure policy coherence among relevant government sectors, including an institutional structure and sectoral capacity-building. The aim is to ensure sustainability, supporting evidence-based policies and a common vision, guided by a well-resourced strategy and/or plans for effective cross-sectoral action.
- **Pillar 2** is multistakeholder governance, which consists of engagement with other stakeholders, as appropriate, under government stewardship to achieve national NCD objectives. Meaningful contributions from non-state actors to NCD responses include clear roles and commitments for each stakeholder and protection of NCD policies from conflicts of interest and undue influence.

Both pillars will include strong accountability mechanisms to monitor all goals, targets and commitments, holding both government sectors and non-state actors to account.

The guidance has two main components. The first provides the background and rationale for considering the elements of a national multisectoral and multistakeholder framework for NCDs and provides an analysis and review of challenges and opportunities for engagement with non-state actors in the national coordination mechanism. The second component consists of practical guidance and tools for using and adapting the proposed framework, which can be modulated to the national context.

Guidance for development and enforcement of NCD legislation

Regulatory instruments play a key role in NCD prevention and control, as many of the WHO “best buys” include legal measures to limit population exposure to NCD risk factors (e.g., bans on smoking in public places). The development and adoption of relevant legislation may be challenging and often requires significant time and technical expertise. In addition, in order for legislation to achieve the desired effect, countries must ensure that legislative gaps are identified and filled and that the legislation is effectively enforced.

In 2020, WHO and UNDP began preparing a tool for assessing national legal frameworks for NCDs and guidance for the development and enforcement of NCD legislation. The work is based on experience in many countries and expertise shared by friends and members of the Task Force. The tool and guidance will facilitate identification of legislative gaps and drafting of NCD-related legislation, with stakeholder engagement, consultation and advocacy. It will promote a rights-based approach to NCDs and support countries in following up on the recommendations of their NCD investment cases. An inter-institutional team of experts has been assembled to draft the guidance. After its release in 2021, the guidance will be shared with Member States and included in the package of tools for investment cases to ensure more rapid responses.

Guidance and tools for health taxes

In phase 1 of the Russian Federation support to the WHO–UNDP Joint Programme, 11 NCD investment cases were conducted, which have allowed the countries to better understand the socioeconomic impact of NCDs and the return on investment of implementing WHO’s “best buys” and other recommended interventions. Many of the countries are now starting to change their fiscal and regulatory policies as a result of the investment cases and are requesting further technical assistance. Phase 2 of the Russian Federation’s support to the project responds to this demand and includes technical support to countries to develop legislative, fiscal and regulatory policies to prevent and control NCDs.

Guidance and other supporting materials are being finalized to ensure that the Joint Programme and its partners have a common approach to supporting countries in developing or strengthening fiscal measures to prevent and control NCDs.

To date, the following products have been developed.

- **A guidance note on engaging with policy-makers and implementing a national health tax policy.** This guidance note provides a comprehensive overview of approaches to the development and implementation of fiscal policies for health, with a focus on excise taxes on unhealthy products, such as alcohol, tobacco

and sugar-sweetened beverages. It presents approaches and challenges in implementation and provides specific, actionable guidance for fiscal policy for health, building on country experiences. It also builds a case for NCD policy interventions in non-health sectors and is part of the advocacy agenda for NCDs. The guidance note includes a systematic review of research on health taxes, which summarizes evidence on how such taxes can reduce consumption of targeted products and therefore their harm, generate revenues and be made politically sustainable.

- **A policy paper making the case for a tax on alcohol.** This policy paper is the basis for national policy-makers to make the case for alcohol taxes. It provides the necessary evidence to advocate for alcohol taxes and outlines strategies and tools for imposing or strengthening such taxes. Drawing on scientific, social and economic research, it highlights the effectiveness of alcohol taxation and responds to the most common arguments against such taxes. It describes the kinds of taxes that are most effective in reducing alcohol consumption and underscores the importance of comprehensive policy approaches to include non-tax or non-price measures for effective alcohol harm-reduction measures. It stresses the importance of governance and political economy, presents common industry opposition and approaches to address it, and a synthesis of lessons learnt.
- **A policy paper making the case for a tax on sugar-sweetened beverages.** This policy paper summarizes the current evidence base and provides guidance on interpreting and operationalizing taxation of sugar-sweetened beverages in a specific setting. It provides support to policy-makers who wish to introduce or strengthen such a tax by identifying the factors to be considered in proposing the tax in a particular country.

