

Terms of Reference

The United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health Health4Life Fund

Responding to the socio-economic impact of
12 million premature deaths each year
in low- and middle-income countries

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Summary

The United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health (Health4Life Fund), is being established to catalyze country action for the prevention and control of non-communicable diseases (NCDs) and improving mental health.

The Health4Life Fund is initially looking to raise USD 250 million. Preliminary projections indicate that this 'seed' capital would be sufficient to catalyze domestic action and resource mobilization to lead to over 8 million lives saved, more than 80 million healthy life years gained, and avert USD 350 billion in economic losses by 2030, with these benefits expected to accrue even further beyond 2030.

NCDs and sustainable development

NCDs and mental health conditions are the greatest source of preventable illness, disability and mortality worldwide. Around 12 million people in low- and middle-income countries (LMICs) die prematurely (between ages 30 and 69) each year and the majority of these deaths are avoidable or can be delayed. Over 85 percent of premature NCD deaths are in low- and middle-income countries.

NCDs and mental health conditions are responsible for over three-quarters (78.6 percent) of years lived with disability worldwide, thus reducing both human capital and productivity. Out-of-pocket expenditures in response to NCDs and mental health conditions are often financially 'catastrophic' for those affected. NCDs and mental health conditions are therefore a driver of poverty and inequalities through their direct impact on families, health systems and the economy. Tackling NCDs and mental health through effective prevention and management is about more than promoting health and wellbeing; it is an integral part of sustainable development and

Before COVID-19, the world was already off track to achieve many of the targets in the United Nation's Sustainable Development Goals (SDGs), including that to reduce premature mortality from NCDs. The pandemic is making achievement of the SDGs even more challenging. COVID-19 is expected to trigger the greatest global recession since the Second World War, huge losses of jobs and income, food crises and mass impoverishment. Global human development – a combined measure of health, education and income – is projected to reverse for the first time in 30 years. As NCDs worsen the pandemic and its wide-ranging impacts, they must be considered a major issue in the response, recovery and building back better to restore and drive progress in achieving the SDGs, the 2030 Agenda for Sustainable Development and the pledge to leave no one behind must continue to be the overarching approach for integrated action on NCDs.

[WHO, UNDP. Responding to NCDs during and beyond the COVID-19 pandemic, 2020.](#)

achieving the SDGs – and the pledge to leave no one behind. A rights-based and equity-

based approach is a critical part of the response to reducing NCDs and improving mental health.

In most settings, COVID-19 is interacting with NCDs and inequalities to form “the perfect storm” of avoidable death and suffering, contributing to overrun health systems, economic contraction and wider sustainable development setbacks, particularly for people who are already vulnerable.

Sustainable Development Goal (SDG) Target 3.4 is by 2030, to reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being. Addressing NCDs and mental health is critical to meeting other SDG 3 targets, including SDG 3.8 (universal health coverage) as well as a number of other SDGs, including SDG 1 (poverty), SDG 2 (malnutrition), SDG 4 (education for sustainable lifestyles), SDG 5 (gender equality), SDG 6 (access to clean water), SDG 7 (access to clean air), SDG 8 (safe working environment), SDG 10 (reduce inequalities), SDG 11 (access to safe, green public places), and SDG 12 (sustainable consumption and production).

What the Fund will do

Despite the scale and impact of NCDs and poor mental health on sustainable development, domestic funding and action for prevention and management remains far from sufficient to meet the demand from low- and middle-income countries for technical support. The Health4Life Fund is designed to enable countries to catalyze domestic financing and action to address this imbalance, and in a way that responds to the 2030 Agenda for Sustainable Development pledge to leave no one behind.

The Health4Life Fund will support national (and where appropriate sub-national) governments, the UN development system (UNDS) and other partners to work towards common NCD and mental health results, and NCD- and mental health-related indicators that are included in UN resolutions and declarations on NCDs and mental health (including COVID-19) by increasing resource flows to countries in line with WHO and other UN country support plans.

Proposals will also be aligned with UN sustainable development cooperation frameworks including COVID-19 Socio-economic Response Plans (SERPs), as well as existing and planned financing and development activities.

The Health4Life Fund will cover the following areas: (i) the mobilization and effective use of domestic funding for a scaled up NCDs and mental health response; (ii) the development and implementation of effective policy, legislative and regulatory measures, including fiscal measures, aimed at minimizing the impact of the main risk factors for

NCDs and mental health conditions, and to enable people to live healthy lives and meet their full potential – including mental health service reform/reconfiguration (from institutions to community-based care); (iii) ensuring access to essential NCD health services and medicines, vaccines, diagnostics and health technologies and ensuring access to healthcare for mental health conditions as part of universal health coverage benefit packages; (iv) promoting policy coherence and mutual accountability across government sectors of different spheres of policy making that have a bearing on NCDs and mental health; (v) engaging all relevant stakeholders, including civil society and the private sector, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to mobilize a population-wide response to NCDs; and (vi) strengthening the collection and use of data for NCDs and mental health. Support can also be for innovation and/or implementation research across any of the above areas. The Health4Life Fund will promote investment for children and adolescents in all the areas above.

How the Fund will operate

Proposals will be jointly developed by governments, WHO, UNDP, UNICEF, and the wider UNDS (at country, regional and headquarter level), with the expectation that other development partners will also be involved in the developing proposals. In line with standard practice for United Nations Development Group multi-partner trust funds, proposals will be submitted by the UN Resident Coordinator on behalf of the UN Country Team in country, who may delegate the leadership and coordination for developing proposals to the WHO Representative (WHO/WR).

The Health4Life Fund will be governed through a Steering Committee, which will be co-chaired by the World Health Organization (WHO)¹ with a second UN system agency co-chairing in rotation.² Members of the Steering Group will be those with proven experience and expertise in global and country-level action on tackling NCDs and improving mental health and will include a small number of agencies that are members of the UN Inter-Agency Task Force on the Prevention and Control of NCDs (the Task Force), Member States and development partners (including non-State actors). The UN Multi-Partner Trust Fund Office will act as the Administrative Agent. WHO will be the Secretariat to the Health4Life Fund, with the Task Force Secretariat (which is an integral part of WHO) as the hub. The roles and responsibilities of the Steering Committee, Secretariat, Administrative Agent and Participating UN Organizations will be in line with standard procedures for UN multi-partner trust funds.

¹ In line with the leadership and coordination role of WHO in ‘*promoting and monitoring global action against NCDs*’ reaffirmed by the UN General Assembly¹, including ‘*in relation to the work of other UN organizations, international organizations and development banks*’ when establishing the Health4Life Fund.

² In keeping with the approach used for meetings of the UN Inter-Agency Task Force on the Prevention and Control of NCDs.

Both the United Nations Economic and Social Council (ECOSOC) and the World Health Assembly (WHA) will also receive progress reports on the Health4Life Fund. ECOSOC will receive reports on the Health4Life Fund through the annual report of the WHO Director-General on the work of the Task Force that is submitted by the UN Secretary General. Reporting to the WHA will be through existing annual reporting requirements on NCDs and mental health until 2031, to ensure that the Health4Life Fund supports WHO's NCD trajectory (WHO Global NCD Action Plan 2013-2030), strategic priorities and relevant programmes in line with WHO's leadership and coordination role in promoting and monitoring global action against NCDs and mental health, and ongoing efforts to mobilize resources.

I. The scale of the problem, the rationale for establishing the Health4Life Fund and the demand from countries

The scale of the problem

NCDs and mental health conditions are the greatest source of preventable illness, disability and mortality worldwide and are responsible for over three-quarters (78.6 percent) of years lived with disability worldwide.³

Around 12 million people in low- and middle-income countries (LMICs) die prematurely (between ages 30 and 69) and approximately 80 percent of these deaths are preventable. Over 85 percent of premature NCD deaths are in low- and middle-income countries.⁴

Most deaths could have been avoided or delayed. Prior to the onset of the COVID-19 pandemic, NCDs were inflicting the single greatest loss in cumulative economic output in history,⁵ becoming one of the greatest challenges to development in the twenty-first century.⁶

Two decades ago, the world recognized that the ‘long-term needs of people living with NCDs are rarely dealt with’.⁷ The adoption of the Global Strategy for the Prevention and Control of NCDs⁸ at the WHA, as an act of solidarity with the many low-and middle-income countries that faced catastrophic consequences from NCDs, was a turning point that has inspired subsequent action.

The risk of a 30-year old person dying from any of the four major NCDs before reaching the age of 70 declined by 15 percent globally between 2000 and 2012.⁹ This improvement was mainly due to decreases in mortality from cardiovascular and chronic respiratory disease.¹⁰ Policy, legislative and regulatory measures that address the determinants of cardiovascular and respiratory diseases together with improved health literacy and access to screening, early diagnosis and treatment were most effective tools in reducing this disease burden.

Despite the important progress made in the first decade of the 21st century, the momentum of change has since dwindled, with annual reductions in the age-standardized premature mortality rates slowing for the main NCDs.¹¹ Between 2000 and 2016, the rates only declined 18 percent globally. Unless immediate action is taken, this rate of decline is insufficient to meet the SDG target 3.4 (reduce premature mortality from NCDs by one third) by 2030.

³ Vos et al. 2013. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859), p2163-2196.

⁴ World Health Organization. 2018. Noncommunicable diseases factsheet. <http://www.who.int/news-room/factsheets/detail/noncommunicable-diseases>.

⁵ US 47 trillion during the 2010-2030 period, representing 75% of global GDP in 2010 (US\$63 trillion). Source: http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

⁶ Paragraph 1 of resolution 66/2

⁷ Paragraph 7 of the WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases (2000) available at https://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf

⁸ Document A53/14 https://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf

⁹ https://www.who.int/gho/publications/world_health_statistics/2016/en/

¹⁰ <https://www.who.int/nmh/events/2017/background-paper-for-the-ncd--who-gi-meeting-final.pdf>

¹¹ Page 12 of <https://apps.who.int/iris/bitstream/handle/10665/332070/9789240005105-eng.pdf?ua=1>

Non-communicable diseases (NCDs) are a growing threat to children and adolescents. NCDs undermine children's and adolescents' right to health, nutrition, education and play. Each year, about 1.2 million children and adolescents aged under 20 die from often treatable NCDs, such as type 1 diabetes, congenital & rheumatic heart disease, asthma and cancer, accounting for 13% of overall NCD mortality.

Before COVID-19 emerged, statistics on mental health conditions (including neurological and substance use disorders, suicide risk and associated psychosocial and intellectual disabilities) were already stark. Depression affects 264 million people in the world. Around half of all mental health conditions start in children by age 14, and suicide is the second leading cause of death in young people aged 15-29. More than 1 in 5 people living in settings affected by conflict have a mental health condition. People with severe mental conditions die 10-20 years earlier than the general population (often due to untreated NCDs). Fewer than half of countries report having their mental health policies aligned with human rights conventions. Globally there is less than 1 mental health professional for every 10,000 people. Human rights violations against people with severe mental health conditions are widespread in all countries of the world.

Sustainable Development Goal (SDG) Target 3.4 is by 2030, to reduce by one-third pre-mature mortality from NCDs through prevention and treatment and promote mental health and well-being. The workload generated by NCDs and mental health conditions is straining health systems and challenging universal health coverage (UHC). Addressing NCDs and mental health is also critical to meeting SDG Target 3.8.¹²

Mental health is central to global public health, humanitarian and development agendas. Suicide mortality is an indicator of SDG target 3.4, and SDG target 3.5 addresses the strengthening of the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

NCDs and mental health are also broader development issue. They reduce human capital and productivity. They are linked to poverty and inequalities, with out-of-pocket expenditures in response to NCDs often financially 'catastrophic' for those affected.¹³ NCDs and mental health conditions are therefore a driver of poverty, human rights violations, discrimination, and inequalities through their direct impact on families, health systems and the economy. Tackling NCDs and mental health through effective prevention and control is about more than promoting health and wellbeing, it is integral part of sustainable development and achieving the SDGs – and the pledge to leave no one behind.¹⁴

Responding to NCDs and mental health will therefore support a number of other SDGs, including SDG 1 (poverty), SDG 2 (malnutrition), SDG 4 (education for sustainable lifestyles), SDG 5 (gender equality), SDG 6 (access to clean water), SDG 7 (access to clean air), SDG 8 (safe working environment), SDG 10 (reduce inequalities), SDG 11 (access to safe, green public places) and SDG 12 (sustainable consumption and production).

¹² SDG Target 3.8 is to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

¹³ (i) Lancet NCDI Poverty Commission. National Commission reports. <http://www.ncdipoverty.org/national-commission-reports>. (ii) Bukhman G, Mocumbi A, Horton r. Reframing NCDs and injuries for the poorest billion: a Lancet Commission. 2015. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00278-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00278-0/fulltext). (iii) Government of India. Ministry of Health and Family Welfare. National Health Accounts Estimates for India, 2014–15. <https://mohfw.gov.in/sites/default/files/National%20Health%20Accounts%20Estimates%20Report%202014-15.pdf>.

¹⁴ WHO. 2019. The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health. https://www.who.int/mental_health/evidence/special_initiative_2019_2023/en/

Countries face many challenges in responding to the rapid rise in NCDs and the need to improve mental health as part of the 2030 Agenda for Sustainable Development. These include: (i) insufficient political action on NCD and mental health; (ii) limited government capacity for policy development, coherence and implementation; (iii) insufficient domestic and international finance; (iv) issues around the impact of economic, market and commercial factors; and (v) weak health systems, including limited progress on achieving universal health coverage.

Most of the policy measures and effective interventions require a whole-of-government and whole-of-society response: most cannot be delivered by the health sector or indeed government alone.

Rationale for establishing the Health4Life Fund

The Health4Life Fund is being established because:

- Urgent action is required to meet the demand for technical support from low- and middle-income countries to develop and strengthen national NCD and mental health responses. Without immediate action, the world cannot overturn the insufficient progress during the past 10 years in reducing 12 million premature deaths each year from NCDs in low- and middle-income countries, two-thirds of which are preventable;¹⁵
- Inadequate action and under-investment for NCDs and mental health is having a catastrophic impact on individuals, families, health systems and societies – the global economy loses more than US\$ 1 trillion per year due to depression and anxiety alone;
- Inadequate integration of NCDs and Mental Health within Primary Health Care (PHC) for Universal Health Coverage (UHC) Agenda, as part of the Global Action Plan (GAP). Funds for Health Systems Strengthening (HSS) for PHC have not included NCDs and mental health.
- Of the impact of COVID-19 on NCDs (prevention and treatment services for NCDs have been severely disrupted since the COVID-19 pandemic began, so that many people have no access to treatment for hypertension, heart attacks, strokes, cancer or diabetes)¹⁶ and mental, neurological and substance use disorders (there is a rise in mental, neurological and substance use disorders and widespread psychological distress in COVID-19 affected populations);¹⁷
- Very little financing exists in LMICs despite calls for help from many countries and repeated calls for cost-effective solutions and the establishment of a fund by Commissioners of the WHO Independent High-Level Commission on NCDs;

¹⁵ World Health Organization. 2018. Noncommunicable diseases factsheet. <http://www.who.int/news-room/factsheets/detail/noncommunicable-diseases>

¹⁶ In the May 2020 survey, of 163 countries assessed, 122 (75%) reported disruptions in NCD services due to the response to the pandemic. More than half (53%) of the countries surveyed had partially or completely disrupted services for hypertension treatment, 49% for treatment for diabetes and diabetes-related complications, 42% for cancer treatment and 31% for cardiovascular emergencies. The degree of disruption was linked to the level of COVID-19 transmission. Rapid assessment of service delivery for NCDs during the COVID-19 pandemic. WHO. www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic

¹⁷ Policy brief: COVID-19 and the need for action on mental health. United Nations. 2020. <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>

- Inadequate and persistent under-funding for UN development system agencies and development partners for countries relative to the technical support demands being received from member states;
- There is a rapidly increasing demand for technical assistance to meaningfully integrate NCD prevention, control, and training efforts into universal health coverage programming, including prevention of NCDs in early life.¹⁸ Currently, there is an under-representation of NCD-specific technical know-how in existing NCD platforms and development organizations;
- NCDs and mental health conditions are sapping national economies and holding back progress across the SDGs. The average economic burden based on the results of 20 NCD investment country case studies is more than 4 percent of GDP and, in some countries, exceeds 6 percent;¹⁹
- The tools to prevent and manage much of the premature mortality and the morbidity from NCDs and mental health conditions are available. In 2017, the WHA endorsed an updated set of cost-effective, evidence-based solutions which, if advanced, would prevent up to two-thirds of premature NCD deaths.²⁰ The WHO comprehensive mental health action plan 2013-2030 sets out a set of evidence-based actions that if implemented will promote mental health well-being, human rights and recovery, and reduce the mortality, morbidity and disability for persons with mental health conditions;²¹
- Current governance structures in low- and middle-income countries are poorly equipped to make tradeoffs between promoting the globalization of trade and protecting their citizens from the impact of marketing of products high in sugar, salt and fats, tobacco products or alcoholic beverages and the causes and drivers of air pollution;
- Advances towards universal health coverage, including action on determinants of health, provide an opportunity to accelerate integrated responses to chronic diseases and other health and development issues;

The necessity of an Health4Life Fund is evident. Specifically, since the introduction and endorsement of WHA 'best buys' and other recommended interventions for the prevention and control of NCDs, countries have scaled up domestic financing for NCDs, but international levels of technical and catalytic resources to support LMICs to strengthen national governance and scale up action for NCDs remain insufficient, in particular to reach the vulnerable and those furthest behind. The Health4Life Fund will be a substantive step, as a signal of commitment toward country-driven and country-demanded investment, which will, through principle, inspire much needed continued investments to address the financing gap for NCDs.

