



# International Dialogue on Sustainable Financing for Noncommunicable Diseases and Mental Health

Meeting report, Washington, DC, United States of America, 20–21 June 2024



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We look forward to strengthening the partnership between the World Health Organization and the World Bank, and to our collaboration with all other stakeholders as we work together toward our shared goals.



# Overview and high-level summary





High-level plenary, moderator: Rhonda Sealey-Thomas, panelists: Ala Nemerenco, Socheat Heng, Sarah Kline, Teodoro Javier Herbosa, and Sanjeev Gupta

## Context

Preventing noncommunicable diseases (NCDs) and mental health conditions and addressing the needs of those living with them are among the most critical public policy challenges of the 21<sup>st</sup> century. NCDs represent 63 percent of all deaths and make up seven of the world’s top 10 causes of death,<sup>1</sup> while mental health conditions (including neurological and substance use disorders) account for one in four years lived with disability globally<sup>2</sup>. Polluted air is now the fourth leading risk factor for health overall and contributes to 6.7 million deaths annually; most of these deaths—85 percent, or about 5.7 million—are due to NCDs.<sup>3</sup> Over the last five years, national governments and the international community have increasingly recognized the threats posed to public health and sustainable development by climate change, the commercial determinants of health, and (in the wake of the COVID-19 pandemic) poor mental health. Accumulating evidence is also now showing that the climate crisis is impacting mental health via stresses and risks imposed by severe weather events and longer-term environmental changes.

NCDs and mental health are included in the 2030 Agenda for Sustainable Development through Sustainable Development Goal (SDG) target 3.4, which seeks by 2030 both to reduce premature mortality from NCDs by one-third through prevention and treatment and to promote mental health and well-being.<sup>4</sup> Inclusion of this target in the SDGs was a key step toward galvanizing action; but more than halfway into the SDG era, only a handful of countries are on track to meet the SDG 3.4 target<sup>5</sup> and the nine voluntary targets of the NCD global action plan.<sup>6</sup> In some countries, death rates due to NCDs have even increased since

- 1 World Health Organization, “Global health estimates: Leading causes of death” November 11, 2024, <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>
- 2 World Health Organization, “Global Health Estimates: Leading causes of DALYs” (2021), <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys?>
- 3 World Health Organization, “Noncommunicable Diseases,” September 16, 2023, <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.
- 4 World Health Organization, Global Health Observatory, “SDG Target 3.4 | Noncommunicable diseases and mental health: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being,” <https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.4-noncommunicable-diseases-and-mental-health>.
- 5 World Health Organization, World Health Statistics 2023: Monitoring Health for the SDGs, Sustainable Development Goals (World Health Organization, 2023), <https://www.who.int/publications/i/item/9789240074323>.
- 6 World Health Organization, *Noncommunicable Progress Monitor 2022* (World Health Organization, 2022), <https://iris.who.int/bitstream/handle/10665/353048/9789240047761-eng.pdf?sequence=1>.



the launch of the SDGs in 2015,<sup>7</sup> and millions of people, especially in lower-income settings, lack access to interventions that could prevent or delay NCDs, mental health conditions, and their consequences.

The costs of inaction are high: millions of avertable premature deaths, more than a billion people living with pain and other impairments, and trillions of dollars of economic output foregone each year as a result of lost productivity.<sup>8</sup> Without concerted action, the trajectory of NCDs and mental health conditions will have far reaching mid- and long-term impacts on people, households, and societies as a whole.

It is not too late; it is still possible for each country to achieve the global SDG 3.4 target and progress toward the SDG 3.8 target on universal health coverage (UHC). This path requires strengthening public health functions and health systems through a primary health care (PHC) approach that enables scaled-up delivery of context-specific, cost-effective priority interventions for NCDs and mental health conditions.

There exists a comprehensive evidence base of clinical, policy, legislative, and regulatory interventions that have been shown to enhance the prevention and treatment of NCDs and mental health conditions. However, most of these interventions have not been fully implemented, and a critical challenge to the effective implementation of NCD and mental health reforms has been the lack of sustainable financing at both the global and national levels. In addition, in a highly constrained macro-fiscal environment, improving the efficiency of financing for NCDs and mental health is critical to enable governments to accomplish more with fewer resources. There is therefore an urgent need to better consider how to scale, sustain, and prioritize NCD and mental health interventions through effective financing and investment strategies.

## Objectives and format

In recognition of the above and building on the outcomes of the Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control<sup>9</sup> (held in Copenhagen in 2018), the World Health Organization (WHO) and the World Bank joined together to convene an International Dialogue on Sustainable Financing for NCDs and Mental Health (the Dialogue) with the following objectives:

- To define and start building consensus among a range of stakeholders on actionable strategies and policy recommendations that can enable and enhance the integration of NCDs and mental health conditions in public financing and national budgetary systems
- To unpack the implications of these strategies and recommendations in varied contexts in order to inform health financing reforms that can (1) sustain adequate, stable, and predictable financing, (2) enable strategic purchasing, and (3) enhance financial protection
- To discuss and identify approaches on how to integrate prioritized NCDs and mental health interventions within national health and financing plans, with the aim of providing high-quality, equitable NCD and mental health services that are integrated into existing health systems and broader public health ecosystems
- To inform a forward-looking agenda that helps countries accelerate progress and realize the targets under SDG 3.4 and SDG 3.8 by 2030 – which constitutes a key milestone in the preparatory process for the Fourth High-Level Meeting of the United Nations General Assembly on NCDs (2025) and beyond

7 David Watkins et al., “NCD Countdown 2030: Efficient Pathways and Strategic Investments to Accelerate Progress towards the Sustainable Development Goal Target 3.4 in Low-Income and Middle-Income Countries,” *The Lancet* 399 (2022): 1266–78, <https://www.thelancet.com/journals/lancet/article/PIIS0140-67362102347-3/fulltext>.

8 The Lancet. (2024). *The Lancet Commission on Investing in Health*. November 11, 2024, <https://www.thelancet.com/commissions/investing-in-health>

9 World Health Organization, *Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention Control. Meeting report, Copenhagen, Denmark, 9–11 April 2018* (World Health Organization, 2019), <https://iris.who.int/bitstream/handle/10665/312289/WHO-NMH-NMA-GCM-19.01-eng.pdf?sequence=1&isAllowed=y>.



The Dialogue took place on June 20–21, 2024, at the headquarters office of the World Bank. Participants joined from around the world and included representatives of WHO member states, UN agencies, bilateral and multilateral development organizations, and civil society, as well as individuals with experience of living with a NCD or mental health condition. The Dialogue was informed by a series of technical background papers, a multi-stakeholder web consultation, and the inputs and insights of an External Technical Expert Group.<sup>10</sup>

Following opening statements by host organizations and high-level delegates on the meeting’s policy context, relevance, and purpose, the Dialogue centered on three key topics or “conversations”:



**Putting NCDs and mental health on the road to more sustainable financing.** This conversation focused on how to move from political to financial commitment. It considered the range of opportunities open to countries for appropriately resourcing the response to NCDs and mental health in the context of changing fiscal environments, in particular through domestic revenue-raising (including health taxes), stronger public financial management, and the use of catalytic development assistance for health (DAH).



**Reshaping health systems and financing mechanisms to prevent NCDs and mental health conditions and address the needs of people living with those conditions.** This conversation focused on what to finance, how to make best use of available resources, and how to leverage health financing, PHC, and UHC reforms to promote physical and mental health and enhance service access and financial protection for people living with NCDs and mental health conditions.



**Realizing health for all—What does success look like?** This conversation focused on the known and further expected benefits of appropriately resourced and coordinated national responses to NCDs and mental health conditions, including human capital development and healthy longevity, improved health equity and outcomes, and reduced impoverishment and social exclusion for affected individuals and families.

10 Speaker statements may not be consistent with WHO and World Bank official statistics or messages.



## Key messages and highlights emerging from the Dialogue

The following key messages and actionable strategies emerged from the Dialogue and are expected to inform the preparation for the Fourth United Nations High-Level Meeting on NCDs in 2025 and the subsequent outcome document.

### Five take-away policy messages

- 01** As a result of population aging, increased exposure to risk factors, and underinvestment, **the public health and economic impacts of NCDs and mental health conditions are already huge and will continue to grow.** Insufficient action to prevent and address NCDs and mental health conditions will have a devastating impact on people's health and well-being and will undermine countries' human capital. The rising need for health and care services will weigh heavily both on public budgets, where it will strain countries' resources, and on affected households, where it will deepen poverty and inequality and compromise the future of younger generations. The quicker this reality is fully appreciated and acted upon, the more lives and livelihoods can be saved. Action to address NCDs and mental health conditions is good for health, good for social equity and inclusion, and good for the economy.
- 02** **NCDs and mental health need to be integrated into overall public financing systems (beyond the health sector alone).** This approach not only aims to increase financial inputs for NCDs and mental health interventions, but also to improve core financing functions and mechanisms, especially public financial management, strategic purchasing, and financial protection policies and measures.
- 03** **Domestic financing is at the heart of sustainable financing for NCDs and mental health.** Health taxes continue to represent a win-win arrangement—they are good for population health and good for the public purse. Development assistance for health (DAH) can play a key catalytic role but cannot replace a country's own responsibilities to plan, mobilize, and allocate the resources needed for promoting and protecting the health of its population.
- 04** Mobilizing additional domestic revenues for health in a challenging macro-fiscal environment requires **strong leadership, close inter-ministry collaboration, and effective implementation of fiscal policies and public financial management reforms.**
- 05** Most health systems are not well designed to provide preventive services, high-quality longitudinal care or financial protection for persons with NCDs, mental health conditions, and other chronic conditions. **Health financing policies and mechanisms can and must be leveraged to enhance continuity of care, avoid fragmented service delivery, and reduce high out-of-pocket spending.** Broader efforts to build health financing systems supportive of universal health coverage (UHC) should aim to drive a much-needed increase in pooled funding for NCD and mental health interventions, as well as negotiate the pricing of essential medicines with producers, implement targeted incentives for providers, and adapt financial protection policies for service users with enduring needs.





## Putting NCDs and mental health on the road to more sustainable financing

- 01 Fiscal policies:** In the context of national policies and laws, review and pursue ‘win-win’ fiscal policies that increase government revenues, reduce exposure to NCD risk factors, and improve health outcomes. Such policies include the imposition of health taxes (on tobacco, alcohol, sugar-sweetened beverages, and ultra-processed foods) and the removal of subsidies that are costly and harmful to health (such as fossil fuel subsidies).
- 02 Development assistance for health (DAH):** Link NCDs and mental health to national development goals and, where applicable, to external support from development partners. A central aim of DAH is to catalyze change to existing service capacities and outcomes, as well as promulgate global and regional health goods, such as measures to counter the marketing and cross-border trade of unhealthy products. In addition, all global health actors should make a concerted effort to re-align their support to countries with the large and increasing burden of disease attributable to NCDs and mental health conditions. DAH can also play a transformative role in helping countries understand how to trigger sustainable changes by more strategically connecting silos, promoting learning and supporting the innovative co-production of solutions.



## Reshaping health systems and financing mechanisms to prevent and address NCDs and mental health conditions and address the needs of people living with them

- 03 Health benefit packages and budgeting:** With reference to national health strategies and priorities, identify and include cost-effective interventions for preventing and managing NCDs and mental health conditions in health benefit packages; then translate this entitlement into practice through explicit linking to output-based budgeting and provider payment processes.
- 04 Health system design:** In the face of local epidemiological transitions and demographic changes, strengthen and reorient public health functions and health systems through a primary health care (PHC) approach. By better integrating both NCD and mental health care into well-functioning PHC services across all areas (for example, maternal health and adolescent health), health systems can promote early detection; facilitate the consistent, holistic, and accessible care essential for patients with chronic conditions; and support a more sustainable and equitable model of care that promotes better health outcomes for the whole population.
- 05 Health financing policy and financial protection:** To enhance continuity of care and avoid fragmented service delivery or financing, leverage and align national health financing reforms, including targeted incentives and provider payment data systems, toward preventing and managing NCDs, mental health conditions, and other chronic diseases. In view of potentially high levels of cumulative out-of-pocket spending and resulting financial hardship among households affected by NCDs, mental health conditions, and other chronic diseases, revise financial protection policies to cover or limit the cost of essential assessments, tests, and medicines.
- 06 Pricing of medicines:** Control and lower the price of essential medicines for NCDs and mental health conditions by negotiating or regulating markup prices and supply prices with manufacturers and by removing import tariffs and taxes.
- 07 Information systems:** Develop and invest in linked, routine health information and data ecosystems that cover the entire population and are capable of supporting health financing operations (including provider payment systems), as well as tracking provider actions, service use, care continuity, and quality improvement.





## Realizing health for all—What does success look like?

- 08 Whole-of-society approach:** Pursue a whole-of-society approach to promoting physical and mental health and to preventing and managing NCDs, mental health conditions, and their risk factors. This approach requires the full engagement of people with lived experience of these conditions, nonstate actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions), public and private sector service providers, and all relevant arms of the government.
- 09 Investing in health across the life course:** Implement interventions to prevent and address NCDs and mental health conditions at every stage of a person's life, with a specific focus on early interventions to invest in the health and wellbeing of younger people. Reforms to better integrate NCDs and mental health in PHC systems and to enhance social protection and support systems will facilitate early detection, increase access to accessible care, and support a more equitable model of care for the whole population. Such investments allow countries to significantly reduce avoidable deaths, improve well-being, promote economic growth, and ensure that people not only live longer but also live well, and are able to engage in the activities they value.
- 10 Health equity:** Preventing and addressing NCDs and mental health conditions is critical to achieving UHC, however these conditions disproportionately affect the most vulnerable populations, thereby amplifying existing health disparities. To achieve health coverage that is truly universal, health systems must implement targeted interventions to address NCDs and mental health conditions among vulnerable and marginalized communities and ensure that they have access to adequate care. Meeting this goal is not just a health care priority but a fundamental issue of health equity, to ensure that all individuals have the opportunity to attain the highest standard of health.



