Resourcing for health in the COVID-19 era: Maximising bang for buck

Thursday 28 January 2021

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The George Institute for Global Health

UK Working Group on NCDs

Welcome

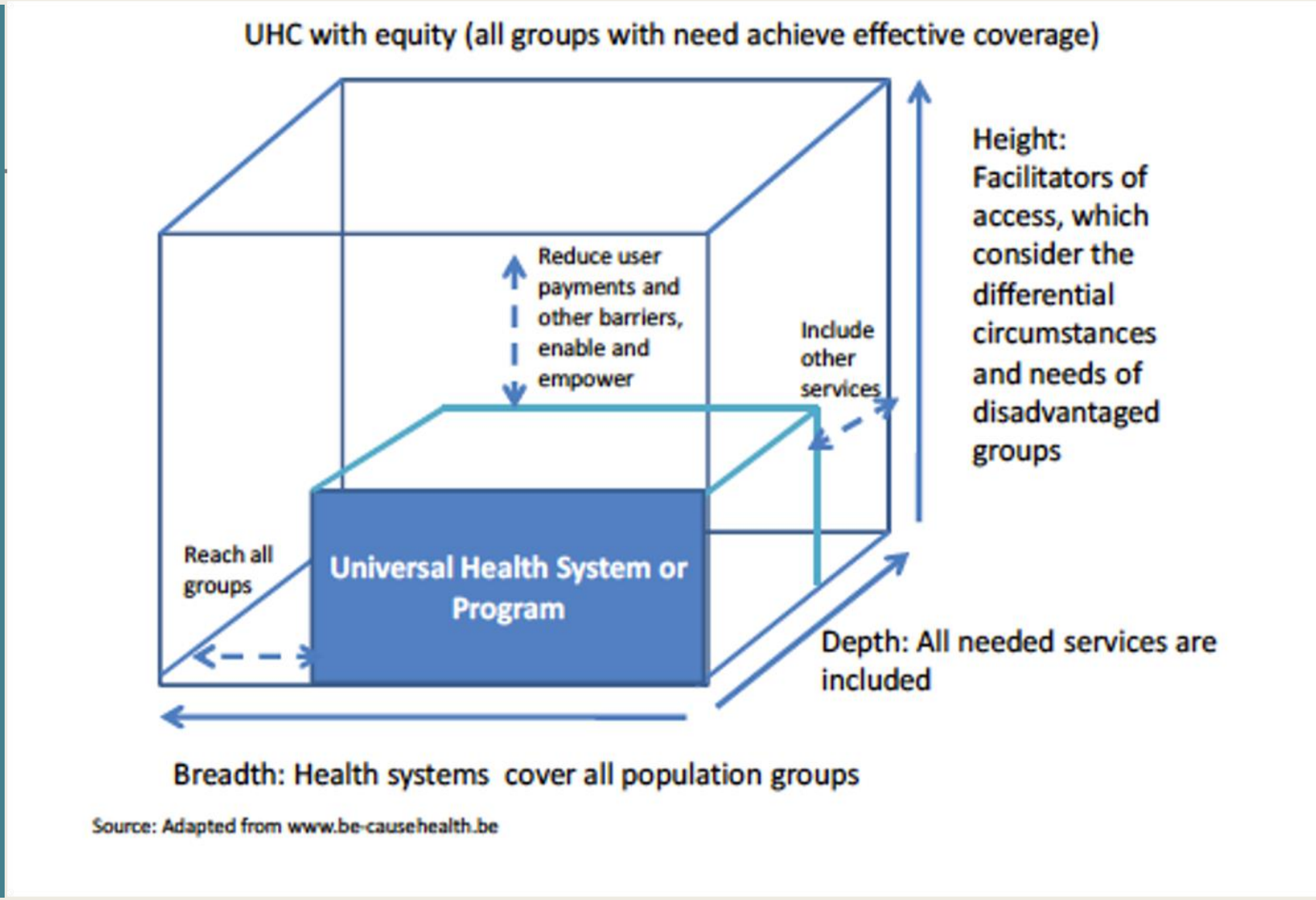
Dr Allison Beattie (UK Working Group on NCDs)

More money for health … More health for the money

Raising funds
(more money for health)

Pooling resources
(increasing efficiency, creating larger risk pools, healthy and wealthy support the sick and the poor

Spending funds
To maximise the health for the money available, with equity, balancing needs across society



More money for health

Source	Description	Examples
Direct taxes	Taxes paid by households & companies on income, earnings or profits; Paid directly to government or a mandated public agency.	Income tax, payroll tax (including mandatory social insurance taxes), corporate taxes or capital gains.
Indirect taxes	Taxes paid on what households or companies spend rather than on what is earned. These taxes are paid to the government indirectly via a third party and can be earmarked to support health.	VAT or sales tax; Excise taxes on the consumption of products such as alcohol and tobacco; import duties.
Non-tax Revenue	Revenues from state-owned companies or enterprises; Revenue from sovereign wealth funds.	Usually income from mining or other natural resources owned by the state.
Financing from external sources	Donor or other resources that flow through the treasury and are classified on the budget as income.	External financial aid; Concessional loans eg from development banks.

Source: "Raising revenues for health in support of UHC: Strategic Issues for policy makers", Matthew Jowett and Joe Kutzin, Health Financing Policy Brief No 1, WHO Geneva, 2015.

Raising funds for health

Robert Yates

@yates_rob

(Director, Global Health Programme; Executive Director, Centre for Universal Health Coverage, Chatham House)

