

The case for investing better in noncommunicable diseases – even in times of crisis

Position paper from the Coalition for Access to NCD Medicines and Products

In today's turbulent landscape of constrained budgets and competing priorities, there is a risk that leaders will categorize noncommunicable diseases (NCDs) as too large and difficult to address now, and think, "this can wait." This reflex is a missed opportunity—especially for leaders seeking a guaranteed win for their people, their budget, and their economy.

NCDs are the leading cause of early deaths globally, responsible for **3 in every 4 premature deaths**.¹ These conditions often have a misleading reputation of being "slow-moving" or "long-term"—and therefore less urgent—but the reality is starkly different. Every year, we pay the price of inaction: an average of **USD \$2 trillion** in lost productivity and health care costs and **43 million lives** gone too soon to treatable and preventable diseases.^{2,3}

That's right: treatable and preventable. This is one problem that we can already solve for—we have the tools and solutions, but we just need the will to use them at scale. In 80% of cases, we know how to stop people from getting NCDs and help people with NCDs to live in good health, rather than suffer or die prematurely.⁴ In particular, ensuring everyone can get the safe, effective, and high-quality medicines and health technologies they need, when and where they need them, and without financial hardship, is critical to avoid costly complications, loss of productivity, and preventable deaths. The World Health Organization estimates that one-third of the world's population lacks access to essential medicines and diagnostics—a proportion that increases to 50% in the poorest regions. In many countries, these lifesaving NCD products come at a heavy out-of-pocket cost, imposing a terrible financial burden on individuals and disproportionately affecting the most vulnerable.⁵

There is no time to lose. It only takes one disruption for NCDs to overwhelm our health systems and economies. From pandemics to extreme climate shocks, people with an underlying noncommunicable or mental health condition are often hit first and hardest, driving up emergency room visits, weeks of lost earnings, and tragic losses of life far beyond what the original crisis might have caused on its own. During COVID-19, people living with NCDs made up **60-90%** of people killed by the virus.⁶

The good news: since NCDs only get more deadly and expensive if left alone, every step forward or faster will make a positive difference toward saving lives and

spending less. In fact, NCD solutions offer a **19:1 return on investment**, and many co-benefits for other areas of health and the environment.⁷

Three Priorities to Invest Better

Done right, investments in NCDs can do more than avert death and economic loss: they can help strengthen health systems, reduce inefficiencies, and accelerate progress toward healthier, more resilient communities. We—as members of a multisectoral coalition—urge leaders to make commitments and **invest better in NCDs through: (1) better national health spending; (2) better supply chains; and (3) better financing data.**

1. Prioritize health in the national budget, including by reclaiming counterproductive public spending on unhealthy products and adopting a primary health care (PHC) approach that puts people first

When budgets are tight, a clear place to begin investing better at the national level is to **spend less** on unhealthy products—like tobacco, alcohol, and sugar, and fossil fuels, which all worsen NCDs—and instead **spend more and better** on helping people stay healthy and get the care they need.

Reclaim money spent on unhealthy products to reduce negative health impacts and increase fiscal space for essential health and public goods:

- **Adopt excise taxes for unhealthy products like tobacco, alcohol, sugar:** While NCDs encompass many different diseases, most these conditions share modifiable risk factors, including tobacco use, alcohol use, and unhealthy diet. These factors and behaviors are deeply shaped by the policy environment—influencing everything from food on store shelves to a pack of cigarettes being cheaper than a life-saving medicine. Implementing excise taxes is a proven way to reduce public consumption of tobacco, alcohol, and excessive sugar, while providing a boost to domestic revenue. A recent study argued that a high level of tobacco taxation is "by far the most important intersectoral policy" to help achieve a 50% reduction in the probability of premature death by 2050.⁸ Despite proven benefits, this solution remains greatly underused⁹—and is a particularly

promising option for leaders seeking actionable solutions.

