



Global NCD Policy: how integrated, people-centred services contribute to Universal Health Coverage

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Content



- The Non-Communicable Disease Alliance
- The Problem Statement
- NCDs in Global Health Policy
- Out of Pocket (OOP) costs – *Paying the price*
- Integration solution – *Spending wisely*
- 2nd UN HLM on UHC 2023
- Road to the 4th UN HLM on NCDs 2025



Who we are

Overview of NCD Alliance



- **Founded in 2009** - by UICC, IDF, WHF, and The Union.
- A **unique global civil society network** leading the way to a world free of preventable NCDs.
- A **registered NGO in Switzerland**.
- A **growing membership base**, currently with **402** members across **+60** countries.
- A unique **network of 71 national / regional NCD alliances**.
- A multisectoral group of **26 supporters** – governments, private sector, foundations, academia and NGOs.
- A **team of 25** based across main offices of Geneva, London, New York.
- A **Board** elected by the NCDA membership.

What drives us: A global health tsunami

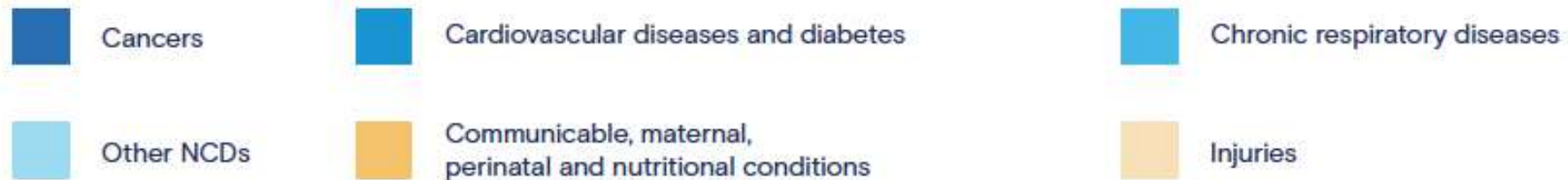
Deaths by cause, globally and according to World Bank country income classification (2019)



74%

Together, NCDs accounted for 74% of deaths globally in 2019.

= 41 million deaths.



What binds us: Common risks and solutions

DISEASES



Cardiovascular Disease



Chronic Respiratory Diseases



Cancer



Diabetes

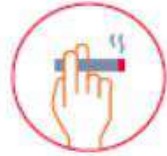


Mental and Neurological Conditions

RISK FACTORS



Unhealthy Diet



Tobacco Use



Alcohol



Physical Inactivity



Air Pollution

Reduce MODIFIABLE RISK FACTORS



Expand coverage of ESSENTIAL MEDICINES AND TECHNOLOGIES



Improve SURVEILLANCE



Strengthen HEALTH SYSTEMS

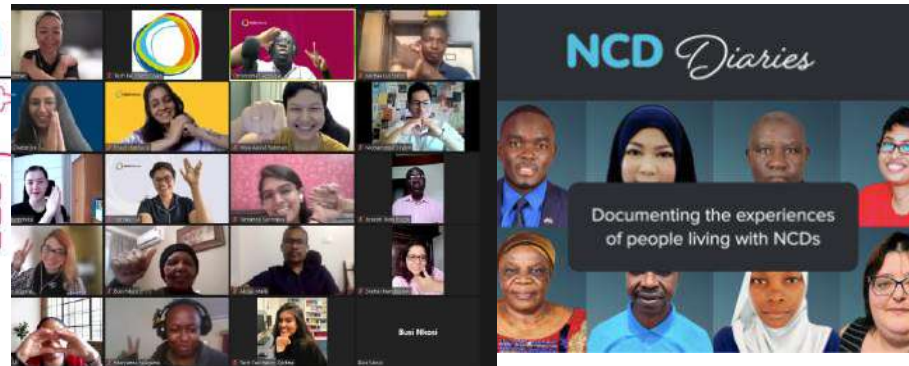
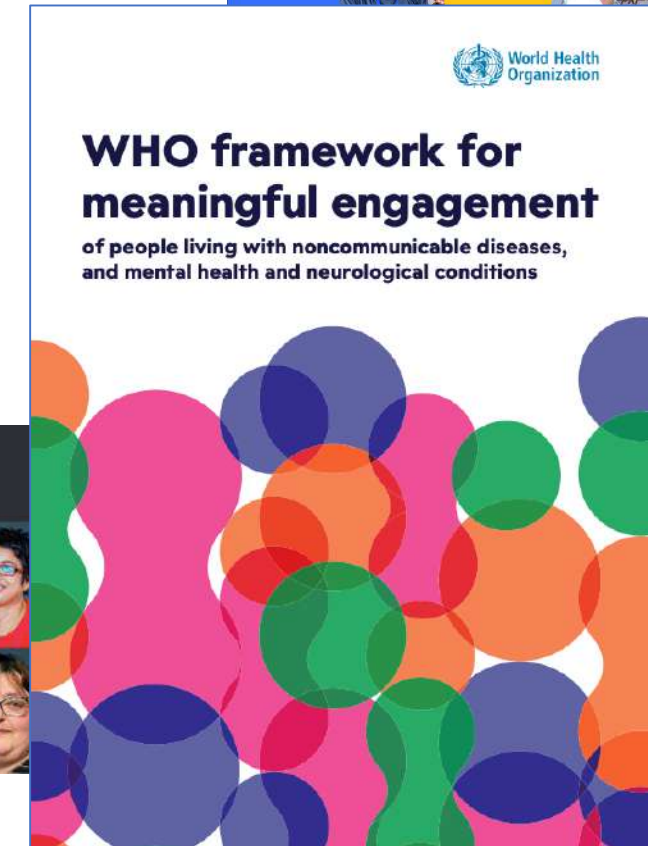
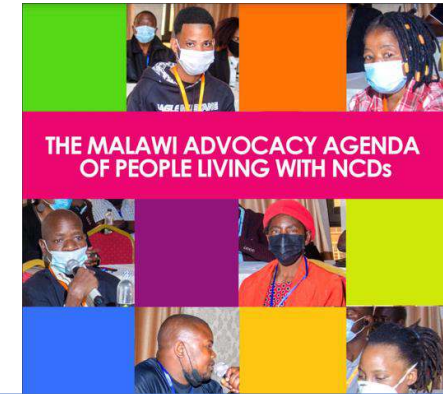