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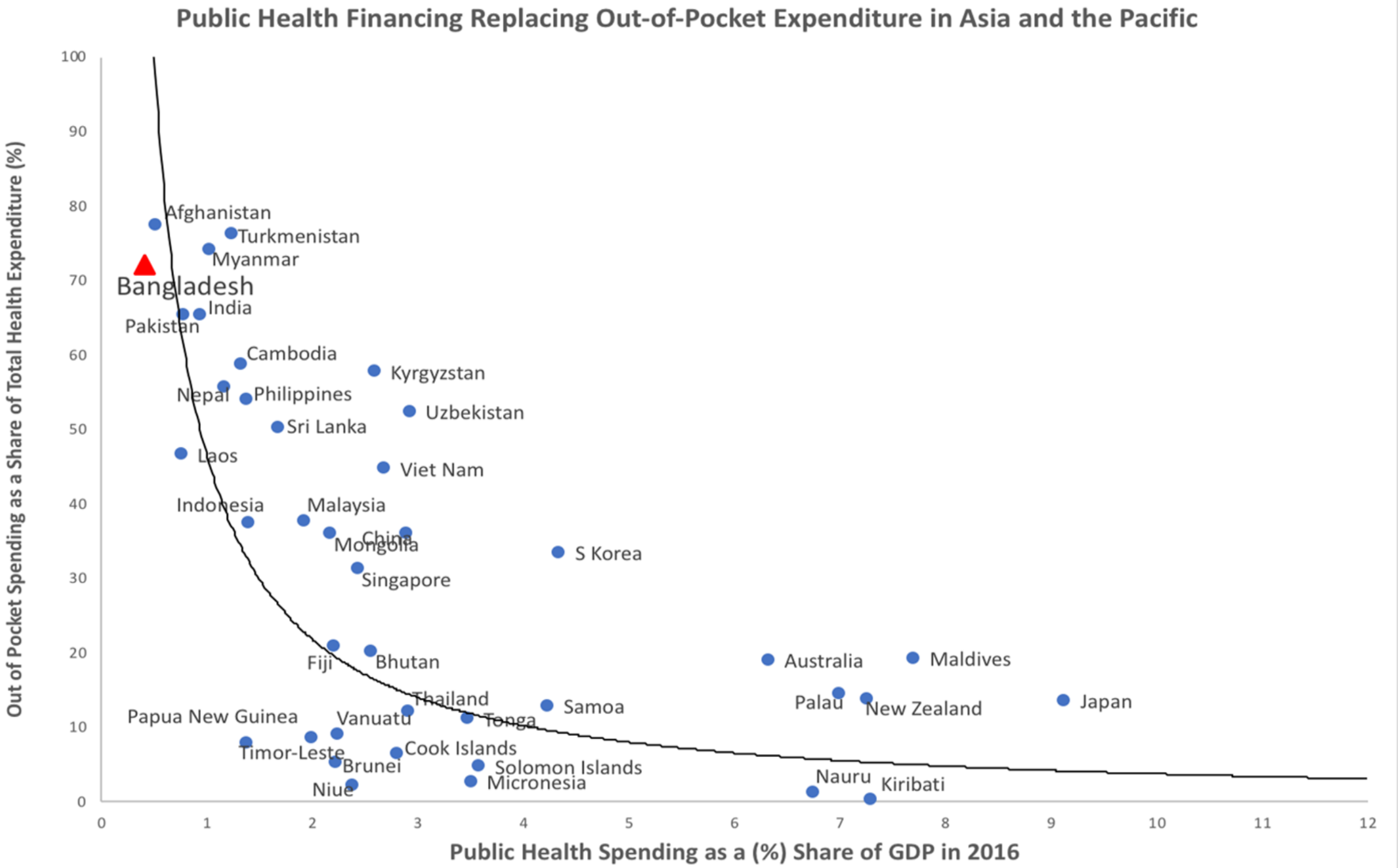
Gro Harlem Brundtland sums up the consensus on health financing for UHC

Consensus on health financing for UHC

- Market-driven privately financed systems do not lead to UHC
- The state must force the healthy-wealthy to cross subsidise the sick and the poor
- The state must be heavily involved in all three main financing functions of raising revenues, pooling and purchasing services
- Public financing (Tax and SHI) is essential – should break link between employment status and health service entitlements
- Debates about innovative financing should be restricted to public financing mechanisms


Public Health Financing Replacing Out-of-Pocket Expenditure in Asia and the Pacific
Out of Pocket Spending as a Share of Total Health Expenditure (%)
Public Health Spending as a (%) Share of GDP in 2016
0
10
20
30
40
50
60
70
80
90
100
0
1
2
3
4
5
6
7
8
9
10
11
12
Afghanistan
Turkmenistan
Myanmar
Bangladesh
India
Pakistan
Cambodia
Kyrgyzstan
Nepal
Philippines
Uzbekistan
Sri Lanka
Laos
Viet Nam
Indonesia
Malaysia
China
Mongolia
S Korea
Singapore
Fiji
Bhutan
Australia
Maldives
Thailand
Samoa
Palau
New Zealand
Japan
Papua New Guinea
Vanuatu
Tonga
Timor-Leste
Cook Islands
Brunei
Solomon Islands
Micronesia
Niue
Nauru
Kiribati

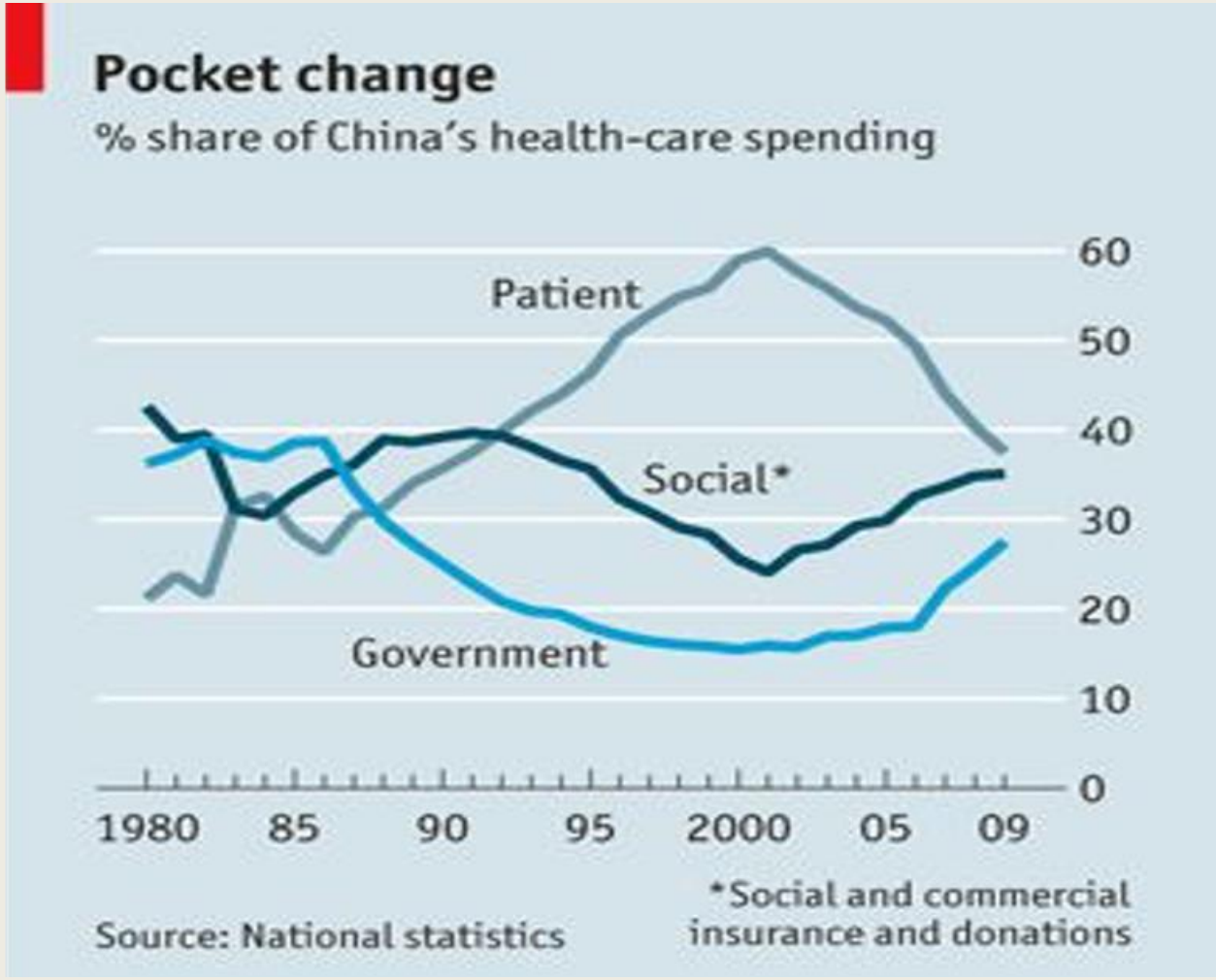
The COVID-19 crisis: a catalyst for UHC?