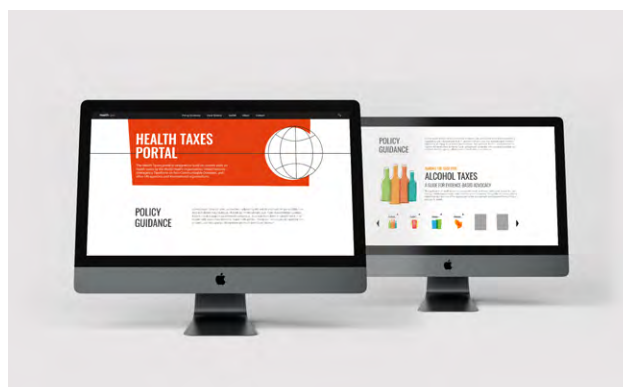
Work is also under way on a unified **Health tax portal** that will be a one-stop website for UNIATF and its members to disseminate information on health taxes to support countries in strengthening fiscal measures for the prevention and control of NCDs. Most of the data and resources are available on the websites of WHO, development partners and research institutes; however, they are fragmented and found in siloes.

Creation of the web portal for health taxes will extend the guidance and tools available. The web portal will provide a data-driven, streamlined approach based on guidance and other supporting material and will support countries in shaping and addressing their national and regional requirements. It will disseminate knowledge to new audiences, provide opportunities for new partnerships and result in new solutions.

These products will be used to support countries that have undertaken an NCD investment case and wish to take forward the recommendations on health taxes. Imposition of evidence-based health taxes will significantly reduce the NCD burden (SDG3), greatly benefit vulnerable populations that bear large health burdens (SDG1, SDG5, SDG10) and boost economic development by ensuring a healthier workforce (SDG 8). It is also expected to contribute to sustainable financing for health, enabling countries to mobilize adequate resources to achieve universal health coverage.

Tobacco cessation

In addition to the above, the project supported the global WHO-led Access Initiative for Quitting Tobacco (AIQT). In particular, a methodology for the national tobacco cessation investment cases was developed in 2021, allowing UNIATF to support countries in developing the economic arguments to promote tobacco cessation and to operationalise national strategies to help smokers quit, including through brief advice, counselling, toll free quit lines, mobile cessation programmes, nicotine replacement therapies and use of bupropion and varenicline. Uzbekistan is the first country to develop its own tobacco cessation investment case.



RESPONSE TO COVID-19

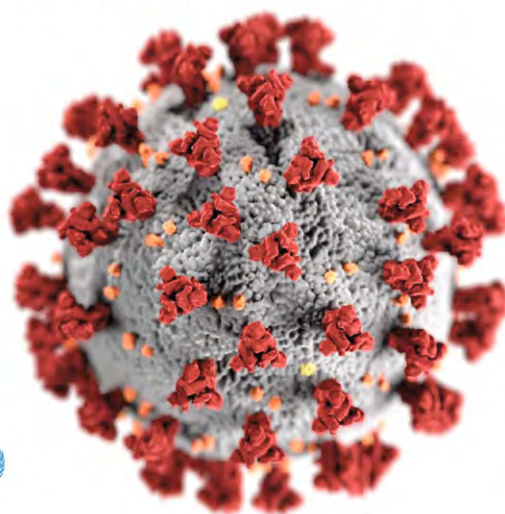
Even before COVID-19, the world was off track for achieving many of the targets of the SDGs, including reducing premature mortality from NCDs. The COVID-19 pandemic has only aggravated the challenges that people and health systems face in combatting the threat of NCDs. NCDs and COVID-19 interact in many ways, creating “a perfect storm” that threatens people, undermines health systems and disrupts economies.

First, NCDs and their metabolic, behavioural and environmental risk factors are associated with greater susceptibility to SARS-CoV-2 infection and increased risks of severe disease and death from COVID-19. It is estimated that almost one fourth (22%) of the world’s population has an underlying condition that increases their vulnerability to COVID-19; most of these conditions are NCDs (22).

Furthermore, the pandemic has severely disrupted diagnostic, treatment, rehabilitation and palliation services for people living with NCDs and has also increased certain behavioural risk factors in some people. A WHO survey of 163 countries in May 2020 found that 75% reported severe disruption of prevention and treatment services for NCDs after the outbreak of the pandemic, whereby many people lost access to treatment for hypertension, heart attacks, strokes, cancer or diabetes (23). Furthermore, with the introduction of quarantine and lockdowns in many countries, millions of individuals were increasingly exposed to some of the major NCD risk factors, such as physical inactivity, unhealthy diets (with the closure of many food markets), smoking, harmful use of alcohol and stress. Pressure on NCD-related health services is likely to increase in the long term, even

Responding to non-communicable diseases during and beyond the COVID-19 pandemic

Examples of actions being taken by selected members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases



once they are fully restored, because of aggravation of NCD cases due to postponed prevention and treatment and possible increases in the prevalence of cardiovascular and respiratory complications among COVID-19 survivors.