Increase FUNDING

Promoting the patient voice in the NCD response



- Influencing global policy
- Supporting national action on patient engagement
- Lived experience storytelling
- Patient advocate training



The Problem Statement



What drives us

Human Cost:

- **NCDs cause 74% deaths** (41 million people every year) and **50% disability**.
- **15 million preventable deaths** before the age of 60.
- **Fastest rise in LMICs** – 85% of NCD premature deaths occur in LMICs; NCD deaths up by over 50% by 2030.

Economic Cost:

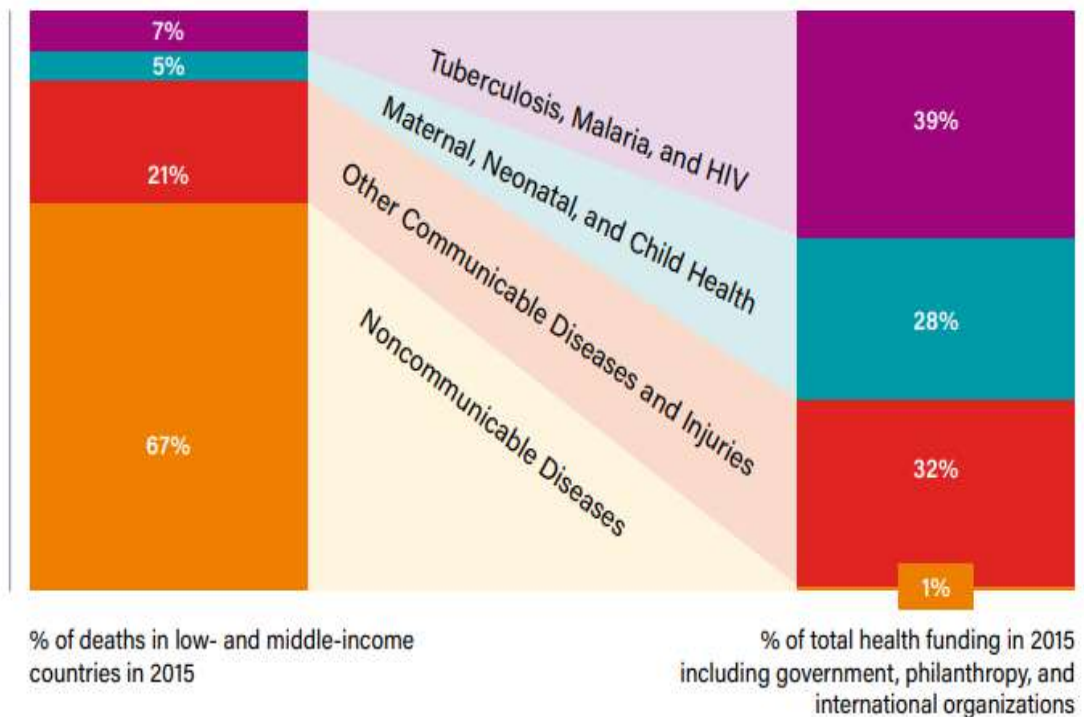
- A **top global risk** (World Economic Forum).
- NCDs **cost world economy \$47 trillion** over the next 20 years.
- Out of pocket payments for NCD treatment and care cause **household poverty and catastrophic expenditure**.
- A **major social and economic development issue**.

The Problem Statement

NCDs are the most underfunded global health issue relative to the billions of people impacted.

There is a fundamental mismatch between the healthcare needs and rights of people living with NCDs, particularly in LMICs, and the resources allocated to respond.

NCDs neglected by international donors and development assistance



Funding allocated specifically for NCDs has remained in the range of just 0.6%-1.6% of total DAH throughout the last thirty years.

In low-income countries allocating less than 5% of gross national income to health, progress on NCDs will require catalytic funding from international donors.

. Source: Institute for Health Metrics and Evaluation

NCDs drain the global economy and threaten human capital

- The direct healthcare costs from NCDs constitute a major share of governments' health budget.
- The five leading NCDs are estimated to cost the global economy US\$ 47 trillion between 2011-2030, an average of more than US\$ 2 trillion per year.
- NCDs represent a substantial threat to human capital:

In the short-term

- by ending 15 million lives every year prematurely, and by reducing labor supply and productivity and increasing absenteeism in the workforce due to NCD-related illness and disability.

