



Task Force 01

**FIGHTING INEQUALITIES, POVERTY, AND HUNGER**

# NCD Financing to Increase Equity and Achieve Universal Health Coverage (UHC) – The Time to Act is Now

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## Abstract

Noncommunicable diseases (NCDs), including mental health, are being left behind in the Universal Health Coverage (UHC) agenda and are driving inequalities. Globally, 74% of all deaths are attributable to NCDs, and 86% of premature deaths (between the ages of 30 – 70) occur in low-income and middle-income countries (LMICs). Mental disorders are the leading contributor to the global burden of years lived with disability and pandemics (e.g. COVID-19) and climate change are contributing to mental health vulnerability worldwide. There is a strong and positive association between low-income, socioeconomic, and educational status and NCDs. Moreover, millions of people living with NCDs are being pushed into poverty because of structural weaknesses in health systems and the high costs of care.

In the 2023 UN Political Declaration on UHC, Member States recognized that the realization of UHC is intricately linked to NCDs, along with the role of Primary Health Care (PHC) in lowering the cost burden. The G20 countries have consistently advocated for UHC and PHC as powerful policy tools for advancing health equity and we have the tools to integrate them. However, within a constrained fiscal space, multiple pressing country priorities, fragmented NCD data, inconsistent tracking, and pre-existing vertical programmes, their full value is not being realized.

This policy brief highlights the connections between fiscally sustainable UHC, the role of prevention and health promotion at the PHC level, and the role of digitalization in advancing these approaches. G20 countries are experimenting with innovative approaches to scaling NCD interventions to provide cost-effective services for all. They should leverage their financial and technological resources to support equity-based investments for NCD prevention and care in PHC settings.

## Diagnosis of Issue

The progressive realization of UHC is an important contributor to inclusive economic and social development (Ranabat CL et al 2023). Most countries are off-track in either service coverage, financial protection, or both. Global data shows that there is a strong and positive association between low income, low socioeconomic status, or low educational status and NCDs (LW Niessen et al 2018). The coverage gaps for conditions like mood and anxiety disorders exceed 50% in high-income countries, and in low-income countries, the gap exceeds 90% (Patel V et al 2019). Often ‘silent killers’ - NCDs go undiagnosed until they become serious or life-threatening. The cost of NCD treatment – mostly paid out-of-pocket by families - is often the highest expense and is associated with catastrophic expenditure, defined as health spending that exceeds 40% of income (Nambiar D et al 2023).

Health systems and households struggle to bear the costs of treating chronic diseases. Fiscally sustainable UHC will require a strong focus on prevention and health promotion. This is not only cost-effective for health systems but provides populations the best opportunity for maximum productivity and living well through the life course. There is agreement at the highest political levels that UHC is intricately linked to NCDs, along with the role of PHC in lowering the cost burden.

Health financing gaps are noticed at a time when countries need to address multiple health sector priorities while competing for resources across development and humanitarian agendas. A recent World Bank study that looked at 78 countries observed a declining prioritization for health. According to the study, real per capita central government health spending increased significantly during the first two years of the

pandemic. In the third year of the pandemic, contractions in public spending on health were noticed. On average, a contraction, from its peak of 25% to only 13% above the 2019 level, and close to its pre-pandemic trajectory (Kurowski C et al 2023).

G20 countries are at a pivotal point, recognizing that building resilient and fiscally sustainable health systems will require a stronger focus on prevention and health promotion. Overall economic growth among G20 members is forecasted to grow at a slower rate over the coming decades while health spending is projected to exceed expected growth in the overall economy and government revenues. In this context of acute health spending pressures and resource constraints, improving value for money will be key (OECD 2024). Currently financing allocation for prevention and health promotion are low in G20 countries. For example, EU countries spend around 3% of their health budgets on preventative care as opposed to 53% and 16% on curative and rehabilitative care and long-term care, respectively (EuroStat 2024). A commitment to prevention and early diagnosis would not only prevent many NCDs but also minimize the need for higher levels of care and higher government expenditure, making it a more efficient use of resources in the long term.