**Day 1**  
Thursday, June 20, 2024





## High-level segment: opening and setting the scene

**Master of ceremonies: Jérôme Salomon**, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO

### Welcome and opening remarks

#### Speakers

- **Juan Pablo Uribe**, Global Director, Health, Nutrition and Population, World Bank; Director, Global Financing Facility
- **Jarbas Bardosa Da Silva Jr**, Director, Pan American Health Organization (PAHO)

**Jarbas Bardosa Da Silva Jr**  
*“Statistics do not reflect the actual burden of suffering... We need to come together to find ways to change the trajectory we now face, of increasing numbers of people falling ill and dying from preventable and treatable diseases.”*



**Juan Pablo Uribe**  
*“Countries around the globe face significant challenges posed by NCDs and mental health, with clear evidence and strong demand. This is central to the World Bank’s goal of providing essential health services to 1.5 billion people. Now is the time to transform our collective commitments into concrete actions.”*



#### Key messages

- The presence of key stakeholders from more than 30 countries is to be celebrated; it highlights the importance of collaboration and shared learning in tackling the global health challenges of NCDs and mental health conditions.
- NCDs and mental health conditions have become major global health priorities and challenges because of the significant burden they place on countries across all levels of income. Their impact extends far beyond the health sector, as they hinder economic and social development by exacerbating poverty and vulnerability. Without adequate action to financially protect those with NCDs or mental health conditions, millions could be driven into poverty. Investing in health, and in particular in addressing NCDs and mental health conditions, is therefore crucial for human capital, societal well-being, productivity, and inclusive growth.
- Achieving UHC—i.e., providing high-quality health care according to need without financial burden—is a goal shared by all countries. However, UHC cannot be achieved without significantly scaling up the response to NCDs and mental health conditions.
- There is an urgent need for practical solutions to help countries achieve Sustainable Development Goal (SDG) 3.4. Solutions include strengthening primary care systems, building a stronger health care workforce, and leveraging evidence-based interventions such as the “best buys” recommended by the WHO.
- The WHO and the World Bank are committed to strengthening their partnership to better support countries in building health care systems that effectively address NCDs and mental health issues and that support progress toward UHC.



## Contextualizing the need for a dialogue on sustainable financing for NCDs and mental health

**Moderator: Juan Pablo Uribe**, Global Director, Health, Nutrition and Population, World Bank; Director, Global Financing Facility

### Panelists

- **Ratu Atonio Lalabalavu**, Minister of Health and Medical Services, Fiji
- **Otabek Fozilkarimov**, Deputy Minister of Finance, Uzbekistan
- **Gina Agiostratidou**, Program Director, The Leona M. and Harry B. Helmsley Charitable Trust
- **Alison Cox**, Policy and Advocacy Director, NCD Alliance
- **Pierre Cooke**, Youth and Health Advocate, Technical Advisor, Healthy Caribbean Coalition, Person with lived experience of illness, Barbados

### Objective

- To understand the urgency and need for sustainable financing for NCDs and mental health from the perspective of stakeholders in the room

#### Alison Cox

*“The figures for NCDs and mental health are unacceptable, and they are increasing. Deaths from cardiovascular disease are expected to rise from more than 18 million now to 23 million by 2030. The number of people living with diabetes is expected to more than double globally by 2050 and reach around 1.3 billion. Chronic kidney disease is rising worldwide and will be the fifth highest cause of death by 2040. And the number of people living with dementia is projected to reach 139 million by 2050. These are massive crises.”*



Masters of ceremonies: Jerome Salomon, Moderator: Juan Pablo Uribe



**Pierre Cooke:**

*“As young people, what we’ve been experiencing is frustration at the lack of political action... We’ve had 10 years of commitments from governments, recognizing that this is something we need to focus on ... but then further down the line, nothing happens. We want access to better NCD services. We want access to better mental health services... We want young people to take advantage of these services, but the cost is always prohibitive.”*

**Ratu Atonio Lalabalavu**

*“Prevention is always better than the cure.... What we are doing now, it’s for our future generations”.*

**Alison Cox**

*“I really want to drive home this point that investment in NCDs is an investment and not a cost for the economy.”*

**Key messages**

- The burden of NCDs and mental health is unacceptable and increasing, and only a handful of countries are likely to meet the SDG 3.4 target of reducing NCD mortality by 30 percent by 2030. The lack of effective financial protection programs and the lack of inclusion of NCDs and mental health in basic healthcare benefit packages mean that the cost of treatment is being passed on to patients and their families, with the lion’s share of catastrophic costs being incurred in low- and middle-income countries. NCDs and mental health conditions generate ongoing expenses that trap poorer households in cycles of debt and illness and perpetuate inequality, and the resulting burden of care is disproportionately borne by women and children.
- The impact of NCDs on public health systems, workforce productivity, and economic stability is very severe. Escalating rates of NCDs are significantly affecting working age populations and preventing many countries from achieving their full potential. Studies underscore that inaction on NCDs could cost the global economy US\$30 trillion between 2010 and 2030, while inaction on mental health conditions would add another US\$16 trillion in losses<sup>11</sup>. Such losses would have dramatic impacts on productivity and quality of life. Sustainable investments in NCDs and mental health are therefore not just a health imperative but also an economic necessity. There is extensive evidence showing that even modest additional investments can generate huge benefits: investing in WHO’s best buys for NCDs is expected to yield a return of 7:1, while other studies estimate returns of 19:1 for investments in NCDs<sup>12</sup> and 4:1 for investments in the most prevalent mental health conditions.<sup>13</sup>
- Integrated health care models are vital for enhancing health system resilience and ensuring equitable access to health care, particularly in low- and middle-income countries, and reforms should prioritize holistic health system strengthening rather than isolated initiatives.
- There is a need to go back to basics and to focus on preventive measures and PHC to improve sustainability, especially in countries with limited resources. This effort involves engaging communities at the grassroots level, collaborating with civil society organizations (CSOs), and implementing policies that target people at a young age.
- Data-driven and evidence-based policies are crucial, and enhanced collaboration between health and finance ministries is essential for effective health care reforms. There is a need to work collaboratively to ensure sustained and prioritized funding for NCDs and mental health amidst competing priorities, such as humanitarian crises and climate change.
- There is a need to amplify the voices of those affected by NCDs and mental health conditions, and to ensure that policies reflect their lived experiences and meet their needs. This is particularly important because many previous commitments made by governments to address NCDs and mental health issues have failed to materialize into concrete actions. Health leaders and policy makers need to genuinely consider the impact of such inaction on people, especially on younger generations. The response to the COVID-19 pandemic demonstrated what can be achieved through concerted action and political will. The scale of the current NCD and mental health crisis merits the same urgency.

11 Bloom, D.E., et al., “The Global Economic Burden of Noncommunicable Diseases”. A report by the World Economic Forum and the Harvard School of Public Health. (2011) Geneva: World Economic Forum

12 Watkins et al., “NCD Countdown 2030.”

13 D. Chisholm et al., “Scaling-up Treatment of Depression and Anxiety: A Global Return on Investment Analysis,” The Lancet Psychiatry 3, no. 5 (2016): 415–24, [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30024-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30024-4/fulltext).



## Keynote: The future we imagine

 **Speaker: Aarathi Krishnan**, Founder, RAKSHA, Advanced Risk and Decision Intelligence; Research Affiliate, Cambridge Centre for Existential Risk

### Objective

- To articulate what is different about the world we are living in today and how we need to work differently

#### Aarathi Krishnan

*“The norms that prioritized the immediate at the expense of the future, including through processes that fail to give equity and justice to many, serve to perpetuate the exclusion that we seek to address. And if we don’t think through the long-term implications of our decisions, we will leave all our future generations behind.”*



#### Aarathi Krishnan

*“This is an invitation for you, for all of us, to be great. To translate hope into action, to transform how decisions are made, to be brave, to make riskier decisions that perhaps have never been made before. Today, this week, now you have an opportunity to repair the breaks in our system and in our social contract. You have an opportunity to collectively contour a global narrative that reimagines not just how we live and work together, but fundamentally shifts the structural pillars of how we serve those that need it the most and how we serve each other.”*



### Key messages

- The next decade will be marked by unprecedented challenges, as the world grapples with multiple interlinked crises that significantly affect people’s health and well-being and diminish countries’ capacity to be resilient and thrive. Global systems—ranging from food, health, and environmental systems to political and economic systems—are increasingly interconnected, and extreme weather events, geopolitical tensions, and economic instability are driving the increased strain on health systems and undermining their ability to address NCDs and mental health conditions.
- Good governance and dynamic policy making are crucial to address these interconnected risks and build resilience against future shocks. There is a need for a “systems, not silos” approach, which integrates NCD and mental health responses into broader public health financing and adopts a whole-of-society approach for prevention and management. There is also a need for dynamic policy making to reshape health systems so that they become more robust and adaptable to emerging challenges, and can support the unique needs of people with chronic conditions.
- Unprecedented solidarity is needed. Shortsighted decisions perpetuate exclusion and inequity, risking the well-being of future generations. In these post-pandemic times of disruptive change, societies must choose pathways that build shared purpose and must reimagine governance, resource distribution, and societal values.
- Courageous decision-making is needed to repair systemic flaws and redefine the social contract, and to foster a global narrative that prioritizes collective well-being, equity, and sustainability for future generations. Hope is a radical act that should drive all actors to create a better future for our children, through proactive efforts to reimagine and rebuild our systems to uphold the right to health for all.



## Where are we now? Creating opportunities for sustainable financing for NCDs and mental health

### Panelists and statements

- **Bente Mikkelsen**, Director, Noncommunicable Diseases, Rehabilitation and Disability, WHO
  - » The road to 2025 and the need for investments
- **Dévoira Kestel**, Director, Mental Health, Brain Health and Substance Use, WHO
  - » Mental health's high return on investment for development and sustainability
- **Monique Vledder**, Head of the Global Health Unit, World Bank
  - » Meeting our collective ambition through working in partnership

### Bente Mikkelsen

*"If you want to reduce premature mortality from NCDs by one third before 2030, you should at least focus on hypertension, obesity and on tobacco use. You don't have to think twice, the Best-Buys and at least these three things should be part of your priorities."*



Opening statements by Monique Vledder, Bente Mikkelsen and Devora Kestel



### **Dévora Kestel**

*“From a public mental health perspective, current financing is totally inadequate in most health systems. In many countries, there is absolutely no access to mental health care whatsoever. Even in high income countries, 50 percent of people affected by depression will not have access to care, and in low-income countries, we are talking about 90 percent of people not having access to care, no matter how much they might be suffering.”*



### **Monique Vledder**

*“At the heart of this effort is strong country leadership. We must rally behind national governments and civil society to drive a transformative shift that prioritizes non-communicable diseases (NCDs) and mental health prevention and care within health system reforms. It’s essential that our collective approach addresses the burden of these diseases by integrating this agenda into how countries design, deliver, and finance healthcare.”*



## **Key messages**

- Despite the availability of data on the devastating impact of NCDs and mental health conditions and the existence of a strong evidence base of proven cost-effective solutions, governments and the global health community have been slow to translate policies into actionable measures.
- Evidence shows that certain interventions, such as reducing obesity, hypertension, and tobacco use, are essential to curb the impact of NCDs and should be prioritized in any context. Yet in the case of hypertension for example, estimates suggest that of the 1.3 billion people who have the condition, only 50 percent have been diagnosed—despite the fact that the necessary technology is simple and affordable. Moreover, only one in five are able to effectively manage the condition. There is therefore a critical need to effectively utilize what we already know and to leverage existing data to address the global burden of NCDs and mental health conditions.
- Current mental health systems, often centered around isolated psychiatric hospitals, are inadequate, and significant increases in public health financing are needed, particularly in low- and middle-income countries, where only 1–2 percent of the health budget is allocated to mental health. This inadequate funding leads to high out-of-pocket expenses for individuals and their families and in many cases to an almost complete lack of access to mental health care. Increased investment should fund mental health systems that can respond to current needs and efficiently implement promotion and prevention strategies, including interventions that target child and adolescent mental health and suicide prevention.
- Mental health issues have well-documented comorbidities with both communicable and noncommunicable diseases. This means that greater integration of mental health is needed across all areas of the health care ecosystem. In particular, community-level mental health services must be integrated with primary health care to ensure continuity of care and comprehensive support from health and social care sectors.
- Efficient use of existing resources is crucial. Among other things, it requires the inclusion of NCDs and mental health conditions in comprehensive packages of primary care services as well as in health security and emergency preparedness and response agendas. It also requires the involvement of the private sector to enable countries to better manage medication costs and service delivery, particularly in hard-to-reach areas.
- Health is not an expense but a vital investment, essential for a productive society. As announced during this year’s Spring Meetings, the World Bank has set an ambitious goal of supporting countries in delivering high-quality, affordable health care to 1.5 billion people by 2030. This goal will be achieved by expanding the geographical scope of programs to focus on marginalized groups and on the poorest populations; by broadening the range of services funded to better address NCDs and mental health conditions and better meet the needs of an aging population; and by reducing barriers to care, especially prohibitive out-of-pocket expenses for medications.



## Sustainable financing for NCDs and mental health— What does it mean?

**Moderator:** Rhonda Sealey-Thomas, Assistant Director, Pan American Health Organization (PAHO)

### Panelists

- **Ala Nemerenco**, Minister of Health, Moldova
- **Teodoro Javier Herbosa**, Secretary of Health, the Philippines
- **Socheat Heng**, Chief of Social Budget, Budget Formulation Department, Ministry of Economy and Finance, Cambodia
- **Sanjeev Gupta**, Senior Policy Fellow Emeritus, Center for Global Development
- **Sarah Kline**, CEO, United for Global Mental Health

### Objectives

To get insights about the following:

- How countries are integrating NCDs and mental health into public health reforms
- How ministries of health and ministries of finance are working together to address the challenge of increased number of people living with NCDs and mental health conditions
- What financial mechanisms are being used to address financial hardship related to NCDs and mental health conditions
- How stakeholders are building the case for sustainable investment to address NCDs and mental health conditions



Delegates networking and having conversations at the sidelines of the Dialogue



**Teodoro Javier Herbosa**

*“In the beginning, the money from the excise taxes was spent on building specialty centers for treating NCDs. Then I realized that I could spend much less by strengthening primary care and focusing on prevention and health promotion ... What I am trying to do is to help people to live longer, healthier lives ... And this requires building health literacy and bringing services to the community. We are now creating urgent care and ambulatory service centers within the community, as well as mobile services that can reach the smallest villages and can provide an integrated range of detection and prevention services, including for mental health”.*



**Key messages**

- Improving the management of chronic diseases by adopting a more holistic approach that incorporates both mental and physical health is an important strategy to achieve better health outcomes and reduce overall health care costs.
- Public health reforms should aim to better integrate NCDs and mental health conditions into health care systems by focusing on PHC- and community-level interventions. In Cambodia, for instance, there is a strong policy focus on NCDs and mental health, with the aim of better integrating these issues within the health and budget systems; one approach has been to strengthen primary care, with particular emphasis on addressing hypertension and diabetes. In the Philippines, the Universal Health Coverage Act aims to drive reforms to better incorporate NCDs and mental health within the health system; and the 2017 Mental Health Act led the way for the implementation of comprehensive mental health program. Moldova’s shift from hospital-based mental health care to community centers integrated with PHC has enabled the country to use its limited resources more efficiently and better address the mental health care needs of its population, and even expand support to include the large number of Ukrainian refugees in the country.
- Ministries of health and ministries of finance must work together to address NCDs and mental health conditions by establishing clear communication channels and collaborative budgeting processes. In Moldova, the Ministry of Health is able to direct the allocation of resources to the insurance fund, ensuring that these resources are channeled to priority areas such as NCDs and mental health. Cambodia has approved dedicated funds for NCDs following discussions between the health and finance ministries; this arrangement underscores the importance of revising budget structures to ensure that emerging health priorities are adequately funded. In the Philippines, excise taxes on tobacco and alcohol have not only substantially reduced the prevalence of smoking but also significantly increased funding for health, which was used to expand health care coverage and access for the poorest groups.
- Reducing the reliance on external funding and increasing domestic investment in health is key. Sustainable financing must come from robust, high-yielding domestic sources rather than temporary or unsustainable funds.
- There should be a continuous dialogue between health and finance ministries to ensure that health remains a top priority in national budgets. In addition, ministries of health need to ensure effective budget execution so that allocated funds are fully utilized to strengthen health systems.



