
New Study Reveals NCDs Remain Severely Underfunded – The NCD Alliance interviews author Rachel Nugent

Langue Anglais

On the 1st of November, the Center for Global Development issued a working paper called 'Where Have All the Donors Gone?: Scarce Funding for Chronic Diseases' by Rachel Nugent and Andrea Feigl, shedding light on the current funding situation for non-communicable diseases (NCDs). Although providing a glimmer of hope by showing that funding is on the rise, the report shows that funding for NCDs is worryingly low.

Spreading awareness of changing health needs around the world – NCDs predominating and infectious diseases declining – does not seem to translate into significant shifts in resources and policy-level attention from international donors or governments in affected countries. A recent assessment shows that Official Development Assistance (ODA) for health reached \$26.4 billion in 2008, surpassing all prior years (Kates, et al, 2010). Despite the fact that 60% of deaths around the world are from NCDs, and eighty 80% of those occur in developing countries, only 2.3% (\$503 million) of overall development assistance for health (DAH) was dedicated to all NCDs in 2007. In terms of the burden of disease, donors provided about \$0.78/DALY attributable to NCDs in developing countries in 2007, compared to \$23.9/DALY attributable to all HIV, TB, and Malaria. If donors provided just half the support to avoid NCD DALYs that they provide to the three infectious diseases, it would amount to almost \$4 billion in DAH for NCDs.

However, the picture of donor involvement in NCDs is not entirely bleak. Donor funding to developing countries for NCDs grew by 618 percent between 2001 and 2008, with the largest share of the increase coming from private, non-profit donors, and evidence of accelerating interest from public donors. Nonetheless, additional donor funding is needed to support developing country efforts to incorporate NCDs into their existing health care programs such as through hypertension and cancer screening and prevention programs, and proven-effective policy solutions such as tobacco taxation and salt reduction.

The NCD Alliance spoke to Rachel Nugent, co-author of the report and Deputy Director of Global Health at the Center for Global Development, to get an insight into her work, the report and her views on the UN Summit on NCDs.

Could you give us a background on how the decision to produce a report on donor funding and NCDs came about?

CGD has been interested in tracking donor funding for health for some years. We produced a report called 'Following the Money', which highlighted some of the problems in tracking donor funding. In addition, I have worked on NCDs and frequently speak with donor agencies about this issue and often find there is a roadblock to discussions as they do not see NCDs as part of their programs, and I wanted to know whether there were any that were programming in this area. Finally, I heard Tachi Yamada from the Gates Foundation say on CNN that others were supporting NCDs, and that's why Gates doesn't need to do so. I thought we should find out whether that was true.

Did your research produce any key findings that were contrary to your initial expectations?

Yes, we found several surprises. 1. There is even a smaller proportion of DAH for NCDs than I thought, especially when put in DALY terms. 2. The private funding is at least as important as the public, and seems to be growing faster. 3. There is more support for mental health than I had anticipated.

Did your research identify any positive developments among donors concerning

funding trends for NCDs?

Yes indeed. The trend is steadily upward and I believe will accelerate in the coming years.

Are there any lessons we can draw from other global health issues to ensure that our response to NCDs avoids taking a ‘vertical’ disease approach and that donor funding for NCDs contributes to building strong health systems?

There aren’t many good lessons out there because most global health issues have been handled in a vertical manner, both by funders and by implementers. The lesson I take is that NCDs might be the vanguard of showing how to build strong health systems with a more holistic approach to health and integration of health services delivery for different health needs.

What are your views on the common impression that that NCDs are disease of affluence that only effect high-income countries and that funding for NCDs is not cost-effective?

That is not at all supported by the evidence.

What are some of the key elements for successfully making the economic case to governments for investing in the prevention and treatment of NCDs?

1. There are cost-effective interventions available: lower salt, control tobacco through taxes and other means, switch out of trans fats, employ treatment for secondary prevention of heart disease. 2. The economic risk to the health system of delaying prevention programs is very high. Health systems in poor countries cannot afford to treat the existing prevalence of NCDs, and will become more burdened as the prevalence grows. 3. Working-age people are experiencing prolonged morbidity and early mortality. This reduces economic productivity and threatens the potential to benefit from a demographic dividend – the surge in GDP that is experienced when the labor force grows faster than the dependent (young and old) populations.

What are some of the key ingredients for a successful UN summit on NCDs in September 2011?

- Evidence-based recommendations for global policy community and donors
- Involvement of developing countries with clear needs articulated
- Very active engagement of people who are members of the NGO movement
- Global goals agreed upon
- A common message from different disease communities
- Examples from rigorous pilot projects of how to integrate NCD prevention and care with existing health systems at low cost
- High level participation including Michelle Obama

Read the full report by clicking [here](#). [1] Rachel Nugent is the Deputy Director of global health at the Center for Global Development (CGD). She has 25 years of experience as a development economist, managing and carrying out research and policy analysis in health, agriculture and the environment. Before joining CGD, Rachel worked at the Population Reference Bureau, the Fogarty International Center of the U.S. National Institutes of Health, and the United Nations Food and Agriculture Organization. She also served as associate professor and chair of the economics department at Pacific Lutheran University in Tacoma, Washington. Rachel's publications span a range of topics, from the cost-effectiveness of non-communicable disease interventions and health impacts of fiscal policies to impacts of microcredit on the environment in developing countries and economic impacts of transboundary diseases and pests.

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