

## Building forward better: A new approach to mobilize investment for noncommunicable diseases

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During the first-ever virtual 75<sup>th</sup> United Nations General Assembly, NCD Alliance co-hosted a high-level roundtable with the Norwegian Ministry of Foreign Affairs, the Permanent Mission of Jamaica to the United Nations and the United Nations Inter-agency Taskforce on NCDs.

The roundtable '***Building forward better: A new approach to mobilize investment for noncommunicable diseases***' brought together policymakers, experts and civil society leaders to reinforce mutual learning across sectors and identify new approaches to mobilize domestic and international investment for NCDs, particularly taking into account the hurdles presented by the ongoing pandemic and its economic aftermath.

**Katie Dain**, CEO of NCD Alliance opened the roundtable with welcome remarks, calling for increased action and investment on NCDs in light of the COVID-19 pandemic. She said "COVID-19 is being referred to as a syndemic – two categories of diseases are interacting (namely COVID-19 and an array of NCDs), and these conditions are clustering within social groups according to patterns of inequality deeply embedded within our societies. These 3 elements of this syndemic - COVID-19, NCDs and inequalities - are the major health threats of our time and work in tandem, exacerbating one another and their global impacts. By taking a syndemic approach to COVID, it becomes clear that the response now and to build back better and differently by our political leaders and governments must include valuing, prioritising and investing in health, NCD prevention and addressing societal inequalities and disparities."

**Moderator Dr Rachel Nugent**, President, RTI International Centre for Global Noncommunicable Diseases opened the roundtable by acknowledging that pre-pandemic levels of investment were insufficient to meet governments' commitments to ensure healthy lives and that the pandemic has exacerbated the longstanding lack of investment in

NCD prevention in care. Moreover, she stressed that the current disease-centered approach to global health financing failed to prepare countries for the pandemic. The current pandemic illustrates the pitfalls of addressing health conditions in silos and the urgent need to develop an integrated life-course approach to prevention, treatment and care.

The roundtable then opened to panel discussants, beginning with **Dr Collin Tukuitonga**, Associate Dean Pacific, University of Auckland and former Director-General Secretariat of the Pacific Community (SPC) stressed that unless there is additional support through ODA, the prospect for further investment from local resources is remote.

Sharing this sentiment, **Dr Christoph Benn**, Director for Global Health Diplomacy, Joep Lange Institute added that despite commitments made by governments and the establishment of the multi partner trust fund, the current system remains inadequate for financing global health. If the international COVID response is any indication the future for health care appears bleak unless policy makers prioritize health as a public good.

**Dr Ana O. Mocumbi**, Co-Chair, Lancet NCDI Poverty Commission and Head of NCD Division, National Public Health Institute, Ministry of Health, Mozambique, shared insights from the Lancet NCDI Poverty Commission's recent report and stressed that the strong links between poverty and NCDs should encourage advocacy networks to compete with current silos of funding in global health. Complementing this thought, **Radhika Shrivastav**, Director of Health Promotion at HRIDAY shared key insights from India's experience with universal health coverage and argued that for NCDs to be addressed, political will is not enough. What is needed is a people centered and participatory approach to health care.

Speakers also reflected on several pathways to mobilize investors and encourage innovative financing. For instance, the United Nations Inter-Agency Taskforce on NCDs has supported several governments in the preparation on NCD investment cases by recommending cost-effective interventions which would protect economies and societies.

**Dr Nicholas Banatvala**, Head of Secretariat, UN Task Force on NCDs, Geneva emphasized that the UN system has for long highlighted the need for domestic funding, but to complement national efforts, the UN system as a whole must work with ministries of finance, health and parliamentarians. The UN system is well positioned to make a case for greater investment in NCDs. With the WHO identifying and calling for the establishment of the Multi-Donor Trust Fund for NCDs and Mental Health, it is clear that there is a need to demonstrate how technical support and innovative instruments can provide the return on investment policy makers seek.

**Dr Susan Henshall**, CEO of City Cancer Challenge Foundation (C/CAN) noted that cities have been paving the way for NCDs for some time. As the pulse of countries and the global economy, the future of NCD funding lies within the ecosystem of cities. **Francesca Colombo**, Head, Health Division, OECD highlighted that the conversation around health financing remains very health focused. For NCDs to get proportional funding, advocates must learn to link the burden of NCDs with its impact on the economy and labor market. To galvanize support for NCDs in an unstable geopolitical situation, advocates must speak the language of health and financing.

Our roundtable also featured government representation, with **Ingvar Theo Olsen**, Policy Director for Health, NORAD sharing lessons from Norway's whole-of-government development financing strategy focused on NCDs and mental health. The Norwegian strategy is the first of its kind worldwide and could set a much needed example for other development agencies to follow.

In his closing remarks, **Ambassador Courtenay Rattray**, Permanent Representative of Jamaica to the United Nations presented a much-needed dose of reality by revealing economic pressures and fiscal uncertainty faced by nations as they tackle the pandemic and chart a path for recovery.

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