- The Health4Life Fund is an effective way to channel pooled funds for targeted NCD and mental

¹⁸ UNICEF. Programme guidance for early life prevention of NCDs. <https://www.unicef.org/media/61431/file>

¹⁹ Insert links/references

²⁰ 'Best buys' and other recommended interventions for the prevention and control of NCDs.

http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R11-en.pdf

²¹ WHO. Mental Health Action Plan 2013-2020 https://www.who.int/mental_health/publications/action_plan/en/. In 2019, the WHA extended the action plan to 2030.

health interventions and administration of multi-lateral partnerships;²²

- None of the existing multilateral or bilateral financing mechanisms have demonstrated their ability to meet the demand for technical support in low- and middle-income countries to scale up action on NCDs and mental health. It is unrealistic to think that this will change in the foreseeable future, absent such additional funding;
- The Fund allows for an innovative, broad structure, inclusive of private and public sector stakeholders;
- The funds allocated by the Health4Life Fund can be more targeted, while avoiding parallel programs and redundancies with other financing mechanisms;

Given the large financial gap for reducing NCDs and mental health conditions, in particular the chronically underfunded programme budgets across the UN Development System for NCDs and mental health, the few existing multisector platforms to achieve SDG 3 are already falling short in garnering the additional investments needed.²³

Specifically, the Health4Life Fund is being established during the COVID-19 response because:

- People living with a range of NCDs and mental health conditions (e.g. dementia) are at higher risk of severe or critical COVID-19, experiencing worse outcomes compared to similarly situated people without NCDs or equivalent risk factor exposures.²⁴
- There are hundreds of millions of people living with NCDs and mental health conditions who must urgently be protected, for example the 420 million people with diabetes²⁵ and the 230 million people with asthma,²⁶ and the 50 million people with dementia.
- A number of countries will have even fewer resources available for supporting those with NCDs and addressing risk factors. Already, of the 65 million type two diabetics who need insulin, only 50 percent have access.²⁷
- Rates of mental health conditions have increased because of COVID-19 pandemic and its social and economic consequences. Already before the pandemic, between 76 percent and 85 percent of people with mental health conditions in low- and middle-income countries received no

²² MPTF Office. Financing development together. The role of pooled financing mechanisms in enhancing development effectiveness. 2013. <http://mptf.undp.org/document/download/12276>

²³ OECD. Global outlook on financing for sustainable development 2019: *Time to face the challenge*. 2018. OECD Publishing. https://www.oecd-ilibrary.org/development/global-outlook-on-financing-for-sustainable-development-2019_9789264307995-en

²⁴ WHO. COVID-19 and NCDs. Information Note. 2020. <https://www.who.int/internal-publications-detail/covid-19-and-ncds>

²⁵ WHO. Diabetes: Key Facts. 2018. <https://www.who.int/news-room/fact-sheets/detail/diabetes>

²⁶ WHO. Asthma: Key Facts. 2017. <https://www.who.int/news-room/fact-sheets/detail/asthma>

²⁷ WHO. "WHO launches first-ever insulin prequalification programme to expand access to life-saving treatment for diabetes." 13 November 2019. Accessible at: <https://www.who.int/news-room/detail/13-11-2019-who-launches-first-ever-insulin-prequalification-programme-to-expand-access-to-life-saving-treatment-for-diabetes>

treatment for their condition, despite the evidence that effective interventions can be delivered in any resource context.²⁸

- Because NCDs and a range of mental health conditions and their risk factors lead to increased COVID-19 severity, they are a major contributor to health systems being overwhelmed. There are significant opportunities for integrating NCD prevention and control into measures to address COVID-19 and its impacts, with a focus on reaching those furthest behind.
- People living with or at risk of NCDs and mental health conditions are not receiving the diagnostics and care they need, due to exhausted health systems and people's fear of entering health settings to seek care.
- Investment in NCD and mental health has the potential to significantly decrease COVID-19 costs through reduced hospitalizations.
- By not ensuring adequate attention to NCDs and mental health during the pandemic we risk leaving millions of people behind, ignoring a root cause of COVID-19 severity, and creating major problems in the future.
- Measures being used during the pandemic – especially quarantine and its social and economic impact – are likely to increase loneliness, depression, harmful alcohol and drug use, dementia and self-harm or suicidal behavior²⁹
- Building back better – establishing the Health4Life Fund during the emergency will not only save lives and reduce health inequities but also strengthen the resilience of people and countries to future pandemics – and in particular reducing the morbidity and mortality and impact on health systems that comes from NCDs and mental health during a pandemic such as COVID-19.^{30,31}

The demand for an Health4Life Fund has been underscored at an informal meeting in 2018 hosted by the Government of Kenya³² and in the report commissioned by the WHO Independent High-Level Commission for NCDs.³³ Development of a trust fund is also raised as one of the options in a commissioned paper on

²⁸ <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

²⁹ UN. Policy Brief: COVID-19 and the Need for Action on Mental Health. 2020.
https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

³⁰ WHO Building Back Better: Sustainable Mental health Care after Emergencies (2013).
https://www.who.int/mental_health/emergencies/building_back_better/en/

³¹ UN Inter-Agency Task Force on the Prevention and Control of NCDs. Responding to non-communicable diseases during and beyond the COVID-19 pandemic (in press). Priority actions and interventions are described – many of which require action across sectors. Examples include fiscal, legislative and regulatory action. A specific example is the opportunity to advancing 'health taxes' on health-harming products are SMART (Save lives; Mobilize resources; Address health inequities; Reduce the burden on health systems; and Target NCD risk factors.) and cost-effective. They deliver a double win of raised domestic revenues and improved health – both needed in the current context of declining government revenues and strained health systems from COVID-19.

³² Held in Geneva 5 December 2018. Thirteen countries participated at the meeting. Conclusions from the summary note were: (i) the demand and need for the Health4Life Fund is clear; (ii) Member States need to jointly drive the idea from a concept note to a fully-fledged proposal with the help of the Task Force Secretariat; and (iii) those attending meeting agreed to become the core group for driving this agenda forward at both expert and ambassador level, including through the High-level Commission, of which Kenya was a co-chair.

³³ Feigl A, Bhatt S, Ganjian N, Nelson L. Outline business plan for a catalytic multi-donor trust fund for the prevention and

financing mental health care.³⁴

Country demand for an NCD and Mental Health Catalytic Fund

The idea for the Health4Life Fund has arisen from longstanding demands expressed by low- and middle-income countries to the United Nations Development System.

The call for the Health4Life Fund was included in ECOSOC's 2018, 2019 and 2020 resolutions on the Task Force.³⁵ In 2019, the WHA requested the WHO Director-General to identify voluntary innovative funding mechanisms, such as a multi-donor trust fund, to support Member States to respond to NCDs.³⁶ The 2020 ECOSOC resolution encouraged donors to mobilize resources for the Health4Life Fund.³⁷

An independent report requested by the WHO Independent High-level Commission on NCDs³⁸ concluded that Government and development partners interviewed from LMICs unanimously endorse the need for the Health4Life Fund in line with technical support requests from Member States collated by WHO. The report documented that the Health4Life Fund has the potential to:

- Respond to the requests of technical support from Member States that have been collated by WHO;
- Provide predictable, multilateral, multi-year funding that is critical in enabling countries to catalyze action on NCDs and mental health and to scale up domestic resourcing for NCDs and mental health;
- Further align, harmonize and amplify ongoing national, regional and global health and bilateral and multilateral initiatives efforts in NCDs, mental health, and health and development more broadly;
- Encourage innovation, for example through digital platforms and the exploration of blended finance mechanisms.

As a result, the WHO Independent High-level Commission on NCDs recommended the establishment of

control of NCDs and mental health. 2019. Health Finance Institute. <https://www.who.int/ncds/governance/high-level-commission/MDTF-4-business-plan-HFI.pdf?ua=1>

³⁴ Lion's Head. Financing Global Mental Health. 2018

<https://static1.squarespace.com/static/5d42dd6674a94c000186bb85/t/5d6e536a35affe00010d9e7a/1567511406814/Financing-for-Global-Mental-Health-2018.pdf>

³⁵ E/2018/L.16. UN Inter-Agency Task Force on the Prevention and Control of NCDs. 2018. <https://undocs.org/E/2018/L.16> and E/2019/L.16. UN Inter-Agency Task Force on the Prevention and Control of NCDs. 2019. <https://undocs.org/E/2019/L.16>

³⁶ WHA72(11). Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs. 2019. WHO [https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf)

³⁷ E/2020/L.23. UN Inter-Agency Task Force on the Prevention and Control of NCDs. 2020. OP4 says that ECOSOC, 'encourages bilateral and multilateral donors, as well as other relevant stakeholders, to mobilize resources to support, upon request, Member States, including the least developed countries, to catalyse sustainable domestic responses to non-communicable diseases, as well as mental disorders and other mental health conditions, inter alia, through innovative voluntary funding mechanisms, such as a multi-partner trust fund, upon its establishment.'

<https://undocs.org/Home/Mobile?FinalSymbol=E%2F2020%2FL.23&Language=E&DeviceType=Mobile>

³⁸ Feigl A, Bhatt S, Ganjian N, Nelson L. Outline business plan for a catalytic multi-donor trust fund for the prevention and control of NCDs and mental health. 2019. Health Finance Institute. <https://www.who.int/ncds/governance/high-level-commission/MDTF-4-business-plan-HFI.pdf?ua=1>

an Health4Life Fund in their final report.³⁹

II. The approach being used

The Health4Life Fund will respond to country demand from low- and middle-income countries for support in scaling up their domestic response to NCDs and mental health, including by increasing access to technical assistance from the UNDS and others to meet SDG 3.4⁴⁰ in line with the mandate of the Task Force and WHO's NCD trajectory (WHO Global NCD Action Plan – which includes actions for the UNDS), strategic priorities (including country support plans) and relevant programmes in line with WHO's leadership and coordination role in promoting and monitoring global action against NCDs and mental health.

The Health4Life Fund will support governments to coordinate and integrate NCD and mental health responses better into new and existing health and development strategies, including COVID-19 response and recovery plans, and will create space for civil society organizations to strengthen their role in service delivery, evidence generation, advocacy, and supporting governments in terms of transparency and holding themselves to account and meeting their human rights obligations.

The Health4Life Fund will reinforce domestic resource mobilization as the primary source of financing for scaled-up prevention and management. In addition, the Fund will mobilize a range of complementary financing sources to kick-start national action and build the foundation for sustainable responses. The Fund is also expected to leverage and improve the efficiency of bilateral loans and grants from international financial institutions, including the World Bank and regional development banks, which through their multibillion-dollar lending portfolio on health systems strengthening are increasingly supporting interventions related to NCDs and mental health – in support of universal health coverage. The multitude of such funds are not allocated to technical assistance, thereby catalytic technical assistance support can help create efficiencies in the investments made by the international financial institutions.

Why the Health4Life Fund is being established by the United Nations

The UN's leadership for NCDs and mental health is under WHO and the Task Force is convened by WHO. This is in line with the 2011 Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of NCDs (2011 Political Declaration), where Heads of State and Government recognized *'the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirm its leadership and*

³⁹ Time to deliver: report of the WHO Independent High-Level Commission on NCDs. 2018.

<http://www.who.int/ncds/management/time-to-deliver/en/> and

WHO Independent high-level commission on noncommunicable diseases: final report: it's time to walk the talk. 2019.

<https://apps.who.int/iris/handle/10665/>

⁴⁰ By 2030, reduce by one-third pre-mature mortality from NCDs through prevention and treatment and promote mental health and well-being) and advance the SDGs more broadly.

*coordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant UN agencies, development banks, and other regional and international organizations in addressing NCDs in a coordinated manner.*⁴¹

The Political Declaration of the Third high-level meeting of the General Assembly on the prevention and control of NCDs in 2018 (2018 Political Declaration) called upon WHO *'to continue to promote and monitor enhanced global action to prevent and control non-communicable diseases by coordinating work with other UN agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, monitoring and evaluation and/or accountability mechanisms.'*⁴²

In the follow-up to the 2018 Political declaration, the 72nd WHA in May 2019, requested the WHO Director-General *'to make available adequate financial and human resources to respond to the demand from Member States for technical assistance in order to strengthen their national efforts for the prevention and control of NCDs, including by identifying voluntary innovative funding mechanisms, such as a multi-donor trust fund, building on ongoing relevant work.'*⁴³

ECOSOC in its 2019 resolution on the Task Force encouraged *'bilateral and multilateral donors, as well as other relevant stakeholders, to mobilize resources to support Member States, upon their request, to catalyse sustainable domestic responses to non-communicable diseases and mental health conditions, considering various voluntary funding mechanisms, including a dedicated multi-donor trust fund.'*⁴⁴

In 2019, 11 UNDS agencies described their role and contribution in supporting Member States in the prevention and control of NCDs.⁴⁵ This informal 'division of responsibilities' is aligned with the best buys' and other recommended interventions to address NCDs.

Ten of the twelve global health organizations comprising the Global Action Plan for Healthy Lives and Well-being for All⁴⁶ are members of the Task Force. The Trust Fund responds to all accelerators in the Global Action Plan but in particular sustainable financing for health (e.g. domestic resource mobilization and ensuring public budgets prioritize the right interventions at the right level and the use of joint funding mechanisms) and determinants of health (supporting the strengthening of multisectoral and

⁴¹ A/RES/66/2. Resolution adopted by the General Assembly. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

⁴² A/RES/73/2. Resolution adopted by the General Assembly on 10 October 2018. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2

⁴³ Decision WHA 72(11) (available at [https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf)).

⁴⁴ ECOSOC resolution E/2019/L.16 (available at <https://undocs.org/E/2019/L.16>)

⁴⁵ These briefs describe: (i) the role of the different UNDS agencies in making an effective contribution to the prevention and control of NCDs; (ii) current and potential actions for different agencies to support the WHA-endorsed "Best buys" and other recommended interventions to address NCDs; (iii) the importance of partnerships for ensuring that agencies mobilize an effective response to NCDs; and (iv) how agencies are mobilizing resources to deliver support to Member States. The following agencies have developed briefs: FAO, Framework Convention on Tobacco Control Secretariat, International Atomic Energy Agency, IOM, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, World Bank and WFP. UN Agency Briefs: Responding to the challenge of non-communicable diseases. 2019.

<https://apps.who.int/iris/bitstream/handle/10665/327396/WHO-UNIATF-19.98-eng.pdf?ua=1>

⁴⁶ WHO (2019). Stronger collaboration, better health: global action plan for healthy lives and well-being for all. Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals.

multi-stakeholder governance platforms, strengthening policy, legislative, regulatory and fiscal measures).