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## Reflections and conclusion

 **Speaker: Jérôme Salomon**, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO

### Key messages

Several pressing needs are evident:

- Addressing NCDs and mental health conditions given their significant burden on individuals and their impact on health systems and economies
- Engaging in multisectoral collaboration across government ministries, development partners, the private sector, and the wider society
- Investing early in the life course so that we don't fail future generations
- Listening to the voices of youth and patient advocates to acknowledge the human aspect behind the statistics
- Putting people-centered care at the heart of reforms to minimize financial hardship and ensure equitable access to services
- Mobilizing domestic resources while recognizing the role of development assistance
- Increasing budget allocations for NCDs and mental health by exploring additional financing mechanisms, such as the taxation of harmful products to generate revenue while also promoting health

### Jérôme Salomon

*"We end this first morning of dialogue with the understanding that sustainable financing for noncommunicable disease and mental health is an urgent but solvable challenge. The diverse representation at this meeting reflects a growing movement for change. By working together across sectors, mobilizing resources, and keeping people at the center, we can bend the curve on noncommunicable diseases and mental health conditions."*





## Key conversation 1: Putting NCDs and mental health on the road to more sustainable financing

**Master of ceremonies: Bruce Aylward**, Assistant Director-General, Universal Health Coverage and Life Course Division, WHO

### Devina Nand

“We looked at what mattered to policy makers, what mattered to our people, and where the investment would have the greatest impact. [And that’s where we said] if we want to address the NCD epidemic, we need to invest in our future, which is our children. And this became the catalyst for developing our policy for promoting health in schools. It is a collaboration between the Ministry of Education and the Ministry of Health, and this means that it’s co-owned and co-championed at all levels. Both ministries talked to the Ministry of Finance, using different lenses, and by building an investment case and linking it to the development agenda, we got their attention.”



### From political to financial commitment for NCDs and mental health— Panel and Q&A

**Moderator: Margareta Norris Harrit**, Senior Health Specialist, World Bank

#### Panelists

- **Radwa Emam**, Head of Health Promotion and Initiatives, Egypt Healthcare Authority, Egypt
- **Devina Nand**, Head of Wellness, Ministry of Health and Medical Services, Fiji
- **Ancito Etienne**, Public Policy Expert, Global Health Advocate, and NCD Survivor
- **Zeinab Hijazi**, Global Lead on Mental Health, UNICEF

#### Objectives

- To set out the role of domestic revenue-raising and DAH and identify opportunities for addressing NCDs and mental health conditions, all in the context of changing fiscal environments
- To reflect on countries’ approaches to translating political will into financial commitment for NCDs and mental health



### Ancito Etienne

*“Over the past decade, debt interest payments have quadrupled for many impoverished countries, forcing governments to allocate more funds to debt servicing than to healthcare. In places like Haiti, clinics and hospitals often struggle with shortages of medicine and healthcare professionals. Saddled with debt and largely small economies, these impoverished countries are unable to meet the globally accepted benchmark of spending 5% of GDP on health. And even if this target were reached, it wouldn’t be enough to meet their healthcare needs. We must fundamentally rethink how we fund health systems in the world’s poorest countries. What is required are structural solutions, such as significant debt cancellation, greatly improving global public finance, and enabling Global South countries to reclaim their taxing rights through measures like the UN Tax Convention.”*



### Key messages

- In the context of a shrinking fiscal space, translating political will into financial commitment for NCDs and mental health conditions requires a multifaceted approach—one that includes domestic revenue-raising, development assistance, and innovative financial mechanisms, as well as actionable strategies supported by clear budgeting and strong monitoring and evaluation frameworks.
- In Egypt, political will and legislative backing led to the creation of a trust fund to support the development of a sustainable universal health insurance model that progressively covers more of the population. Implementation was facilitated by a phased approach with clear milestones and periodic outcome measurements, as well as extensive information campaigns and stakeholder education to build buy-in from policy makers, health care providers, and the public.
- In Fiji, the focus was on building a strategic cross-sectoral approach that leveraged data on the NCD epidemic and its impact on productivity to engage ministries and secure funding. A strong partnership between the Ministry of Health and the Ministry of Education created a compelling investment case that linked health improvements to broader socioeconomic benefits.
- While PHC is a critical entry point for NCDs and mental health care, other important entry points beyond the health sector, such as schools and community services, should be leveraged. The involvement of young people, people with lived experience of NCDs and mental health conditions, and caregivers is crucial to develop and implement effective policies.
- Regarding mental health conditions, the burden weighs heavily on young people, and effective approaches to drive increased action through early-in-life interventions are urgently needed. At the global level, landmark UN resolutions on mental health were passed in the last two years; these provide recommendations for domestic mental health strategies, and a suite of evidence-based interventions exist that can be implemented across the continuum of care. These global commitments should be translated at the country level through comprehensive, budgeted action plans delineating clear responsibilities across ministries, including health, education, social welfare, and justice.
- The widespread underfunding of health care in low-income countries is not merely a health issue but also a human rights crisis, exacerbated by the global debt burden that restricts the ability of these nations to invest adequately in health.
- There is a need to reimagine and innovate global and public health financing, in part by pushing for a fairer global economic system that would allow the poorest countries to invest sufficiently in health, and particularly in their health care workforce.



## Breakout Group 1: Domestic revenues and financing for NCDs and mental health

**Moderator: Dan Chisholm**, *Mental Health Specialist, Department of Mental Health, Brain Health and Substance Use, WHO*

**Discussant: Joe Kutzin**, *Independent consultant, Noncommunicable Diseases, Rehabilitation and Disability, WHO*

### Panelists:

- **Lavanya Vijayasingham**, *Global Health Researcher and person with lived experience of illness*
- **Jibek Duisheyeva**, *Deputy Minister of Finance, Kyrgyz Republic*
- **Mona Hassan Khalifa**, *Director of Public Health Initiatives Unit, Ministry of Health & Population, Egypt (virtual)*

### Objectives

- To understand the role and contribution of domestic funding in the prevention and management of NCDs and mental health conditions
- To examine fiscal policies as a source of domestic revenue, including for health



Breakout Group 1: Domestic revenues and financing for NCDs and mental health; moderated by Dan Chisholm



## Key messages

- Domestic funding has a critical and central role in ensuring sustainable financing for the prevention and management of NCDs and mental health conditions.
- There are several options to increase domestic funding for NCDs and mental health, including expanding the fiscal space through economic growth, improving tax capacity, increasing the prioritization of health within public spending, and increasing the prioritization of NCDs and mental health within health. Regarding the last two options, strong leadership, close inter-ministry collaboration, and effective advocacy are key to align health initiatives with the country's broader socioeconomic agenda.
- Despite challenges resulting from a constrained fiscal space and high debt service burdens, there remain substantial opportunities for many governments to improve taxation and minimize leakages. Governments need to improve public financial management and budget execution and to demonstrate their ability to transform resources into tangible benefits for the population. Important strategies include consolidating and streamlining funding flows to reduce fragmentation, increase flexibility, and maximize the impact of available funding; and shifting systems from an input perspective to an output perspective.
- There should be a focus on improving tax administration and ensuring effective and coherent fiscal policies. A growing body of evidence and country experiences shows that taxes on harmful products continue to represent win-win policies: they reduce the prevalence of key risk factors while increasing government revenue. However, purposeful policy dialogue with finance ministries and earmarking of revenues are necessary to ensure that these funds can be effectively invested to address NCDs and mental health conditions. In addition, greater fiscal coherence requires addressing the negative impacts of policies that are harmful for health, such as subsidies for fossil fuels.
- Out-of-pocket (OOP) payments for NCDs and mental health conditions remain a significant challenge in many countries despite existing health insurance schemes, and in many countries drug prices are a key driver. Efforts to address often high levels of OOP payments should therefore focus on reducing the cost of essential medicines but also take into account household spending beyond health care products and services, such as the cost of transportation to access NCD and mental health services, which could be alleviated by collaborating with other sectors such as social care.
- Policy design should therefore involve individuals living with NCDs and mental health conditions to gain a more holistic understanding of their needs and challenges and to better understand the impact that broader social determinants of health have on them.

### Heba Nassar

*[Regarding the importance of effective advocacy] "Health was not a priority in countries with limited fiscal space. But COVID-19 has given us a very good chance to change that: now we are talking about economy and health as two sides of the same coin, there is no health without economy and there is no economy if there is no health and we have to show this true argument. The Ministry of Finance wants to see what that means in terms of money, so you have to show that there is no thriving economy without health in terms of rate of growth rate of productivity that can be translated to monetary terms".*



## Breakout Group 2: Development assistance for NCDs and mental health in a changing political and macro-fiscal context: Understanding the catalytic potential

**Moderator: David Watkins**, Associate Professor, Medicine and Global Health, University of Washington

**Discussant: Roberto Iunes**, Senior Economist, Health, World Bank, World Bank

### Panelists

- **Randa Sami Hamadeh**, Head of the Primary Healthcare and Social Health Department, Ministry of Public Health, Lebanon (virtual)
- **Lillian Gondwe-Chunda**, Chief of Health Services, Ministry of Health, Malawi
- **Han Kang**, Deputy Assistant Administrator (Acting) for Global Health and Director for the Office of HIV/AIDS, United States Agency for International Development (USAID)
- **Austen Davis**, Senior Advisor, Norwegian Development Cooperation Agency (NORAD)
- **James Reid**, Program Officer, The Leona M. and Harry B. Helmsley Charitable Trust

### Objectives

- To understand the role of development assistance for health in supporting countries' efforts to address NCDs and mental health conditions
- To understand what catalytic DAH means in different contexts

### Key messages

- DAH cannot replace a country's own responsibilities to plan, mobilize, and allocate resources.
- Countries' heterogeneity, both in domestic financing and health priorities, creates a dynamic environment in which external funders need to work to be effective partners.
- The landscape for health in recipient countries is changing significantly. Even in countries with persistently high communicable disease transmission, the rising share of disease burden attributable to NCDs and mental health conditions cannot be ignored. Representatives of those countries and regions have expressed strong interest in readying local health systems for the anticipated increase in demand for NCD and mental health services.
- Leveraging DAH to have a catalytic role in broader NCD and mental health financing is a topic of great interest for development partners, though what this means in practice still needs to be defined. The area with perhaps the greatest potential for catalytic results is the financing of global and regional public goods, which could include support for harmonization of regulatory requirements, new products or approaches for disease management and surveillance (e.g., data systems), and strategies to counter marketing, distribution, and cross-border trade of unhealthy products.
- While providers of DAH have their own focuses and areas of strength, coalitions of donors working together on related areas can amplify impact. Experience with infectious diseases suggests that investments in market shaping and pooled procurement mechanisms could drive down the cost of essential medicines, one of the biggest barriers to accessing NCD and mental health care. DAH can also provide targeted support for scaling up cost-effective interventions and services for NCDs and mental health conditions.

#### Lillian Gondwe-Chunda

*"The biggest challenge in most African countries has to do with lack of medical supplies. We can offer preventive education and screening, but when patients come to our health facilities they find out there are no drugs. This becomes a vicious cycle."*



## Breakout Group 3: Position of NCDs and mental health in existing and emerging financing platforms

**Moderator: Maud Juquois**, Senior Economist, Global Financing Facility/World Bank

### Panelists:

- **Tamu Davidson**, Director NCDs and Injury Prevention, NCD Unit, Ministry of Health and Wellness, Jamaica
- **Omary Ubuguyu**, Assistant Director (NCD), Ministry of Health, United Republic of Tanzania
- **David Evans**, Principle Economic Advisor for the Social Sector, Inter-American Development Bank
- **Ngashi Ngongo**, Chief of Staff and Head of Executive Office, Disease Control and Prevention Division, Africa Centres for Disease Control and Prevention
- **James Sale**, Deputy CEO, United for Global Mental Health

### Objectives

- To determine how NCDs and mental health can be better positioned in existing financing platforms
- To determine how innovative and emerging financing mechanisms—e.g., public-private partnerships, multidimensional vulnerability index for Small Island Developing States (SIDS)— can be designed for NCDs and mental health conditions

### Key messages

- NCDs, mental health, and multisectoral action are now well established on the global agenda. The challenge lies in translating these concepts into tangible outcomes at the policy, service, and population levels. Building capacity is essential and represents a potential area for investment at national, regional, and global levels.
- There is a need to address misunderstandings concerning PHC-oriented health systems. It is crucial to emphasize that PHC does not refer exclusively to primary care as a level of care. In PHC-oriented health systems, hospitals play a vital and integral role by providing specialized services not available at the primary care level, such as cancer treatment and care. In addition, PHC-oriented health systems do not promote low-cost services; they promote high-quality evidence-based care irrespective of the costs.
- Existing global health initiatives (GHIs) must support PHC-oriented reform agendas contextualized to country or regional needs. This support includes dedicated investments to address health determinants. For example, research could seek to learn how to encourage local authorities to invest in healthier infrastructure, whether there is a need for a PHC fund, and whether health determinants should be incorporated into the scope of existing GHI instruments. These questions deserve greater attention at the global level.
- SIDS remind us of the importance of addressing structural vulnerabilities and debt. Efforts to refine eligibility criteria for development funding, such as climate funds and the multidimensional vulnerability index, will benefit the fight against NCDs and mental health challenges in these states.
- NCDs and mental health highlight the interconnectedness of all sectors and underscore the need to overcome the fragmented approach in international aid.