In the long-term

- by impeding the educational attainment of children and adolescents.

NCDs are a human rights and equity issue that perpetuates poverty

- **NCDs disproportionately affect the poorest and most vulnerable populations.**
- 85% of premature deaths (between the ages of 30 and 70) from NCDs now occur in LMICs, most of which can be prevented or delayed.
- Most people in LMICs make **catastrophic out-of-pocket (OOP) payments** for health treatment and care, pushing an estimated 100 million people worldwide into extreme poverty every year – majority which relates to NCDs.
- The chronic nature of NCDs often lead to on-going expenses which frequently **trap poor households in cycles of debt** and illness that **perpetuate inequalities.**
- OOP spending per visit is estimated to be twice as high for NCDs than for communicable diseases.
- In LMICs, OOP spending for NCDs surpasses 40% of non-food expenditure.

Simultaneous action needed on many fronts

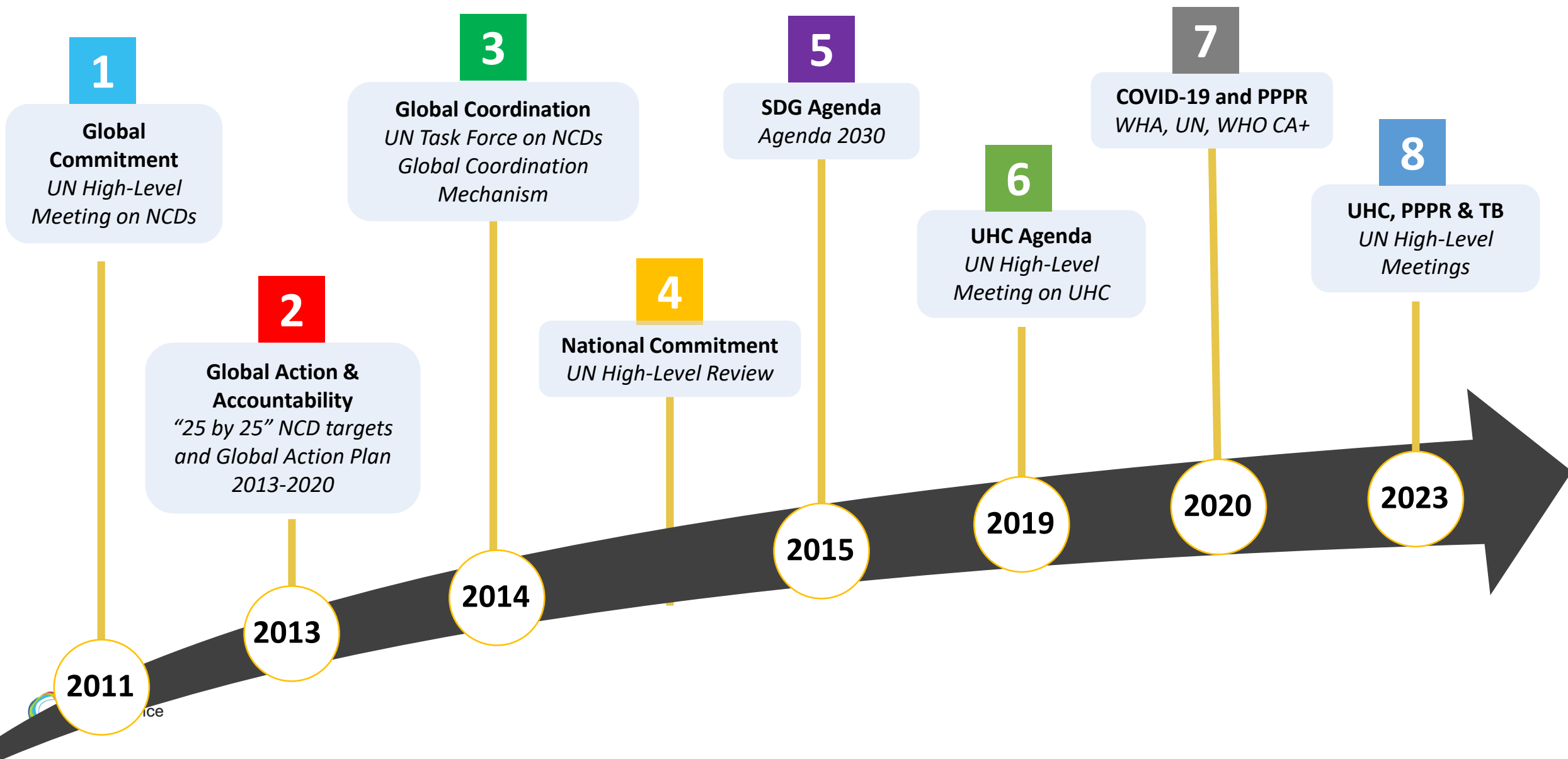
Ensuring the essential data and investment cases are in place at global and country levels to catalyze investment and support monitoring and accountability on NCD financing.

Leveraging multiple financing sources resulting in a “blended” stream of financing for NCD programs, tailored to country contexts and needs.