- A massive crisis requiring immediate head of state and cross government interventions
- Immediate responses needed in the areas of access to health services and financial protection
- A demand for UNIVERSAL entitlements
- Populations want to see results quickly
- A massive opportunity for CSOs to campaign for equitable UHC reforms including NCD services

The 1945 Labour Government launched the NHS after the crisis of World War II

PM Thaksin became a hero in Thailand when he brought the people UHC in 2002 after the Asian Financial Crisis

After the SARS crisis and considerable social unrest China re-socialised its health financing system



President Ramaphosa is gearing up to launch UHC reforms emerging from the COVID Crisis

01 Jun

Ramaphosa says govt's Covid-19 response is preparing country for NHI

news24 Qaanitah Hunter

SHARE

President Cyril Ramaphosa. (GCIS)

CSOs should hold Joe Biden to account to deliver UHC

Joe Biden
@JoeBiden

Come January, we will work quickly with Congress to dramatically ramp up health care protections, get America to universal coverage, and lower health care costs.

10:05 PM · Nov 10, 2020 · TweetDeck

Political activism is the key to increasing public financing for health

For daily updates on the Political Economy of UHC follow @yates_rob

CHATHAM HOUSE

Spending funds smarter: More health for the money

- **Pooling resources** efficiently/ avoiding fragmentation
- **Prioritisation** (with transparency… always a difficult process)
- Improving service efficiency and **value for money**
- **Reducing corruption**, mismanagement, waste
- **Integration** of services (maximizing health benefit with each contact, removing parallel systems)
- **Prevention** is better (and cheaper) than cure
- **Devolution** of services as much as possible to community level
- **Coordination** in planning, use of funds, systems strengthening

Case Study 1 – Mental health

James Sale

@UnitedGMH

(Policy, Advocacy and Financing Manager, United for Global Mental Health)

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MENTAL ILL HEALTH

This is not only a crisis of scale, but one of inaction. People who are suffering with their mental health are unable to access the support they require and illnesses that could have been prevented are not.

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OUR 21st CENTURY CRISIS

1BN

Close to **1 billion people** across the world have a mental health disorder

800K

There are an estimated **800K suicides every year**; suicides are the second largest cause of death for people aged 15-29

Depression was expected to be the **leading disease burden** by 2030

Mental ill health is the **leading cause** of ill health in women aged 15-19

Around 1 in 5 children and adolescents have a mental disorder

2%

Globally, only ~2% of health budgets are allocated to mental health

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WE ARE FACING A MENTAL HEALTH CHALLENGE LIKE NEVER BEFORE

This is a pivotal moment in the history of mental health, to determine the wellbeing of a generation.

> **Mental health needs must be treated as a core element of our response to and recovery from the COVID-19 pandemic… A failure to take people's emotional well-being seriously will lead to long-term social and economic costs to society**

- Dr. Tedros Adhanom Ghebreyesus
  WHO Director-General

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World Health Organization

EXECUTIVE BOARD
148th session
Provisional agenda item 14.3

EB148/20
8 January 2021

Mental health preparedness and response for the COVID-19 pandemic

Report by the Director-General

1. Mental health is a state of mental well-being in which people cope well with the many stresses of life, can realize their potential, can function productively and fruitfully, and are able to contribute to their communities. Mental health problems occur throughout the life course and along a continuum from mild, time-limited distress to severe mental health conditions with associated psychosocial disabilities.

2. Before the coronavirus disease (COVID-19) pandemic, almost 1 billion people globally had a mental disorder. In addition, around 50 million people have dementia, and around 250 million people have an alcohol or drug use disorder. Around half of all mental disorders start by the age of 14 years. Suicide is the second leading cause of death in young people aged 15–29 years.

3. Mental health is one of the most neglected areas of health. Across Member States, the median mental health expenditure per capita in 2017 was estimated to be US$ 2.50. According to surveys conducted in seven low- and middle-income countries, more than 75% of people with mental health conditions did not receive mental health care, despite evidence that effective interventions can be delivered in any context. People with severe mental health conditions die 10–20 years earlier than the general population, often due to undiagnosed, concurring physical diseases.