Public and political attention to the pandemic has, in some places, drawn away resources and personnel for population preventive interventions for tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. In some countries (e.g., Tunisia), resources and platforms mobilized for preventive communication campaigns for diabetes were diverted to respond to COVID-19.

NCDs are thus worsening the pandemic and its wide-ranging socioeconomic effects and must be considered a major issue in the response, recovery and building back better to make progress in achieving the SDGs.

Policy brief

In view of the urgent requirement to support countries in mitigating the mutually enhancing damage due to COVID-19 and NCDs and to include NCD actions in the COVID-19 response, WHO, UNDP and the UNIATF issued a policy brief to inform governments, policy-makers, United Nations agencies and development partners about steps that should be taken immediately and in the longer term (24). The brief outlines the issue, providing information and an analysis of the interaction between NCDs and COVID-19. It highlights strategies and opportunities for integrating NCD prevention and control into measures to address COVID-19 and its impacts, with a focus on reaching those furthest behind. It takes into account both the immediate opportunities and considerations and longer-term policies and strategies, emphasizing partnerships and awareness-raising as well as the importance of human rights-based approaches.

The policy brief also provides a road map, with clear guidance on the steps that could be taken by various stakeholders, including heads of state, parliamentarians, agricultural producers, the media, the education sector, the environment and the energy sector, financial institutions, foreign affairs leaders, labour regulators, local governments, social protection organizations, trade and industry partners and the transport sector.

State of evidence: a rapid review

To further raise awareness and catalyse integration of NCD action into global and national COVID-19 responses, WHO, UNDP and the broader UNIATF issued a rapid review of evidence on the interaction between NCDs and COVID-19 (25). The scientific evidence available at the time was reviewed for links between NCDs and COVID-19, including the impact of the major NCDs and their risk factors on the severity of infection with the virus.

In the first month after the outbreak of the pandemic, considerable evidence on the relations between NCDs, their risk factors and COVID-19. In particular, many questions were raised about smoking and COVID-19, which has implications for social and policy discussions. The rapid overview summarizes evidence-based findings from WHO scientific briefs and an analysis of meta-studies in peer-reviewed journals. It is a convenient source of information for both the public and decision-makers and an easily accessible reference for use in dialogue and advocacy for strengthening NCD responses in the time of COVID-19.

GLOBAL ADVOCACY

Between 2017 and 2021, the UNIATF organized six high-level global events to build partnerships and catalyse action on NCDs. These consisted of

- four annual meetings of the “Friends of the Task Force” on the margins of the United Nations General Assembly and
- two side events at the All-Russia Forum on Public Health.

The meetings of the **“Friends of the Task Force”**, co-chaired by the Russian Federation and WHO, are high-level multi-stakeholder events that bring together UNIATF partners to review the work of the Task Force, celebrate achievements, define strategic objectives and priorities and strengthen coordination and collaboration in the NCD response. Each meeting features presentations by heads of state, ministers of health and high-level WHO and United Nations officials on the most pressing aspects of global and national NCD responses.

The **2017 meeting** was opened by the Russian Deputy Minister of Health and included interventions from the Minister of Health for Samoa, the Permanent Representatives of Jamaica and Japan to the United Nations and representatives from France, Kyrgyzstan and the United Kingdom.

The **2018 meeting** included keynote presentations by the President of Sri Lanka, the Minister of Health Care of the Russian Federation, the Director-General of WHO, the Executive Director of UNAIDS and the Director-General of the Food and Agriculture Organization of the United Nations.

The **2019 meeting** featured interventions by the Minister of Health Care of the Russian Federation, the Minister of Health, Labor and Welfare of Japan, the Minister of Foreign Affairs and the Minister of Defense of Cabo Verde, the Secretary of Health of the Philippines, the Deputy-Director of the Office of Global Affairs of the US Department of Health and Human Services, the Deputy Minister of Development of Norway, the Director-General of the International Development Law Organization, the Director of the UNDP HIV, Health and Development Group, the WHO Regional Director for South-East Asia and the WHO Deputy Director-General.

The **2020 meeting** heard interventions from the Minister of Health of the Russian Federation, the Minister of Health of Nigeria, the Minister of Health of Oman, the Deputy Minister of Foreign Affairs of Italy, the Deputy Chief Medical Officer of the United Kingdom, the State Secretary of International





Development for the Norwegian Ministry of Foreign Affairs, the WHO Director-General, the Director General of the International Atomic Energy Agency, the Director General of the International Development Law Organization and the Head of the Secretariat of the WHO Framework Convention on Tobacco Control.