Key reasons why the Health4Life Fund is being established include:

- The systems' recognized know-how and deep bench of expertise and experience in tackling issues at the nexus of health and development.
- The opportunity for countries to harness WHO and the full range of UNDS agencies to support them drive forward multisectoral action on NCDs and mental health. At the moment demand for assistance from the UNDS far outstrips supply and the Health4Life Fund will assist with increasing the supply of technical assistance and political support from UN agencies.
- The experience and expertise in WHO and the broader UNDS in building and sustaining partnerships. Driving forward action on NCDs and mental health at the country level – but also at regional and global level requires a coalition of partners beyond government and the UN – and the UN can broker these partnerships for countries to benefit from the experience of a range of partners, in particular to encourage south to south learning.
- The structure of the UNDS – with its global, regional and country offices – provides a powerful network for supporting countries, but also activities at regional and global level that are required to drive forward country action.⁴⁷ Such an approach offers true global coordination and the ability to maximize linkages with other global initiatives.
- The UN Multi-Partner Trust Fund Office has demonstrated success in the management of a variety of pooled fund mechanisms and now manages over 100 trust funds.⁴⁸ A recent evaluation and management response demonstrate the Multi-Partner Trust Fund (MPTF) Office as a learning organization.⁴⁹
- Opportunities to leverage greater financing from the World Bank and regional development bank loans and partnerships and mobilize resources for the Health4Life Fund from the various networks of the individual UNDS agencies.⁵⁰

The UN Inter-Agency Task Force on the Prevention and Control of NCDs

In 2013, ECOSOC requested the UN Secretary-General to establish the Task Force with WHO as the

⁴⁷ This includes demand from countries to catalyse action under the Task Force joint programmes (<https://www.who.int/ncds/un-task-force/en/>) and WHO's set of signature solutions to support countries to scale up the 'best buys' and recommended interventions, for example: MPOWER to reduce demand for tobacco, SAFER to reduce alcohol-related harms, REPLACE to eliminate industrially-produced trans fat from national food supplies, SHAKE to reduce salt intake, ACTIVE to increase physical activity and HEARTS to improve cardiovascular health.

⁴⁸ <http://mptf.undp.org/document/download/21986>

⁴⁹ DP/2018/24 Executive Board of the UNDP, UNFPA and UNOPS. Management response to the evaluation of UNDP inter-agency pooled financing services <https://undocs.org/pdf?symbol=en/DP/2018/24>

⁵⁰ UN Agency Briefs: Responding to the challenge of non-communicable diseases. 2019. (available at <https://apps.who.int/iris/bitstream/handle/10665/327396/WHO-UNIATF-19.98-eng.pdf?ua=1>) and other relevant material, e.g. The Defeat-NCD Partnership (available at <https://defeat-ncd.org/>).

convening and leading agency.⁵¹ In 2014, ECOSOC endorsed the Task Force's Terms of Reference, including a division of tasks and responsibilities for United Nations funds, programmes and agencies and other international organizations.⁵² The purpose of the Task Force as set out in its Terms of Reference⁵³ are to coordinate the activities of the agencies and organizations above to support the realization of the commitments made by Heads of State and Government in the 2011 political declaration in particular through the implementation of the WHO Global NCD Action Plan, 2013–2020.⁵⁴ The Terms of Reference also describe the objectives of the Task Force, the responsibilities of the Members and the role of the Secretariat as an integral part of WHO.⁵⁵

In 2016, ECOSOC encouraged members of the Task Force to provide support to Member States in reflecting the new NCD-related targets included in the 2030 Agenda for Sustainable Development. In 2018, ECOSOC requested the Task Force to continue strengthening the inter-agency work, including by engaging with relevant stakeholders, as appropriate, to achieve public health goals.⁵⁶

The Task Force currently has over 40 members, including UNDS agencies as well as other multilateral partners. The Task Force draws on the technical expertise, advocacy efforts and the networks of WHO, its members and its partners to help governments develop and introduce effective whole-of-government and whole-of-society responses to prevent and manage NCDs.⁵⁷ In catalyzing action on NCDs and mental health, it supports countries to develop and implement multisectoral action that is aligned with broader national development plans and moves countries closer towards universal health coverage and the SDGs.

The Task Force, through joint programming missions and its global joint programmes, has provided direct support to over 35 countries, working through UN country teams. As a result of the work of the Task Force, there have been annual increases in the number of UN sustainable development assistance frameworks that include NCDs and mental health. It is important now to build on this achievement to ensure that this is converted into ensuring that NCDs are being prioritized and that financing is being made available to implement cross-UN action.

While joint programming missions have resulted in changes in policy and practice by influencing Heads of State and Government, ministers, parliamentarians and non-State actors, as well as by strengthening

⁵¹ E/RES/2013/12. United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. Resolution adopted by the Economic and Social Council on 22 July 2013. <https://www.who.int/nmh/ncd-task-force/tf-2013.pdf?ua=1>

⁵² E/RES/2014/10. United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. http://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2014/10

⁵³ UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases. Terms of Reference. https://www.who.int/ncds/un-task-force/ToR_UNIATF.pdf?ua=1.

⁵⁴ Now extended to 2030.

⁵⁵ There are 6 objectives of the Task Force. They include: (i) enhancing and coordinating systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control NCDs and mitigate their impacts; and (ii) to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the UN Development Group. Responsibilities of the Secretariat include (i) encouraging and facilitating strategic collaborative arrangements and alliances among the members of the Task Force to enhance support to national-level efforts to realize the commitments made by Heads of State and Government in the 2011 Political Declaration, in particular through the implementation of the WHO Global NCD Action Plan 2013–2020; and (ii) informing ECOSOC and the WHA on a regular basis on the progress made by the Task Force in the implementation of the WHO NCD Global Action Plan.

⁵⁶ E/2019/L.16. United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. <https://undocs.org/E/2019/L.16>

⁵⁷ To provide decision makers across government with information about how NCDs affect their sector, and what steps they can take to respond to the challenge of NCDs, the Task Force has developed and widely distributed a set of policy briefs for different sectors (available at <https://www.who.int/ncds/un-task-force/policy-briefs/en/>)

UN country team support, many recommendations require catalytic support in order to be implemented. The Task Force has developed policy briefs that provide decision makers across government with information about how NCDs affect their sector, and the steps they can take to respond to the challenge.⁵⁸

Areas that the Health4Life Fund will support

The Health4Life Fund will support national (and where appropriate sub-national) governments, WHO, the UN development system (UNDS) and other partners to work towards common NCD and mental health results and NCD- and mental health-related indicators that are included in UN resolutions and declarations on NCDs and mental health.

The Health4Life Fund will support activities in six main thematic areas – all of which are outlined in WHO’s country support programmes and have therefore been identified by Member State requests as key areas that require catalytic support in order for countries to scale up their responses to NCDs and mental health as part of universal health coverage.⁵⁹

Support will be directed at national/federal level but could also support action at sub-national and municipal levels.

Countries will be able to access funds to support one or more of the following:

1. *Mobilizing and effective using of domestic funding for a scaled up NCDs and mental health response*⁶⁰ – including through investment analysis, health taxes, national plan development, prioritization and costing, and government-led fund allocation in line with broader efforts to strengthen health systems, and governance.
2. *Developing, implementing, monitoring and enforcing effective policy, legislative and regulatory measures, including fiscal measures, aimed at minimizing the impact of the main risk factors for NCDs and mental health conditions to enable people to live healthy lives and meet their full potential*⁶¹ – including through legal environment analysis and tailored support to parliamentarians, finance ministries and other key actors as well as mental health service reform/reconfiguration (from institutions to community-based care).⁶²

⁵⁸ Policy briefs are available for the following sectors: information and communications, ministries of education, finance, tax and revenue; labour and employment; municipal authorities, local governments and ministries responsible for urban planning; trade and industry, agriculture, environment and energy, youth and sports, as well as for legislators and for heads of state and government. <https://www.who.int/ncds/un-task-force/policy-briefs/en/>

⁵⁹ These have been identified through over 30 joint programming missions and investment case missions undertaken by UNDS agencies under the Task Force (<http://www.who.int/ncds/governance/high-level-commission/en/>/<http://www.who.int/ncds/un-task-force/en/>)

⁶⁰ In accordance with resolution WHA53.17

⁶¹ In accordance with resolution WHA53.17

⁶² Many LMIC countries state this desire in their policies but actually have difficulties financing services reform; they therefore need catalytic funding specifically for this purpose (kick-start / expand community-based services while at the same time winding down long-term mental institutions).

3. *Ensure access to essential NCD health services, medicines, vaccines, diagnostics and health technologies and ensure access to healthcare for mental health conditions as part of universal health coverage benefit packages.*^{63,64}
4. *Promoting policy coherence and mutual accountability across government sectors of different spheres of policy making that have a bearing on NCDs;*⁶⁵ – including through pro-health partnerships with the private sector,⁶⁶ community and other stakeholders, combined with improved management of conflicts of interest and protection against industry interference in relation to NCDs and mental health. Support will also be available to strengthen governance and coordination mechanisms, as well as monitoring and evaluation.
5. *Engaging and building capacity across all relevant stakeholders, including civil society and the private sector, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to mobilize population-wide responses to NCDs*⁶⁷ *to strengthening community awareness, ownership and engagement for population-wide responses to NCDs and mental health conditions* – including through innovative risk communication and use of emerging communication technologies, as well as stronger social contracting for government–civil society partnerships.⁶⁸ Early life prevention will be included as a critical element of this.
6. *Strengthening the collection and use of data for NCDs and mental health* – including STEPS surveys⁶⁹ and other relevant studies to understand who is most at risk, how to protect them and how to ensure they have access to health care delivery. Data and operational research are also required to stimulate action to reduce inequalities around NCDs and mental health in and beyond the health sector.

Support can also be for innovation and/or implementation research across any of the above areas.

The Health4Life Fund can also be used to strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs and mental health conditions and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events. This is in line with the commitments made in the 2018 Political Declaration.

In the first instance, the Health4Life Fund will support countries to address NCDs and mental health as part of their COVID-19 response and recovery where this is in line with their national support plans.

⁶³ In accordance with paragraph 24. (a) of A/RES/74/2 which says, ‘To progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030’ and the WHO Special Initiative for Mental Health: Universal Health Coverage for Mental Health. See <https://apps.who.int/iris/handle/10665/310981>

⁶⁴ Note: the Health4Life Fund would not finance the purchasing of medicines, pharmaceuticals or diagnostic equipment, but would support policy and programme development as well as NCD-related institution- and capacity-building at sub-national, national and possibly regional levels to improve access to medicines and other health technologies.

⁶⁵ In accordance with paragraph 30 (vi) of A/RES/68/300 (Outcome document of the 2014 high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs).

⁶⁶ See Engagement with Non-state actors (page xx) for further details

⁶⁷ In line with paragraph 54 of A/RES/74/2

⁶⁸ See UNDP guidance on social contracting: <https://www.slideshare.net/undpeuropeandcis/ngo-social-contracting-opportunities-and-challenges>

⁶⁹ WHO. STEPwise approach to surveillance (STEPS). <https://www.who.int/ncds/surveillance/steps/en/>

Ensuring an initial focus in each of the above areas on supporting countries during COVID-19 will not only save lives, reduce morbidity and associated disabilities, and reduce health inequities but also strengthen the resilience of people and countries to future pandemics.

A results matrix is included as Annex 1.

Rights, gender and disabilities

Human rights and gender issues are central to mental health and, more specifically, to the WHO Mental Health Action Plan 2013-2030 and the *WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health*. Mental health strategies, actions and interventions for treatment, prevention and promotion under the Health4Life Fund must be compliant with the Convention on the Rights of Persons with Disabilities and other international human rights instruments.

Human rights, equity and gender-based approaches and empowerment of communities are all overarching principles in the WHO Global NCD Action Plan, 2013-2030. Under the Health4Life Fund the response to NCDs will be grounded in human rights principles. These call for measures to address the socio-economic factors which affect how we enjoy the right to health – including discrimination, social marginalisation and poverty. Ensuring that the right to health is taken seriously not only as an overarching pillar of the Global Action Plan on NCDs but also as a legal obligation under treaties and instruments to which States are party or have adopted, including the WHO Framework Convention on Tobacco Control. The HIV/AIDS movement demonstrated that, without human rights integrated into the response, millions continue to be left behind, rendering the health response inadequate.

Building human rights, gender and equity into activities under the Health4Life Fund means promoting: (i) the allocation of the maximum available resources for health, at the very least sufficient to ensure the enjoyment of the minimum essential levels of the right to health; (ii) human rights-based data collection which requires investment in capacity and disaggregation in line with prohibited grounds for discrimination (age, sex, socio-economic status, health status, ethnicity, etc.); (iii) making sure the determinants of health are addressed as part of a fully costed strategy and plan of action to meet the minimum core obligations which attach to the right to health (access to medicines, equitable access to health facilities, goods and services, addressing discrimination, access to the minimum quantity of safe and nutritionally adequate food; (iv) meaningful participation of all stakeholders in the planning process at national and subnational levels, with specific measures to secure the inclusion of marginalized groups and populations; (v) establishment of participatory budget formulation and review processes involving the representation of all stakeholders; and (vi) specific measures to protect the health rights of marginalized populations and groups as a matter of priority - even when resources are severely limited. For mental health specifically this will also involve promoting (a) development of affordable, quality community-based services that respect human rights while phasing out institutional care, (b) advancing advocacy, policies and legislation to end human rights violations and (c) conducting campaigns to reduce social stigma against people with mental health conditions.

Strengthening governance is not just about government but extends to its relationship with nongovernmental organizations and civil society. A strong civil society, particularly organizations of people with NCDs, mental health conditions and psychosocial disabilities and families and carers, can help to create more effective and accountable policies, laws and services for NCDs and mental health in a manner consistent with international and regional human rights, equity and gender instruments.

Aligning with broader development priorities and initiatives

The Health4Life Fund will support the delivery of:

- The Sustainable Development Goals, primarily through Targets 3.4, 3.8 and 3.a. in SDG 3.
- UN sustainable development cooperation frameworks which reflect a comprehensive and a coordinated approach by the UN country teams working with international financial institutions, bilateral donors, private sector and civil society, actors to provide a joint response framework aligned with government plans and priorities.
- Global, regional and national COVID-19 responses, including the 2020 UN General Assembly COVID-19 resolution,⁷⁰ COVID-19 SERPs and the COVID-19 Recovery Multi-Partner Trust Fund, which targets those most vulnerable to economic hardship and social disruption.⁷¹ As well as WHO, World Bank, ADB, and boarder UN COVID-19 response and recovery plans.
- The WHO GPW13 (with its focus on the triple billion targets – all of which NCDs and mental health contribute towards), WHO Programme Budgets 2020-2021, 2020-2023 and the WHO Global NCD Action Plan 2013-2030, including the ‘best buys’ and other recommended interventions;
- The World Bank-UN Partnership Fund for the 2030 Agenda for Sustainable Development.⁷²
- The Global Action Plan for Healthy Lives and Well-being for All.⁷³
- The Task Force’s 2019-2021 Strategy.⁷⁴
- The UN Secretary-General’s report on repositioning the UN development system to deliver on the 2030 Agenda.⁷⁵

The Health4Life Fund will also be a vehicle to bring Member States, the multilateral system, bilateral and other development partners, and non-State actors⁷⁶ together to harmonize and align support around NCDs and mental health. The Health4Life Fund will provide:

A mechanism for mobilizing a range of complementary financing sources to kick-start national action and build the foundation for sustainable responses. The Health4Life Fund will also leverage and improve the efficiency of bilateral loans and grants from international financial institutions, including the World Bank,

⁷⁰ A74/L.92. Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic.

⁷¹ UN MPTF Office. UN COVID-19 Response and Recovery Fund. <http://mptf.undp.org/factsheet/fund/COV00>. WHO sits at the Advisory Committee.

⁷² World Bank. Partnership Fund for the Sustainable Development Goals.

<https://www.worldbank.org/en/programs/partnership-fund-for-the-sustainable-development-goals/overview>

⁷³ <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>

⁷⁴ <https://apps.who.int/iris/bitstream/handle/10665/279895/WHO-NMH-NMA-19.98-eng.pdf?ua=1>

⁷⁵ A/72/684-E/2018/7. UN Secretary General. Repositioning the UN development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet. General Assembly Economic and Social Council. 2017. https://digitallibrary.un.org/record/1473546/files/A_72_684%26E_2018_7-EN.pdf

⁷⁶ NGOs, private sector entities, philanthropic foundations, and academic institutions

which through their multibillion-dollar lending portfolio on health systems strengthening are increasingly supporting interventions related to NCDs and mental health – in support of universal health coverage. The Health4Life Fund will also look to explore the linkages with other relevant MPTFs, such as the Joint SDG Fund, and leverage the clear commitment of Member States to increase funding for pooled funds as part of the UN reform.