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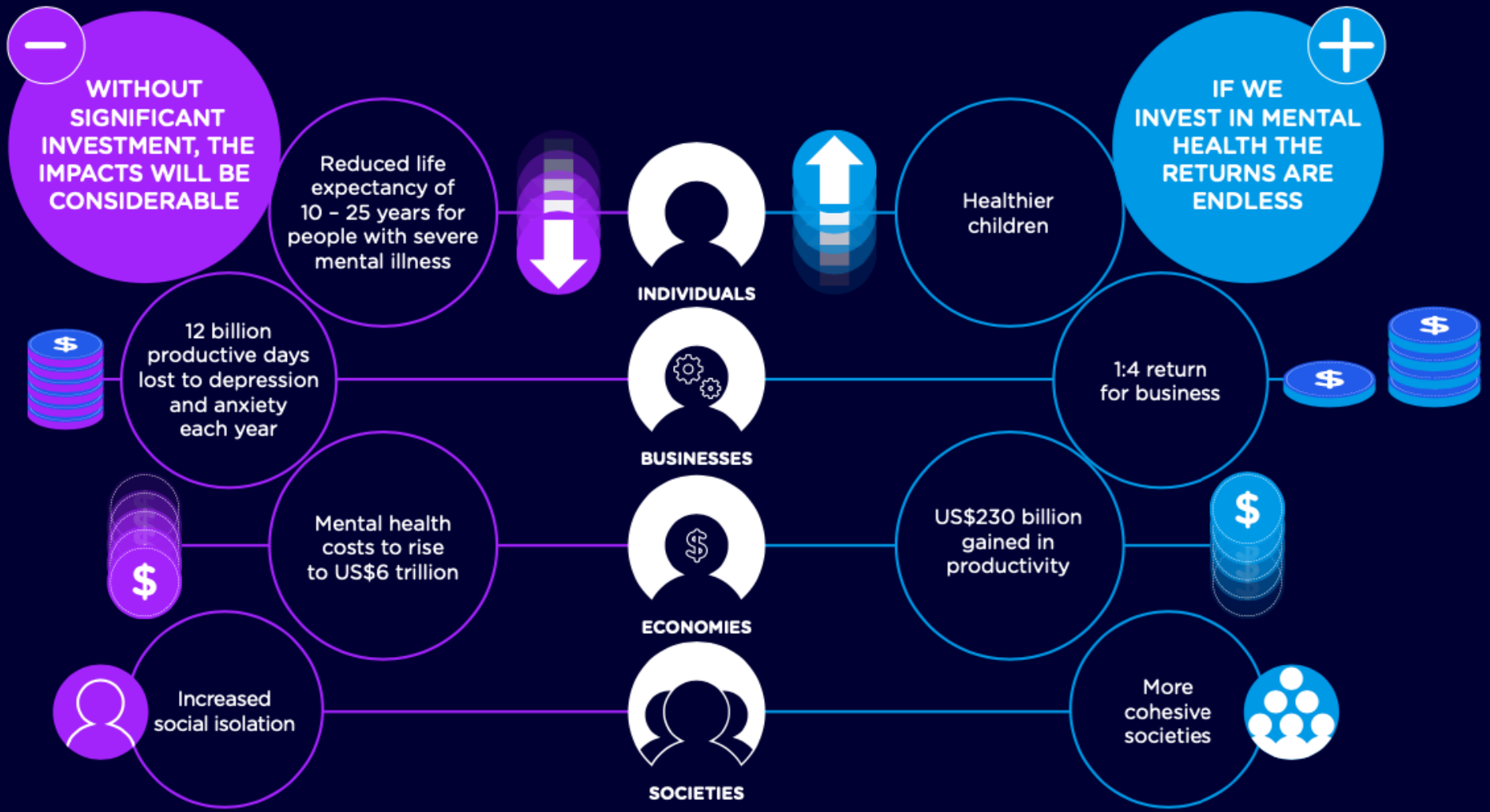
GOOD MENTAL HEALTH RELIES ON US...

INVESTING IN GOOD MENTAL HEALTH BRINGS HUGE RETURNS TO INDIVIDUAL LIVES, THEIR COMMUNITIES, BUSINESSES AND ECONOMIES, AND SOCIETY AT LARGE.

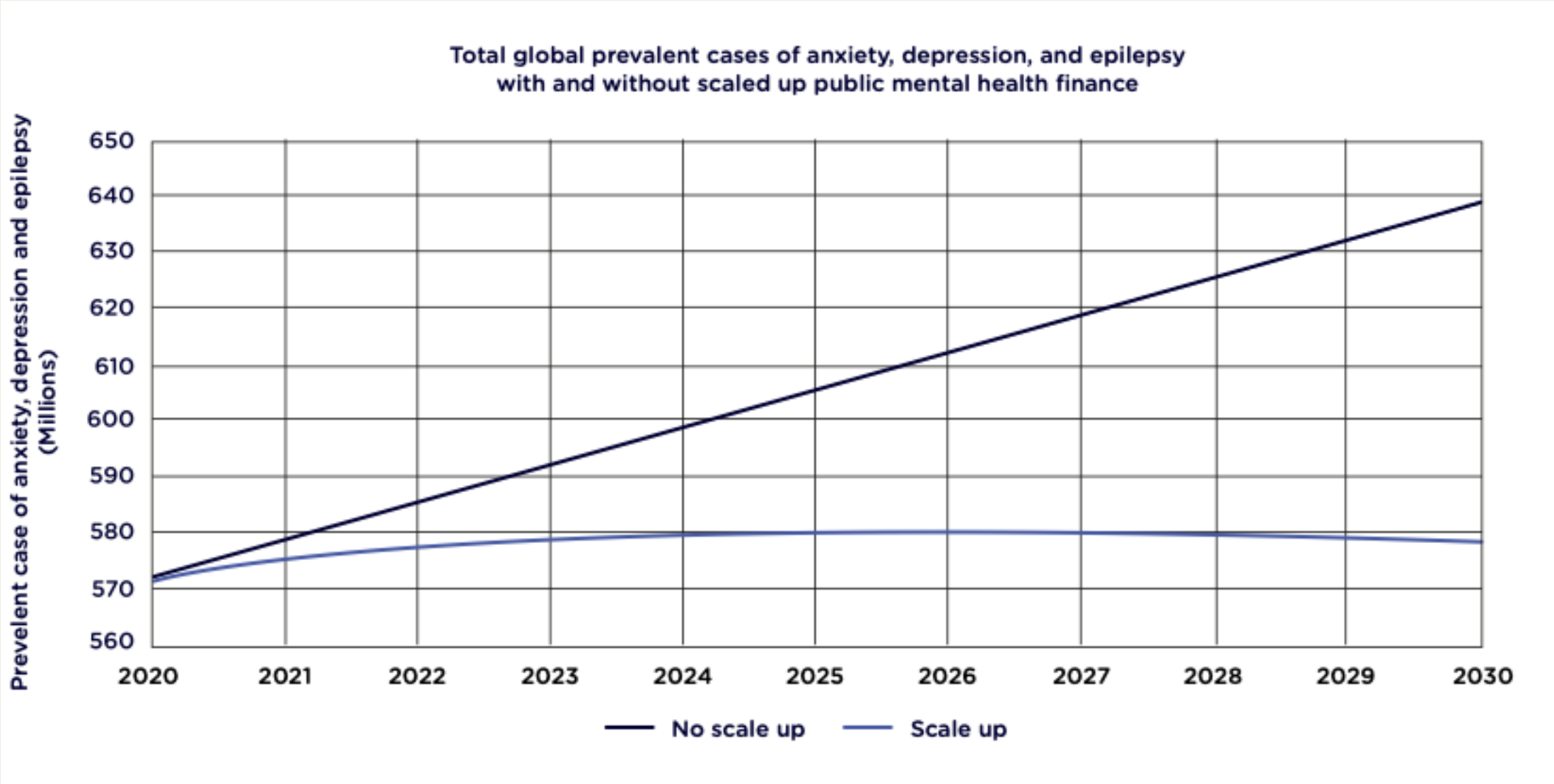


THE CASE IS CLEAR FOR A REVOLUTION IN MENTAL HEALTH INVESTMENT GLOBALLY.