- **Reduce subsidies for fossil fuels:** There is broad scientific consensus that human reliance on fossil fuels is harming our health and exacerbating NCDs on multiple levels. For one, fossil fuels are the single biggest contributor to air pollution—one of the five major modifiable risk factors for NCDs, responsible for 7 million deaths per year¹⁰—and their extraction sites have been linked with increased local risks of cancer and terminal respiratory illness. Moreover, greenhouse gas emissions from fossil fuels are also rapidly heating our planet, causing a range of health threats from extreme heat to worsening food quality and supply chain disruptions—all of which pose significant risks to people with NCDs.¹¹ Despite this, in 2022, the world still gave **USD \$7 trillion** in implicit and explicit subsidies to the same fossil fuel companies that pollute the air, harm our planet, and worsen NCDs.¹² To put this in perspective, **redirecting 0.25% of that amount—just 25 cents of every \$100—would foot nearly the entire bill (~97%) for the most efficient package of NCD interventions to be implemented in every region of the world.** In full, this package would save 39 million lives and add 2.7 trillion to the global economy in 7 years.¹³

Maximize value for money in the national health budget:

- **Design better systems for health by prioritizing a PHC approach in all national policies and health investments:** Strong PHC is the foundation of strong health systems and smart, efficient health financing. When resourced properly, PHC can address most people's health needs across their lifetime, ensuring they get the right care, at the right time, in their community. This is a winning strategy to improve health outcomes, reduce fragmented spending, and rebuild trust in public institutions. For people living with chronic conditions that often come with co-morbidities, primary care is a critical lifeline to ensure that no aspect of their care is neglected. Moreover, with an estimated **70% of NCDs** linked to risk factors in childhood and adolescence, strong PHC ensures every child can grow up in a community that promotes and protects health from their earliest days,¹⁴ including regular touchpoints with trusted, trained, and paid health workers. Kenya has been a leader in advancing integrated NCD/PHC care as part of their recent health system reform, establishing a Primary Healthcare Fund in 2023 to help more people access essential health care—from NCD screening to first-line NCD care—for free at point of delivery. Outside of the clinic, prioritizing a PHC approach at the national level helps ensure that people's physical and mental

health is top of mind when designing systems for education, food and agriculture, urban planning, environmental protection, business, and others.

“We have made a policy change in terms of how the services are provided—now they are decentralized. Now facilities manage funds including for procurement. Now more patients are going back to primary health care level.”

– Dr. Bakari Salum
NCD Lead, President's Office–Regional Administration and Local Government in Tanzania

- **Keep out-of-pocket health expenses below 20% of national health spending¹⁵** so that no one is forced to choose between lifesaving NCD medicine and basic living expenses, like food. Out-of-pocket health costs are detrimental to all health outcomes—fueling the vicious cycle of poor health and financial hardship—and an extremely inefficient way to finance a health system. People with NCDs globally have been estimated to pay **2x more per clinic visit** than people with communicable diseases.¹⁶ Paradoxically, this means that people who cannot immediately afford to seek help for an NCD may



Photo: PATH

end up unnecessarily paying double and requiring more intensive support and resources from the health system. For chronic diseases, those costs add up fast: people living with NCDs are more likely to reach a catastrophic level of health spending over multiple clinic visits, rather than as a result of a single health shock.¹⁷ Ghana is taking steps to address this, recently establishing the National Medical Care Trust Fund (NMCTF)—to be funded by health taxes and earmarked revenue streams from extractive sectors—as an additional financial safety net to help individuals living with NCDs avoid catastrophic health costs, complementing free NCD screening and basic care offered through the National Health Insurance Scheme.

2. Target and reduce the biggest inefficiencies across the supply chain

There are countless opportunities to save lives, money, and time by delivering health services more efficiently, especially when it comes to strengthening supply chains for NCD medicines and products, from planning to last mile delivery.