- Coherence in the way that the UNDS system supports its Member States.
- Consolidation and specialization, allowing the UNDS, and multilateral and other development agencies to leverage their comparative advantages, capitalize on their collective knowledge, insights and technical capacities, generating strong synergies, for robust, cost-effective and efficient solutions to combat NCDs and mental health conditions.
- Innovation and scaled-up support, by providing a joint mechanism for clear attribution and transparency of all sources of finance. The Health4Life Fund's activities – as detailed in the Theory of Change – are based on the application of best practices, innovative approaches and scaling up what has worked.
- Value for money and return on investment through shared planning and resource utilization, leveraging institutional influence of the participating agencies and achieving economies of scale through the aggregation of interventions at country, regional and global level.
- Risk management by reducing the risks for partners and financial contributors through a comprehensive risk and results-based management system.

There are strong linkages between health and the environment, and this includes NCDs and mental health. The 2018 political declaration on NCDs expanded the '4x4' NCD agenda to '5x5' – by including air pollution and mental health. The mutual synergies between NCDs, mental health and the environment mean that support from the Health4Life Fund will assist the world achieve the SDGs and support countries in meeting national and international health and environment goals.

Efficiencies associated with the Health4Life Fund

The Health4Life Fund is designed to be an efficient vehicle. Features to maximize efficiency include:

- Rapid resource allocation by a WHO-led Steering Committee enabling effective and prompt delivery (the Steering Committee will approve allocation and disbursement);⁷⁷
- Minimal transaction costs for resource partners (one contribution agreement, consolidated reporting) and Governments (with the UN Country Team acting as a single entry point);
- Greater visibility for resource partners focused on value for money and return on investment;
- A design that is built upon best practices from UN multi-partner trust funds, which provides the basis for allocating and managing multi-partner pooled funding and joint work. This includes full

⁷⁷ To support resource mobilization, the Secretariat will establish a resource mobilization, communication and advocacy group with membership including selected UNDS agencies and development partners.

transparency through use of a public online platform Gateway providing real-time financial information and consolidated results-based reporting and lean overhead costs of the Trustee (1 percent) and of PUNOs (7 percent).⁷⁸

III. Theory of change, return on investment and assumptions

Theory of change

A theory of change outline for the Health4Life Fund is provided in Annex 2. The premise is that the Health4Life Fund will be a catalyst for countries to scale up their political, financial and technical responses to deliver sustainably the WHO ‘best buys’ and other recommended interventions for the prevention and control of NCDs⁷⁹ (Annex 3) and actions to promote mental health and well-being, human rights and recovery, and reduce the mortality, morbidity and disability of persons with mental health conditions as described in the Mental Health Global Action Plan (Annex 4). This also includes ever more effective UN country teams that are harmonizing and aligning activities around national plans – with building up capacity to deliver as one.

Implementing the ‘best buys’ and other recommended interventions will lead to improved NCD and mental health outcomes, by providing a significant return on investment, economic returns.

As a result, the Health4Life Fund will go a long way to enable countries to deliver together SDG Target 3.4 (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) and make a significant contribution to a number of other SDG 3 targets and goals beyond SDG 3 (Box 1).

Box 1.

SDG 3 targets beyond 3.4 where the Health4Life Fund will contribute

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

3.b Support the research and development of vaccines and medicines [...] for NCDs that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

⁷⁸ <http://mptf.undp.org/> provides annual reports on MPTFs and the MPTF Office alongside financial information and consolidated results-based reporting for all MPTFs.

⁷⁹ World Health Organization. 2017. Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. <https://apps.who.int/iris/handle/10665/259232>

Examples for SDG Goals beyond SDG 3 where the Health4Life Fund will impact

Goal 1: End poverty in all its forms, everywhere.

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Goal 5: Achieve gender equality and empower all women and girls.

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Goal 10: Reduce inequality within and among countries.

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable.

Goal 12: Ensure sustainable consumption and production patterns.

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Return on Investment

Investing in NCDs and mental health provides a significant return on investment. At the global level, the 2018 publication, *Saving lives, spending less: a strategic response to NCDs* set out the health and economic benefits of implementing the most cost-effective and feasible interventions to prevent and control NCDs (WHO 'best buys') in low- and lower-middle-income countries.⁸⁰ *Saving lives, spending less* demonstrated that if these countries put in place the most cost-effective interventions, by 2030 they will not only save millions of lives, but also see a return of US\$7 per person for every dollar invested (Box 2).

Box 2. Main findings of *Saving lives, spending less*

In low- and middle-income countries:

- For every US\$ 1 invested in the WHO Best Buys, there will be a return of at least US\$ 7 by 2030;
- A 15 percent reduction in premature mortality could be achieved by 2030 by implementing the WHO Best Buys;

⁸⁰ WHO. *Saving lives, spending less: a strategic response to noncommunicable diseases*. 2018. <https://www.who.int/ncds/management/ncds-strategic-response/en/>

- Implementing the WHO Best Buys will prevent over 17 million cases of ischemic heart disease and stroke by 2030 in low- and lower-middle-income countries;
- 8.2 million lives can be saved by 2030 in low- and lower-middle-income countries by implementing the WHO Best Buys;
- Implementing the WHO Best Buys can generate US\$ 350 billion in economic growth between now and 2030.

The return on investment in NCDs and mental health interventions compares to returns on investing in other areas of health. Previous analyses using similar methodology have, over a similar period of time, shown similar average returns of US\$5.7 (adolescent health) and US\$8.7 (reproductive, maternal, newborn and child health) for every US\$1 invested.⁸¹

Further details on the health benefits of scaling up intervention coverage, the health care costs of interventions and the economic and social returns on investment are provided in Annex 5.

As of June 2020, the WHO-UNDP Joint Programme on catalyzing multisectoral action on NCDs⁸² has completed NCD investment cases in 13 countries, with a further 12 investment cases for NCDs and 2 for mental health in progress.⁸³ Based on these analyses, implementing best buy and other recommended interventions would reduce the total number of NCD deaths by, on average, 15 percent over 15 years. This would translate into significant economic gains that in some countries exceed 10 percent of GDP in the respective base year. In the majority of the countries, most of the recommended intervention packages yield a positive return on investment already after 5 years of continuous implementation, with indirect economic benefits that are several thousand percent higher than what was invested. Annex 6 provides further details on the investment cases conducted under the Joint Programme.

The results of the NCD investment cases indicate a high return on investment in preventive policy interventions, such as the interventions aimed at reducing tobacco and alcohol consumption, and at promoting physical activity and healthy diets – in particular reduction in population levels of dietary salt intake. Findings are consistent with the conclusions of the NCD Global Business Plan, *Saving Lives, Spending Less* but are particularly powerful because they are using country-data where possible and include an institutional context analysis. In most countries, preventive intervention packages yield positive returns already after the first five years of implementation. Furthermore, in most countries the cost of implementation of these packages over the period of 15 years represents just a fraction of the annual economic losses from NCDs. The cost of implementation over 15 years also tends to be below 10 percent of the annual total health expenditure. While clinical interventions often have lower ROI, because of the higher costs of implementation, importantly, in most countries their social impact is among the highest, as they help to avert many thousands of premature deaths.

⁸¹ WHO. Saving lives, spending less. Frequently asked questions. 2018. https://www.who.int/docs/default-source/ncds/saving-lives-spending-less-faq-final.pdf?sfvrsn=6ddf3dde_2

⁸² <https://www.who.int/ncds/un-task-force/catalyzing-multisectoral-action-for-ncds-joint-programming-document.pdf?ua=1>

⁸³ Completed NCD investment cases (as of June 2020): Armenia, Barbados, Belarus, Cambodia, Ethiopia, Jamaica, Kazakhstan, Kyrgyzstan, Mongolia, Peru, Philippines, Uzbekistan and Zambia. NCD investment cases in progress: Iran, Kuwait, Oman, Qatar, Russia, Saudi Arabia, Tajikistan, Timor Leste, Turkmenistan, UAE, Uganda and Uzbekistan. Mental health investment cases in progress: Philippines and Uzbekistan.

Published investment cases as well as joint programming mission reports can be found on the official webpage of the UNIATF at: <https://www.who.int/ncds/un-task-force/en/>

In the first instance the Health4Life Fund is looking to raise USD 250 million. Preliminary projections indicate that this 'seed' capital would be sufficient to catalyze domestic action and resource mobilization to lead to over 8 million lives saved, more than 800 million healthy life years gained, and avert USD 350 billion in economic losses by 2030, with these benefits expected to accrue even further beyond 2030.

While these estimates vary depending on the countries included, the Health4Life Fund can expect an average return on investment of USD 7 for each USD 1 invested to implement the NCD best buys through to 2030.⁸⁴ These figures are consistent with the findings of the WHO-UNDP Joint Programme national NCD investment cases described above. Data from these case studies suggest that implementing preventive policy packages would reduce the number of premature NCD deaths by around 11 percent over a 15-year period, and bring substantial economic benefits that, in some cases, would yield a return on investment ratio in excess of 20:1.⁸⁵

Assumptions

The Health4Life Fund expected outcomes and impact goal is dependent on a set of non-exclusive assumptions:

- Levels of funding and political action for NCDs and mental health become a greater political priority than is the current situation at global, regional and national level;
- Funds for the Health4Life Fund are additional to existing official development assistance (ODA) funds being channeled through multilateral and bilateral support;⁸⁶
- Resource partners are engaged and provide adequate financing throughout the lifespan of the Health4Life Fund;
- National governments are committed to strengthening whole-of-government and whole of society approaches for NCDs and mental health, addressing wider social and economic determinants of health and promoting international human rights standards including the right to health;
- Effective and timely leadership from national NCD and mental health multisectoral coordination bodies;
- Beneficiary countries have sufficient political stability to implement country level actions and contribute to regional efforts;

⁸⁴ Figures are based on estimates from "Saving lives, spending less: a strategic response to noncommunicable diseases". A total of 78 low- and lower-middle income countries were included in the analysis. These projections assume that all 16 NCD best buys are implemented consistent with the scale up patterns modelled in the document. Economic benefits were derived from the increased productivity as a result of averted deaths, and avoiding cases of stroke and ischemic heart disease, as well as the social benefits of increased years of healthy life. For more detailed information, the full publication and methodology document can be found at <https://www.who.int/publications/i/item/WHO-NMH-NVI-18.8>

⁸⁵ The NCD Investment Cases are available on the official website of the UNATF: <https://www.who.int/ncds/un-task-force/en>. The methodology used is similar to the methodology in the "Saving lives, spending less" report. However, the country investment cases use specific country-based data and as a result enable more context specific results.

⁸⁶ WHO for example has a budget line of US\$200 as part of its Programme Budget 2020-2021.

- Capability is retained and sustained due to limited turnover within national institutions;
- National governments have or develop the capability to sustain necessary investments and take ownership of cross-sectoral information and evidence frameworks to generate local data and inform policy development and monitor implementation;
- Policy makers, health care practitioners and other key stakeholders commit to applying and promoting evidence-based and cost-effective prevention and management measures;
- At country level, UN country teams are adequately coordinated on NCD and mental health issues, developing and delivering on development assistance frameworks and plans (including linkages with COVID-19 SERPs) and that these are aligning and harmonizing with government policies and plans.

IV. Governance: principles and arrangements

Principles

The Health4Life Fund will be guided by the following principles:

- Funds and activities are used to catalyze sustainable country responses – and not to replace them. Activities must therefore be clearly linked to longer-term sustainable plans.
- Activities are country-led, and are clearly aligned with government and UN agency strategies and plans, as well as UN sustainable development cooperation frameworks, including COVID-19 SERPs.
- Action is aligning to the 2030 Agenda for Sustainable Development and NCD-related SDGs, including commitments in the 2011 UNGA Political Declaration on NCDs, 2014 Outcome Document, 2018 Political Declaration,⁸⁷ and 2019 Political Declaration on UHC.
- The need for whole-of-government and whole-of-society approaches to achieve NCD and mental health outcomes and address wider social and economic determinants of health.
- Full use of institutional mandates, strengths and value-added activities across the Health4Life Fund partners without duplication, utilizing existing standards and initiatives, knowledge platforms, groups, panels, networks and lessons learned.
- Alignment with international human rights standards and ensuring that a gender and equity lens is applied in all work executed by the implementing partners and countries.
- Use of existing data and supporting the generation of data, where possible, to monitor progress and impact – as part of this there will be a commitment to an independent evaluation of the fund

⁸⁷ See Annex 7 for new commitments that Member States made in the 2018 political declaration.

with in the first 5 years of its existence.

- Resources are raised in a transparent and collaborative manner in line with WHO and UN best practice, in a way that ensures cost-efficiency and effectiveness, with a view to catalyzing longer-term resources for countries to sustainably deliver multisectoral action on NCD and mental health prevention and management.

Arrangements

The governance arrangements for the Health4Life Fund are based on standard governance for pass-through MPTFs and UN Development Group (UNDG) best practices.

- Governance: Steering Committee
- Administration: MPTF Office
- Implementation: Health4Life Fund implementing partners

Steering Committee

The Steering Committee will be responsible for the overall strategic guidance of the Health4Life Fund and will meet on a bi-annual basis. The Steering Committee of the Health4Life Fund will be co-chaired by the WHO (as a permanent co-chair)⁸⁸ and a second UN system agency (in rotation).⁸⁹

Steering Committee members will be those with proven experience and expertise in global and country-level action on tackling NCDs and improving mental health. Membership will consist of a small number of members of the Task Force, Members States and development partners, including non-State actors.⁹⁰ Members of the Steering Committee will rotate on a regular basis. Membership of the Steering Committee will not be simply based on providing financial contributions.

The Steering Committee may invite additional partners to participate in Steering Committee meetings as observers if and when required. Specific modalities will be developed on this.

Membership of the Steering Committee (numbers still under discussion)

Chair: co-chaired by the WHO (as a permanent co-chair) and a second UN system agency (in rotation) (n=2)

Members (staggered rotation)

⁸⁸ In line with the leadership and coordination role of WHO in 'promoting and monitoring global action against NCDs' reaffirmed by the UN General Assembly⁸⁸, including 'in relation to the work of other UN organizations, international organizations and development banks' when establishing the Health4Life Fund.

⁸⁹ In keeping with the approach used for meetings of the Task Force.

⁹⁰ NGOs, private sector business associations, philanthropic foundations, and academic institutions as defined in the WHO Framework of engagements with non-State actors.

- Other UNDS agencies (n=2)
- Low- and middle-income countries (n=4)
- High- and middle-income countries (n=3);

Observers

- Private sector business association (n=1);⁹¹
- NGOs (including grassroots community organizations, civil society groups and networks, faith-based organizations, professional groups, disease-specific groups, and patient groups)/People Living with NCDs/mental health conditions (n=2);
- Philanthropic foundations/academia academic institution (n=1-2)

The main functions of the Steering Committee, in line with UN Development Group Guidance on multi-partner trust funds, will be to:

- Provide general oversight and exercise overall accountability of the Fund in accordance with UNSDG Guidance;
- Endorse the strategic direction of the Fund;
- Approve Fund risk management strategy and review risk monitoring regularly;
- Review and approve proposals submitted for funding, ensuring their conformity with the requirements of the Health4Life Fund's Terms of Reference;
- Decide the allocation of funds;
- Request fund transfers to the Administrative Agent;
- Review Fund status and oversee the overall progress against the results framework through monitoring, reporting and evaluation;
- Review and approve the periodic progress reports consolidated by the Administrative Agent and the Secretariat based on the progress reports submitted by the Participating Organizations;
- Commission mid-term and final independent evaluations on the overall performance of the Fund;
- Approve direct costs related to fund operations supported by the Secretariat;
- Approve extensions and updates to the Terms of Reference for the Fund, as required;
- Approve resource mobilization strategies to capitalize the Health4Life Fund;
- Convene advisory expertise to provide insight to the Steering Committee on ad hoc basis.

⁹¹ Subject to due diligence and risk assessment in particular conflict of interest

The Steering Committee will take decisions by consensus. Where this cannot be achieved the co-chairs will be responsible for making the final decision.

Secretariat

The Secretariat of the Health4Life Fund will be the Task Force Secretariat (which is an integral part of WHO) performing a convening role across WHO and other members of the Task Force at global, regional and country levels as required. As the Secretariat is an integral part of WHO, it will be subject to WHO's regulations, rules and policies. The Secretariat will support the Steering Committee and will be responsible for preparing the necessary information to allow the Steering Committee to make its decisions.