While digital technology can be a powerful healthcare tool, particular attention should be paid to addressing the digital divide in low-resource settings. The International Telecommunications Union (ITU) notes that 3.7 billion people worldwide are digitally excluded (The Good Things Foundation 2022) with persistent divides occurring between urban and rural areas, age, sex, and disability, among other attributes (Llyod's Bank 2023). Internet connectivity and digital literacy are becoming increasingly essential within healthcare today, and it is important to design digital interventions with equity in mind.

This paper acknowledges that there is no UHC without NCDs. In a tight fiscal context with multiple health priorities, financing NCDs through a focus on prevention and health promotion is best done through UHC, with PHC serving as a foundation. This is nothing new, but implementation progress is lagging, with few countries on track to achieve Sustainable Development Goal 3.4. Therefore, the priority for global health and development organizations is to accelerate this agenda with a focus on supporting country-led health financing actions that utilize digital technologies to minimize the inequalities within and between countries.

## Recommendations

**1. Invest in cost-effective approaches for NCDs, including mental health integration into essential UHC health benefits packages both domestically and through development aid (Table 1).** Many countries are still not implementing the WHO Best Buys or PEN package, with variable progress across WHO regions. The "Best Buys" is a set of evidence-based cost-effective interventions that focus on preventing and controlling NCDs and mental ill health. The WHO Global NCD Investment Case estimated that the implementation of the Best Buys would cost, on average, an additional US\$0.84 per person per year in lower- and lower-middle-income countries (LLMICs). The PEN Package is implemented in 30 countries worldwide. Most countries in the WHO Europe region are implementing elements of the PEN Package, but a study of its implementation in the **WHO Africa Region** found that only 28% of countries had adopted PEN (Tesema AG et al 2020). The bottom line is that there are proven and cost-effective investments that can be made, domestically and through DAH, that are far less than the cost of inaction with a proven return on that investment.

TABLE 1. Examples of cost-effective approaches

Source	Overview
Annex 3 of the Global Action Plan on the Prevention and Control of NCDs	Annex 3 focuses on strengthening and orienting health systems and predominantly focuses on the prevention of NCDs and social determinants of health through people-centered PHC and UHC basic health care packages.
Package of Essential Noncommunicable (PEN) Disease Interventions	Package of Essential Noncommunicable (PEN) Disease Interventions guides what services to include in the PHC package in low-resource settings. The package includes CVD, diabetes, COPD, and cancer.
Silos to Synergies: Integrating NCD prevention and care into global health initiatives and UHC	This review identifies packages of services across HIV/AIDS, TB, and MNCD throughout the life course that integrates NCDs through strengthening relationships and health systems across all levels of care.
Spending Wisely: Exploring the Economic and Societal Benefits of Integrating HIV/AIDS with NCD Services	An evaluation of costing evidence for eight HIV-NCD programs in Sub-Saharan Africa.
WHO: Tuberculosis and Diabetes: Invest for Impact	Evidence provides integrated care models.
The PEN-Plus package of interventions has been developed.	PEN-Plus focuses on strengthening outpatient care for severe chronic NCDs at intermediate-level facilities such as district hospitals.

2. **Track and support cross-country learning on NCD integration into UHC, including the role of digital tools.** The COVID-19 pandemic led to a proliferation of digital technologies and tools supporting remote monitoring and home care for persons living with NCDs. Leveraging the promise of digital technology at scale was a key component of 'Building Back Better,' yet the promise of digital technologies for stronger,

integrated PHC systems is yet to be realized. Digital health includes technologies that promote a healthy lifestyle, wellness, early screening, diagnosis, and management of chronic diseases; collect, store, or communicate health information; and assist research. They can play a key role in addressing health system barriers such as the lack of qualified health and human resources, leveraging technology for task shifting, providing clinical decision support for PHC systems, and digitizing and centralizing health records. The implementation of digital technologies for health records, in particular, is an opportunity to collect data on disease burden and local needs, facilitating decision-making for NCD financing based on needs and tracking spending for national health services.

Several G20 countries are experimenting with innovative digital approaches to scaling NCD interventions to provide cost-effective, scalable services for all (e.g. India for diabetes and hypertension). Explicit goals should be adopted for advancing the Global Initiative on Digital Health with a focus on scaling digital tools that promote NCD-integrated PHC, e.g. digitally driven and AI-enabled hub-and-spoke models for the prevention and management of hypertension and diabetes, and training models for community health workers. A Community of Practice on digitally enabled PHC that integrates NCDs should be established to support G20 and other countries to advance this agenda.