## Breakout recap and reflections on Key Conversation 1

**Moderator: Bruce Aylward**, Assistant Director-General, Universal Health Coverage and Life Course Division, WHO

### Objectives

- To put forward messages from each of the breakout sessions
- To provide a summary of the main takeaway messages from Key Conversation 1

*For this section, the speaker shared the main points from the breakout groups. Please see the key messages from each group as detailed in the preceding pages.*



Delegates holding up advocacy materials on the urgency to act on NCDs



## Interactive plenary: Reflections on Day 1

 **Moderator: Rachel Nugent, Global Health and NCD Expert**

 **Fishbowl catalysts:**

- **Herb Riband**, Director, Access Accelerated
- **Zoe Isaacs**, Associate Director, Health Financing and Planning, Partners in Health
- **Nick Banatvala**, Head of Secretariat, United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases
- **Florencia Leiva**, Health Advocate and Human Rights Lawyer, Consultant for Healthy Americas' Coalition (CLAS)

### Objectives

- To give participants the opportunity to add to the day's discussions
- To use participants' inputs to distill the emerging main messages

### Key messages

- Raising domestic revenue and strengthening public budget management and execution are essential, as are better purchasing agreements that can help reduce out-of-pocket expenditures for households, especially for medications.
- Strategies and approaches to address NCDs and mental health conditions need to be integrated into existing systems (rather than handled via separate pathways).
- Country ownership of the NCD and mental health financing agenda is critical, but empowering countries requires more than just ownership. It requires leveraging local insights, promoting a learning agenda, and facilitating the exchange of know-how and best practices among countries, particularly within the same region. Initiatives to share knowledge, investment cases, and best practices should be expanded, along with efforts to facilitate access to information, resources, and funding opportunities.
- NCDs and mental health should be addressed not only as health issues but also as governance issues, requiring the involvement of various ministries, including finance and education, and a more coordinated and holistic approach, including with international organizations.
- To enhance efficiency and support country-led processes, domestic and external funding needs to be aligned through a unified plan, budget, and reporting approach.
- There is a need for renewed partnerships among stakeholders, including governments, civil society, and the private sector.
- To drive innovative solutions, ensure that financing mechanisms promote equity and achieve universal health coverage, and strengthen accountability, it is crucial both to invest in civil society and grassroots organizations, and to involve people with NCDs and mental health conditions, including youth and marginalized communities.
- Human rights-based approaches in health financing for NCDs and mental health conditions are critical to align health policies and financing mechanisms with the broader SDGs and ensure that no one is left behind. In particular, raising awareness and building literacy about NCDs and mental health are critical steps to promote meaningful engagement with and participation of people with NCDs and mental health conditions.
- The significant public debt burden in low- and middle-income countries, which has tripled since 2008, often diverts funds away from the health sector; over 50 countries spend more on debt interest payments than on health care. This suggests that addressing debt through swaps or forgiveness could be crucial for strengthening health systems.

#### Nick Banatvala

*"It's really important to address NCDs as a governance issue if we want to move this forward... We need a whole-of-UN, a whole-of-society, a whole-of-government, and a whole-of-parliament response to this."*



*"Not a large amount of funds is needed to make a difference when it comes to supporting countries in moving forward on legislative, fiscal and regulatory change ... and traditional donors need to see this as an opportunity to catalyze action."*



#### Florencia Leiva

*"We should always try to think outside the box and outside of our own work. We have a lot of experience in Latin America working on tobacco control, alcohol control, ultra-processed food policy regulations, and we're always so focused on those risk factors that we don't see the many possibilities of incorporating the lessons we already learned from all the other risk factors, other type of regulations, other types of interventions to fight NCDs."*



## Featured speaker: Achieving the highest possible standard of health in societies

 **Speaker: Kwanele Asante**, Human Rights Lawyer with Lived Experience of Mental Health Conditions and NCDs

### Objectives

- To provide a personal perspective on the importance of a values-based, human rights approach when making policy and financial decisions related to mental health and NCDs
- To reflect on the values that form the basis for decision-making when setting priorities related to NCDs and mental health

### Key messages

- To ensure that all individuals receive the care they deserve, it is essential to adopt a values-based, human rights approach to policy and financial decisions related to mental health conditions and NCDs.
- The right to health is a fundamental human right that places a legal duty on states to respect, protect, promote, and fulfill the highest attainable standard of health for everyone, including those living with NCDs and mental health conditions. Unfortunately, only a handful of countries are on track to meet SDG 3.4. It is crucial to remember that behind every statistic are real people with names, faces, and dreams, whose lives depend on being able to access essential health services.
- The values that should underpin decision-making for NCDs and mental health conditions include equity, justice, and solidarity. Governments often prioritize funding for communicable diseases and climate change due to their immediate and visible impact. As a result, NCDs, which represent 63 percent of global deaths, and mental health conditions (including neurological and substance use disorders), which account for one in four years lived with disability, are often overlooked. Yet these “silent killers” have a profound and wide-ranging impact on individuals and communities, particularly in under-resourced regions.
- That many governments have neglected to back their political declarations on NCDs and mental health with substantial and meaningful investments is a form of discrimination and a failure to honor the rights of people living with NCDs and mental health conditions.
- Given the systemic and structural factors contributing to the growing burden of NCDs, it is immoral to ask millions of people suffering from these conditions to change their behavior without providing the necessary support and resources.
- To advance global health justice, it is imperative to integrate NCDs and mental health into health systems, and these systems must offer UHC that covers both communicable and noncommunicable diseases as well as mental health conditions. Governments and international organizations must work together in global solidarity to close health inequities, particularly those affecting marginalized populations. This effort includes ensuring affordable access to treatments, essential medicines, and health services, as well as investing in civil society and involving people with lived experience of NCDs and mental health conditions in policy discussions to provide insights and hold policy makers accountable.

#### Kwanele Asante

*“I want to know what you will say you did to help curb the ever-growing millions of preventable deaths and disabilities from NCDs and mental health globally. I want to know what you will say you did to help advance global health justice for the millions of black and brown people who are disproportionately dying from NCDs and mental health conditions?”*



#### Kwanele Asante

*“Help us manage our chronic conditions, help improve the quality of our lives, and finally help us live lives of dignity by promoting, protecting, and helping to realize our rights to health care. We should not be discriminated against because we have diseases that are not visibly catastrophic.”*



**Day 2**  
Friday, June 21, 2024





## Plenary: Synthesis of Day 1 and framing of Day 2

### Speakers

- **Sir George Alleyne**, Director Emeritus, Pan American Health Organization (PAHO)
- **Jumana Qamruddin**, Global Program Lead for Service Delivery, World Bank

### Sir George Alleyne

*“The overall message is that we can mobilize more resources if the community puts its mind to it. And the evidence shows that when an issue is important enough, the world will find the money necessary for it.”*



*“I hope that the enthusiasm that has permeated this meeting will go through to the next UN High-Level Meeting, and result in a specific ask to the heads of state for commitments on sustainable financing for NCDs.”*



### Key messages

- A specific global commitment to provide sustainable financing for NCDs and mental health conditions has so far been lacking; there is hope that following this event, concrete financial targets and commitments from heads of state and the wider international community could finally be secured at the upcoming UN High-Level Meeting in 2025 to address this critical gap.
- Several strategies could be used to drive meaningful change. First, in the context of a pressured public space with many competing priorities, elevating the status of NCDs within the global health community could increase investment in initiatives to address the global NCD crisis. This effort would include shifting the framing of NCDs away from a focus on mortality to a focus on morbidity and on NCDs’ impact on countries’ human capital. In this framing, preventing and managing NCDs promotes not only healthy aging but the healthy longevity of populations—a key argument given that most countries face challenges related to population aging.
- A second strategy for driving meaningful change is to create a strong epistemic community, i.e., an engaged group of institutions and individuals committed to advancing the NCD agenda. This is an area where significant progress has been achieved, as illustrated by the increased prioritization of NCDs and mental health by countries, organizations, and global actors over the last decade.
- A third strategy is to enlist champions or “political entrepreneurs” who can advocate for NCDs at the highest levels. Such figures have been key in past successful efforts to drive attention and resources to global health issues, such as HIV.
- A key area for further work is to define global financing targets for the prevention and treatment of NCDs, as previous experiences have demonstrated this to be an important lever for advocacy.



Delegates seated at the Preston Auditorium at the start of the framing for Day 2 discussions





## Key Conversation 2: Reshaping health systems and financing mechanisms to prevent NCDs and mental health conditions and address the needs of people living with those conditions

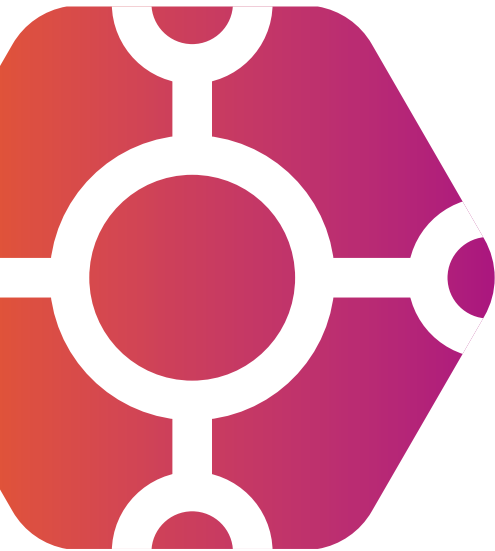
**Master of ceremonies: Agnès Couffinal**, *Global Program Lead for Health Financing, World Bank*

### Featured speaker

**Speaker: Felicia Knaul**, *Director, Institute for Advanced Study of the Americas and Office of Hemispheric and Global Affairs at University of Miami; Founding President of Tómatelo al Pecho A.C. (virtual)*

### Objectives

- To provide insights into the short- and long-term investments needed for NCDs and mental health
- To provide a personal perspective and account of the speaker's lived experience with NCDs



## Key messages

- It is important to examine and understand chronic diseases through the lens of lived experience and to identify the significant challenges faced by patients, even when they have access to health insurance. Health systems must listen to patients and ensure that their journeys inform the design and delivery of care.
- Health systems fail to address the emotional and financial toll of chronic illnesses because they do not provide continuity of care that extends from prevention to end-of-life care.
- The concept of chronicity is central: NCDs, including cancer and other chronic diseases, require continuous and nonlinear care, which the traditional episodic approach to health care is poorly equipped to provide. One challenge is the inadequacy of relevant literature: there is almost no literature on end-of-life care or on the concept of survivorship, and only limited literature covering the entire continuum of care.
- Health systems need to be able to deliver comprehensive and holistic care through a continuum that accommodates the reality of recurrent or multiple health issues over time. This approach requires that health system leaders think across the entire spectrum of care to ensure that resources are allocated effectively at all stages, from early detection to survivorship and palliative care. Diagonal approaches can be used to harness synergies by tackling disease-specific priorities while addressing systemic gaps and optimizing available resources.
- Increasing access to high-quality palliative care and pain relief is key to strengthening health systems and improving care for people with cancer and chronic diseases. Meeting this goal involves ensuring safe access to essential medicines, including opioid medicine, and training all health professionals in palliative care. Without access to palliative care and pain relief, neither UHC nor SDG 3 can be achieved.
- Palliative care should be included in national health agendas and insurance schemes. It is important for health systems to ensure community-level access to these services and to secure supply chains for required medicines. Additionally, better measurement tools are needed to enable health systems to capture not only mortality and morbidity, but also the emotional and physical distress associated with chronic illnesses (for both patients and their families) and the value of alleviating suffering.

### Felicia Knaul

*“We typically measure [cost] with an income expenditure survey at one point in time, but that’s not how families live with chronic illness. That’s not how families live with cancer. They live it over time. The financial hit and the losses come one after the other after the other and they create layers—and that’s what we’re not measuring, among other things.”*



*“It is not at all linear. Patients ... need to be able to come in and out of palliative care. need to be able to come in and out of palliative care. It is important to recognize that survivorship is a long journey. There may be recurrences, there may be another disease that comes up. That’s how we live chronicity.”*



*“There is a global pain divide: the 50 percent poorest have less than 1 percent access to opioid or morphine and the 10 percent wealthiest have 90 percent.”*



*“The bottom line is that we measure mortality, we measure morbidity, but we never measure the simple and key value to a human being and to those that love you, of not seeing you suffer unnecessarily.”*



## Country panel: How do countries decide what to finance?

**Moderator: Heba Nassar**, Professor of Economics, Faculty of Economics and Political Science, Cairo University, Egypt

### Panelists

- **Aleksandra Altievska**, Head of Unit for Fund Budgets, Ministry of Finance, North Macedonia
- **Lester Tan**, Director IV Health Policy Development and Planning Bureau, Department of Health, the Philippines
- **Lelisa Amanuel Jira**, Senior Advisor to the Minister, Ministry of Health, Ethiopia
- **Charity Muturi**, Lived Experience Expert, Global Health Advocacy & Policy (virtual)

### Objectives

- To understand the criteria that countries use in setting priorities, including the balance between prevention and treatment
- To understand the enablers and barriers that countries experience during the priority-setting process, including the role of stakeholders

### Charity Muturi

*“When a National Task Force on Mental Health was formed, we felt that as persons with lived experience and as patients our voices needed to be at the table. So we led a very concerted effort, with the motto “nothing for us without us” and used a rights-based strategy [to support] our right to inclusion, which led to serving in the Task Force. Since that time, we have been included in nine more national health committees, and have been able to create, develop, and present submissions to Parliament and to the Senate by coming together as persons with different NCDs and mental health conditions. Currently, I am a court petitioner to decriminalize suicide attempt in Kenya together with the Kenya National Commission on Human Rights and Kenya Psychiatric Association. Additionally, supporting the Ministry of Health to facilitate trainings for mental health professionals on the WHO Quality Rights for Mental Health to provide a lived experience perspective on rights-based care.”*



Delegates participating in table discussions on how countries decide what to finance



## Key messages

- Ministries of health can more effectively negotiate for increased public funds allocated to health by demonstrating the specific impact of health investments on national priorities – linking them to tangible outcomes and potential savings - and ensuring that budget proposals are grounded in strong governance and accountability structures. The experience of the Philippines shows that investment cases backed by robust data—which demonstrate the economic impact of NCDs and mental health conditions, as well as the return on investment of health interventions within the national context—are effective tools for influencing budget and policy decisions.
- A multisectoral approach that promotes coalitions with other ministries and the development of shared strategies to support population health and to increase health-related funding is fundamental to better prevent and address NCDs and mental health condition.
- Political support is also crucial, as illustrated by examples from Egypt and Ethiopia. In the latter case, the championing of NCD prevention at the highest levels of government was seen as critical to interventions’ success.
- Significant challenges faced by countries include the uneven implementation of health initiatives across local government units with varying capacities, as well as the geographical disparities in access to health care that complicate budget allocation efforts.
- It is critical to prioritize prevention and health promotion in national health strategies, particularly as the burden of NCDs continues to rise. It is also vital to address health issues before they escalate into complex conditions that are costly to treat, especially in populous countries with limited resources. The Philippines’ investment case demonstrated the high return on investment for preventive interventions, such as reducing tobacco use and salt consumption, which yield significant economic and health benefits over time.
- Civil society actors and persons with lived experiences of NCDs and mental health conditions are a very important element of the priority-setting process. Examples from Kenya illustrate how people with lived experience have been instrumental in influencing health policy, particularly for mental health; their involvement brought urgency, emotional depth, and a practical perspective to policy discussions, leading to more comprehensive and responsive health policies. People with lived experience can also play several other crucial roles: they can help ensure that NCD and mental health services are tailored to the needs of the population, can address barriers to access to care such as stigmatization, and can quickly identify urgent needs to support more effective targeting in times of crisis. Greater support (including providing remuneration) for these advocates is needed to sustain their involvement and enhance their impact on health policy and priority setting.