The Secretariat's functions, in line with UN Development Group Guidance on multi-partner trust funds, will be to:

- i. Advise the Steering Committee on strategic priorities as well as programmatic and financial allocations in accordance with the Fund Operational Manual (based on the inputs of inter-agency working groups and the Administrative Agent, if applicable).
- ii. Provide planning, logistical and operational support to the Steering Committee.
- iii. Serve as the Health4Life Fund's central point of contact and liaises with other UN agencies and other related initiatives and stakeholders. This includes providing vital information for external partners, as well as liaising with existing and potential resource partners to mobilize necessary financing for the Health4Life Fund.
- iv. Lead the drafting of the Operations Manual and risk management strategy in collaboration with the Participating Organizations and the MPTF Office.
- v. Organize calls for proposals and convene the necessary technical expertise to appraise such proposals.
- vi. Develop and implement resource mobilization in accordance with approved strategies and in collaboration with staff from the Participating Organizations.
- vii. Ensure the monitoring of projects as well as potential operational risks and overall performance of the Fund (i.e., facilitate monitoring and evaluation of the Fund, draft risk management strategy).
- viii. Consolidate annual and final narrative reports provided by the Participating Organizations and share with the Steering Committee for review as well as with Administrative Agent for preparation of consolidated narrative and financial reports.
- ix. Facilitate collaboration and communication between Participating Organizations to ensure that the Health4Life Fund's Theory of Change is implemented effectively.

- x. Promote harmonization and alignment and effective communication of the Health4Life Fund within the broader health and development architecture, including the Global Action Plan for Healthy Lives and Well-being for All.⁹²
- xi. Ensure activities between the Participating Organizations are harmonized and aligned.
- xii. Liaise with the Administrative Agent on Health4Life Fund administration issues, including issues related to project/fund extensions and project/fund closure.

Budget allocations to cover the costs pertaining to the Secretariat will be approved by the Steering Committee and will be charged to the Fund's account as direct costs. During implementation, these costs will be adjusted to: (i) align with recommended UNDG guidelines and thresholds; and (ii) duly reflect the complexity and multi-stakeholder nature of tackling NCDs and improving mental health.

Administrative Agent

The Administrative Agent Function will be performed by the UN MPTF Office in New York (<http://mptf.undp.org/>). The Administrative Agent will be entitled to allocate an administrative fee of one percent (1 percent) of the amount contributed by each resource partner, to meet the costs of performing the Administrative Agent's standard functions as described in the MOU.

UN Organizations that participate in the Health4Life Fund (either through being a member of the Steering Committee or disbursing funds at a country level) will be referred to as Participating UN Organizations and will be required to sign a standard Memorandum of Understanding (MOU) with UN MPTF Office.

Additional responsibilities include the receipt, administration, and disbursement of funds to the Participating Organizations according to the instructions of the Steering Committee, financial reporting and consolidation using an online dashboard. The Administrative Agent will disburse funds to the Secretariat for direct costs based on the decision of the Steering Committee. On an annual basis, the Administrative Agent will notify the Steering Committee of the amounts used for such purposes.

Participating Organizations

Participating UN Organizations will operate under their own financial regulations, rules and policies and will assume full financial and programmatic accountability for the funds disbursed to them by the UN MPTF Office for the implementation of the project and will provide financial and narrative progress reports to the Administrative Agent on their activities.

Participating Organizations will agree that no activities should be undertaken under the Health4Life Fund unless such activities are covered by appropriate arrangements and safeguards including with respect to privileges and immunities. Similarly, Participating Organizations will therefore need to agree that, prior to the commencement of any activities under the Health4Life Fund, the Steering Committee

⁹² WHO (2019). Stronger collaboration, better health: global action plan for healthy lives and well-being for all. Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals.

will carefully review, on a case by case basis, whether the activities envisaged are covered by appropriate safeguards and that, with respect to privileges and immunities, necessary arrangements are in place or have been made for the purpose of such activities amongst the Participating Organizations.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7 percent.

Should engagement with other UN organizations at country level be deemed pertinent in the context of the Health4Life Fund, necessary arrangements will be taken to include these agencies as key implementing partners.

Non-UN Organizations are also eligible for support but rather than receiving funds directly from the Trust Fund, would be funded through UN entities. Under these circumstances, they will sign MOUs with the UN entity concerned and be accountable to the relevant UN entity.

Engagement with Non-state actors

Non-State actors, including selected business associations (representing private sector) and relevant private sector entities will be able to engage and invest in the Health4Life Fund taking into account the principles set out in the WHO Framework for Engagement with Non-state Actors (FENSA) and UN Development Group guidance.⁹³

FENSA was adopted by WHA to strengthen WHO engagement with non-State actors while protecting its work from potential risks such as conflict of interest, reputational risks, and undue influence. This is particularly important for a fund that is responding to the challenge of NCDs and mental health, where there is potential for significant conflict of interest with private sector entities and entities that are not at arm's length from private sector entities. A separate paper providing an approach for private sector investment in the Health4Life Fund will be developed by the Secretariat for consideration by the Steering Committee.

Nongovernmental organizations (NGOs) and academic institutions that are included in successful proposals will be able to receive funds from the Health4Life Fund indirectly with funds transferred through a Participating UN Organization, subject to due diligence and risk assessment. The principles of the FENSA will also apply to NGOs and academic institutions implementing activities under the Health4Life Fund.

V. Fund Implementation

Allocation of resources

The Health4Life Fund will be looking to identify an initial investment of USD 250 million for its first 5 years of operation but would aim to start disbursing funds as soon as any are available. The Steering Committee will decide on the minimum threshold before the first call for proposals and the approach and timing for further proposals.

⁹³ WHO. WHO's Framework of engagement with non-state actors. http://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf

Short focused proposals through electronic submission, with specific and measurable indicators will be submitted by the UN Resident Coordinator and signed off by the WHO Representative/Head of Country of Office and the national/federal (or regional/state/municipal) government concerned. The Steering Committee will set the framework for how concept notes/proposals should seek to propose the allocation of resources with regards to government, UNDS agencies and other partners.

Allocation of funding for the countries will be decided by the Steering Committee based on national programme concept notes/proposals. Proposals will be selected on identified needs and ability to deliver outcomes in line with the principles, approaches and areas of support set out in these Terms of Reference.

The level of award and geographic reach will be dependent on the above and in particular the capacity to absorb funds, but of course will be dependent on funds received by the Health4Life Fund. The expectation is that funds would be for periods of three or more years in order to ensure that a sustainable difference is made.

With respect to the allocation of unearmarked funds between NCDs (cancer, diabetes, CVD, chronic respiratory diseases and their risk factors) and mental health (mental, neurological and substance use disorders and associated psychosocial disabilities), this will largely be dependent on country demand, but the expectation is that the Steering Committee will agree an allocated split of unearmarked funds between NCDs and mental health.

Calls for proposals, their development and their appraisal: outline of the process

An outline of the main steps for the submission, appraisal and approval of project proposal is as follows:

Call for proposals

- i. Steering Committee request a paper from the Secretariat setting out a call for proposals.
- ii. Secretariat develop the draft call for proposals.
- iii. Inputs then requested from other relevant UNDS agencies and incorporated by the Secretariat.
- iv. Final proposal developed, shared with co-chairs of Steering Committee before onward transmission to the Steering Committee.
- v. Following Steering Committee review and approval, Secretariat to disseminate the call for proposals.

Country development of proposals

- i. Developed by the United Nations Country Team, the government of country, and other development partners. The UN Resident Coordinator may delegate UN leadership for the development of the proposal to the WR.
- ii. Final submission of proposal to MPTF Secretariat.

Appraisal of proposals

- i. Initial review by the MPTF Secretariat with recommendations drafted.

- ii. Inputs requested from other relevant UNDS agencies. Inputs incorporated into draft recommendations.
- iii. Draft recommendations shared with a wider WHO internal NCD network.
- iv. Final recommendations on proposals developed by the MPTF Secretariat, before transmission to Steering Committee.
- v. Steering Committee review with decisions made on proposals to be funded.

Risk management

A risk management strategy will be developed by the MPTF Secretariat and will take into account the nature of risks in relation to the implementation of the Health4Life Fund. It will define the Health4Life Fund's risk tolerance, establish policies in relation to identified risks, and determine the risk treatment through mitigation measures or adaptation. Risk monitoring will be done by the Secretariat as part of their regular reporting. Key mitigation or adaptation measures taken in accordance with the risk management strategy and their direct influence on achieving the expected results will be highlighted.

The Health4Life Fund is looking to raise USD 250 million. The Steering Committee will at each of its meetings review progress and trajectories in achieving this amount. If projections suggest that the Health4Life Fund will not obtain the full amount of funds, the Steering Committee will take steps to adjusting the scope of the Fund – and if necessary close the Fund.

VI. Contributions to the Fund

To help ensure maximum flexibility and adaptation to national priorities, resource partners are strongly encouraged to provide contributions to the Health4Life Fund as multi-year, non-earmarked contributions. If due to specific resource partner requirements non-earmarked contributions are not feasible, resource partners may earmark their contributions to specific outcomes in line with UNDG guidance. The earmarking will be reflected in the Standard Administrative Arrangement.

Contributions to the Health4Life Fund can be made by Governments, Foundations, public, and relevant private sector entities (in line with principles agreed by the Steering Committee, taking into account WHO's rules and policies including in FENSA).

To contribute to the Health4Life Fund, resource partners will sign a Standard Administrative Arrangement. Financial contributions to the Health4Life Fund may be accepted in fully convertible currency or in any other currency that can be readily utilized. Such financial contributions will be deposited into the bank account designated by the MPTF Office, as stated in the Standard Administrative Arrangement. The value of a contribution payment, if made in a currency other than US dollars, will be determined by applying the UN operational rate of exchange in effect on the date of payment.

Acceptance of funds from the private sector entities will be guided by criteria stipulated in the UN system-wide guidelines on cooperation between the UN and the Business Community. The receipt of financing from private sector companies is subject to both the UN and WHO's assessment and due diligence. Notwithstanding the forgoing, there shall be no engagement with the tobacco, alcohol or arms industry or/and non-State actors that work to further the interests of these industries. Further, there shall be no funding from pharmaceutical industry in connection with mental health activities. Prior to

accepting any contribution from a private sector entity, all signatories to the MOU will be consulted by the Administrative Agent. The approval will be given once the outcomes have been notified and shared with the members and on a non-objection basis within two weeks of the submission of the request to the Participating Organizations by the Administrative Agent.

VII. Reporting, monitoring and evaluation

Narrative and financial reporting

The Secretariat will be responsible for monitoring progress in the Fund delivering its objectives and how funds are being used by the Implementing partners. The secretariat will provide reports on a regular basis to the Steering Committee.

A mid-term evaluation will be conducted to assess whether the programme is on-track to deliver expected outputs and outcomes with respect to the timeframe and budget. It will enable the Steering Committee to make any changes in approach and/or reorientation during the second half of the programme in order to improve results.

A final evaluation will be carried out for learning and impact assessment purposes.

The responsibilities related to reporting are gathered and detailed in the Memorandum of Understanding and Standard Administrative Agreements.

All Participating Organizations will provide annual and final reports on activities and expenditures according to a common format to be designed for the Health4Life Fund by the Secretariat and the Administrative Agent. The reporting template, based on the UNDG standard, will be developed by the Secretariat and approved by the Steering Committee. Based on the reports received from the Participating Organizations, the Secretariat will prepare a consolidated narrative report and the Administrative Agent will consolidate the narrative report with the consolidated financial report. The consolidated narrative and financial report will be submitted to all Contributors to the Health4Life Fund and its Steering Committee, as per the schedule established in the Standard Administrative Agreement.

In line with to paragraph 3(e) of resolution WHA72(11), that requests the Director-General to consolidate reporting on the progress achieved in the prevention and control of NCDs and the promotion of mental health with an annual report to be submitted to the World Health Assembly from 2021 to 2031, the WHO Director-General will annex a report on the progress and achievements of the Health4Life Fund. Similarly, the WHO Director-General will report on an annual basis to ECOSOC, as part of his/her report on the progress of the implementation of the concerned resolution. Other UN agencies may wish to report on progress their governing bodies.

National Level

National activities are monitored against the respective country programme documents (to be approved by the Steering Committee), work plans, and corresponding results-based frameworks. Depending on the size of such programmes, country-level evaluations may be required.

VIII. Accountability, transparency and public disclosure

Accountability

Each implementing partner will provide the Secretariat and the MPTF Office annual and final narrative reports, as well as financial statements in accordance with the legal agreements signed with the Administrative Agent.

The Administrative Agent and implementing partners will be audited in accordance with their organizational financial regulations and rules and, in the case of UN Participating Organizations, with the Framework for Joint Internal Audits of UN Joint Activities, which has been agreed to by the Internal Audit Services of Participating UN Organizations and endorsed by the UN Development Group in 2014.

There will also be clear accountability beyond the Health4Life Fund governing body (Steering Committee) itself, i.e. through the UN General Assembly, ECOSOC and the WHA⁹⁴. Both the ECOSOC and the WHA will receive progress reports on the Health4Life Fund. ECOSOC will receive reports on the Health4Life Fund through the annual report of the WHO Director-General on the work of the Task Force that is submitted by the UN Secretary General. Reporting to the WHA will be through existing annual reporting requirements on NCDs and mental health until 2031, to ensure that the Health4Life Fund supports WHO's NCD trajectory (WHO Global NCD Action Plan 2013-2030), strategic priorities and relevant programmes in line with WHO's leadership and coordination role in promoting and monitoring global action against NCDs and mental health, and ongoing efforts to mobilize resources

Transparency

The MPTF Office website, Gateway (<http://mptf.undp.org>), is a web-based service portal that provides real-time financial data. Once established, the Health4Life Fund will have a separate page in the Gateway portal which will allow partners and the public at large to track the Fund's contributions, transfers and expenses, as well as access important documents and reports.

IX. Modification and Expiration of the Health4Life Fund

The Steering Committee will be able to modify any of the provisions of the Health4Life Fund's Terms of Reference, including the duration of the Fund. The Fund will have an initial duration of eight years and seven months (1 May 2021 – 31 December 2029)⁹⁵. Should the Health4Life Fund not be capitalized within the first two years, the Administrative Agent, after consultation with the Steering Committee, reserves the right to close the Fund.

All programmes will operationally complete by 31 November 2029, the final narrative report of the fund will be provided by 28 February 2030, and the final financial report will be provided no later than five

⁹⁴ In accordance with decision WHA72(11), which requests to consolidate reporting on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health with an annual report to be submitted to the WHO World Health Assembly through the WHO Executive Board, from 2021 to 2031

⁹⁵ The original duration of the Health4Life Fund was 5 years from 1 May 2021 to 30 April 2026. This was amended in August 2023 with Steering Committee approval to 1 May 2021 – 31 December 2029 to accommodate administrative arrangements for donor(s) who proposed making contributions to the Fund over a 5-year period starting in 2024.

months after the end of the calendar year in which the financial closing of the Fund occurs.

Any remaining balance in the Fund's account and separate accounts of the implementing partners after the closure of the Fund will be used for a purpose established by the Steering Committee and the resource partners, or it will be reimbursed to the resource partner(s) in proportion to their contribution to the Fund, as decided by the Contributor and the Steering Committee.