NCD Process to date



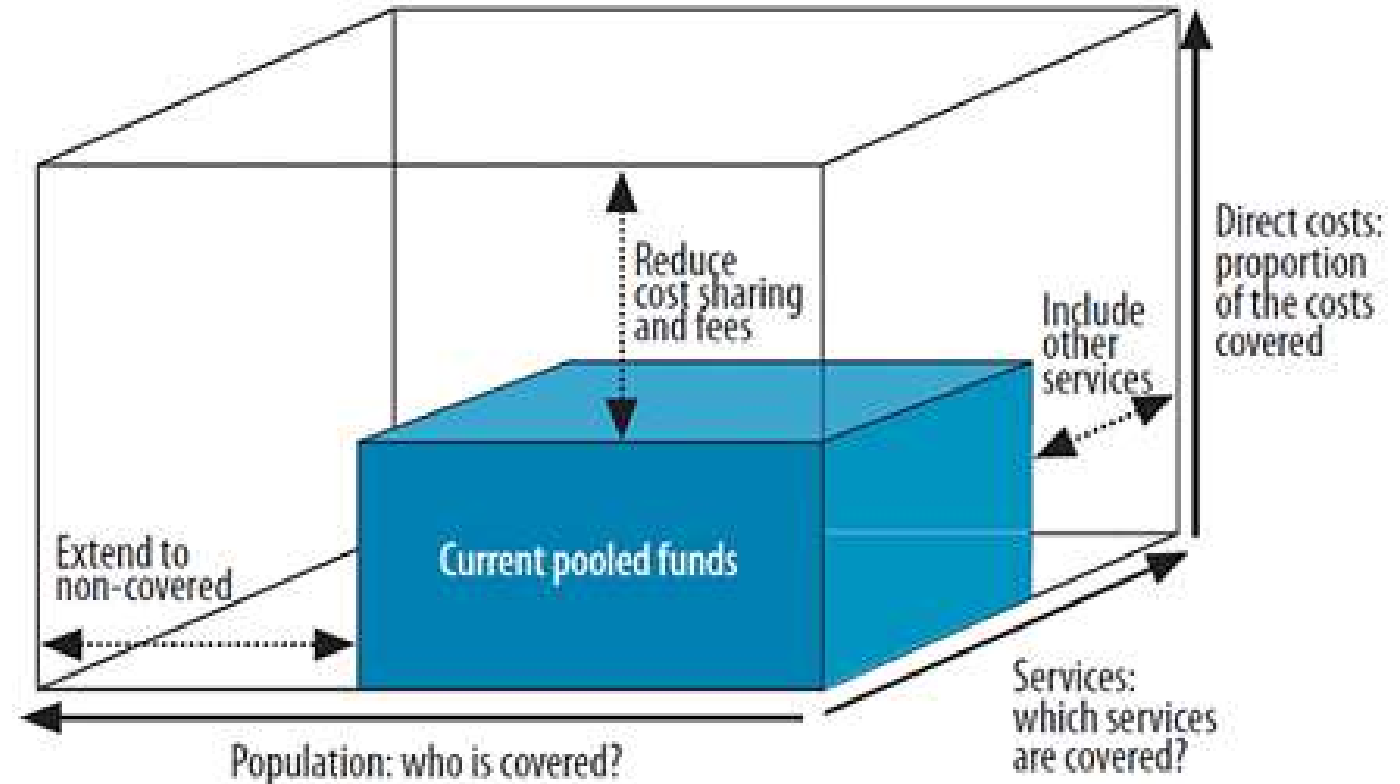
Driving political commitment on NCDs



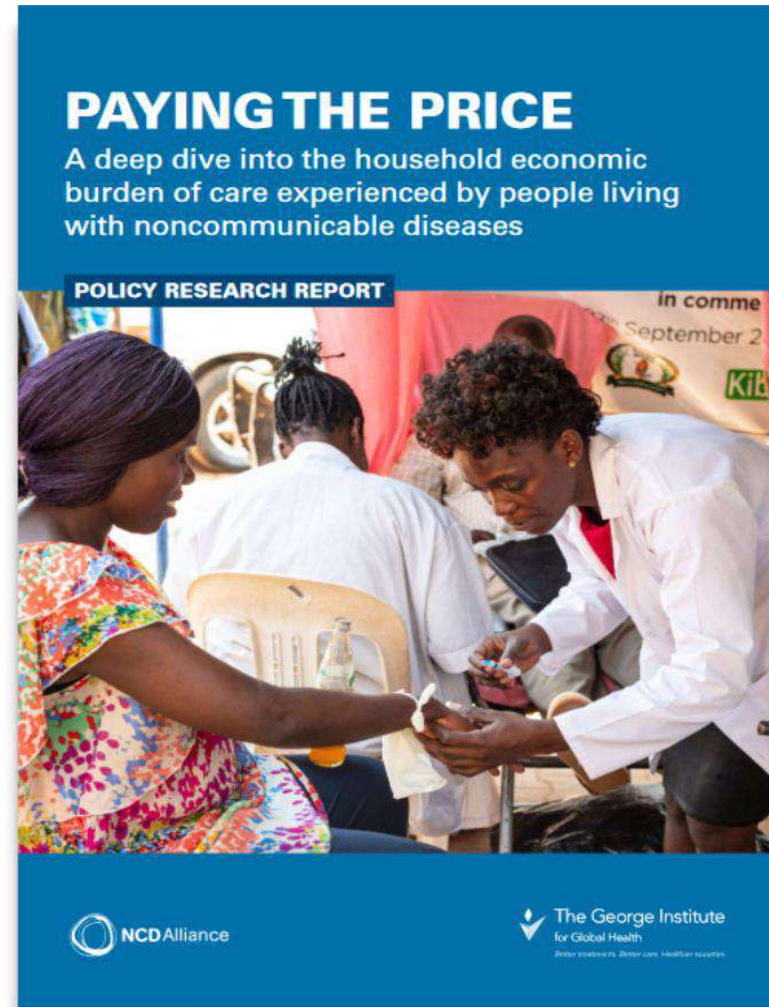
Universal health coverage (UHC) and NCDs