SPEAK YOUR MIND

ROI RETURN ON THE INDIVIDUAL

#TimeToInvest



Source: The Return on the Individual, UnitedGMH, 2020.
Data source: WHO OneHealth Tool

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	PHASE 1			PHASE 2	PHASE 3
	2020/21	2021/22	2022/23	2025/26	2028/29
	Budget	Projection	Projection	Projection	Projection
Expenditure per person (US$)	**0.5**	**0.5**	**0.5**	**1**	**2**
Total government expenditure (US$ millions)	535	532	540	544	551
Total health sector expenditure (US$ millions)	67	70	72	79	86
Proposed mental health expenditure (US$ millions)	2.47	2.47	2.47	4.94	9.87
Proposed mental health expenditure as a percentage of total government expenditure	0.46	0.46	0.46	0.91	1.79
Proposed mental health expenditure as a percentage of total health sector expenditure	3.69	3.55	3.45	6.26	11.46
Accumulative total cost of proposed mental health expenditure (US$ millions)	2.47	4.94	7.41	22.23	51.84
Accumulative total value of returns (US$ millions)	8	16	24	72	168

We believe in a world where
everyone, everywhere
has someone to turn to when their
mental health needs support

Case Study 2 – Addressing corruption in health

Jonathan Cushing

(Head of Major Projects, Health Initiative, Transparency International)

@anticorruption
transparency.org.uk

- Public procurement ~$13 trillion per annum, or 1/3 of total govt spend.
- Estimates suggest 10-20% is lost to corruption*
- Opacity in the system means it is hard to detect

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Case Study 2 – Challenges and Responses

Threat- COVID-19

Highlighted the impact of corruption

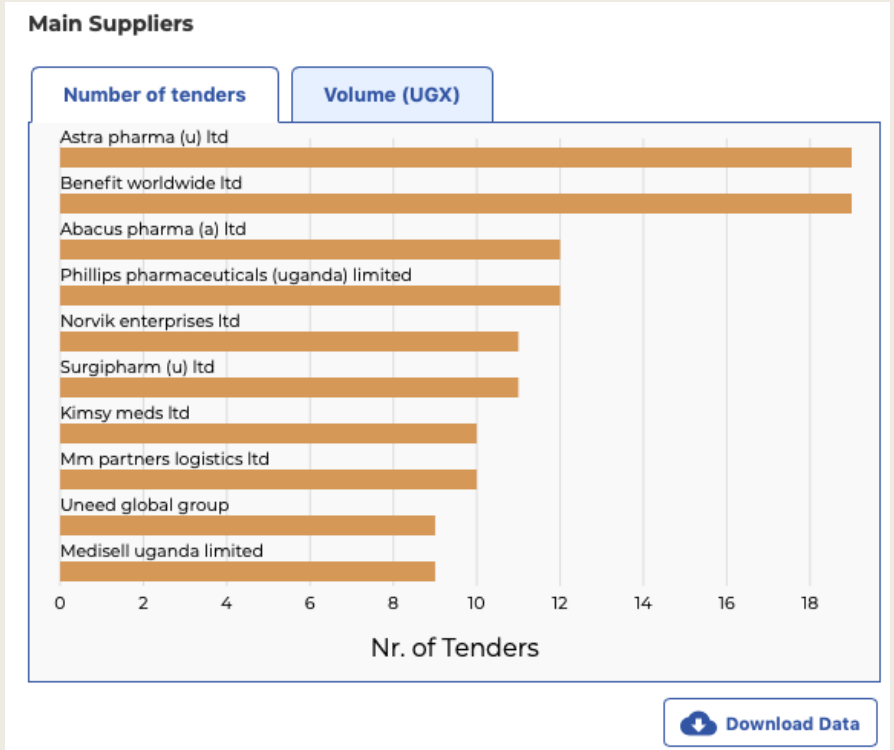
Impact of poor procurement, opaque deals – PPE etc

Response

Open Contracting

Allows governments, CSOs to view procurements

Highlight suspected corruption, inefficiencies



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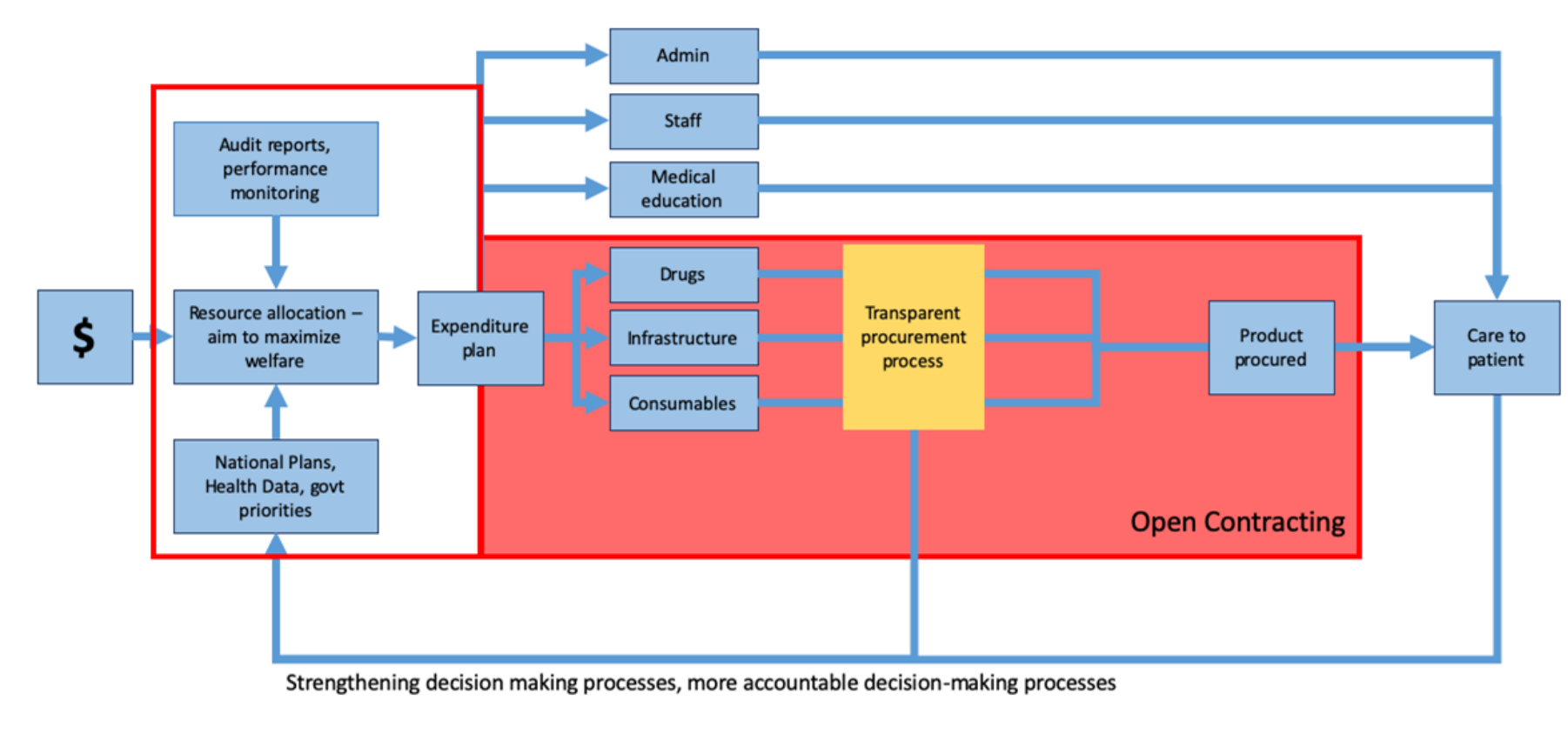
Case Study 2 – What Next