Annexes

Annex 1: Results Framework. Impact, outcome and output measures along with indicators to measure progress for the Health4Life Fund

		Indicators	Method of Verification
Impact			
1	Low- and middle-income countries supported by the Fund on track to achieve the SDG 3.4 target (by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing), in line with the WHO Global NCD Action Plan 2013-2030, WHO GPW13, WHO country support plans, WHO's real-time business intelligence dashboard and UN development assistance frameworks.	Global level: (i) over 8 million lives saved; (ii) more than 80 million healthy life years gained; and (iii) USD 350 billion in economic losses by 2030. Country level: aligned with above. Figures TBD for each country.	Modelling – at global and country level – using <i>Saving lives, spending less</i> database as baseline.
2	A significant contribution to other health and development SDG targets, ⁹⁶ including the commitment to leave no one behind.		
3	A significant contribution to the WHO GPW13 triple billions.		
4	Impact of current COVID-19 pandemic on those with NCDs or at risk of NCDs reduced, in during and beyond the pandemic, in line with building back better to meet the 2030 Sustainable Development Agenda.	In line with WHO and UN indicators.	Global and country reports.
5	Health systems in a stronger position to respond to future COVID-19 outbreaks and better prepared for		

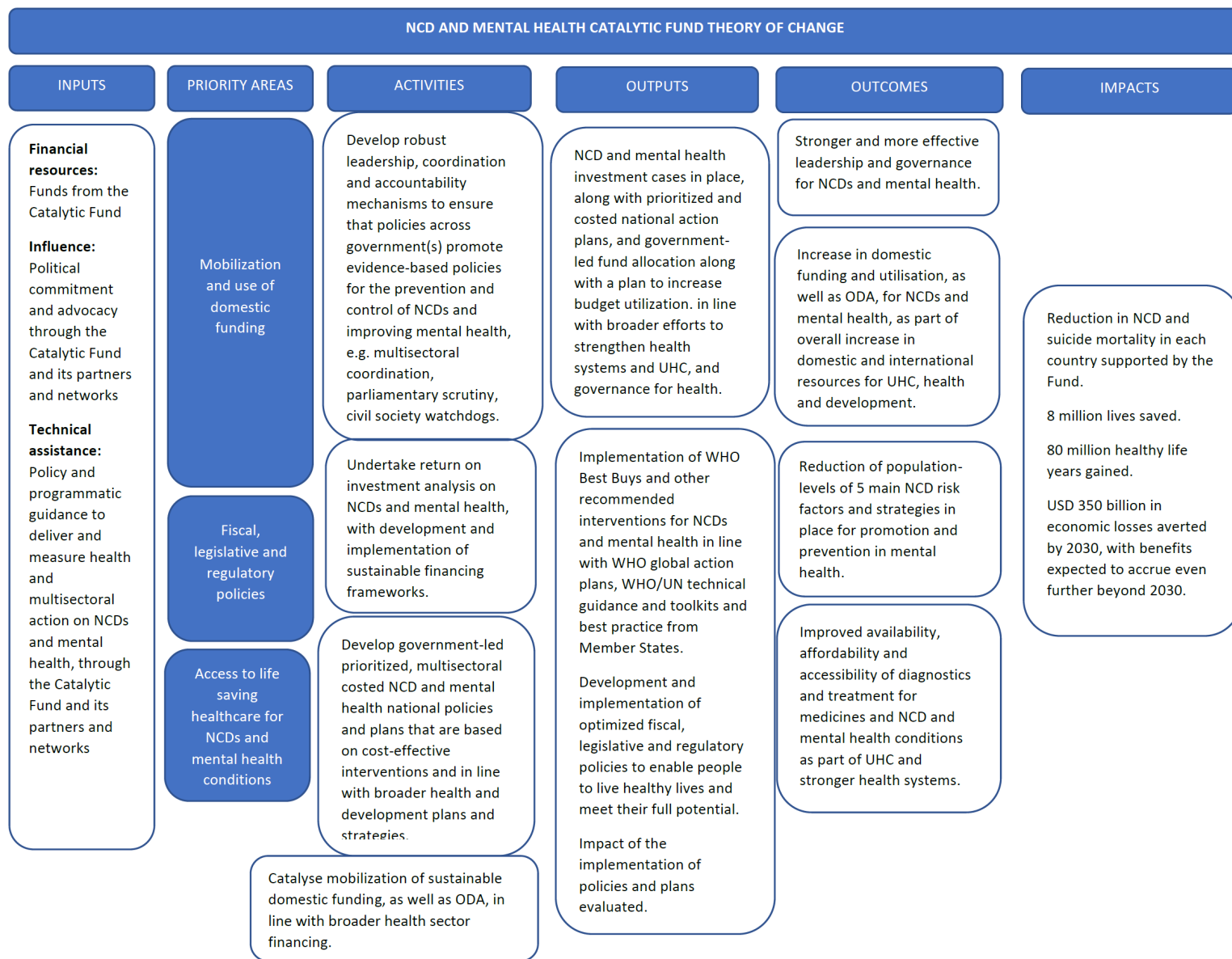
⁹⁶ Addressing NCDs and mental health is critical to meeting other SDG 3 target, including SDG 3.8 (universal health coverage) as well as a number of other SDGs, including SDG 1 (poverty), SDG 2 (malnutrition), SDG 4 (education for sustainable lifestyles), SDG 5 (gender equality), SDG 6 (access to clean water), SDG 7 (access to clean air), SDG 8 (safe working environment), SDG 10 (reduce inequalities), SDG 11 (access to safe, green public places) and SDG 12 (sustainable consumption and production).

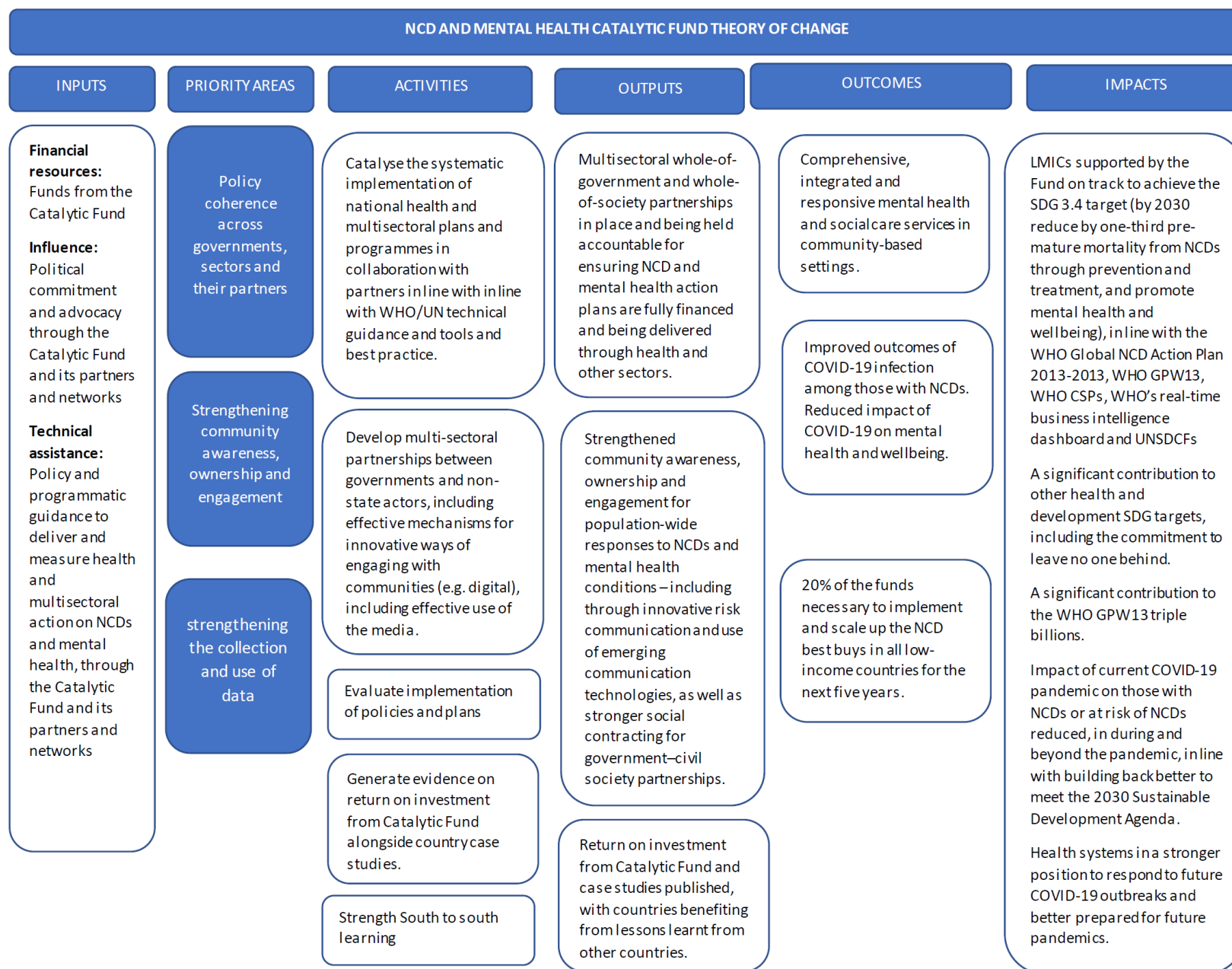
	future pandemics.		
Outcomes			
1	Stronger and more effective leadership and governance for NCDs and mental health.	Costed and funded NCD multisectoral action plan, and a mental health multi-sectoral action plan, including clear lines of accountability beyond the health sector, with operational M&E frameworks on prevention and management. UNCTs have NCDs and mental health included in their sustainable development assistance frameworks, with action being driven forward across agencies, with coordination that monitoring and evaluating progress.	Review of multisectoral action plans and accountability mechanisms.
2	Increase in domestic funding and utilisation, as well as ODA, for NCDs and mental health, as part of overall increase in domestic and international resources for UHC, health and development.	An x percent increase in government budget available and being used for NCDs and mental health – to be determined for each country (includes IFI loans and WB/regional Bank project funds). An increase in x percent ODA beyond the Fund being used for NCDs and mental health.	Health budgets in each country. OECD Development Assistance Committee reports.
3	Reduction of population-levels of 5 main NCD risk factors and strategies in place for promotion and prevention in mental health.	In line with indicators and targets in the WHO Global NCD Action Plan 2013-2030 . In line with indicators and targets in the WHO Global Mental Health Action Plan 2013-2030 .	Ongoing WHO NCD and mental health surveys.
4	Improved availability, affordability and accessibility of diagnostics and treatment for medicines and NCD and mental health conditions as part of UHC and stronger health systems.	In line with indicators and targets in the WHO Global NCD Action Plan 2013-2030 . In line with indicators and targets in the WHO Global Mental Health Action Plan 2013-2030 .	Ongoing WHO NCD and mental health surveys Progress Monitor survey.
5	Comprehensive, integrated and responsive mental health and social care services in community-based settings.	In line with indicators and targets in the WHO Global Mental Health Action Plan 2013-2030 .	
6	Improved outcomes of COVID-19 infection among those with NCDs. Reduced impact of COVID-19 on mental health and wellbeing.	TBD	
7	Increased funds available to implement and scale up the NCD best buys in all low-income countries for the	20 percent of the funds necessary to implement and scale up the NCD best buys in all low-income countries for the next five	Modelling.

	next five years.	years.	
Outputs			
1	NCD and mental health investment cases in place for advocacy purposes, along with prioritized and costed national action plans, and government-led fund allocation along with a plan to increase budget utilization. in line with broader efforts to strengthen health systems and UHC, and governance for health.	An NCD and mental health investment cases for advocacy purposes in place. A prioritized and costed national action plans, and government-led fund allocation, along with a plan to increase budget utilization.	Country reports.
2	Implementation of WHO Best Buys and other recommended interventions for NCDs and mental health in line with WHO global action plans, WHO/UN technical guidance and toolkits and best practice from Member States.	For each country supported by the Fund to have the relevant indicator(s) confirmed as 'fully achieved' in the WHO Progress Monitor for NCDs .	Regular WHO NCD Progress Monitor survey.
3	Development and implementation of optimized fiscal, legislative and regulatory policies to enable people to live healthy lives and meet their full potential.	For each country supported by the Fund to have the relevant indicator(s) confirmed as 'fully achieved' in the WHO Progress Monitor for NCDs .	Regular WHO NCD Progress Monitor survey.
4	Impact of the implementation of NCD and mental health policies and plans evaluated.	All policies and plans in areas that are included for support in the country's proposal evaluated.	Country reports.
5	Multisectoral whole-of-government and whole-of-society partnerships in place and being held accountable for ensuring NCD and mental health action plans are fully financed and being delivered through health and other sectors.	At least 1 whole-of-government and 1 whole-of-society partnerships operation with a mechanism of accountability in place. Evidence of representation from non-health sectors and stakeholders and clear governance frameworks that account for the decision-making process and the management of conflicts of interest.	Country reports. EFFECt self-assessment
6	Increased use of innovation and implementation research in responding to NCDs and mental health including timely data collection and digital solutions to improve policy and practice.	TBD	Country reports.
7	Strengthened community awareness, ownership and engagement for population-wide responses to NCDs and mental health conditions – including through innovative risk communication and use of emerging communication technologies, as well as stronger social contracting for government–civil society partnerships.	TBD	Country reports EFFECt self-assessment

8	Collection and use of data strengthened and increased operational research to understand who is most at risk of NCDs and mental health, how to protect them, how to ensure they have access to health care delivery, and how to reduce inequalities.	Countries undertaking STEPS and other surveys in line with WHO guidance	Member States returns provided to WHO.
9	Return on investment from Health4Life Fund and case studies published, with countries benefiting from lessons learnt from other countries.	<p>At least one assessment of the Return on investment from Health4Life Fund from each country.</p> <p>Each country publishing at least 2 case studies.</p> <p>Each country sharing lessons learnt with a minimum of 1 other country.</p>	<p>Modelling</p> <p>Reports of studies</p> <p>Meeting reports.</p>

Annex 2. Theory of Change





Annex 3: Summary of ‘Best buys’ and other recommended interventions for the prevention and control of NCDs⁹⁷

In 2017, the WHA endorsed a set of “best buys” and other recommended interventions to address NCDs. Best buy interventions address four NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) and four disease areas (cardiovascular disease, diabetes, cancer and chronic respiratory disease).

Interventions were assessed for cost effectiveness, feasibility, as well as non-financial considerations. Interventions considered to be the most cost-effective and feasible for implementation are considered ‘Best buys’ and these have an average cost-effectiveness ratio of \leq I\$100/DALY averted in low- and lower middle-income countries. Interventions with an average cost-effectiveness ratio $>$ I\$ 100 (effective interventions) are defined as effective interventions. Recommended interventions are those included in WHO’s guidelines and technical documents but where data on cost-effectiveness are not available.

1. REDUCING TOBACCO USE

‘Best buys’
Increase excise taxes and prices on tobacco products
Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport
Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke
Effective interventions
Provide cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services) for tobacco cessation to all those who want to quit
Other recommended interventions
Implement measures to minimize illicit trade in tobacco products
Ban cross-border advertising, including using modern means of communication
Provide cessation for tobacco cessation to all those who want to quit

2. REDUCING THE HARMFUL USE OF ALCOHOL

‘Best buys’
Increase excise taxes on alcoholic beverages
Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
Effective interventions with CEA >I\$100 per DALY averted in LMICs
Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use
Other recommended interventions from WHO guidance (CEA not available)
Carry out regular reviews of prices in relation to level of inflation and income
Establish minimum prices for alcohol where applicable

⁹⁷ World Health Organization. 2017. Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. <https://apps.who.int/iris/handle/10665/259232>

Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets
Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people
Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services
Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol

3. REDUCING UNHEALTHY DIET

'Best buys'
Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals
Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided
Reduce salt intake through a behaviour change communication and mass media campaign
Reduce salt intake through the implementation of front-of-pack labelling
Effective interventions
Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain
Reduce sugar consumption through effective taxation on sugar-sweetened beverages
Other recommended interventions
Promote and support exclusive breastfeeding for the first 6 months of life
Implement subsidies to increase the intake of fruits and vegetables
Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies
Limiting portion and package size to reduce energy intake and the risk of overweight/obesity
Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables
Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats and vegetables
Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits

4. REDUCING PHYSICAL INACTIVITY

'Best buys'
Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programs aimed at supporting behavioural change of physical activity levels
Effective interventions
Provide physical activity counselling and referral as part of routine primary health care services through the use of a brief intervention
Other recommended interventions
Ensure that macro-level urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport
Implement whole-of-school programme that includes quality physical education, availability of adequate facilities and programs to support physical activity for all children

Provide convenient and safe access to quality public open space and adequate infrastructure to support walking and cycling
Implement multi-component workplace physical activity programmes
Promotion of physical activity through organized sport groups and clubs, programmes and events