*“All roads lead to
Universal Health
Coverage”*

*Dr Tedros Adhanom Ghebreyesus,
WHO*

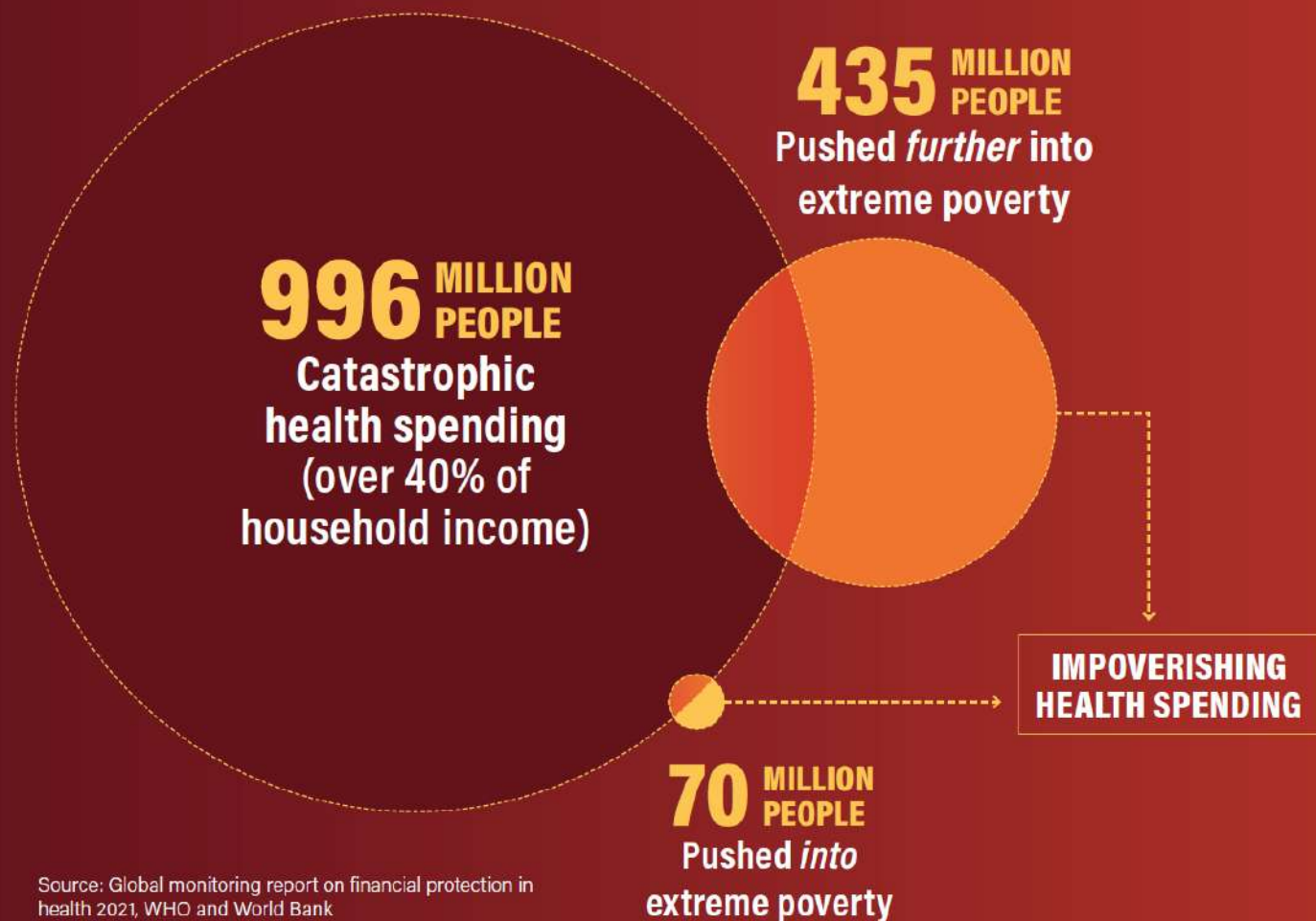


Out Of Pocket (OOP) costs



THE ECONOMIC BURDEN

Of out-of-pocket spending on health



Source: Global monitoring report on financial protection in health 2021, WHO and World Bank



In 2017, the total population facing catastrophic or impoverishing health spending was estimated to be between 1.4 billion and 1.9 billion.