## Table discussions: Deep diving into prioritizing NCDs and mental health

 **Moderator: Filip Meheus**, *Health Economist, WHO*

 **Facilitators: World Bank Task Team Leaders**, *WHO Team Members, and External Technical Expert Group*

### Questions to be discussed at each table

- What are the most significant barriers and trade-offs observed during the prioritization process to ensure health interventions effectively address the substantial burden posed by NCDs and mental health conditions?
- How have you addressed these barriers (or not), and what lessons have you learned that could benefit others? Think about this as well from the perspective of the Ministry of Finance.

### Key messages

- Many countries have comprehensive strategies on NCDs and mental health but lack effective implementation plans.
- There is a need for more robust budget processes to ensure that strategic priorities are linked to budget allocations and to promote a greater alignment of priorities, not only between government agencies, but also between governments and global and development partners.
- Lack of knowledge and awareness about NCDs and mental health conditions limits governments' understanding of the true costs of these conditions; their political visibility and prioritization are therefore lower than those of competing priorities such as communicable diseases.
- Political leadership is essential, but the long-term nature of investments in NCDs and mental health creates challenges that also affect priority setting. These challenges are further exacerbated by the increasing prevalence of crises (e.g., natural disasters, epidemics) that require the reprioritization of public funds, often at the expense of NCD and mental health prevention and care.
- Lack of useful, usable, and accessible data is a key issue in many countries. In some cases, NCDs and mental health conditions are not even included in routine statistics. Even where available, data is often not in a form that can be used by ministries of health to inform budget dialogue. In the case of mental health in particular, lack of data and technical knowledge can result in low budget execution, which also undermines prioritization.
- Improving collaboration between ministries of health and ministries of finance is a key opportunity to enhance the prioritization of health in public spending. Increased collaboration should start early in the planning process, supported by capacity strengthening efforts on both sides, to enable finance ministries to better understand the impacts of NCDs and mental health issues, and to enable health ministries to translate data and evidence into a more effective narrative to support prioritization.
- It is important to develop robust investment cases, but to do so countries need more advanced methods and tools to determine the budget impact of NCD and mental health investment decisions. Digital solutions to enhance data analysis and information sharing should be leveraged.
- Enhanced partnerships between ministries, civil society and academia are needed to leverage shared resources and strengthen advocacy efforts during the budget allocation process.



## Discussion: Population-wide health promotion and prevention

 **Moderator: Daniela Romero**, Senior Economist, Health, World Bank

 **Panelists**

- **Leila Glenza**, NCD Focal Point, Ministry of Health, Tunisia
- **Adriana Alfonso**, Director General for Health, Ministry of Health, Uruguay (virtual)
- **Johanna Ralston**, CEO, World Obesity Federation

### Objectives

- To outline the role of financial levers in facilitating the prioritization and implementation of policies and population-wide public health interventions to better prevent NCDs and mental health conditions
- To learn about countries' successes in implementing population-wide prevention measures such as legislation/regulation (e.g., food labeling), mental health promotion and protection, taxation of unhealthy products (alcohol, tobacco, sugary drinks, ultra-processed foods), and policy measures to address the social and commercial determinants of health

### Key messages

- In implementing successful population-wide public health interventions aimed at preventing NCDs and mental health conditions, Tunisia and Uruguay relied on key levers such as multisectoral governance structures, the development of legislative and regulatory frameworks, and strong political leadership. In Uruguay, another important component to support the country's mental health approach was the development of appropriate information management with situational diagnosis and indicators to inform decision-making.
- Fragmentation is a key challenge in preventing NCDs and mental health conditions. For example, obesity is a key health risk factor that is on the rise globally but is not adequately addressed in health systems because interventions are fragmented and under-resourced. This challenge is further exacerbated by stigma and a lack of understanding of obesity as a health issue in its own right. Multisectoral approaches are key to overcoming fragmentation and promoting integration. Uruguay, for example, has strengthened financing mechanisms for mental health by ensuring that mental health budgets are included in national budget discussions; this approach has led to free access to first-line antidepressants, reduced co-payments for mental health services, expanded provision of mental health care, and increased trainings.
- Generating evidence is a key lever to facilitate the prioritization and implementation of policies and population-wide public health interventions aimed at preventing NCDs and mental health conditions. Stakeholders should frame the narrative for such interventions by highlighting the cost of inaction, and where possible build evidence on the return on investment. For example, the World Obesity Federation found that being able to quantify the cost of inaction on obesity (ranging from roughly 2 percent of GDP to as high as 8 percent of GDP) helped persuade policy makers to act. In the case of Tunisia, the development of an investment case for tobacco control was instrumental in implementing a comprehensive program of interventions, including taxes, label warnings, and marketing restrictions. However, evidence can take time to solidify, and therefore evidence alone is not enough. It must be accompanied by a strong narrative to communicate an effective argument to decision-makers and the wider public.



- Fiscal policies to tax unhealthy products are a particularly effective tool for reducing consumption and generating revenue for health programs. However, they require comprehensive public education, enforcement mechanisms, political leadership, and civil society mobilization to overcome industry opposition and to sustain the momentum they create.
- The development of innovative financing approaches provides opportunities to support the required shift from treatment to prevention of NCDs and mental health conditions, as illustrated by Egypt's collaboration with private sector partners through corporate social responsibility (CSR) initiatives: by engaging pharmaceutical companies to fund health education campaigns, Egypt successfully implemented multiple public health programs without relying on government budgets.
- People with lived experience of NCDs and mental health conditions can be engaged in public health interventions along with their families and communities. Their involvement not only helps ensure that interventions are relevant and understood, but also fosters a sense of ownership and responsibility among the population. In Nicaragua's community-focused approach, for example, volunteers and families play a central role in health promotion and prevention. This contributes to supportive environments that reinforce healthy behaviors and prevent disease, while also generating grassroots support for population-wide health promotion and prevention policies.



## Featured speaker: Why are primary health care reforms NCD and mental health reforms?

 **Speaker: Bruce Aylward**, Assistant Director-General, Universal Health Coverage and Life Course Division, WHO

### Objectives

- To argue the case that primary health care reforms are indeed NCD and mental health reforms for all countries regardless of income classification
- To discuss financial protection and other measures that must be taken to protect the most vulnerable

### Key messages

- Despite global commitments made by 193 countries to achieve UHC by 2030 and ensure that everyone has access to essential health services without financial hardship, progress is alarmingly off track. Over half (57 percent) of the global population, or 4.5 billion people, lack full coverage of essential health services, and 26 percent face financial hardship when seeking care. The staggering projected cost of inaction, estimated at \$46 trillion by 2030, underscores the urgent need for effective strategies.
- Adopting a life-course approach to addressing NCDs is of crucial importance, as 70 percent of NCD-related issues could be prevented if interventions were delivered early, particularly during adolescence.
- The proposed solution centers on a PHC approach that integrates primary care with public health interventions and focuses on multisectoral policies, empowered people and communities, and integrated services. Multisectoral action is essential to advancing the WHO's "best buys," implementing health taxes, and addressing key risk factors. People also need to be empowered to better manage their chronic conditions through health and self-care education and to advocate for faster progress.
- Services need to shift from a disease-based model that relies on fragmented specialist and hospital care to an integrated model that is people-centered, deployed across the life course, and rooted in coordinated, team-based primary care that provides services across the care continuum.
- It is estimated that scaling a PHC approach could save 60 million lives and increase life expectancy by 3.7 years by 2030. The political momentum behind this approach is strong but translating it into concrete financial mechanisms is crucial.
- Several key financing mechanisms can be leveraged to guide the PHC transformation, including provider payment arrangements that enable and incentivize primary care, digital systems, fiscal instruments to address risk factors (including taxes and subsidies), the inclusion of NCD and mental health interventions in benefit packages, and protections for financial hardship due to out-of-pocket payments for chronic conditions.
- Shifting to a PHC approach will require countries to strengthen infrastructure, workforce, and data systems. Negotiating the pricing of essential medicines is also a key lever to achieve sustainable progress.
- The urgency of these reforms is driven by the growing burden of NCDs and mental health conditions, which makes the reorientation of health systems toward a PHC approach not just a priority, but an essential pathway to achieving UHC and the broader health goals of the SDGs.

### Bruce Aylward

*"If we want to move the needle on NCDs and mental health, our approach needs to do three things: it has to address equity - the most vulnerable have got to be the big focus; it's got to be inclusive because of the complexity of what we're dealing with; and it's got to be cost effective. A PHC approach is one of the most efficient ways to do this. If we get it right, a PHC approach can deliver 90% of the critical health interventions people need throughout their lives, including for NCDs and mental health.."*



## Panel discussion: Effective financing strategies and policies for health priorities

**Moderator: Winnie Yip**, *Professor of the Practice of Global Health Policy and Economics, Harvard Harvard T.H. Chan School of Public Health*

### Panelists

- **Hok Kim Cheng**, *Director General for Health, Ministry of Health, Cambodia*
- **Lesia Ivanyshchuk**, *Director, Department of Humanitarian Budget Expenditure, Ministry of Finance, Ukraine*
- **Zeynep Kantur Ozenci**, *Global Head of Health, International Finance Corporation*

**Discussant: Bruno Meessen**, *Senior Health Financing Advisor, Health Financing and Economics Department, WHO*

### Objective

- To showcase how countries have used health financing strategies to provide better service coverage, including better financial protection to achieve UHC for NCDs and mental health conditions.

### Key messages

- Countries have employed various health financing strategies to enhance service coverage and provide better financial protection with the aim of achieving UHC for NCDs and mental health conditions. Cambodia, for example, despite being a low-income country, has made significant progress through strategic spending, informed by several STEPS (STEPwise approach to NCD risk factor surveillance) surveys and an NCD investment case conducted in 2019. The launch of a Health Equity Fund led to a significant increase in health care coverage, and the recently launched UHC Roadmap 2024–2035 aims to drive and guide increased investments in health, with specific targets to boost coverage and financial protection and reduce out-of-pocket expenses. In Ukraine, comprehensive health system reforms undertaken since 2018 have moved the country away from expensive hospital care to more cost-effective health center-based and primary care, increased digitization and reduced the fragmentation of financing flows by consolidating most payments within a single program. Other areas of focus related to NCDs included improving early detection and treatment adherence.
- Good-quality NCD and mental health care is anchored in integrated delivery systems, and the most important element for delivering quality chronic care is to build strong primary care facilities. For example, in response to a huge increase in needs, Ukraine has invested significantly in expanding the provision of mental health care, with a focus on integration into primary care with a focus on integration into primary care, which led to improvements in quality of care.
- Continuity of care, person-centeredness, and the promotion of self-care are key aspects of quality chronic care and primary care. However, most countries are still performing weakly in these areas. In Timor-Leste, the government has developed a comprehensive model of integrated care, which includes greater integration across levels of care, to ensure continuity and greater coordination across the care continuum. This model also leverages community health workers to bridge gaps and reach people with poor access and includes a comprehensive service delivery mechanism.
- The key question is how can health financing strategies help countries transition toward integrated care systems that ensure accessibility, continuity, and person-centeredness. A key step is to encourage greater collaboration between health financing experts and NCDs experts. Tools developed by the latter, such as the cascade of care analysis, could help the former identify gaps and determine priorities for the allocation of financial resources, for example through specific provider payment models.





Winnie Yip moderating a panel session on effective finance strategies and policies for health priorities

- Financing arrangements can also contribute to addressing some of the imbalances prevailing in many health systems. One of these imbalances is the too dominant role of hospitals. Payment for coordination could help loosen hospitals' hold on power within the health system and thus drive delivery system change, especially in the context of new investments.
- Another common imbalance is the overreliance on private sector health care providers as the first point of entry into the health system. This results in high out-of-pocket expenditures for individuals. Financing reforms should drive greater alignment and integration of all providers, whatever their affiliation, to improve quality of care (e.g. by addressing inadequate continuity of care) and reduce financial risks for individuals. Some interventions are quite straightforward and do not require advanced provider payment reforms. For instance, by increasing the availability of NCD and mental health drugs in the public sector, governments would ensure that people don't need to procure them from private providers.
- The pandemic response highlighted the extent to which the benefits of rapid technological advancements, spurred by private sector involvement, can be hindered by delays and inequitable access. There is a need to strengthen low- and middle-income countries' capacity for drug and equipment manufacturing and R&D. With the right financing mechanisms, incentives, and regulations, private sector financing could be effectively leveraged to catalyze more financing and additional investments in this area, thereby improving affordability. Additionally, the right financing and regulations need to be in place for countries to harness new advancements by the private sector, such as biosimilars or AI-driven diagnostics, which offer potential for improved accuracy and efficiency and are especially helpful in low-resource contexts.



## Shifting health systems: Realizing people-centered care through tailored, well-integrated investments at scale

**Moderator: Cristian Herrera**, Senior Health Specialist, World Bank

**Panelists:**

- **Bayu Teja Muliawan**, Senior Advisor to the Minister on Health Economics, Ministry of Health, Indonesia
- **Hiwot Solomon**, Lead Executive Officer, Disease Prevention and Control, Ministry of Health, Ethiopia

### Objective

- To discuss how countries can shift systems through targeted and integrated investments in key levers—human resources for health, digital health, supply chains—that support effective, high-quality, people-centered delivery systems for NCDs and mental health conditions



Event banner placed outside the Preston Auditorium



## Key messages

- Indonesia and Ethiopia have made significant efforts to foster a people-centered and integrated approach to health through investments in human resources and digitalization, with a number of reforms aimed at strengthening primary care and bringing health services closer to the people. Ethiopia is leveraging its substantial health extension workforce by building workers' capacity to manage NCDs and mental health conditions at the community level, while Indonesia is taking several steps to reduce the fragmentation of the primary care system, for example by integrating financing mechanisms, creating an output-based budgeting system that incentivizes payments based on performance, and investing to address the shortage of specialist doctors and deploy them more equitably across regions. These strategies aim to ensure that even remote and underserved areas receive good-quality care, and support a life-course approach where services such as screenings can be targeted for each age group to enable early detection and tailored treatment options.
- Health technology transformation is a key lever to drive health system transformation. Ethiopia is piloting mobile apps for NCD management that allow both providers and patients to monitor and manage chronic conditions more effectively. It is also leveraging digital tools to train its health extension workforce on NCDs and mental health conditions. In Indonesia, the digital health platform SATUSEHAT aims to integrate health data across health facilities. It improves patient engagement by enabling patients to access personal health records and receive tailored advice, and provides policy makers with the data needed to make evidence-based decisions. It also promotes a collaborative approach to improving health care services by creating an integrated ecosystem for various health industry players, including insurance companies, health tech startups, pharmacies, laboratories, and biotechnology labs.
- Strengthening supply chains is essential to sustain accessible and affordable NCD and mental health care. Indonesia's investments in strengthening domestic manufacturing capacity for medicines and medical devices, including for hypertension and diabetes, are enhancing the country's pharmaceutical and medical device resilience and bolstering its emergency response capabilities.
- Efforts to foster a people-centered approach through investments in human resources and technology should also aim to promote broader community and civil society engagement, so as to support a whole-of-society approach to addressing NCDs and mental health conditions, and create political momentum to expand the fiscal space.
- A deeper level of granularity in studying the implementation cost of NCD and mental health interventions at the national and local levels is needed to better inform resource mobilization and investment cases and help optimize the use of existing resources.
- Countries could also develop a more comprehensive understanding of investments in health by broadening their monitoring of health expenditures to include spending beyond the health sector and in the private sector.