**3. Reorient DAH to support Country-Owned Plans to Advance UHC that include NCDs, including setting DAH targets.** Domestic financing is and will remain the main source of financing for UHC, as well as for NCDs. However, countries, especially LMICS, will need support and as major DAH contributors, G20 countries are poised to play a significant role. DAH contributions should encourage sustainable



domestic resource mobilization by building national capacity to develop and implement effective prevention and health promotion, strengthen the health workforce in LMICs, provide technical support, and address program and resource bottlenecks within health systems.

Traditionally, NCDs have not featured prominently in DAH, receiving less than 2% of the annual total. In a shrinking fiscal space, NCDs will likely get even less attention. Leveraging its diplomacy power, the G20 is uniquely poised to bring the topic of financing integrated health services to the forefront.

**4. Support Target Setting within UHC to understand whether NCDs are being addressed:** Targets can and have been impactful tools for accelerating action and strengthening data and accountability. Improved NCD data and tracking, facilitated through digitalization, would allow for the additional analysis and advocacy needed to improve delivery integration, monitor the effectiveness of interventions, and increase budgetary allocations to sufficient levels. Without a clear understanding of the optimal funding and targets necessary for the financing of NCD and/or mental health, investment will continue to fall short. For example, the inclusion of HIV/AIDS Accounts within National Health Accounts played a key role in tracking country-level resources. Data collection across G20 countries is lacking, making it difficult to determine from policy, budgetary, and planning perspectives what interventions are most needed to respond to the health needs of each country's population.

## Scenario of Outcomes

The G20 supporting explicit target setting for NCD integration within PHC and UHC leveraging the best buys and monitoring progress on the targets will have important positive economic, social, and human capital impacts for NCDs, helping countries move closer to the 2030 SDG targets for NCDs and UHC. Conversely, without proactive target setting and monitoring the global situation on NCDs including mental health, especially in the context of ageing populations, is expected to become worse.

NCDs continue to demonstrate their ROI potential, especially in prevention and health promotion interventions. The WHO estimated that the implementation of the Best Buys would cost an average of an additional \$0.84 per person per year in LICs and LMICs. Healthy diet interventions offer a return of nearly 12:1, while there is an estimated return of \$7 and \$8.30 for tobacco and alcohol reduction for everyone \$1 spent, respectively. An analysis conducted by The Lancet in their NCD 2030 Countdown series (NCD Countdown 2030 Collaborators 2022) showed that a global US\$18 billion annual investment in 2023-30 would avert over 39 million deaths and generate a net economic benefit of \$2.7 trillion, or \$390 per capita. This investment, coupled with Ministries of Health allocating 20% of their budgets to high-impact interventions like the Best Buys and basic interventions for acute cardiovascular and pulmonary complications, would result in 55% of countries reaching SDG target 3.4. The additional inclusion of digital health initiatives in PHC and UHC delivery will enable countries to expand care and strengthen their health systems.

Chisholm et al (2016) calculated the return on investment for mental health programs. According to this study, the net present value (NPV) of investment needed over the period

2016-30 to scale up well-known and effective treatment coverage for depression and anxiety disorders is estimated to be \$147 billion. Scaled-up treatment leads to 43 million extra years of healthy life over the period. In economic terms, this produces a NPV of \$310 billion. Scaled-up treatment of common mental disorders leads to large NPV productivity gains of \$230 billion for depression treatment and \$169 billion for anxiety disorders (Chisholm D et al 2016).

As NCD morbidity and mortality disproportionately impact LMICs, it's also important to consider the wider benefit NCD integration into UHC health benefits packages will have. Currently, out-of-pocket spending (OOP) for NCDs is estimated to be twice as high per visit to a health clinic compared to infectious diseases (A. Haakenstad 2019), making seeking and sustaining care for NCDs a significant financial burden. Of the estimated 100 million people worldwide (WHO and World Bank) who are pushed into extreme poverty every year because of OOP, we can assume many of these are people living with NCDs due to the disproportionate costs shouldered by patients and the growing disease burdens. However, with good health and resilient health systems, economies and societies will experience benefits, from increased participation in the workforce to the generational effects of increased access to education, gender equality, and other developmental indicators on health, well-being, and productivity, NCDs are a worthwhile investment.



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