Greater fiscal transparency and accountability

More transparent, evidence led decision making processes



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Case Study 3 - Pregnancy as an opportunity to improve women's lifelong health

Dr Jane Hirst

UKRI Future Leaders Fellow
Nuffield Department of Women's & Reproductive Health, University of Oxford
The George Institute for Global Health

@DrJaneHirst
@georgeinstuk

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Registration of all pregnant women on tablet App

Community-based screening for high-risk conditions

Health worker enters data in App

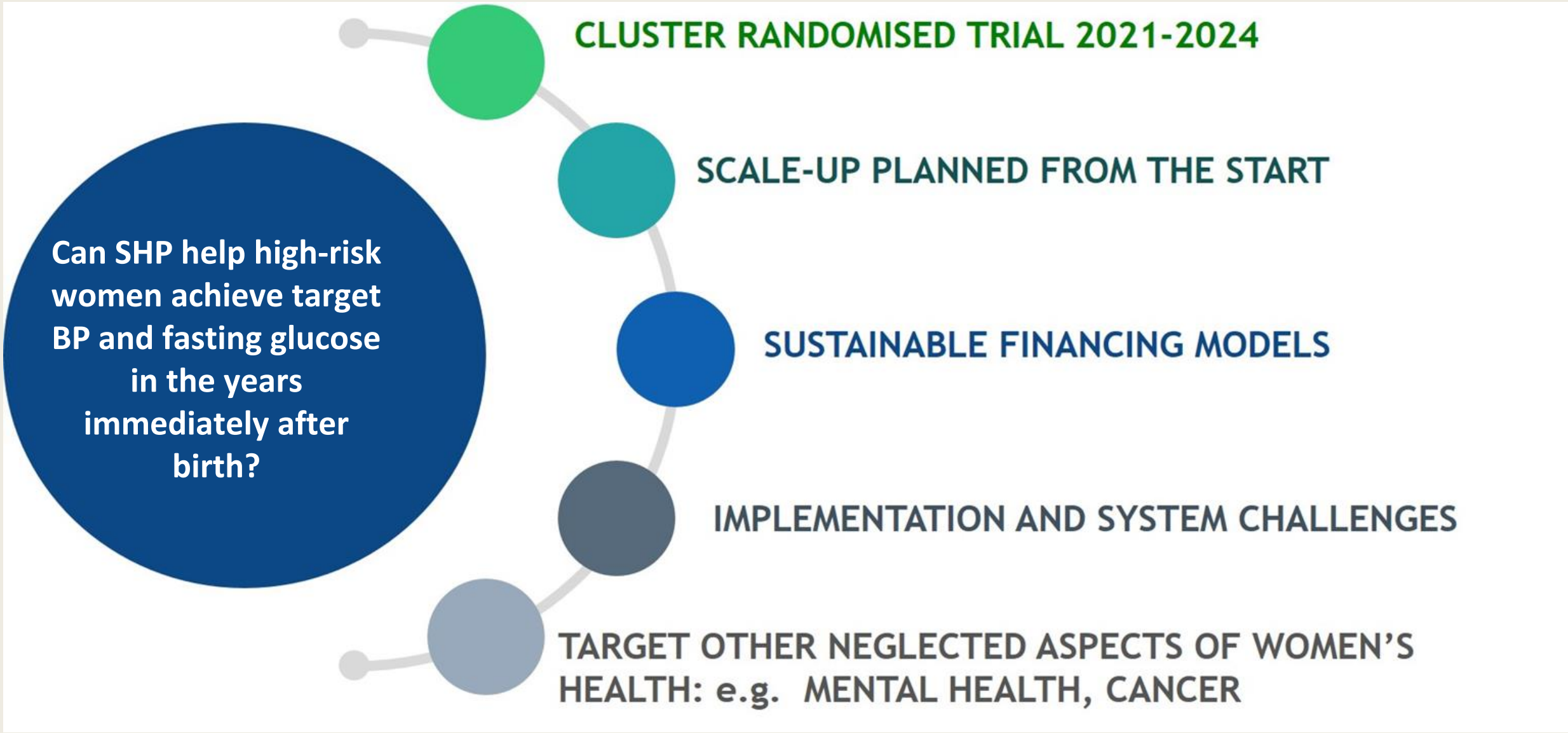
SMART HEALTH PREGNANCY

Integrating NCD prevention with pregnancy care

Screening, interventions and regular follow-up after birth for high-risk women

E- referral to primary care

Clinical decision support with risk assessment



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COVID funding: the ACT-Accelerator Health Systems workstream

Javier Hourcade Bellocq

Javier.bellocq@gmail.com

- UHC2030 Steering Commitee - CBO Rep / CSEM
- Global Fund ATM Board – Communities delegation
- UNITAID Board – Alternate Board Member NGO
- ACT-A HS workstream – a.i. CS Rep.

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Civil Society Engagement Mechanism for UHC2030

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What is the Access to COVID Tools Accelerator?