The [2021 meeting](#) saw presentations by the Minister of Health of the Russian Federation, the Minister of International Development of Norway, the Minister of Health of Bahrain, the Minister of Health of Uruguay, the Secretary of Health of the Philippines, the Minister of Health and Child Care of Zimbabwe, the General Manager of the Gulf Health Council, the Secretary-General of the Caribbean Community Secretariat, the Director-General of WHO, the Executive Director of UNICEF and Head of the Secretariat of the WHO Framework Convention on Tobacco Control.

During the meetings, UNIATF announced awards for outstanding achievements in supporting NCD action. Since 2018, awards have been given to many national and international entities, including ministries of health, nongovernmental organizations, international organizations and non-health sector government bodies.

The **All-Russia Forum on Public Health** is an international event that provide a platform for intersectoral discussions among thousands of participants on a range of public health topics. These

include cancer, corporate health, healthy nutrition, physical activity, public health in social media, the role of schools in developing a healthy lifestyle and healthy ageing.

During the [Third All Russia Forum on Public Health, held in 2019](#), UNIATF organized a 2-day NCD Investment Case Forum, with the participation of high-level officials from the ministries of health and finance in 18 countries, high-level representatives from the Russian Federation and participants from WHO, UNDP and other United Nations agencies.

At the [Fourth All Russia Forum on Public Health, held in 2020](#), the UNIATF team presented the findings of the NCD investment case for the Russian Federation and underscored the strategic importance of investing in NCD prevention and control for long-term development.

FUTURE WORK: NEW AREAS

In 2020–2021, substantial progress was made in conducting investment cases for mental health, a new activity. The method for the interventions, costing and modelling returns on investment were developed, and seven investment cases were conducted.

As the project develops, additional areas are being considered for inclusion, to broaden the scope of guidance and the support provided to countries. The joint WHO–UNDP team has therefore been working with economists, policy experts and health specialists to develop methods for conducting investment cases that address health taxes, digital health, advanced clinical interventions, air pollution, alcohol consumption and road safety. For these areas, either new methods will be developed for stand-alone investment cases or new intervention packages will be added.

Health taxes

Taxes are one of the most effective measures for reducing consumption of health-harming products and discouraging other behaviour and practices that damage public health. WHO and UNDP have leveraged work on guidance and tools for health taxes and the NCD investment case method to develop and test a framework for conducting health taxes investment cases. These would support governments in adopting fiscal measures to protect health and contribute to public revenue, allowing re-investment in health and human capital.

Digital health

Application of digital technology in health care has spiked during the COVID-19 pandemic. The WHO 2020 global “pulse survey” (26) indicated that 63% of the responding countries had used some type of telemedicine to mitigate disruptions due to the COVID-19 pandemic. Digital technology offers highly cost-efficient tools for the prevention and management of diseases and can extend the reach of screening. In that context, UNIATF will be developing the arguments and rationale, as well

as the methodology for digital and mobile health interventions to become part of NCD and mental health investment cases, as part of a broader global digital/mobile health business case.

Advanced clinical interventions

The NCD investment cases seek to quantify the social and economic burden of specific diseases, conditions or risk factors in the country, to calculate the cost of required action and the return on investment. The existing methodology requires the development of advanced modules to quantify clinical interventions to control cardio-vascular diseases, diabetes, chronic obstructive pulmonary diseases, as well as optimal early detection schemes for noncommunicable diseases. The updated modules that UNIATF will develop in 2022 will include optimal schemes for drug provision, comparison of clinical and economic benefits between different population/patient groups, with different % of coverage, together with the optimal early detection schemes for NCDs depending on morbidity and mortality, and predicting the clinical and economic effect on a specific population.

Air pollution

Three pilot investment cases are in progress, in India, Nigeria and Thailand, that include air pollution. These investment cases will address both household and ambient air pollution and will promote implementation of the forthcoming WHO air pollution “best buys”. Exploratory discussions and testing of preliminary models have been organized by the Task Force.

Alcohol

Elements of country support, including technical guidance, programme actions, advocacy, communications and resource mobilization are being developed. The links between alcohol and areas such as mental health, road safety, violence and infectious diseases are being considered, keeping in mind that

harmful use of alcohol and alcohol dependence is both a disease and a risk factor. As the current NCD investment case model does not include all alcohol-related harms, the method will be made more comprehensive.

Road safety

A pilot investment case for road safety is being developed in Zambia within a project funded by the United Nations Road Safety Trust Fund. Experience from this first investment case for road safety could be leveraged to integrate transport-related policies into other investment cases, such as for alcohol control.

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