5. MANAGING CARDIOVASCULAR DISEASE AND DIABETES

'Best buys'
Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30 percent) of a fatal and non-fatal cardiovascular event in the next 10 years >>Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk (≥ 20 percent) of a fatal and non-fatal cardiovascular event in the next 10 years
Effective interventions
Treatment of new cases of acute myocardial infarction with either: acetylsalicylic acid, or acetylsalicylic acid and clopidogrel, or thrombolysis, or primary percutaneous coronary interventions (PCI) >>Treatment of new cases of acute myocardial infarction with aspirin, initially treated in a hospital setting with follow up carried out through primary health care facilities at a 95 percent coverage rate >>Treatment of new cases of acute myocardial infarction with aspirin and thrombolysis, initially treated in a hospital setting with follow up carried out through primary health care facilities at a 95 percent coverage rate >>Treatment of new cases of myocardial infarction with primary percutaneous coronary interventions (PCI), aspirin and clopidogrel, initially treated in a hospital setting with follow up carried out through primary health care facilities at a 95 percent coverage rate
Treatment of acute ischemic stroke with intravenous thrombolytic therapy
Primary prevention of rheumatic fever and rheumatic heart diseases by increasing appropriate treatment of streptococcal pharyngitis at the primary care level
Secondary prevention of rheumatic fever and rheumatic heart disease by developing a register of patients who receive regular prophylactic penicillin
Other recommended interventions
Treatment of congestive cardiac failure with angiotensin-converting-enzyme inhibitor, beta-blocker and diuretic
Cardiac rehabilitation post myocardial infarction
Anticoagulation for medium-and high-risk non-valvular atrial fibrillation and for mitral stenosis with atrial fibrillation
Low-dose acetylsalicylic acid for ischemic stroke
Care of acute stroke and rehabilitation in stroke units

6. MANAGING DIABETES

'Best buys'
None
Effective interventions
Preventive foot care for people with diabetes (including educational programmes, access to appropriate footwear, multidisciplinary clinics)
Diabetic retinopathy screening for all diabetes patients and laser photocoagulation for prevention of blindness
Effective glycaemic control for people with diabetes, along with standard home glucose monitoring for people treated with insulin to reduce diabetes complications

Other recommended interventions
Lifestyle interventions for preventing type diabetes
Influenza vaccination for patients with diabetes
Preconception care among women of reproductive age who have diabetes including patient education and intensive glucose management
Screening of people with diabetes for proteinuria and treatment with angiotensin-converting enzyme inhibitor for the prevention and delay of renal disease

7. MANAGING CANCER

'Best buys'
Vaccination against human papillomavirus (2 doses) of 9–13 year old girls
Prevention of cervical cancer by screening women aged 30–49 years, either through: >>Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions >>Pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions >>Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions
Effective interventions
Screening with mammography (once every 2 years for women aged 50-69 years) linked with timely diagnosis and treatment of breast cancer
Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy >>Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicines
Other recommended interventions
Prevention of liver cancer through hepatitis B immunization
Oral cancer screening in high-risk groups (for example, tobacco users, betel-nut chewers) linked with timely treatment
Population-based colorectal cancer screening, including through a faecal occult blood test, as appropriate, at age >50 years, linked with timely treatment

8. MANAGING CHRONIC RESPIRATORY DISEASE

Effective interventions
Symptom relief for patients with asthma with inhaled salbutamol
Symptom relief for patients with chronic obstructive pulmonary disease with inhaled salbutamol
Treatment of asthma using low dose inhaled beclometasone and short acting beta agonist
Other recommended interventions
Access to improved stoves and cleaner fuels to reduce indoor air pollution
Cost-effective interventions to prevent occupational lung diseases, for example, from exposure to silica, asbestos
Influenza vaccination for patients with chronic obstructive pulmonary disease

9. SUPPORTING ACTIONS

Raising the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy
Raise public and political awareness, understanding and practice about prevention and control of NCDs
Integrate NCDs into the social and development agenda and poverty alleviation strategies
Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learned and best practices
Engage and mobilize civil society and the private sector as appropriate and strengthen international

cooperation to support implementation of the action plan at global, regional and national levels
Strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs
Prioritize and increase, as needed, budgetary allocations for prevention and control of NCDs, without prejudice to the sovereign right of nations to determine taxation and other policies
Assess national capacity for prevention and control of NCDs
Develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multi-stakeholder engagement
Promoting and support national capacity for high-quality research and development for the prevention and control of NCDs
Develop and implement a prioritized national research agenda for NCDs
Prioritize budgetary allocation for research on NCDs prevention and control
Strengthen human resources and institutional capacity for research
Strengthen research capacity through cooperation with foreign and domestic research institutes
Monitoring the trends and determinants of NCDs and evaluate progress in their prevention and control
Develop national targets and indicators based on global monitoring framework and linked with a multisectoral policy and plans
Strengthen human resources and institutional capacity for surveillance and monitoring and evaluation
Establish and/or strengthen a comprehensive NCD surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors and monitoring national response
Integrate NCD surveillance and monitoring into national health information systems

Annex 4: Actions to promote mental health and well-being and reduce the mortality, morbidity and disability of persons with mental health conditions

The WHO comprehensive mental health action plan 2013-2030 sets out a set of evidence-based actions that if implemented will promote mental health, well-being and reduce the mortality, morbidity and disability for persons with mental health conditions.⁹⁸ The actions are proposed for Member States to be considered and adapted, as appropriate, to national priorities and specific national circumstances, in order to accomplish the four main objectives of the action plan.

OBJECTIVE 1. TO STRENGTHEN EFFECTIVE LEADERSHIP AND GOVERNANCE FOR MENTAL HEALTH

ACTIONS FOR MEMBER STATES
Policy and law
Develop, strengthen, keep up to date and implement national policies, strategies, programmes, laws and regulations relating to mental health within all relevant sectors, including protective monitoring mechanisms and codes of practice, in line with evidence, best practice, the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.
Resource planning
Plan according to measured or systematically estimated need and allocate a budget, across all relevant sectors, that is commensurate with identified human and other resources required to implement agreed-upon, evidence-based mental health plans and actions.
Stakeholder collaboration
Engage stake-holders from all relevant sectors, including persons with mental health conditions, carers and family members, in the development and implementation of policies, laws and services relating to mental health, through a formalized structure and/or mechanism.
Strengthening and empowerment of people with mental health conditions and psychosocial disabilities and their organizations
Ensure that people with mental health conditions and psychosocial disabilities are given a formal role and authority to influence the process of designing, planning and implementing policy, law and services.

OBJECTIVE 2. TO PROVIDE COMPREHENSIVE, INTEGRATED AND RESPONSIVE MENTAL HEALTH AND SOCIAL SERVICES IN COMMUNITY-BASED SETTINGS

ACTIONS FOR MEMBER STATES
Service reorganization and expanded coverage
Systematically shift the locus of care away from long-stay mental hospitals towards non-specialized health settings with increasing coverage of evidence-based interventions (including the use of stepped care principles, as appropriate) for priority conditions and using a network of linked community-based mental health services, including short-stay inpatient, and outpatient care in general hospitals, primary care, comprehensive mental health centres, day care centres, support of people with mental health conditions living with their families, and supported housing.
Integrated and responsive care
Integrate and coordinate holistic prevention, promotion, rehabilitation, care and support that aims at meeting both mental and physical health care needs and facilitates the recovery of persons of all ages with mental disorders within and across general health and social services (including the promotion of the right to employment, housing and education) through service user-driven treatment and recovery plans, and where appropriate, with the inputs of families and carers.

⁹⁸ WHO (2013). Mental Health Action Plan 2013-2020. https://www.who.int/mental_health/publications/action_plan/en/. In 2019, the WHA extended the action plan to 2030.

Mental health in humanitarian emergencies (including isolated, repeated or continuing conflict, violence, and disasters)
Include mental health and psychosocial support needs in emergency preparedness, response and recovery to enable access to safe and supportive services, including services that address psychological trauma and promote recovery and resilience, for persons with (pre-existing as well as emergency-induced) mental disorders or psychosocial problems, including for health and humanitarian workers, during and following emergencies, with due attention to the longer term funding required to build or rebuild a community-based mental health system after the emergency.
Human resource development
Build the knowledge and skills of general and specialized health workers to deliver evidence-based, culturally - appropriate and human rights-oriented mental health and social care services, for children and adolescents, inter alia, by introducing mental health into undergraduate and graduate curricula; and through training and mentoring health workers in the field, particularly in non-specialized settings, to identify and offer treatment and support to people with mental health conditions as well as to refer people, as appropriate, to other levels of care.
Address disparities
Proactively identify and provide appropriate support for groups at particular risk of mental health conditions (eg people with NCDs, HIV or TB or survivors of gender-based violence) who have poor access to services.

OBJECTIVE 3. TO IMPLEMENT STRATEGIES FOR PROMOTION AND PREVENTION IN MENTAL HEALTH

ACTIONS FOR MEMBER STATES
Mental health promotion and prevention
Lead and coordinate a multisectoral strategy that combines universal and targeted interventions for: promoting mental health and preventing mental health conditions; reducing stigmatization, discrimination and human rights violations; and which is responsive to specific vulnerable groups across the lifespan and integrated within the national mental health and health promotion strategies.
Suicide prevention
Develop and implement comprehensive national strategies for the prevention of suicide, with special attention to groups identified as at increased risk of suicide, including lesbian, gay, bisexual and transgender persons, youth and other vulnerable groups of all ages based on local context.

OBJECTIVE 4. TO STRENGTHEN INFORMATION SYSTEMS, EVIDENCE AND RESEARCH FOR MENTAL HEALTH

ACTIONS FOR MEMBER STATES
Information systems
Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by sex and age (including on completed and attempted suicides) to improve mental health service delivery, promotion and prevention strategies and to feed into the Global Mental Health Observatory (as a part of WHO’s Global Health Observatory).
Evidence and research
Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental health conditions, including the establishment of centres of excellence with clear standards, with the inputs of all relevant stakeholders including persons with mental health conditions and psychosocial disabilities.

Annex 5: Return on investment: the NCD Global Business Plan, Saving lives, spending less⁹⁹

1. What was analysed

The analysis in *Saving lives, spending less*, estimated:

- The health benefits of scaling up intervention coverage
- The health care costs of interventions
- The economic and social returns on investment

The analysis was based on the WHO ‘best buy’ interventions (Table 1).¹⁰⁰

Table 1. Interventions included in the analysis

Tobacco	
	Increase excise taxes and prices on tobacco products
	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
	Implement large graphic health warnings on all tobacco packages
	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport
Alcohol	
	Increase excise taxes and prices on alcohol products
	Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
Unhealthy diets	
	Reduce salt intake by engaging the industry in a voluntary reformulation process
	Reduce salt intake through implementation of front-of-pack labelling
	Reduce salt intake through a behaviour change communication mass media campaign
	Reduce salt intake through establishment of a supportive environment in public institutions such as hospitals, schools and nursing homes to enable low sodium meals to be provided
Physical inactivity	
	Increase physical activity rates through a behaviour change communication mass media campaign
Pharmaceutical CVD interventions	
	Combination drug therapy post even and for those at 20 percent or greater risk of CVD event over the coming 10 years
Cervical Cancer	
	HPV vaccine in 13-year old girls
	Prevention of cervical cancer through screening and treatment

2. Approach taken

Saving lives, spending less used the NCD impact module of the Inter-UN agency OneHealth Tool (OHT) was to calculate the health benefits of scaling up the interventions.¹⁰¹ The OneHealth Tool was then

⁹⁹ World Health Organization. Economic Analysis and Evaluation Unit. Methods of the Investment Case Analysis for the Non-Communicable disease global business plan. 2018.

¹⁰⁰ World Health Organization. 2017 . Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of NCDs. <https://apps.who.int/iris/handle/10665/259232>

¹⁰¹ OHT is designed to strengthen health system analysis and costing and to develop financing scenarios at the country level. It is primarily designed to inform the development of national strategic health plans, by assessing parameters related to cost, impact and financing projections related to strengthening health systems and delivering costed and quantifiable strategic plans in low- and middle-income countries. Given its incorporation of epidemiological models that allow for prediction of health

used to estimate the health costs for individual level interventions to take an integrated approach to costs and benefits. Finally, the economic and social returns on investment was estimated by: (i) translating avoided deaths into economic returns; (ii) translating incident cases avoided into economic returns social benefits of increased years of healthy life; and then (iii) calculating the return on investment using uses benefit-cost ratios.

3. Summary of Findings

3.1 Costs of scaling up action.

To rapidly implement all policy-level “best-buys”, and begin a concerted effort to scale up individual level “best-buys” to reach 50 percent coverage by 2030 *Saving lives, spending less* estimated would cost just \$0.62 per capita in low income countries and \$1.44 per capita in middle income countries – an average of just \$1.27 per person, per country, per year (Table 2). The majority of costs are for clinical services, with population level costs of policy interventions very low on a per capita basis.

Table 2. Investment needs for best-buys

Policy		Investments needed				
		Cost of implementation				
		Total cumulative to 2030, \$ millions	Total cumulative to 2023, \$ millions	Total per capita average 2018-2023	Total per capita average 2024-2029	Total per capita max 2030
Best-buys sub package	Total package of all 16 best-buys	\$45,296	\$12,954	\$0.55	\$1.01	\$1.27
	Reduce Tobacco Use	\$2,485	\$1,152	\$0.05	\$0.04	\$0.04
	Reduce the harmful use of alcohol	\$3,163	\$1,495	\$0.06	\$0.05	\$0.06
	Reduce Unhealthy Diets	\$2,390	\$1,256	\$0.05	\$0.04	\$0.03
	Reduce Physical Inactivity	\$159	\$56	\$0.00	\$0.00	\$0.00
	Pharmaceutical management of CVD	\$32,109	\$7,825	\$0.33	\$0.75	\$1.00
	Management of Cancer	\$5,424	\$1,360	\$0.06	\$0.13	\$0.14

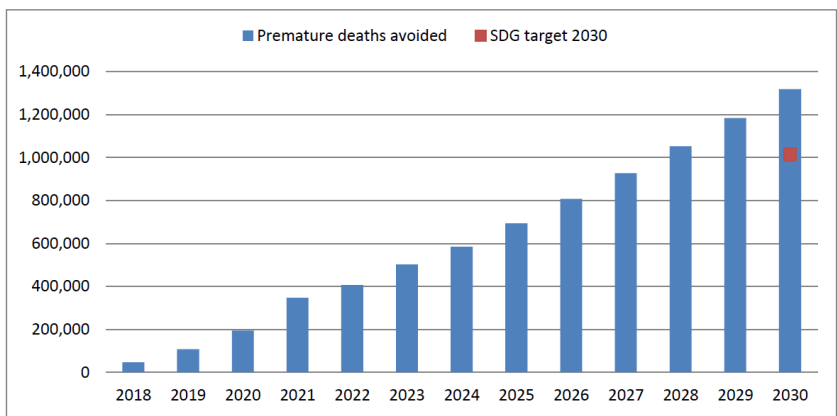
3.2 Health benefits

Saving lives, spending less estimated that NCDs are responsible for approximately 8.5 million premature deaths per year in low and lower middle-income countries. Implementing the best-buy interventions was estimated to prevent 8.1 million premature deaths by 2030. This represented a reduction of almost 15 percent in total premature mortality due to NCDs, however when looking at CVD alone – which is the major health outcome of many of the best buys – the SDG target would be reached by 2028 and

outcomes and costs in an integrated way across programmes and interventions, OHT has been used for previous global “investment cases”, including cardiovascular disease, reproductive, maternal, newborn and child (RMNCH) health and mental health, as well as for the cost and impact analysis for the SDG Health.

surpassed by 2030 (Figure 1).

Figure 1. Deaths avoided and SDG target for CVD mortality



In addition to mortality prevention, *Saving lives, spending less* estimated that these interventions would prevent many primary events from occurring, as many as 17 million stroke and ischemic heart disease events by 2030 (Table 3). Consequently, people will live longer, happier, healthier lives, with 72 million additional healthy life years lived.

Table 3. Health impact associated with scaling up best-buys

Policy	Lives saved		Healthy Life Years Gained		IHD + Stroke Cases Avoided	
	Total lives saved, cumulative 2018 - 2023	Total lives saved, cumulative 2018 - 2030	Total HLY, cumulative 2018 - 2023	Total HLY, cumulative 2018 - 2030	Total cases avoided, cumulative 2018 - 2023	Total cases avoided, cumulative 2018 - 2030
Total package of all 16 best-buys	1,544,681	8,171,626	11,780,877	81,503,254	5,534,863	17,207,993
Beste-buys sub package						
Reduce Tobacco Use	56,928	352,275	1,216,542	8,364,550	280,536	906,897
Reduce the harmful use of alcohol	14,217	96,863	5,550,391	32,082,596	9,901	56,034
Reduce Unhealthy Diets	64,656	1,196,934	537,312	11,231,040	266,438	2,668,144
Reduce Physical Inactivity	1,218	10,173	11,584	110,831	8,043	29,628
Pharmaceutical management of CVD	1,147,735	5,560,231	2,607,893	20,593,805	839,478	3,938,440
Management of Cancer	140,047	670,346	-	-	-	-

3.3 Economic benefits of investment

Saving lives, spending less highlighted that investing in NCD prevention and management has not only health but economic benefits. People without NCDs work more days per year and work more productively. Preventing deaths from NCDs increases the volume of the workforce, also contributing to economic growth. Investing in the NCD best buys yields a return of at least \$7 for every \$1 invested by 2030. The economic benefits amount to \$2.05 per person, per year on average by 2023, growing to an average of \$9.03 per person per year between 2023 and 2029, and peaking \$14.06 per person per year in 2030.