The Access to COVID-19 Tools (ACT) Accelerator, is a groundbreaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

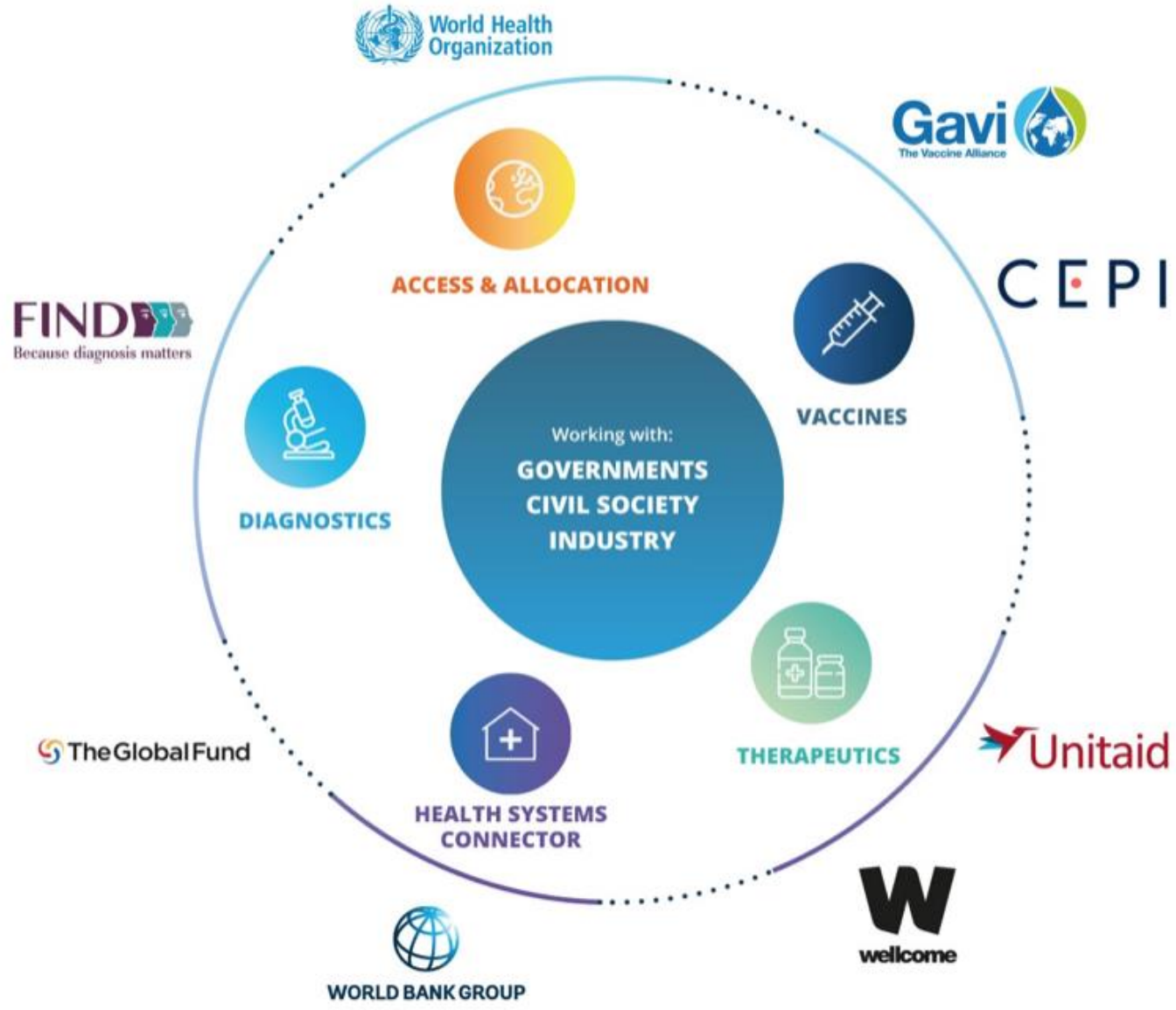
Launched at the end of April 2020, at an event co-hosted by the Director-General of the World Health Organization, the President of France, the President of the European Commission, and the Bill & Melinda Gates Foundation, the Access to COVID-19 Tools (ACT) Accelerator brings together governments, scientists, businesses, civil society, and philanthropists and global health organizations (the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, the WHO, and the World Bank).

Civil Society Engagement Mechanism for UHC2030

How is it organized?

- The ACT-Accelerator is organized into four pillars of work: diagnostics, treatment, vaccines and health system strengthening. Each pillar is vital to the overall effort and involves innovation and collaboration.
- Cross-cutting all of the work, and fundamental to the goals of the ACT-Accelerator, is the Access and Allocation workstream that is led by WHO and is developing the principles, framework and mechanisms needed to ensure the fair and equitable allocation of these tools.
- There is also an overarching Facilitation Council, which provides high-level governance of, and oversight over ACT-A.

How is it organized?



Meaningful involvement

- UN and Multilaterals
- Government
- Industry
- Academia
- Global Health Institutions
- **Civil society and people living with long COVID19**

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Must read

Urgent Priorities & Financing Requirements at 10 November 2020

https://www.who.int/publications/m/item/urgent-priorities-financing-requirements-at-10-november-2020

ACT Accelerator: An economic investment case & financing requirements

https://www.who.int/publications/i/item/an-economic-investment-case-financing-requirements

The Human Cost of COVID-19

https://www.who.int/publications/m/item/the-human-cost-of-covid-19

Access to COVID-19 tools funding commitment tracker

https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker

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Figure 1: Impact of the accelerated development of new COVID-19 tools from April 2020 through March 2021