## Recap of Key Conversation 2

 **Speaker: Agnès Couffihal**, *Global Program Lead for Health Financing, World Bank*

### Objective

To illustrate key takeaways from Key Conversation 2 through a series of “Do’s” and “Don’t’s”



#### DON'T:

- ✘ Don't rely solely on technical models or expertise when setting priorities in health care, as prioritization is inherently political and messy; ignoring this reality can lead to ineffective decision-making. Furthermore, don't fail to acknowledge the constraints posed by budgets and macro-fiscal realities, as these significantly impact what can realistically be achieved.
- ✘ Don't assume that the availability of health services automatically guarantees their effective delivery or appropriate prioritization.
- ✘ Don't neglect active patient involvement and empowerment, or the involvement of families and communities, who play an essential role in managing patients' health and conditions.
- ✘ Avoid creating parallel systems or funds that lead to inefficiencies.



#### DO:

- ✔ Invest in broad society- and government-wide alliances to demand action on the reduction of risk factors through multisectoral action, especially since the NCD and mental health burden is significantly and increasingly characterized by co-morbidities.
- ✔ To respond to the evolving disease burden and changing needs of the population, ensure the availability of usable data, and a fair and transparent process for setting priorities, as competing interests are inevitable and making choices acceptable to all stakeholders is crucial for success.
- ✔ Develop primary care teams that are able and empowered to carry out the efficient and integrated management of NCDs and co-morbidities, and to effectively adapt and respond to crises and emergencies.
- ✔ Leverage funding to incentivize desired results, such as better detection, coordination, and integrated care. This does not necessarily entail leveraging pay for performance schemes, but can also mean compensating people and teams for what they are doing—for example, providing appropriate compensation for the time and effort involved in coordination of care.
- ✔ Resolutely address the pharmaceutical agenda, including the production, procurement, and appropriate use of medicines, and the use of generic drugs, in order to ensure the financial sustainability of health systems, particularly for chronic conditions.
- ✔ Pursue the defragmentation of health financing, both to ensure that resources flow to where the needs are, and to identify opportunities to reinvent financial protection for chronic conditions. For example, the wide pooling of resources helps expand the scope for risk sharing and builds the solidarity needed to move beyond immediate risk protection and support chronic disease management over the long term.





## Key conversation 3: Realizing health for all—What does success look like?

**Master of ceremonies: Bente Mikkelsen**, *Director, Noncommunicable Diseases, Rehabilitation and Disability, WHO*

**Plenary panel:** Implementing financing strategies for human capital, equity, longevity, and UHC: Practical insights

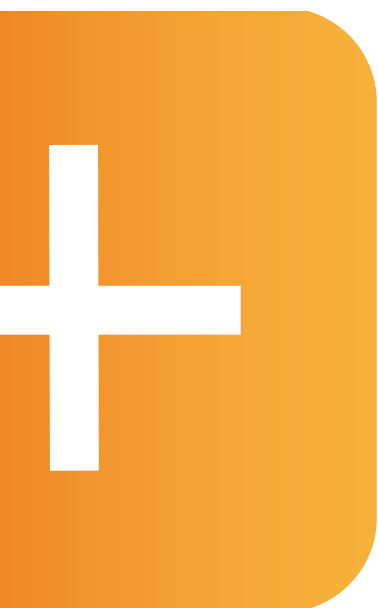
**Moderator: Sameera Al Tuwaijri**, *Lead Health Specialist, World Bank*

**Panelists**

- **Alexandru Rogobete**, *State Secretary, Ministry of Health, Romania*
- **Pradeep Yadav**, *Minister for Health and Population, Nepal*
- **Anselm Hennis**, *Director, NCDs and Mental Health, Pan American Health Organization (PAHO)*
- **Raj Mariwala**, *Director, Mariwala Health Initiative*
- **Alycia Draper**, *Senior Policy Advisor, Wellcome Trust*

### Objectives

- To ask countries and stakeholders for examples of the steps taken to make progress toward UHC, healthy longevity, and equity
- To consider these actions in the context of Sustainable Development Goal targets 3.4 and 3.8



## Key messages

- Evidence over decades has shown that healthy living and certain community-based and PHC-level interventions can reduce NCD risk factors. Relevant evidence comes (for example) from the Adventist Health Studies, the community-based North Karelia Project to prevent cardiovascular disease (CVD) in Finland, and the Kaiser Permanente Northern California CVD program, which leveraged a hypertension registry, clinical feedback, task shifting, and evidence-based treatment to drive a significant reduction in heart attacks and strokes. More recent initiatives, such as the WHO HEARTS program, built on these data and showed that simple but evidence-based strategies can drive substantial improvements.
- Examples from Nepal and Romania showcase the significant investments made by countries to address the rising burden of NCDs and mental health issues. Nepal has been implementing a number of strategies to achieve UHC and better address NCDs; for example, it increased health spending by 45 percent between 2015 and 2021, significantly increased expenditures on NCDs, taxed harmful products, introduced several government schemes to improve health coverage and reduce out-of-pocket expenditure, and fostered partnerships with stakeholders to mobilize resources for health. In Romania, the government invested heavily at the primary care level to expand capacity for NCD and mental health screening, increased the number of outpatient care units for mental health, and created integrated community centers with psychologists, community nurses, and family doctors in the same place. In addition, investments in human resources, digitalization, and a national telemedicine system for home care aim to address the issues of access to medical services in remote areas and the emigration of human resources, two key challenges faced by the health system.
- CSOs in low- and middle-income countries play a critical role in overcoming structural barriers to accessing care, especially for marginalized populations. Indeed, health systems have not always been successful at eliminating barriers, which explains the heavy reliance on service provision by CSOs in countries like India. CSOs' integration within communities makes them agile and able to quickly address under-prioritized health problems such as NCDs and mental health conditions. Their ability to contextualize their language to reflect people's experiences and to work with local actors (such as faith healers) allows them to reach marginalized people who might otherwise be unwilling or unable to access care. In addition, CSOs have the potential to promote a more holistic approach by incorporating NCD and mental health interventions in other areas, such as livelihoods, climate or education.
- The expertise of people with lived experience of NCDs and mental health conditions should be a fundamental component of shaping research and policy, and of helping health systems meet the challenge of providing preventive and curative NCD and mental health care. Organizations like the Wellcome Trust have specific policies to ensure that people with lived experience are engaged in all areas of work. Such individuals must be included in the development of health-related interventions to ensure that innovations, whether technological, pharmacological, or psychosocial, are both relevant and impactful for those they aim to serve.

### Raj Mariwala

*"If we are to leave no one behind, there are two principles that CSOs bring to the table. Nothing about us without us, which is from the disability rights movement. And the second is: if you design systems for the margins, you are going to cover everyone. But if you design for the center, you will never reach the margins."*



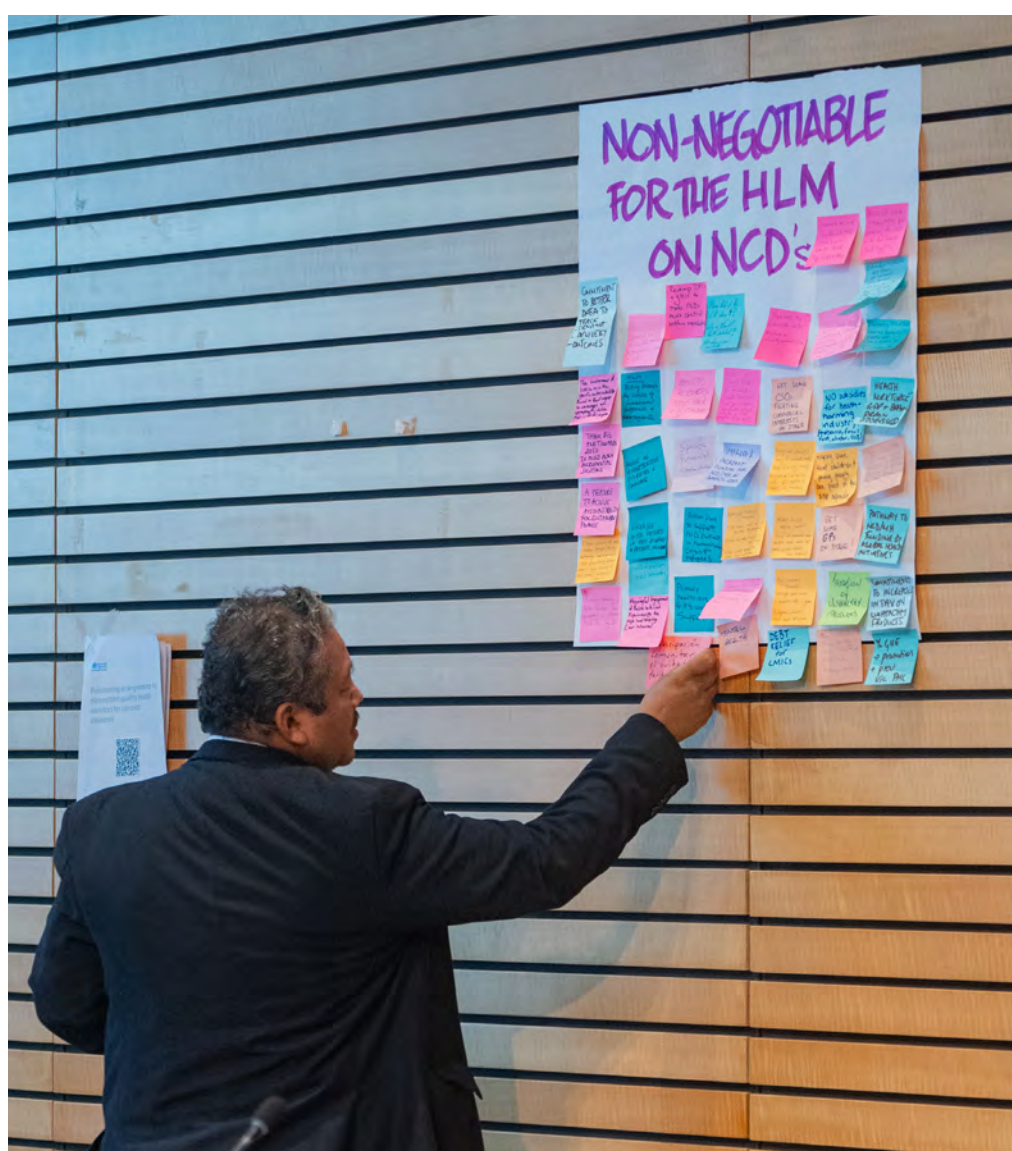
## Turning conversation into action: Emerging messages for the Fourth High-Level Meeting on NCDs in 2025: Interactive session

### Moderators

- **Jean Luc Eisele**, CEO, World Heart Federation
- **Alarcos Cieza**, Unit Head, Department of Noncommunicable Diseases, Rehabilitation and Disability, WHO

### Questions to be discussed at each table

- What do you commit to do differently following the Dialogue in order to accelerate actions toward sustainable financing for NCDs and mental health?
- What are the nonnegotiables coming out of the Dialogue that should inform the process of the UN High-Level Meeting in terms of sustainable financing?



Delegate contributes to a post-it wall on emerging messages for the UN High-Level meeting for NCDs and Mental health



## Key messages

- Ensure a forward-thinking approach that extends to 2050 and a greater diversity of voices at the UN High-Level Meeting in 2025. The meeting should aim to define specific financing targets to increase resource allocation for NCDs and mental health conditions and to strengthen accountability.
- Amplify the voices of people with lived experiences of NCDs and mental health conditions.
- Position NCDs and mental health more centrally within the mandates of global health institutions and development finance actors and increase support for countries to develop costing data and investment cases, strengthen research and development, and explore better financing mechanisms for NCDs and mental health.
- Consider the specific vulnerabilities of countries such as SIDS to ensure the development of fit for purpose solutions.
- Reframe the narrative on NCDs and mental health conditions using a life-course approach, with an emphasis on targeting people from childhood onward.
- Prioritize health promotion and prevention and integrate health care provision—both vertically across levels of care and horizontally across specialties—to maximize opportunities for health promotion and prevention (e.g., integrate screenings for NCDs within communicable disease care, within maternal and child health, etc.).
- Ensure a whole-of-government approach to develop and fully fund national NCD and mental health plans, complete with specific, measurable targets and oversight by a designated government body. These plans should address the unique challenges faced by each country, ensure equitable allocation of domestic resources, and include clear prevention targets and an action plan to support those living with NCDs and mental health conditions during crises.
- Develop integrated health intelligence and surveillance systems and better methods for tracking spending, delivery, and outcomes for NCD and mental health interventions.
- Improve policy and investment coherence: impose excise taxes on harmful products to increase domestic resources for health while also eliminating subsidies for unhealthy goods.
- Pursue the following three fundamental enablers of progress on NCDs and mental health conditions: (1) ensure affordable access to medicines and diagnostics, including through the promotion of innovative, low-cost solutions for both diagnostics and treatments; (2) reduce the health workforce gap; and (3) develop a clear understanding of technology's role within the NCD agenda.





