



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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BELINDA NGONGO is the Senior Technical Advisor for global health within Medtronic Foundation. In her role, she supports global health investments portfolio for expanding access to care for the underserved across Africa and is responsible for deploying gender lens strategies globally. A seasoned global health leader, Belinda has spent a great amount of her career engaging the private sector in health issues through forging public-private partnerships (PPP) with various actors to strengthen health systems in emerging markets. Previously, Belinda led BD (Becton Dickinson & Company) Global Health efforts in Africa where she was responsible for overseeing the regional strategy and implemented PPPs across a wide range of health initiatives including HIV/AIDS, TB, Cancer and Maternal, Newborn and Child Health. Belinda holds a Master of Public Health (MPH) in health policy and management and international health from Johns Hopkins Bloomberg School of Public Health, and a Bachelor of Science Honours in Applied Chemistry from the University of the Witwatersrand. Belinda is a global health leaders' fellow at the Public Health Institute.