Universal Health Coverage (UHC) would remove this burden - but we are way off track to achieve it.

Half the population has no coverage of essential health services.

#ActOnNCDs



THIS BURDEN IS NOT UNIVERSAL...

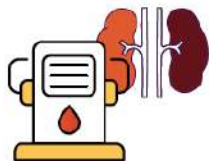
Out-of-pocket (OOP) spending for NCDs is estimated to be twice as high per visit to a health facility than for infectious diseases

People living with NCDs in low- and middle-income countries are also more at risk of catastrophic health expenditure than those in high-income countries

More than

60% OF PATIENTS

with **CANCER, CARDIOVASCULAR DISEASE**, and in some low- and middle-income countries incurring **CATASTROPHIC OUT-OF-POCKET EXPENDITURE**



For **CHRONIC KIDNEY DISEASE, DIALYSIS** can cost as much as twice the minimum monthly wage of a **Nigerian government employee**, or **25-68% OF TOTAL SPENDING** in the average Thai household.

In South Asia, catastrophic expenditure on **CARDIOVASCULAR DISEASE TREATMENT** expenses was reported in as many as

90% OF HOUSEHOLDS



In Kenya, having three or more NCDs can mean an almost **100-FOLD INCREASE IN OOP SPENDING** for those below the age of 65

Between countries, this burden is also unevenly distributed: in high-income countries, 21% of health spending comes from OOP payments, while in low-income countries 44%* is from OOP payments.



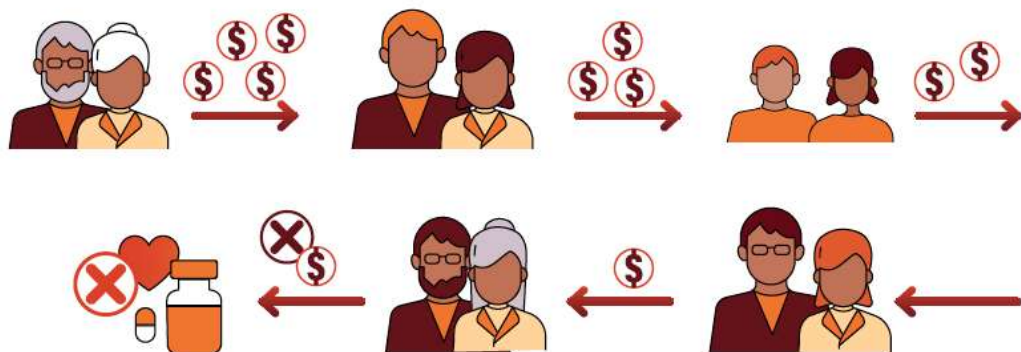
HEALTH SPENDING

21% HIGH-INCOME COUNTRIES

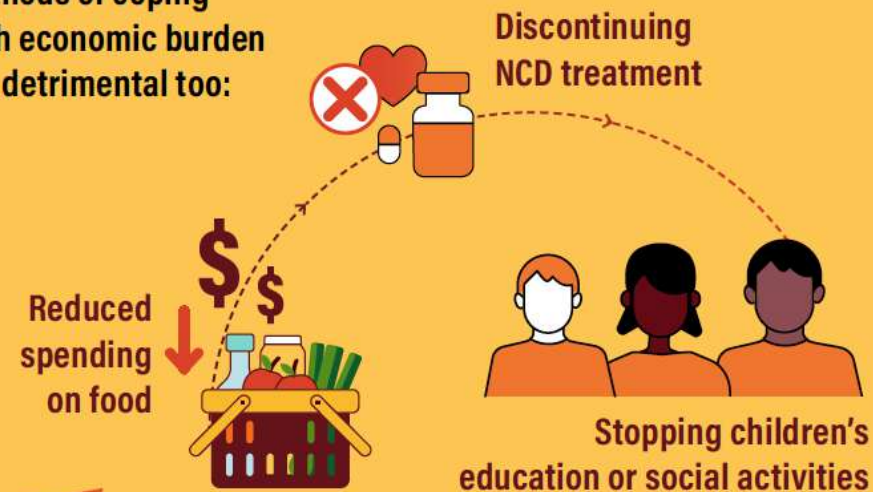
44% LOW-INCOME COUNTRIES

*This number would likely be much higher if many people in low-income countries didn't forego treatment altogether.

Those who do **pay out-of-pocket** face **negative effects on entire households**, often perpetuating **INTERGENERATIONAL POVERTY** due to debt incurred or lost income or employment.



Methods of coping with economic burden are detrimental too:



JOIN US!

Join us ahead of the UN High-Level Meeting on UHC in calling for financial-risk protection mechanisms to be in place to ensure the cost of using healthcare does not put people at risk of financial hardship.