- Plan better: Strengthen forecasting to improve how we buy and supply essential medicines and products for NCDs.** Better access to essential medicines and vaccines could save **10 million lives** per year. But to achieve this, we have to break down barriers that prevent use of reliable data for planning. Even though many countries have been able to successfully forecast demand for medicines for major infectious diseases, the same progress has not translated to NCD-related medicines.¹⁸ This largely gap stems from a lack of reliable forecasting capacity and tools, leading the Coalition to develop a **forecasting tool (NCD4Cast)** that has been trialed in Africa in partnership with local ministries of health and forecasting experts. By investing in better data for forecasting and adopting more efficient procurement practices—such as joint price negotiations and volume guarantees—we can reduce waste and make supply chains more efficient, transparent, and ready to deliver NCD commodities to those who need them.
- Regulate better: Harmonize regulatory requirements to increase availability of NCD medicines and products.** While effective and high-quality NCD medicines, diagnostics, and products exist, varying regulatory requirements and uncertain timelines can delay or deter product registration—limiting in-country availability of these essential commodities. Advancing regional initiatives to harmonize regulatory mechanisms (production, prequalification, and trading) and including NCD products in national essential medicines and

Driving accurate NCD commodity forecasting and planning:

The Coalition-developed NCD4Cast, a forecasting program adaptable to any country, provides technical guidance, methodologies, and supportive tools to facilitate more accurate quantification and costing for NCD-related commodities; ensures alignment between supply and need; and develops a five-year country commodity forecast to inform financing and procurement processes. The tool was piloted in Kenya, Ghana, and Uganda, with results incorporated into five-year costed county forecasts for hypertension and diabetes medicines (Kenya) and used for national forecasting and advocacy (Uganda and Ghana). In Uganda, this led to the passing of a parliamentary motion urging the government to provide free diabetes and hypertension medicines. Kenya is expanding use of NCD4Cast to further strengthen their forecasting approach based on early lessons.

*“In partnership with the Coalition, we piloted the **forecasting tool**: there was a huge discrepancy between what the county needed and what they had been procuring. NCD4Cast has now been mainstreamed into the national Logistics Management Information System managed by the Kenya Medical supplies Agency. This has led to improved accuracy and efficiency in forecasting NCD commodity needs resulting in better planning, procurement, and distribution.”*

- Gladwell Gatheca

Ag. Head, Division of NCDs, Kenya Ministry of Health

diagnostics lists and drug procurement systems can alleviate market entry barriers, enabling more NCD medicines and products to be registered, thus driving greater supply and affordability.

- Price better: Make NCD medicines and products more affordable with better pricing and financial protection policies.** One of the most critical ways to protect people with NCDs and ensure more efficient health financing overall is to ensure that medicines keeping people healthy are also not burying them in debt. This means exploring mark-up regulations across the supply chain, from manufacturer to clinic; using better data to prioritize products that offer the greatest value for money; and ensuring that financial protection schemes explicitly include NCD medicines and products, putting the most vulnerable communities first.

- **Integrate better: Ensure every person can access NCD screening, diagnosis, and treatment as part of PHC in their community.** NCD investments and programs must be designed carefully to avoid creating parallel systems focused on NCDs alone—which may lead to redundant efforts, confusion within communities, and missed opportunities to make connections between NCDs and other health issues. Instead, leaders should seek every opportunity to integrate early NCD screening, diagnosis, and treatment into existing facility and community PHC entry points. In Indonesia, as a response to increasing rates of stroke, heart disease, and cancer, the government launched a nationwide initiative in 2025 to screen 280 million individuals for key NCD risk factors—including blood pressure, blood glucose, cholesterol, and inflammation markers—through community and PHC platforms. Since the launch, between 5 to 6 million people have been reached each month. By giving people more choices of where, when, and how to get the NCD care and treatment they want and need, countries can increase use of these cost-effective services while preventing costly and deadly NCD morbidities.

“Now, NCD services are integrated in all service points. We’ve proved that integration is possible and doesn’t compromise achievements of [other] programs.”