## Closing statements

- **Bente Mikkelsen**, *Director, Noncommunicable Diseases, Rehabilitation and Disability, WHO*
- **Dévoira Kestel**, *Director, Mental Health, Brain Health and Substance Use, WHO*
- **Teodoro Javier Herbosa**, *Secretary of Health, Department of Health, the Philippines*
- **Jumana Qamruddin**, *Global Program Lead for Service Delivery, World Bank*

### Key messages

- It is crucial to look beyond the statistics, to center people's lived experience, and consider the human cost of NCDs and mental health conditions for the next generations.
- We are witnessing an unprecedented emergency: 41 million people are at risk of dying from NCDs and mental health conditions before the next UN High-Level Meeting in 2025. The cost of inaction is too big for states and stakeholders to ignore.
- Investments in NCD and mental health prevention and care are central to building the health systems of tomorrow.
- Sustainable financing is the biggest missing piece in addressing NCDs and mental health conditions, and solving this challenge is a collaborative effort where countries are leading the way.
- States and stakeholders need to (1) leverage the game-changing impact of strong alliances and the essential role of civil society, (2) ensure financial protection for households, (3) prioritize health promotion and population-wide prevention interventions in investments and financing schemes through multisectoral action, (4) adopt a life-course approach, (5) implement both NCD and mental health interventions early on and as close to the community as possible, and (6) create meaningful partnerships with the private sector in areas such as digitalization, workforce, procurement of pharmaceuticals, and supply chains.
- Last but not least, PHC reforms play a central role in addressing NCDs and mental health conditions.
- The incredible achievements and innovations showcased during the event show that countries and stakeholders have the knowledge to transform health systems, and that they now need to leverage that knowledge for implementation and impact at scale.
- The global health community must collectively step up action and demonstrate that it can accelerate action on NCDs and mental health conditions in order to continue building momentum and drive greater investments and sustainable financing.





Group photo of delegates at the end of the 2-day dialogue

**Teodoro Javier Herbosa**

*“The human cost of NCDs and mental health [conditions] is too detrimental for the next generations ... The global agenda on NCDs and mental health and the action in countries must include children and young people. More explicitly, if we really care for our children and our future we must act together now.”*



*“As we close this second International Dialogue on sustainable financing for NCDs and mental health, I have the honor to share that the Philippines will host the third International Dialogue in 2026. I look forward to welcoming all of you to Manila.”*



**Jumana Qamruddin**

*“No single entity can tackle the magnitude of this challenge alone. Leadership and innovation are emerging from countries and diverse stakeholders, and we possess the tools and knowledge to make a difference. Even amidst fiscal constraints and competing demands, we can strategically leverage existing resources for long-term impact. This moment calls for a redefinition of our collaboration to focus on harnessing our collective strengths and capitalizing on local insights to drive implementation and create scalable solutions for a better future.”*



**Bente Mikkelsen**

*“My hopes for the high-level meeting on NCDs in 2025 are two things: that we are able to demonstrate accelerated action and impact and are close to achieving the SDG targets on NCDs and Mental Health, and that we will have a political declaration with measurable objectives, including a target on reduction of out-of-pocket spending.”*



# Annexes







# Annex 1: Agenda



## High-level Agenda

### Thursday 20 June

 Registration and Breakfast	07:30 – 08:30
<b>High-level segment:</b> opening and setting the scene	
<b>Welcome and opening remarks</b>	08:30 – 08:50
<b>Contextualizing the need for a dialogue on sustainable financing for NCDs and mental health</b> <i>Moderated high-level plenary with stakeholders</i>	08:50 – 09:30
Objectives: <ul style="list-style-type: none"> <li>To understand the urgency and need for sustainable financing for NCDs and mental health from the perspective of stakeholders in the room.</li> </ul>	
<b>The future we imagine</b> <i>Keynote</i>	09:30 – 09:45
Objectives: <ul style="list-style-type: none"> <li>To articulate what is different about the world we are living in today and how we need to work differently. What does this moment call for on the agenda in the context of today's world. What is the opportunity?</li> </ul>	
<b>Where are we now? Creating opportunities for sustainable financing for NCDs and mental health</b> <i>Statements &amp; Q/A</i>	9:45 – 10:30
Objectives: <ul style="list-style-type: none"> <li>To set out the case for investment and the road to 2025</li> <li>To note the scope for the meeting including on mental health</li> <li>To highlight the need for innovative/strategic partnerships</li> <li>To provide an overview of the meeting structure and objectives</li> </ul>	
 Coffee Break	10:30 – 11:00



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**Sustainable financing for NCDs and mental health – what does it mean?** 11:00 – 11:50

*Moderated high-level plenary*


Objectives, to understand:

- How countries are integrating NCDs and mental health into public health reforms
- How ministries of health and ministries of finance are working together to address the challenge of NCDs and mental health
- What financial mechanisms are being used to address financial hardship from NCDs and mental health conditions
- How stakeholders are building the case for investment in NCDs and mental health including how they are considering sustainability of investments

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**Reflections and conclusion** 11:50 – 12:00

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 **Lunch and Physical Activity Break** 12:00 – 13:00

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 **Key Conversation 1: Putting NCDs and Mental Health on the Road to More Sustainable Financing**

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**From political to financial commitment for NCDs and mental health** 13:00 – 14:00

*Moderated high-level plenary & Q/As*

Objectives:

- To set out the role of domestic revenue-raising and DAH for addressing NCDs and mental health, in the context of changing fiscal environments
- To reflect on country approaches to translate political will into financial commitment for NCDs and mental health

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**Breakout Groups: panel and discussion** 14:00 – 15:30

**Group 1: Domestic revenues and financing for NCDs and mental health**

*Moderated panel*

Objectives:

- To set out the role for and contribution of domestic funding for addressing NCDs and MH
- To examine fiscal policies as a source of domestic revenues, including for health

**Group 2: Development assistance for NCDs and mental health in a changing political and macro-fiscal context: understanding the catalytic potential**

*Moderated panel*

Objectives:

- To assess the role and potential of DAH in supporting countries to address NCDs and MH

**Group 3: Position of NCDs and mental health in existing and emerging financing platforms and initiatives**

*Moderated panel*

Objectives:

- To determine how NCDs and mental health can be better positioned in existing financing platforms such as the Global Fund, Global Financing Facility
- To determine how innovative and emerging financing mechanisms can be designed for NCDs and MH e.g., Public Private Partnerships, SIDS multi-vulnerability index



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 **Afternoon Break** 15:30 – 16:00





<b>Breakout recap and reflections on key conversation 1</b> <i>Moderated recap</i> Objectives: <ul style="list-style-type: none"> <li>To put forward messages from each of the breakout sessions</li> <li>To provide a summary of the main take home messages from key conversation 1</li> </ul>	16:00 – 16:15
<b>Interactive plenary: Reflections on day 1</b> <i>Moderated fishbowl</i> Objectives: <ul style="list-style-type: none"> <li>To give participants the opportunity to input into discussions from the day</li> <li>To use participant inputs to distil the main messages emerging</li> </ul>	16:15 – 17:00
<b>Featured Speaker: Achieving the highest possible standard of health in societies</b> Objectives: <ul style="list-style-type: none"> <li>To provide a personal perspective on the need to consider a values-based, human rights approach when making policy and financial decisions related to mental health and NCDs</li> <li>To reflect on the values that form the basis for decision making when setting priorities related to NCDs and mental health</li> </ul>	17:00 – 17:15
 Reception	17:30

## Friday 21 June

 Breakfast	07:30 – 08:15
<b>Synthesis of Day 1 and framing of Day 2</b> <i>Fireside chat</i>	08:15 – 08:45
 <b>Key Conversation 2: Reshaping health systems and financing mechanisms to prevent NCDs and mental health conditions and address the needs of people living with those conditions</b>	
<b>From political to financial commitment for NCDs and mental health</b> <i>Featured Speaker and Q/A</i> Objectives: <ul style="list-style-type: none"> <li>To provide insights into the short- and long-term investments needed for NCDs and mental health.</li> <li>To provide a personal perspective and account of the speaker's lived experience with NCDs</li> </ul>	08:45 – 09:15
<b>Country panel: How do countries decide what to finance?</b> <i>Moderated country panel</i> Objectives: <ul style="list-style-type: none"> <li>To understand the criteria used by countries in setting priorities including the balance between prevention and treatment</li> <li>To understand the enablers and barriers experienced by countries during the priority setting process including the role of stakeholders</li> </ul>	09:15 – 09:45



<p><b>How do we decide what to finance?</b></p> <p><i>Moderated and facilitated table discussions</i></p> <p>Questions to be discussed at each table:</p> <ul style="list-style-type: none"> <li>• What is your experience in setting priorities?</li> <li>• Which messages resonated with you most from the panel?</li> <li>• How are you considering the best buy interventions when setting priorities?</li> <li>• How are you balancing prevention (e.g., tobacco, alcohol, sugar, etc.) with service delivery?</li> </ul>	09:45 – 10:30
<p> <b>Coffee Break</b></p>	10:30 – 10:45
<p><b>Discussion on public health promotion and population wide prevention</b></p> <p><i>Moderated discussion</i></p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• To outline the role of financial levers in facilitating the prioritisation and implementation of policies and population-wide public health interventions to better prevent NCDs and mental health conditions</li> <li>• To learn about country successes in implementing population-wide prevention measures such as: legislation/regulation (e.g., food labelling); mental health promotion and protection; taxation of unhealthy products (alcohol, tobacco, sugary drinks, ultra-processed foods); and policy measures to address the social and commercial determinants of health</li> </ul>	10:45 – 11:30
<p><b>Featured Speaker: Why primary healthcare reforms are NCDs and mental health reforms?</b></p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• To argue the case that primary healthcare reforms are indeed NCD and mental health reforms for all countries regardless of income classification</li> <li>• To discuss financial protection and other measures that must be taken to protect the most vulnerable</li> </ul>	11:30 – 11:45
<p><b>Effective financing strategies and policies for health priorities</b></p> <p><i>Moderated panel discussion and Q/A</i></p> <p>To showcase how countries' have used health financing strategies to provide better service coverage and financial protection to achieve UHC for NCDs and MH conditions. This might include consideration of the following:</p> <ul style="list-style-type: none"> <li>• Contracting and provider payment methods</li> <li>• Mechanisms to strengthen financial protection/reduce out-of-pocket spending</li> <li>• Instruments to mitigate the effects of pooling fragmentation</li> <li>• Financing instruments that incentivize comprehensive, coordinated continuum of care for NCDs and mental health conditions along the life-course</li> </ul>	11:45 – 12:45
<p><b>Shifting health systems: realizing people centered care through tailored well integrated investments at scale</b></p> <p><i>Moderated fireside chat</i></p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• To discuss how countries can shift systems through targeted and integrated investments in key levers – human resources for health, digital health, supply chains – that support/ sustain effective, high quality, people centered NCD and mental health delivery systems</li> </ul>	12:45 – 13:30
<p> <b>Lunch and Physical Activity Break</b></p>	13:30 – 14:30
<p><b>Recap from Key Conversation 2</b></p>	14:30 – 14:45



 <b>Key Conversation 3: Realizing Health For All – What Success Looks Like</b>	
<b>Featured Speaker: Realizing health for all, what does success look like?</b>	14:45 – 15:00
Objectives:	
<ul style="list-style-type: none"> <li>• To define a shared vision of success (including the financial case for) and showcase how, by implementing the financing mechanisms discussed in conversation 1 and 2, progress can be accelerated towards universal health coverage (UHC), healthy longevity and equity</li> <li>• To analyse the implications of the financing mechanisms discussed on human capital development, the protection of human rights, social inclusion and economic security, reduced risk of financial hardship and impoverishment</li> </ul>	
<b>Implementing financing strategies for human capital, equity, longevity, and UHC: Practical insights</b>	15:00 – 16:00
<i>Moderated plenary</i>	
Objectives:	
<ul style="list-style-type: none"> <li>• To ask countries and stakeholders to provide examples of the steps taken to make progress towards UHC, healthy longevity and equity</li> <li>• To consider these actions in the context of the Sustainable Development Goals targets 3.4 and 3.8</li> </ul>	
 <b>Afternoon Break</b>	16:00 – 16:30
<b>Turning conversation into action: emerging messages towards the Fourth High-Level Meeting on NCDs in 2025</b>	16:30 – 17:30
<i>Moderated interactive session</i>	
<ul style="list-style-type: none"> <li>• What are your top three messages emerging from the dialogue for you?</li> <li>• What are the key questions that you are left with? What is still on your mind?</li> </ul>	
<b>Final reflections on messages emerging from the dialogue</b>	
<b>Closing statements</b>	17:30 – 17:45



**June 20–21, 2024**

The World Bank Headquarters  
 (Main Complex Building)  
 1818 H Street, NW,  
 Washington, D.C., 20433





## Annex 2: List of participants

### WHO MEMBER STATES

#### Australia

**Neryl Lewis**

Senior Development Advisor  
Department of Foreign Affairs and Trade

**Emma Wilson**

Policy Advisor  
Department of Foreign Affairs and Trade  
Australian Embassy, Washington D.C.

#### Bangladesh

**Md Nakib Tarafdar**

Private Secretary to Finance Minister  
Ministry of Finance

#### Cambodia

**Socheat Heng**

Chief of Social Budget  
Budget Formulation Department  
Ministry of Economy and Finance

**Hok Kim Cheng**

Director General for Health  
Ministry of Health

#### Denmark

**Nanna Cathrine Birk Hollensen**

Health Counselor  
Danish Embassy, Washington, DC

#### Egypt

**Radwa Emam**

Head of Health Promotion  
and Initiatives  
Egypt Healthcare Authority

**Mona Hassan Khalifa**

(virtual participation)  
Director of Public Health  
Initiatives Unit  
Ministry of Health & Population

#### Ethiopia

**Lelisa Amanuel Jira**

Senior Disease Prevention and Control Advisor to the Minister  
Ministry of Health

**Hiwot Solomon**

Lead Executive Officer, Disease Prevention and Control  
Ministry of Health

#### Fiji

**Ratu Atonio Lalabalavu**

Minister of Health and Medical Services  
Ministry of Health and Medical Services

**Devina Nand**

Head of Wellness  
Ministry of Health and Medical Services

**Miliakere Nasorovakawalu**

Director of Nursing  
Ministry of Health and Medical Services

#### Ghana

**Rahilu Haruna**

Deputy Director, External Resource Mobilization Multilateral  
Ministry of Health

**Adelaide Ntim**

Deputy Minister of Health  
Ministry of Health

#### Indonesia

**Bayu Teja Muliawan**

Senior Advisor to the Minister on Health Economics  
Ministry of Health

**Damar Susilaradeya**

Technical Advisor to the Minister of Health  
Ministry of Health

#### Jamaica

**Tamu Davidson**

Director Non-communicable Diseases and Injury Prevention, NCD Unit  
Ministry of Health and Wellness

**Jermaine Johnson**

Acting Principal Director, Research and Policy Development  
Ministry of Health

#### Kenya

**Samuel Kiiru**

Director of Planning  
National Treasury

#### Kyrgyz Republic

**Alymkadyr Beishenaliev**

Minister of Health  
Ministry of Health

**Shaiatbek Abdurakhmanov**

Director of Center for Health Coordination and Management of the Osh Region  
Ministry of Health