READ MORE IN OUR POLICY REPORT
PAYING THE PRICE

A deep dive into the household economic burden of care experienced by people living with NCDs

ACT
on **NCDs**

THE MOMENT FOR CARING

Global Week for Action on NCDs

14-21 September 2023

actonncds.org



RECOMMENDATIONS:



GOVERNMENT

- Expand fiscal space for NCDs – linking provision of NCD prevention and care to UHC
- Expand/create financial risk protection
- Make decisions and monitor impact using disaggregated data on OOP



RESEARCHERS

- Standardise and ensure comparable data collection on OOP
- Report disaggregated data on OOP
- Prioritise LMIC and understudied populations and NCDs on OOP



CIVIL SOCIETY

- Call for accurate, comparable data on OOP for people living with NCDs
- Establish accountability mechanisms that draw from experiences of people living with NCDs
- Advocates for implementation of NCD prevention and care to achieve UHC

Integrating NCD Care



POLICY RESEARCH REPORT

SPENDING WISELY

Exploring the economic and societal benefits of integrating HIV/AIDS and NCDs service delivery



Integrated health systems to reduce premature mortality

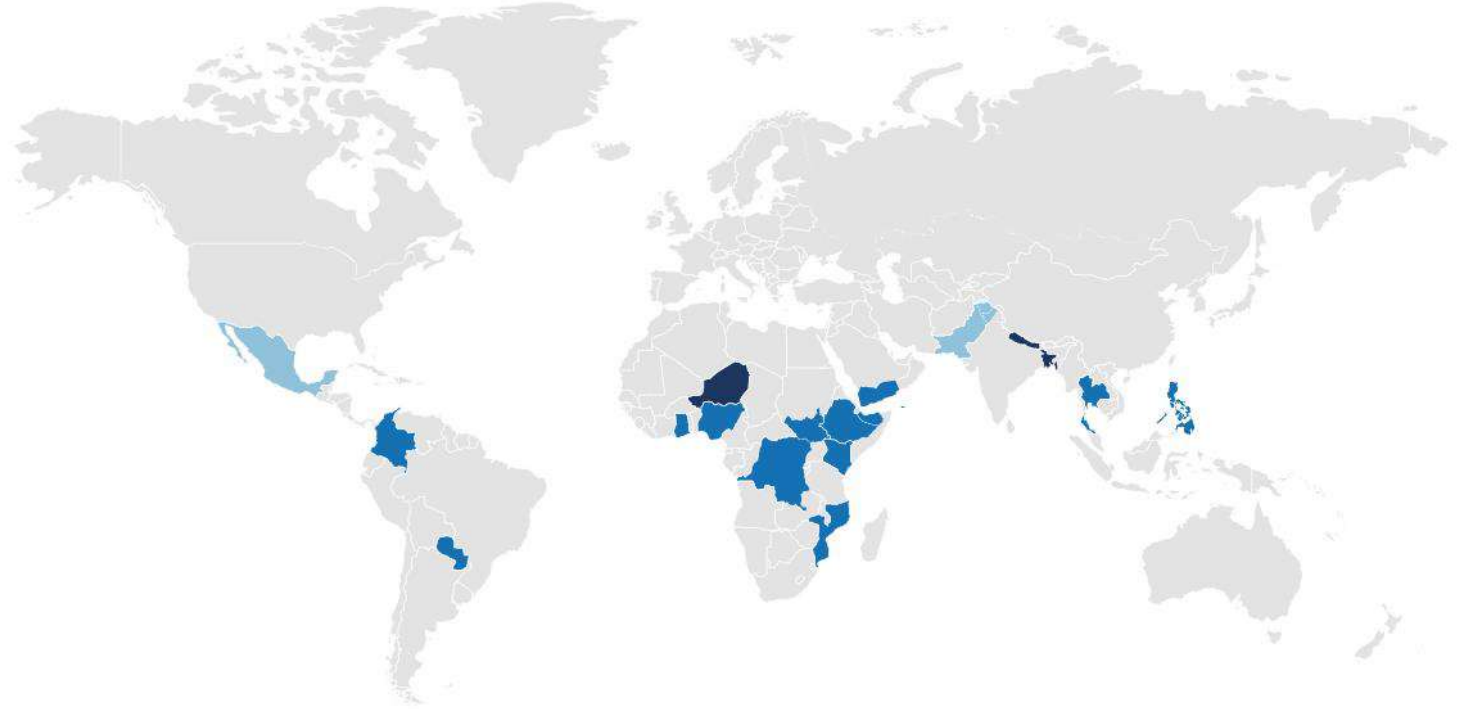
- COVID-19 Pandemic reinforced the arbitrary nature of vertical and disease-specific approaches
- Infrastructure built through vertical health programs should be leveraged to offer synergies with NCD prevention and care.
- Addressing co-morbidities will reduce premature mortality from NCDs among people living with HIV, TB, and malaria.

Integrating NCD care

POLICY RESEARCH REPORT

SPENDING WISELY

Exploring the economic and societal benefits of integrating HIV/AIDS and NCDs service delivery



HIGHLIGHTS

28

HIV-NCD integration programs

16

of represented countries (10 in sub-Saharan Africa)

11

of integrated NCDs or risk factors (most-commonly mental health conditions).

FUNDING

The US National Institutes of Health contributed funding to over half of the programs.

3

of studies that looked into cost-effectiveness.

Report findings



- The integration of HIV and NCD services can deliver wider health impacts than standalone disease-specific care through efficiencies achieved
- Integrated HIV-NCD programmes can save resources for both patients and health systems.
 - Patients (about 85% of the total savings) because of synchronised care visits, or care offered closer to their homes.
 - Health systems, extra cost to integrate these programmes are relatively small compared to the positive health outcomes they generate.
- Multifaceted HIV-NCD programmes that deliver a wide range of services can improve access, acceptability, and affordability of services.

