PMAC PRINCE MAHIDOL AWARD CONFERENCE 2019

PARALLEL SESSION 3.2

FINANCING OF NCD RESPONSE: REALITY-TESTING DOMESTIC, BLENDED AND ODA FINANCE OPTIONS

| BACKGROUND

Creating health systems of the 21st century to provide high quality care for today's health problems requires modernizing, improving, and streamlining the way people receive and pay for health care. Growing health needs due to aging and epidemiological transition collide with challenging realities in countries at all income levels: inadequate infrastructure and too few health providers in low-income countries; budget-busting provision of comprehensive health services for all in middle-income countries; and layers of high-cost care in high-income countries. Fully tackling these challenges will require new resources for health – and wiser allocation of existing resources – to keep up with rising demand, and to fairly provide the benefits of advanced technology to all.

Of the projected $80 billion increase in health investments needed by 2030 to meet SDG 3, more than 60 percent is needed to grow NCD services, and 85% is expected to come from domestic resources (SDG Health Price Tag, WHO 2018). And yet many countries, including India and multiple countries in Africa, have deprioritized health within government budgets in the past 15 years. Middle-income countries struggle to meet new promises against tight budget ceilings. Solutions are multi-faceted and multi-partner. The primary responsibility for meeting health needs lies with governments, but external resources will be required to fill the large vacuum in NCD control in the poorest countries of the world. Other LMICs can accelerate progress toward UHC by augmenting existing resources with technology, technical assistance and partnerships. External resources can come from multiple sources, such as official development assistance (ODA), loans – both at concessional and commercial rate, the private sector, and innovative financing. Internal resources are predominantly generated from the public sector, where efficient delivery of services is paramount to achieving greater coverage for NCD needs.

This session provides a close look at sources of funding for NCDs in LMICs by looking at historical trends in funding from official and non-official donors, as well as LMIC governments. It examines the financing gap for NCDs, globally and for selected countries, and projections of how that gap will be narrowed by 2030. Finally, the session offers examples of funds mobilization from a variety of sources – public, private, and innovative. It features representatives of organizations that are co-creating customized financial mechanisms and arrangements to close the NCD financing gap.

| OBJECTIVES

- To provide a realistic discussion of sources and magnitude of NCD financing to 2030.
- To provide experiences of success in NCD financing.
- To lay the groundwork for advancement of feasible innovative NCD financing mechanisms.

Speaker

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Andrea Feigl, PhD MPH, is a visiting scientist and health economist at Harvard TH Chan School of Public Health and Senior Health Economist at Microclinic International. She also serves as Scientific Advisor to the Lancet Commission on Non-Communicable Diseases, Injuries, and Poverty. Dr. Feigl currently leads a SDG3 multisector initiative focused on innovative health financing for neglected global health issues. Her academic work focuses on health systems financing and governance, universal healthcare, and cost-effectiveness of chronic disease interventions in developing countries. Previously, she was a health economist and policy analyst with the Organisation for Economic Cooperation and Development (OECD). She led the largest worldwide longitudinal analysis of the political, social, and economic determinants of universal healthcare in 196 countries (published in Health Policy), leading the impact evaluation of a nationwide anti-smoking legislation in Chile (published in WHO Bulletin), and led the impact study of the award-winning intervention program for obesity/diabetes prevention in Amman, Jordan (project awarded Global Health Project of the Year from Consortium of Universities for Global Health). She was also notably the innovator of the Evidenced Formal Coverage Index for comparative health economics of achieving universal healthcare, and a primary author of the NCD reframing initiative, published in Lancet Global Health. In addition to health systems analysis in Timor-Leste and Bangladesh, she conducted policy research at WHO-PAHO, evaluated projects in Ecuador, Paraguay, and Peru, and worked for the Canadian Institutes of Health Research. She has further authored several high level reports, including Development Aid Flows for Chronic Diseases for the Center for Global Development, a background paper on the political economy of universal healthcare for WHO, and a leading World Economic Forum/Harvard report on the global economic burden of chronic diseases, featured at the UN High Level Summit on NCDs in 2011. She was a Harvard Graduate Leadership Initiative Fellow, former President of the Harvard Club of Austria, and an internationally certified teacher in Cecchetti classical ballet from the Imperial Society for Teachers of Dance. A native of Austria, she received her PhD in global health and population from Harvard University, her MPH and BSc (First Class Honors with full scholarship) from Simon Fraser University in Canada, and her IB from Red Cross Nordic United World College in Norway.