- Dr. Gerald Mutungi
Assistant Commissioner—NCDs, Uganda Ministry of Health

Advancing affordable co-packaged self-care models for enhanced NCD care: Diabetes CarePak aims to increase affordable access to supplies and information for safe insulin administration and self-care for people living with diabetes. CarePak leverages human-centered design to create, refine, and sustainably scale a bundled package of essential diabetes self-management tools, such as glucose monitoring supplies, syringes, and informational material. Across five countries, use of CarePak reduced blood glucose levels; randomized control trial results from Tanzania showed CarePak significantly improved A1C, self-care practices, and quality of life among people living with diabetes. CarePak has been critical to improving diabetes treatment outcomes, due to more convenient and affordable access to supplies that enable self-management. It has been shortlisted for regional expansion to strengthen access to NCD medicines and products.

- **Supply better to leave no one behind: Innovate to safeguard availability of medicines, diagnostics, and health products at the last mile.** Whenever a client arrives at a PHC service delivery center to find no medicines, diagnostics, and health products, it undermines every other investment that has gone into that center before—from staff pay to building maintenance and time to gain community trust. There are innovative ways to reduce pressure on PHC service delivery centers and make medicines and products available to more people who need them, even beyond the reach of the formal health system. Some of these innovations may include decentralized pick-up locations, community delivery through patient associations and community health workers, multi-month dispensing, and cost-effective bundling solutions.

“One of the most important strategies we’re looking at is shifting to the community—ensuring medicines are available to people where they need them most.”

- Dr. Wallace Odiko-Ollennu
Ag. Program Manager, NCD Control Program
Ghana Health Service

3. Track and show the flow of NCD spending, from budget to real-world benefit, to maximize impact and make sure every NCD financing decision is an informed decision.

With so many lives and livelihoods at stake, leaders and communities need to know how much money is being spent on NCDs, where the money is going, and whether it is delivering results. These persistent gaps in basic NCD financing data—especially in countries where NCDs are the leading cause of early death and where routine data is collected on other issues—are both a major barrier to efficient and effective health spending and a sign that political will and accountability may be focused elsewhere. However, there are important ways to strengthen data for decision-making for countries focused on reducing the human and financial toll of NCDs.

- **Improve local NCD data quality:** Local data on NCDs is essential for driving evidence-based resource allocation, more accurate forecasting, and more responsive decision-making and care. However, it is crucial to ensure that local data collection efforts do not overburden

community health workers or eclipse their ability to fulfill their core duties. Accompanying Indonesia's NCD screening initiative are government-driven reforms to enhance Indonesia's PHC system, including equipping community health workers with digital tools for enhanced client management and improved client-level data collection, which will support strengthening of Indonesia's national health database, not only to monitor screening coverage but to also generate actionable, population-based data.

- **Transparently report on how tax revenue from unhealthy products is reinvested in health and public goods:** While excise taxes have been recognized as a powerful policy tool for influencing health-seeking behavior and generating additional domestic revenue (see priority 1), countries rarely report on how that money is spent. Ideally, in keeping with the original goals of the excise tax, this new revenue stream would be channeled into increased investments to improve human health and wellbeing. But without transparent reporting, the opposite could also be true. Leaders who have committed to reclaiming unhealthy spending to improve health should equally commit to transparently tracking and sharing how this spending has been redirected towards health care delivery and system.

Across all actions, **partnership across sectors** is key to preventing NCD complications and deaths through greater access to affordable NCD medicines and technologies. It allows for greater understanding of NCDs, their many determinants, and the implications for all stakeholders; more innovative and accelerated policy change and programming; and better data, knowledge sharing, and collaboration to strengthen all efforts.



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Conclusion

When the going gets tough, real leaders don't stop investing in health. They find a way to invest better.

Constraints on public resources are greater now than ever before, but leaders hold a unique responsibility to prioritize investments in health and other essential public goods. Good health is a necessary precondition for economic and social stability, whether looking at a single family, a community, or a nation. No matter what crisis is around the corner, delaying action on a solvable challenge like NCDs is a risk that people and economies simply cannot afford.

As more leaders recognize that acting on NCDs is a safe bet investment that saves lives and money, the financing question will quickly shift from "whether" to "how." Thankfully, there are many tangible, proven solutions that leaders can draw on to answer this question and lead with a people-centered approach to bring the threat of NCDs under control.

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