HIGHLIGHTS

79

Percent of programs reported favorable and significant outcomes on at least half of the outcomes that they measured.

LOWERING DEPRESSION

Programs targeting depression were highly successful, achieving favorable results in 10 out of 13 (77%) measured outcomes.

11 of 13

programs assessing both NCD and HIV-related outcomes reported improvements to—or maintenance of—HIV outcomes and positive NCD outcomes.

2nd UN High Level Meeting on UHC 21st September 2023



We call on Governments and Heads of State to uphold their commitments to UHC, ensuring that everyone has access to the healthcare that they need, without risk of financial hardship, and regardless of where they live or who they are.



**READ THE
POLICY BRIEF!**



Learn more about each of these advocacy priorities and our comprehensive list of asks to accelerate progress on UHC.

We advocate for an **Outcome Document** that commits to the following **4 priorities**:

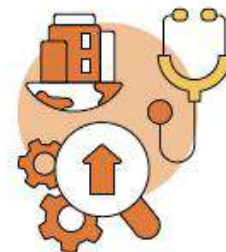
1 INVEST

Invest in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.



2 ACCELERATE

Accelerate UHC implementation by including quality NCD prevention and care services in national UHC health benefit packages.



3 ALIGN

Align development and global health priorities to achieve UHC.



4 ENGAGE

Engage people living with NCDs to keep UHC people-centered.



ACT
on **NCDS**

THE MOMENT FOR CARING

GLOBAL WEEK FOR ACTION ON NCDs

14-21 SEPTEMBER 2023

actonncds.org

#ActOnNCDs



NCD Alliance reacts to the Political Declaration

General Reflection

- Going into the negotiations on the 2nd Political Declaration on UHC, Member States were looking for a succinct, actionable text...we got a patchwork
- Civil society was looking for stronger language that would link political will and commitments at the UN in New York to the technical advice of the WHO in Geneva

Quick recap

- Good to see recommitment by Member States to the principles and actions set forth at the first High-Level Meeting on UHC
- We welcome increased references to NCDs, including mental health and neurological conditions, throughout the text and across the continuum of care
- We see a missed opportunity to further develop policy that addresses the needs of people living with NCDs
- Stakeholders at all levels should build on this UHC Political Declaration, in order to make greater progress at the 4th UN HLM on Non-communicable Diseases (NCDs) in 2025
- SDG 3.8 (UHC) can only be achieved through integrating efforts to achieve SDG Target 3.4 (NCDs) - they're mutually reinforcing

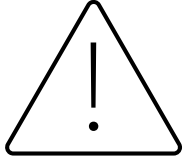
NCD Alliance reacts to the Political Declaration



We Applaud

- Reaffirmation of the commitments made in 2019 (no significant rollbacks) on : primary health care (PHC) as the cornerstone for UHC and protecting health for all, particularly those who are poor, vulnerable or in vulnerable situations;
- Increased references to NCDs, including mental health and neurological conditions, throughout the text;
- Expanded reference to NCDs across the continuum of care and the importance of NCD prevention in benefits packages and policies;
- Recognition of increasing out-of-pocket (OOP) costs and financial burdens;
- Recognition of the linkages to environmental, social and economic determinants of health.

NCD Alliance reacts to the Political Declaration



We express concern: missed opportunities

- Not including people living with NCDs as a vulnerable populations and creating a stronger link between UHC and PPPR
- More robust financing targets and commitments – retains a 1% increase of GDP for PHC, but skirts more ambitious targets, nor does it ask for alignment between health spending and national disease burden
- Stronger governance and accountability language to include people living with health conditions (only limited to HIV/AIDS)

Road to 2025 4th UN High Level Meeting on NCDs

Follow-up advocacy on road to UN HLM on NCDs 2025



Account: Progress against targets and commitments

Invest: Develop new investment targets e.g. Financing targets 15% GGE on health, development of investment and spending figures from health economists

Accelerate: People living with NCDs should be recognized as a vulnerable population across all UN process

Align: Commercial Determinants of Health (ref: The Bridgetown Declaration) and the link to undue industry influence

Engage: Inclusive governance – engaging people with lived experience in policymaking and monitoring

Road to 4th High Level Meeting on NCDs 2025

2024 preparatory plans to look at:

- High-level Technical Meeting on NCDs in emergencies (Copenhagen, 27–29 February 2024)
- 2nd WHO Global Dialogue on financing national NCD responses
- WHO consultations for the UN Secretary General Progress Report May-Sep 2024
- 3rd WHO Global Ministerial Conference on NCD Prevention and Control

In summary



Final Messages



- NCDs are a result of and a driver of poverty and inequalities
- NCDs are a massive cost to the global economy and national economies
- Achieving Universal Health Coverage requires bridging the gap in NCD prevention and care
- Investing in UHC and NCDs is critical to Pandemic Prevention Preparedness and Response
- Better integrating NCD prevention and care will deliver significant gains for health systems and outcomes
- People-centred health systems includes engaging people living with NCDs at all stages of planning, delivery and accountability.



Thank you

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