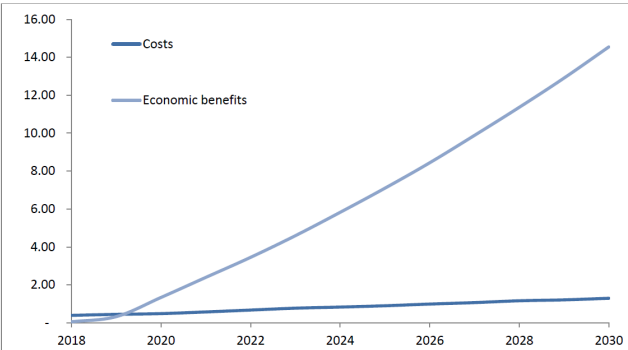
When considering that many of these interventions are preventive, and the full impact will be seen over a generation, this is a strong return over only 12 years (Table 4). The highest return on investment is seen for investment in sodium reduction policies, which have a large health impact for a very low average cost.

Table 4. Economic benefits of best buys implementation

	Policy	Low income countries	Lower-middle income countries	Overall
Best-buy's sub package	Total package of all 16 best-buys	\$ 2.05	\$ 8.01	\$ 7.43
	Reduce Tobacco Use ²	\$ 5.01	\$ 7.98	\$ 7.63
	Reduce the harmful use of alcohol	\$ 3.45	\$ 9.51	\$ 9.13
	Reduce Unhealthy Diets	\$ 5.61	\$ 13.61	\$ 12.82
	Reduce Physical Inactivity	\$ 0.72	\$ 3.28	\$ 2.80
	Pharmaceutical management of CVD	\$ 1.14	\$ 3.54	\$ 3.29
	Management of Cancer	\$ 2.25	\$ 2.76	\$ 2.74

Due to the nature of these preventive interventions *Saving lives, spending less* indicated the differential timing between the costing and health and economic benefits. The economic benefits steadily rise over this 12-year period, not yet reaching the plateau (Figure 2).

Figure 2. Costs and economic benefits of the best-buy strategy



Annex 6: Summary of NCD and mental health country-based investment cases undertaken by the WHO-UNDP global joint programme to catalyze multisectoral action

Background

A key component of the WHO-UNDP Joint Programme on catalyzing multisectoral action on NCDs has been the development of national NCD and mental health investment cases - country-tailored economic and institutional analyses of current and potential future interventions to prevent and control NCDs and improve mental health to advocate for greater resources for NCDs and attention on the WHO best buys and other recommended interventions. NCD investment cases have been ongoing for around 4 years, while mental health investment cases started in 2019.

The investment cases assist governments in quantifying the costs of inaction on NCDs and mental health – to the health sector and the economy at large – and the benefits of scaled-up action. The investment cases serve as powerful tools to make compelling, evidence-informed advocacy case for NCD and mental health investments. They provide governments with a comprehensive assessment of the NCD and mental health burden, identify priority areas for action, and estimate the cost and returns from recommended packages of preventive policy and clinical measures, incorporating social, economic, and political perspectives. Using an economic frame for identifying NCD and mental health costs and burden are instrumental in drawing political attention to the need for greater action.¹⁰² In line with this, quantifying the costs of interventions, as well as their returns on investment (ROI), has become a frequent request from Member States in recent years.

Since 2016, the WHO-UNDP Joint Programme has jointly developed and launched NCD investment cases in 20 countries in 4 WHO regions.

Approach

There are two components to the NCD and mental health investment cases – an economic component and an institutional and context analysis (ICA).

The economic analysis provides an estimate of the economic burden of NCDs in a country, an estimate of the investment required to implement the recommended NCD intervention packages, and an assessment of the expected economic return from strengthening the national NCD policy. Four major categories of NCDs are considered: cardiovascular diseases, cancers, respiratory diseases, and diabetes.

To estimate the burden of NCDs and mental health conditions, the investment cases calculate both the direct costs associated with government spending on health care / social security (e.g. disability benefits) and the indirect losses from reduction of the working population and decreased workplace productivity (i.e. from absenteeism and presenteeism).

The packages of recommended interventions are identified based on the evaluation of the existing NCD measures and policies in a country, identification of gaps in scope and coverage, and the selection of the

¹⁰² Heller O. et al. (2019). The process of prioritization of non-communicable diseases in the global health policy arena. Health Policy and Planning. <https://academic.oup.com/heapol/article/34/5/370/5519067>

most appropriate cost-effective actions based on the WHO ‘best buys’.

Finally, an ROI analysis estimates the potential return from investing in the identified set of country-specific priority interventions, in terms of averted disease/mortality and resulting economic benefits, relative to the costs of implementation.

ICA component to help understand the diverse range of institutions, actors and stakeholders that influence NCD-related policy in a particular context. The ICA provides recommendations to help ensure that the numbers, narratives and policy options emerging from the economic modelling are heard, understood and acted upon. The economic and ICA components together make the case for a whole of government, multisectoral response; identifying roles of responsibilities for institutions beyond the health sector alone.

The detailed methodology for the investment cases is available elsewhere.^{103,104}

Results

The results of the NCD investment cases indicate a very high ROI on investment in preventive policy interventions, such as the intervention aimed at reducing tobacco and alcohol consumption, and at promoting physical activity and healthy diets – in particular reduction in population levels of dietary salt intake.

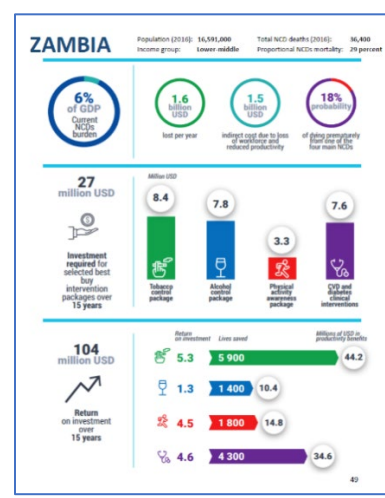
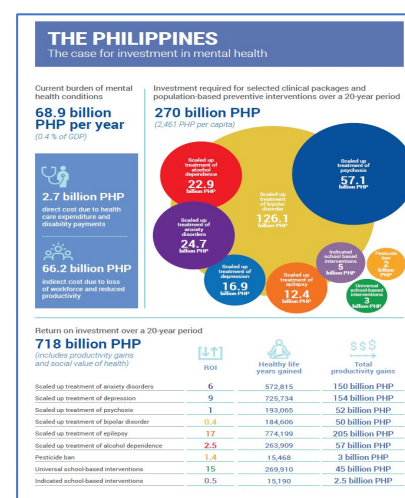
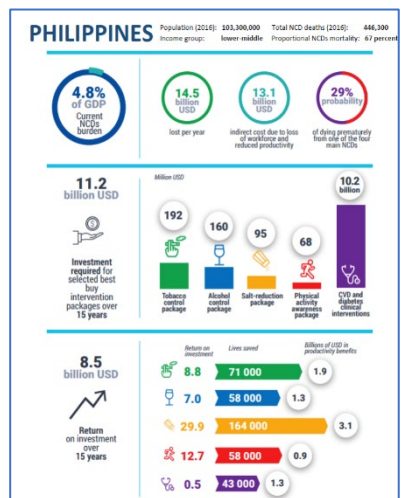
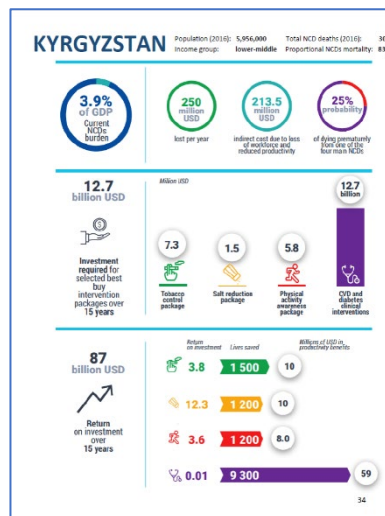
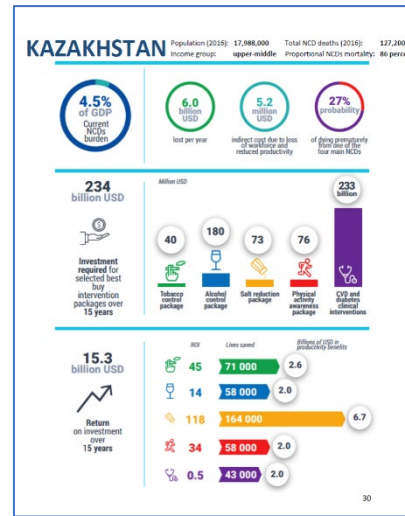
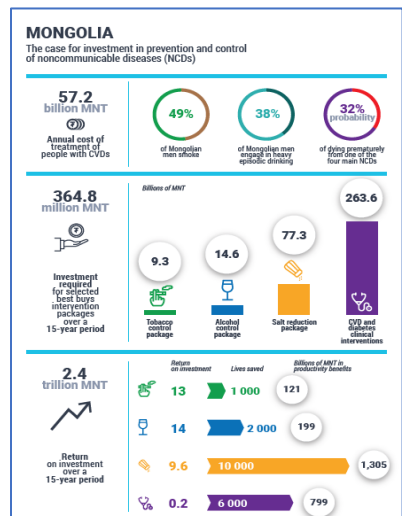
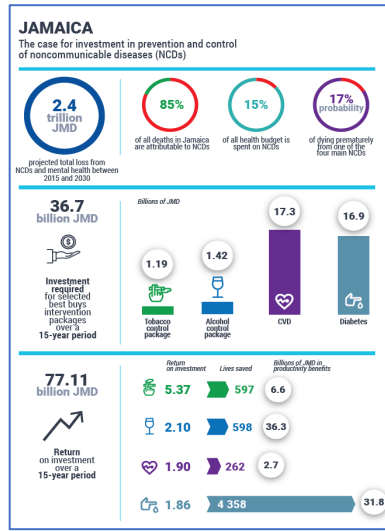
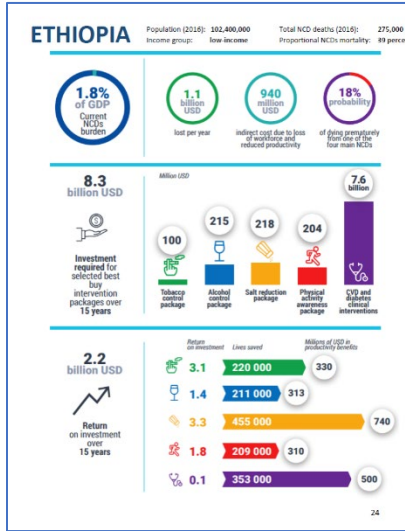
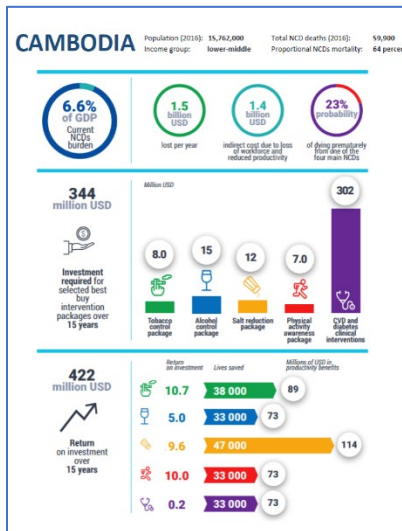
These findings are consistent with the conclusions of the NCD Global Business Plan, *Saving Lives, Spending Less* but are particularly powerful because they are using country-data where possible and include an institutional context analysis. In most countries, preventive intervention packages yield positive returns already after the first five years of implementation. Furthermore, in most countries the cost of implementation of these packages over the period of 15 years represents just a fraction of the annual economic losses from NCDs. The cost of implementation over 15 years also tends to be below 10 percent of the annual total health expenditure.

The clinical interventions have lower ROI, because of much higher costs of implementation; yet, in most countries their social impact is among the highest, as the help to avert many thousands of premature deaths.

¹⁰³ WHO and UNDP. NCD prevention and control: a guidance note for investment cases. 2019. <https://www.who.int/ncds/un-task-force/publications/WHO-NMH-NMA-19.95/en/>. WHO and UNDP. Mental health: a guidance note for investment cases (in press).

¹⁰⁴ Avenir Health, (2017), OneHealth Tool [website], Glastonbury (CT): Avenir Health (<http://www.avenirhealth.org/> software-onehealth.php, accessed September 2019).

Summary results from NCD investment cases in 8 countries and an investment case in one country are shown below.



Once conducted, the NCD investment cases are launched at multistakeholder forums to catalyze action in implementing the report's recommendations, including:

- National plan development, prioritization and costing, and government-led fund allocation in line with broader efforts to strengthen health systems;
- Development and implementation of optimized fiscal, legislative and regulatory policies;
- Increasing access to quality health services – including through effective procurement of NCD medicines, diagnostics and equipment;
-
- Policy coherence across governments, sectors and their partners;
- Strengthening community awareness, ownership and engagement for population-wide responses.

NCD Investment cases highlight the opportunity to achieve significant improvement in health outcomes through comparatively low-cost action. The Health4Life Fund will be crucial in catalyzing the necessary actions that countries need to take to implement the most cost-effective interventions to prevent and control NCDs and improve mental health.

Annex 7: New commitments that Member States made in the 2018 Political Declaration

Paragraph	Status	New
17	New	Strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of noncommunicable diseases by promoting greater policy coherence and coordination through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response
21	New	Promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for noncommunicable diseases, and promote healthy diets and lifestyles
23	New	Implement cost-effective and evidence-based interventions to halt the rise of overweight and obesity, in particular childhood obesity, taking into account World Health Organization recommendations and national priorities.
24	New	Develop, as appropriate, a national investment case on the prevention and control of noncommunicable diseases to raise awareness about the national public health burden caused by noncommunicable diseases, health inequities, the relationship between noncommunicable diseases, poverty and social and economic development, the number of lives that could be saved and the return on investment.
25	New	Take measures to better prepare the health systems to respond to the needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care for older persons, taking into account the disproportionate burden of noncommunicable diseases on older persons, and that population ageing is a contributing factor in the rising incidence and prevalence of noncommunicable diseases.
31	New	Increase global awareness, action and international cooperation on environmental risk factors, to address the high number of premature deaths from noncommunicable diseases attributed to human exposure to indoor and outdoor air pollution, underscoring the particular importance of cross-sectoral cooperation in addressing these public health risks.
32	New	Promote healthy communities by addressing the impact of environmental determinants on noncommunicable diseases, including air, water and soil pollution, exposure to chemicals, climate change and extreme weather events, as well as the ways in which cities and human settlements are planned and developed, including sustainable transportation and urban safety, to promote physical activity, social integration and connectivity
33	New	Encourage the adoption of holistic approaches to health and well-being through regular physical activity, including sports, recreation and yoga, to prevent and control noncommunicable diseases and promote healthy lifestyles, including through physical education
37	New	Implement measures to improve mental health and well-being, including by developing comprehensive services and treatment for people living with mental disorders and other mental health conditions and integrating them into national responses for noncommunicable diseases, and addressing their social determinants and other health needs, fully respecting their human rights.
38	New	Promote access to affordable diagnostics, screening, treatment and care, as well vaccines that lower the risk of cancer, as part of the comprehensive approach to its prevention and control, including cervical and breast cancers
40	New	Strengthen the design and implementation of policies, including for resilient

		health systems and health services and infrastructure to treat people living with noncommunicable diseases and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events
42	New	Promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of noncommunicable diseases, and to contribute to their implementation, forge multistakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by noncommunicable diseases.
44	New	Invite the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat noncommunicable diseases to reach health and development objectives by: ...
45	New	Establish or strengthen transparent national accountability mechanisms for the prevention and control of noncommunicable diseases, taking into account government efforts in developing, implementing and monitoring national responses for addressing noncommunicable diseases and existing global accountability mechanisms.