PMAC PRINCE MAHIDOL AWARD CONFERENCE 2019

PARALLEL SESSION 3.2

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

| BACKGROUND

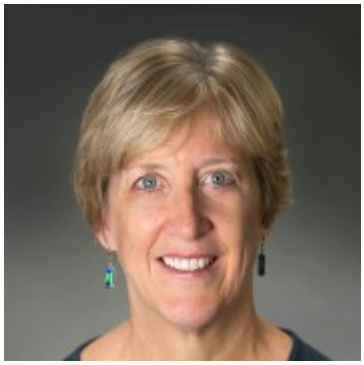
Creating health systems of the 21st century to provide high quality care for today's health problems requires modernizing, improving, and streamlining the way people receive and pay for health care. Growing health needs due to aging and epidemiological transition collide with challenging realities in 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.



Moderator

Rachel Nugent

Vice President, Global NCDs

RTI International
United States of America

Rachel Nugent is Vice President for Global Non-communicable Diseases at RTI International. Rachel was Associate Professor in the Department of Global Health at the University of Washington and Director of the Disease Control Priorities Network. She has advised the World Health Organization, the U.S. Government, and non-profit organizations on the economics and policy environment of NCDs. She is a member of WHO's Expert Advisory Panel on Management of Non Communicable Diseases, co-chair of the Coalition on Access to NCD Medicines and Products, and a member of The Lancet Commission on NCDIs of the Poorest Billion. She led a Lancet Task Force and Series on NCDs and Economics (2018). She served on the U.S. Institute of Medicine Committee on Economic Evaluation for Investments in Children, Youth, and Families (2015-2016), was co-chair of the IOM Workshop on Country-Level Decision Making for Control of Chronic Diseases (2012), and is currently on the National Academy of Medicine workshop planning commitee on Global Obesity. Rachel focuses on using economic analysis for priority-setting in health, and has worked with global and national institutions to increase use of evidence for decision-making. Her recent work includes the costs and cost-effectiveness of HIV and NCD integration, assessing costs and benefits of NCD policies and interventions in multiple countries, and economic impacts of double burden of malnutrition. She received her M.Phil. and Ph.D. degrees in economics from the George Washington University in Washington, DC, USA.