**Nazgul Duishembieva**

Deputy Director  
Ministry of Finance

**Jibek Duisheyeva**

Deputy Minister  
Ministry of Finance

**Zhigitali Dzholdoshev**

Head of Southern Branch of the Department of Medicines & Medical Devices  
Ministry of Health



## Lao People's Democratic Republic

**Phirany Phissamay**  
*Deputy Director General*  
*Ministry of Finance*

**Sommana Rattana**  
*Deputy Director General*  
*Ministry of Health*

## Lebanon

**Randa Hamadeh**  
*Head, Primary Healthcare and Social Health Department*  
*Ministry of Public Health*

## Malawi

**Loyce Chilimsungwi**  
*Budget Director*  
*Ministry of Finance and Economic Development*

**Lillian Gondwe Chunda**  
*Chief of Health Services (Technical)*  
*Ministry of Health*

## Moldova

**Ala Nemerenco**  
*Minister of Health*  
*Ministry of Health*

**Andrei Cazacu**  
*Head of Department*  
*Ministry of Health*

## Nepal

**Pradeep Yadav**  
*Minister for Health and Population*  
*Ministry of Health and Population*

**Ram Acharya**  
*Joint Secretary*  
*Ministry of Finance*

**Pomawati Thapa**  
*Senior Consultant, Department of Health Services*  
*Ministry of Health and Population*

## Nicaragua

**Samir Aguilar Parrales**  
*Director of the Health System*  
*Ministry of Health*

**Oscar Francisco Vásquez Vado**  
*Director General of Health Services*  
*Ministry of Health*

## Nigeria

**Tunde Ojo**  
*National Coordinator, National Mental Health Program*  
*Federal Ministry of Health and Social Welfare*

## North Macedonia

**Aleksandra Altievska Angjelikj**  
*Head of Unit for Fund Budgets*  
*Ministry of Finance*

**Cvete Serafimoski**  
*Head of Department*  
*Health Fund Insurance*

## Philippines

**Teodoro Javier Herbosa**  
*Secretary of Health*  
*Department of Health*

**Glenn Mathew Baggao**  
*Undersecretary of Health*  
*Department of Health*

**Joel Buenaventura**  
*Director III*  
*Department of Health*

**Maria Elizabeth Caluag**  
*Medical Officer V*  
*Department of Health*

**Anna Marie Celina Garfin**  
*Director IV*  
*Department of Health*

**Kezia Lorraine Rosario**  
*Medical Officer IV*  
*Department of Health*

**Lester Tan**  
*Director IV Health Policy Development and Planning Bureau*  
*Department of Health*

## Romania

**Alexandru Rogobete**  
*State Secretary*  
*Ministry of Health*

## Sri Lanka

**Seetha Arambepola**  
*State Minister of Health*  
*Ministry of Health*

## St. Lucia

**Sharon Belmar-George**  
*Chief Medical Officer*  
*Ministry of Health, Wellness and Elderly Affairs*

**Merelicia Collymore**  
*Senior Budget Analyst*  
*Ministry of Finance*

## Tajikistan

**Shahriyor Bobojonov**  
*Head of the Budget Department of Health, Sports, and Social Protection*  
*Ministry of Finance*

**Kholmirzo Davlatov**  
*Head of the Department for the Organization of Medical Services and Modern Technologies*  
*Ministry of Health*



## Timor-Leste

**Marcelo Amaral**  
*Director General of Corporate Services*  
*Ministry of Health*

**Filipe Bernardo**  
*Coordinator*  
*Ministry of Finance*

**Francisca Da Costa Magno**  
*Official Multimedia*  
*Ministry of Health*

**Belezia De Jesus Dos Reis Magno**  
*Official Cabinet, Vice-Minister of Health*  
*Ministry of Health*

**Jose Dos Reis Magno**  
*Deputy Minister of Health*  
*Ministry of Health*

**Martinha Maria do Rego Mesquita**  
*Community Mental Health Officer*  
*Ministry of Health*

**Florindo Pinto Gonzaga**  
*National Director of Prevention and Disease Control*  
*Ministry of Health*

## Tunisia

**Hind Bouguerra**  
*Head of Studies and Planning Department*  
*Ministry of Health*

**Leila Glenza**  
*NCD Focal Point*  
*Ministry of Health*

## Ukraine

**Lesia Ivanyshchuk**  
*Director, Department of Humanitarian Budget Expenditure*  
*Ministry of Finance*

**Alina Pogribna**  
*Consultant for Coordination of Project*  
*Ministry of Health*

## United Arab Emirates

**Shahad Al Naqbi**  
*Senior Behavioral insight Specialist*  
*Ministry of Health and Prevention*

## United Republic of Tanzania

**Stephen Likunge**  
*Attaché, Financial Affairs*  
*Permanent Mission of the United Republic of Tanzania to the United Nations*

**Omary Ubuguyu**  
*Assistant Director NCD*  
*Ministry of Health*

## United States

**Gabrielle Lamourelle**  
*Senior Advisor*  
*Department of Health and Human Services*

## Uruguay

**Adriana Alfonso**  
*(virtual participation)*  
*Director General for Health*  
*Ministry of Health*

## Uzbekistan

**Otabek Fozilkarimov**  
*Deputy Minister of Finance*  
*Ministry of Economy and Finance*

**Umida Gazieva**  
*Head of the Department of Medical Organization Assistance*  
*Ministry of Health*



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## UNITED NATIONS AND SPECIALIZED AGENCIES

### International Finance Corporation of the World Bank

**Zeynep Kantur Ozenci**  
*Global Head of Health*

### United Nations Children's Fund (UNICEF)

**Raoul Bermejo III**  
*Health Specialist*

**Zeinab Hijazi**  
*Global Lead on Mental Health*

### United Nations Development Programme (UNDP)

**Emily Roberts**  
*Policy Analyst*

**Roy Small**  
*Policy Specialist, NCDs and Health*

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## INTERGOVERNMENTAL ORGANIZATIONS

### Africa Centres for Disease Control and Prevention (CDC)

**Abdulaziz Mohammed**  
*Head, Division of Disease Control and  
Prevention*

**Ngashi Ngongo**  
*Chief of Staff and Head of  
Executive Office  
Disease Control and Prevention Division*

### Inter-American Development Bank

**David Evans**  
*Principal Economic Advisor for the  
Social Sector*

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## OTHERS

### Access Accelerated

**Herb Riband**  
*Director*

### Asociatia Medici pentru Romania

**Alexandru Costache**  
*President*

### BasicNeeds Ghana

**Peter Badimak Yaro**  
*Executive Director*

### Center for Global Mental Health Research

**Leonardo Cubillos**  
*Director*

### Healthy Americas' Coalition - CLAS

**Florencia Leiva**  
*Health Advocate and Human Rights  
Lawyer, Consultant*

### Health4Life Fund

**Nick Banatvala**  
*Head of Secretariat*

### Clinton Health Access Initiative

**Samantha Diamond**  
*Vice President*

### Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

**Klaus Peter Schnellbach**  
*Programme Director Global Health*

### Global Medical Technology Alliance

**Cherine Yassien**  
*Representative*



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**The Leona M. and Harry B. Helmsley Charitable Trust**

**Gina Agiostratidou**  
*Program Director*

**James Reid**  
*Program Officer*

**International Federation of Pharmaceutical Manufacturers and Associations**

**Vanessa Peberdy**  
*Deputy Director*

**Mariwala Health Initiative**

**Raj Mariwala**  
*Director*

**Norwegian Development Cooperation Agency (NORAD)**

**Austen Davis**  
*Senior Advisor*

**Partners in Health**

**Zoe Isaacs**  
*Associate Director, Health Financing and Planning*

**Resolve to Save Lives**

**Andrew Moran**  
*Chief of Science*

**Results for Development**

**Cheryl Cashin**  
*Managing Director*

**United for Global Mental Health**

**Sarah Kline**  
*CEO*

**James Sale**  
*Deputy CEO*

**United States Agency for International Development (USAID)**

**Han Kang**  
*Deputy Assistant Administrator (Acting) for Global Health and Director for the Office of HIV/AIDS*

**Wellcome Trust**

**Alycia Draper**  
*Senior Policy Advisor*

**Paul Spencer**  
*Head of Mental Health Policy*

**World Diabetes Foundation**

**Bent Lautrup-Nielsen**  
*Head, Global Advocacy*

**World Economic Forum**

**Jahanara Rahemtulla**  
*Lead, Health and Healthcare*

**World Heart Federation**

**Jean-Luc Eisele**  
*CEO*

**World Obesity Federation**

**Johanna Ralston**  
*CEO*

**Union for International Cancer Control**

**Cary Adams**  
*CEO*

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**INVITED GUESTS**

**Kwanele Asante**

**Pierre Cooke**

**Ancito Etienne**

**Felicia Knaul** (virtual participation)

**Aarathi Krishnan**

**Charity Muturi** (virtual participation)

**Lavanya Vijayasingham**

---

**EXTERNAL TECHNICAL EXPERT GROUP**

**Alison Cox**

**Kristen Danforth**

**Beverly Essue**

**Amanda Glassman**

**Indrani Gupta**

**Sanjeev Gupta**

**Sarah Kline**

**Angeline Mumararungu**

**Heba Nassar**

**Anders Nordström**

**Rachel Nugent**

**Siripen Supakankunti**

**David Watkins**

**Winnie Yip**



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## WORLD HEALTH ORGANIZATION SECRETARIAT

### **Jarbas Bardosa Da Silva Jr**

*Director*

*Regional Office for the Americas/Pan  
American Health Organization*

### **Sir George Alleyne**

*Director Emeritus*

*Regional Office for the Americas/Pan  
American Health Organization*

### **Raymond Bruce Aylward**

*Assistant Director-General, Universal  
Health Coverage and Life Course Division  
Headquarters*

### **Jérôme Salomon**

*Assistant Director-General, Universal  
Health Coverage, Communicable/  
Noncommunicable Diseases  
Headquarters*

### **Rhonda Sealy-Thomas**

*Assistant Director*

*Regional Office for the Americas/Pan  
American Health Organization*

### **Arantxa Cayon**

*Specialist, Knowledge Management &  
Communications*

*Regional Office for the Americas/Pan  
American Health Organization*

### **Dan Chisholm**

*Mental Health Specialist, Department  
of Mental Health, Brain Health and  
Substance Use  
Headquarters*

### **Alarcos Cieza**

*Unit Head, Department of  
Noncommunicable Diseases,  
Rehabilitation and Disability  
Headquarters*

### **Meg Doherty**

*Director, Global HIV, Hepatitis and STI  
Programmes  
Headquarters*

### **Jill Farrington**

*Regional Medical Officer,  
Cardiovascular Diseases and Diabetes  
Regional Office for Europe*

### **James Fitzgerald**

*Director, Health Systems and Services  
Regional Office for the Americas/Pan  
American Health Organization*

### **Christopher Fitzpatrick**

*Executive Officer, Universal Health  
Coverage/Communicable and  
Noncommunicable Diseases  
Headquarters*

### **Asmus Hammerich**

*Director, Department of  
Noncommunicable Diseases  
Regional Office for the Eastern  
Mediterranean*

### **Anselm Hennis**

*Director, Department of  
Noncommunicable Diseases and  
Mental Health  
Regional Office for the Americas/Pan  
American Health Organization*

### **Déavora Kestel**

*Director, Department of Mental  
Health, Brain Health and  
Substance Use  
Headquarters*

### **Silvana Luciani**

*Unit Chief, Department of  
Noncommunicable Diseases  
Regional Office for the Americas/Pan  
American Health Organization*

### **Bruno Meessen**

*Senior Health Financing Advisor,  
Health Financing and Economics  
Department  
Headquarters*

### **Filip Meheus**

*Health Economist  
Department of Health Financing  
and Economics  
Headquarters*

### **Bente Mikkelsen**

*Director, Department of  
Noncommunicable Diseases,  
Rehabilitation and Disability  
Headquarters*

## Consultants

### **Jayshree Bagaria**

*Consultant, Department of  
Noncommunicable Diseases,  
Rehabilitation and Disability  
Headquarters*

### **Joseph Kutzin**

*Consultant, Department of  
Noncommunicable Diseases,  
Rehabilitation and Disability  
Headquarters*

### **Maia Olsen**

*Technical and Implementation  
Consultant*



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## WORLD BANK SECRETARIAT

**Juan Pablo Uribe**

*Global Director for Health Nutrition and Population; Director, Global Financing Facility*

**Monique Vledder**

*Head of the Global Health Unit*

**Agnès Couffinhall**

*Global Program Lead for Health Financing*

**Jumana Qamruddin**

*Global Program Lead for Service Delivery*

**Sameera Al Tuwaijri**

*Lead Health Specialist*

**Elvira Anadolu**

*Senior Health Specialist*

**Kathryn Andrews**

*Health Economist*

**Enias Baganizi**

*Senior Health Specialist*

**Jaime Bayona Garcia**

*Senior Health Specialist*

**Kseniya Bieliaieva**

*Team Assistant*

**Noel Chisaka**

*Senior Health Specialist*

**Denizhan Duran**

*Senior Economist, Health*

**Amr Elshawarby**

*Economist*

**Gisela Garcia**

*Health Specialist*

**Nicole Feune de Colom**

*Health Specialist*

**Amparo Gordillo Tobar**

*Senior Economist, Health*

**Cristian Herrera**

*Senior Health Specialist*

**Matthew Thomas Hulse**

*Senior Health Specialist*

**Roberto F. Iunes**

*Senior Economist, Health*

**Mariam Ally Juma**

*Senior Economist*

**Maud Juquois**

*Senior Economist, Health*

**Juliette Makandi Guantai**

*Program Assistant*

**Thulani Matsebula**

*Senior Economist, Health*

**Sameera Maziad Al Tuwaijri**

*Lead Health Specialist*

**Elizabeth Ann Mitgang**

*Health Specialist*

**Tonny Brian Mungai Muthee**

*Health Specialist*

**Margareta Norris Harrit**

*Senior Health Specialist*

**Dayo Carol Obure**

*Health Economist*

**Naoko Ohno**

*Senior Operations Officer*

**Olumide Olaolu Okunola**

*Senior Health Specialist*

**Milcah Sam Prasad**

*Program Assistant*

**Vikram Rajan**

*Senior Health Specialist*

**Daniela Romero**

*Senior Economist, Health*

**Yoshini Naomi Rupasinghe**

*Senior Health Specialist*

**Yu Shibui**

*Health Specialist*

**Jyldyz Turgunbaeva**

*Health Specialist*

**Shuo Zhang**

*Senior Health Specialist*

**Consultants****Andrea Fuller**

*Consultant*

**Alyssa Higgins**

*Consultant*

**Maya Schack**

*Consultant, Health Specialist*

**Ilie Volovei**

*Consultant, Health Economist*





## International Dialogue on Sustainable Financing for Noncommunicable Diseases and Mental Health

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