OUR MISSION
The Health Finance Institute aims to expand the fiscal space for non-communicable diseases (NCDs) globally.

By catalyzing financing and building partnerships, we work to increase access to prevention, management, treatment, and control of non-communicable diseases (NCDs), helping achieve Sustainable Development Goal (SDG) 3: good health and well-being.

THE PROBLEM
There is a dramatic shortfall in resources needed to achieve Sustainable Development Goal 3: good health and well-being.

The financing gap—both public and private—is particularly significant for NCDs.

The information flow between the finance community and the public sector to design appropriate financing models remains low.

OUR STRATEGY
Our strategy feeds into our vision of catalyzing and scaling pathways to close the investment gap for NCDs.

We will incubate novel health financing instruments and multisectoral partnerships which respond to country needs for financing of NCD prevention and control. As a knowledge broker and operational partner for investment and financing modalities for health, we will research, design and pilot financial products.

Through this work, we aim to:

- Diagnose what specific roadblocks to scale up NCD programming and financing exist in the given context
- Research intervention options and develop business cases based on these findings
- Recommend a priority intervention based on potential health and economic gains, e.g. scale up cervical cancer screening
- Identify and analyze existing resources from various sources and identify gaps
- Develop a roadmap of financing solutions to mobilize and optimize efficiency of resources for that intervention, e.g. a blended financing instrument funded by a development bank with an interest buy-down component funded by a development partner
10 Roadblocks to financing the NCD response

1. Distortion of National Priorities
2. Skirting of the Case on Equity
3. Limited Technical Expertise or Capacity
4. No (Costed) National NCD Action Plan
5. Poor Expenditure Tracking at Disease Level
6. Prevalence of NCDS Not Monitored
7. Unclear Beneficiaries of Investments
8. Lack of De-risking
9. Focus on Costly Treatments
10. No Internalization of Commercial Externalities

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10 Solutions to financing the NCD response

1. Country-driven agendas
2. Costing development solutions and donor advocacy
3. Catalytic, partner supported-funding
4. Costed action plan, business case, investment case
5. Digital/mobile data solutions
6. NCDS in evidence creation base
7. Beneficiaries-centric business cases
8. Blended finance & global financing partnerships
9. Incentivizing prevention
10. Multisector fiscal solutions

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THE ROADMAP: "A CONVERSATION STARTER"

Multiple lenses should be employed when both identifying financing roadblocks and offering potential solutions. The roadmap to financing the NCDs response is dynamic and contingent on multiple axes and dimensions. Some lenses follow:

Roadblocks | Potential Solutions
---|---
There exists a distortion of national priorities because of parallel processes, competing priorities and donor-driven agendas. | Agendas are driven by countries and member-states. Other institutional stakeholders amplify country voices as allies.
Ethical case of NCDs as development issue for poorest is not made. Issues of equity as NCDs affect the most vulnerable populations. | Development solutions are costed and supplemented with donor and development partner advocacy.
Lack of absorptive and technical capacity perpetuates NCD financing poverty trap. The push for funding cannot be made if: funding arrives, no technical assistance or capacity to scale-up. | Catalytic, partner-supported funding is available.
There is no (costed) national NCD action plan. | A costed action plan married with a case for investment in NCDs may potentially catalyze and attract external resources.
Financing and expenditure not tracked at the disease level; and poor data systems. | Digital and mobile technology data solutions can be employed for more robust disease surveillance and financing data.
The prevalence and burden of NCDs are not monitored. As such, myths and narrative about infectious diseases being main killer are persistent. | Greater evidence and advocacy around the prevalence and burden of NCDs, including in Demographic Health Surveys, and others.
The population segments who are benefiting (or not benefiting) from investment cases cannot be clearly discerned. | The development of specific business cases for investments in NCDs could be targeted towards segments of population beneficiaries.
Parties (whether development or public finance) are not de-risking investments. | Blended finance approaches and other global financing partnerships could provide the necessary capital and necessary de-risking for the NCDs space.
There has been a greater emphasis on expensive treatments, rather than focusing on the treatment - prevention dyad. | Incentivizing prevention and promotion through innovative policies and financing (e.g. prevention bonds) as core of prevention/PHC agenda.
Externalities of commercial risk factors are not internalized via sin taxes or similar instruments. | Multi-sector solutions, including multisectoral fiscal policies, will help combat a pressing global health issue that is not borne in one sector.