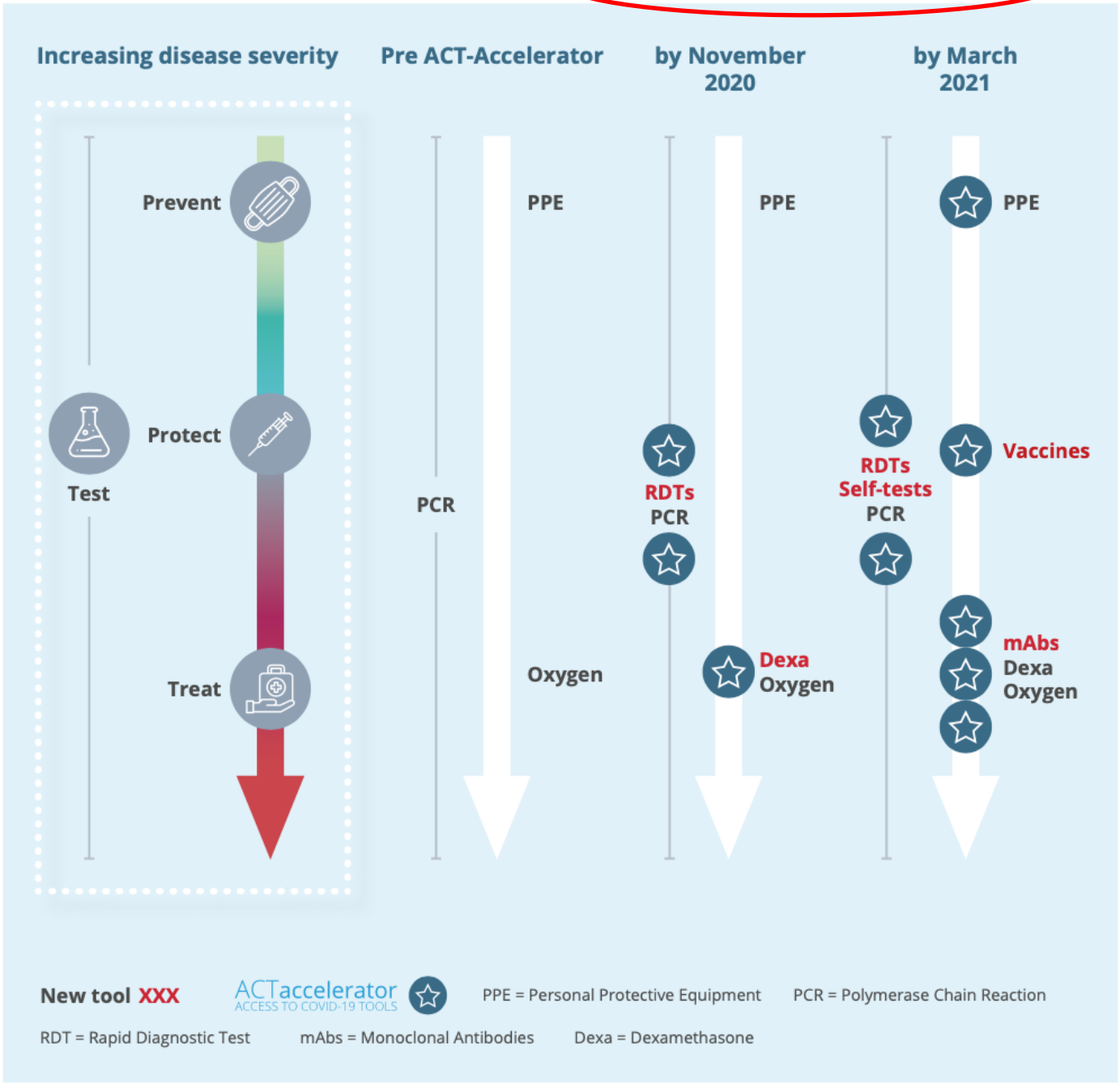

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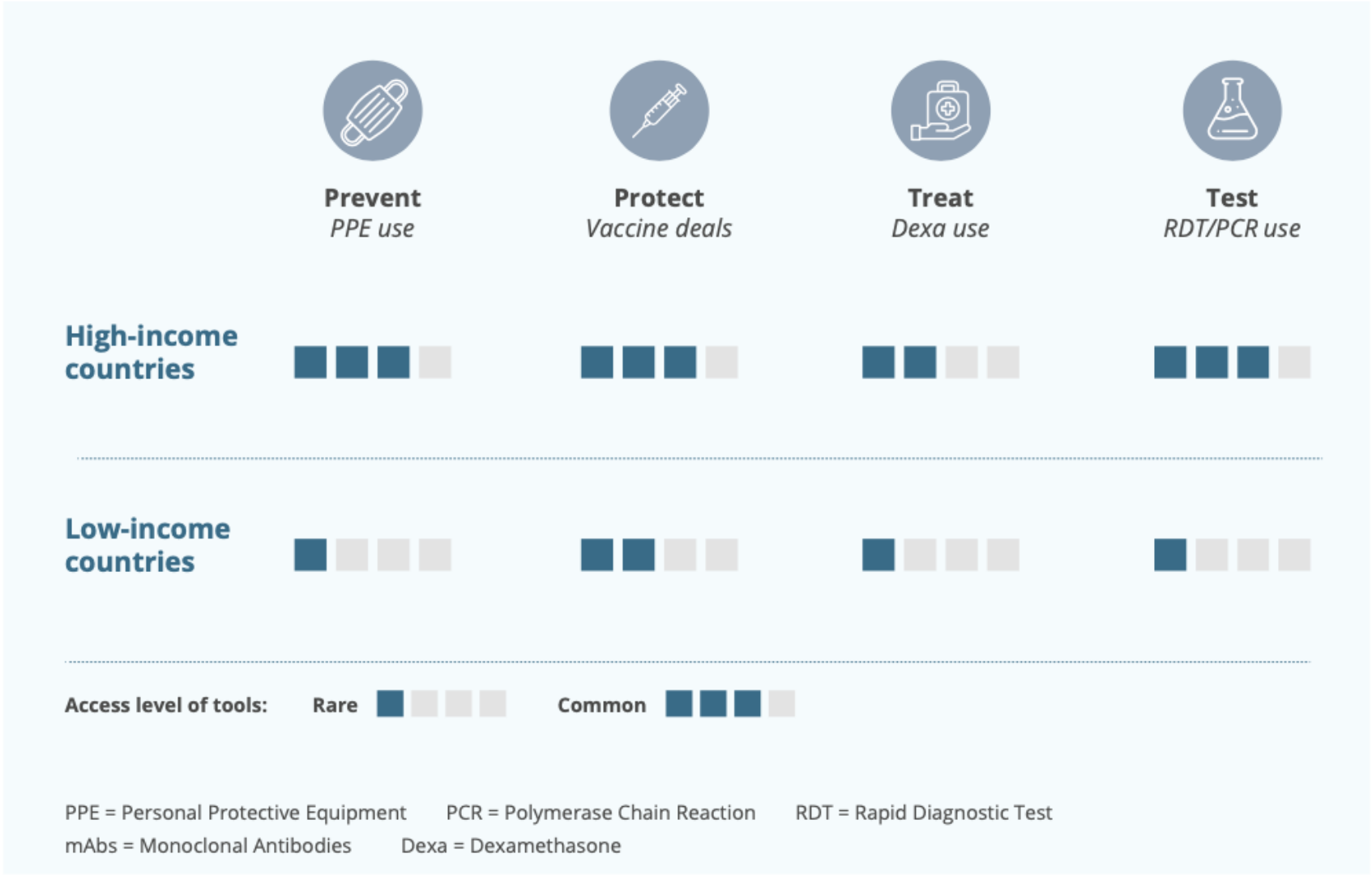
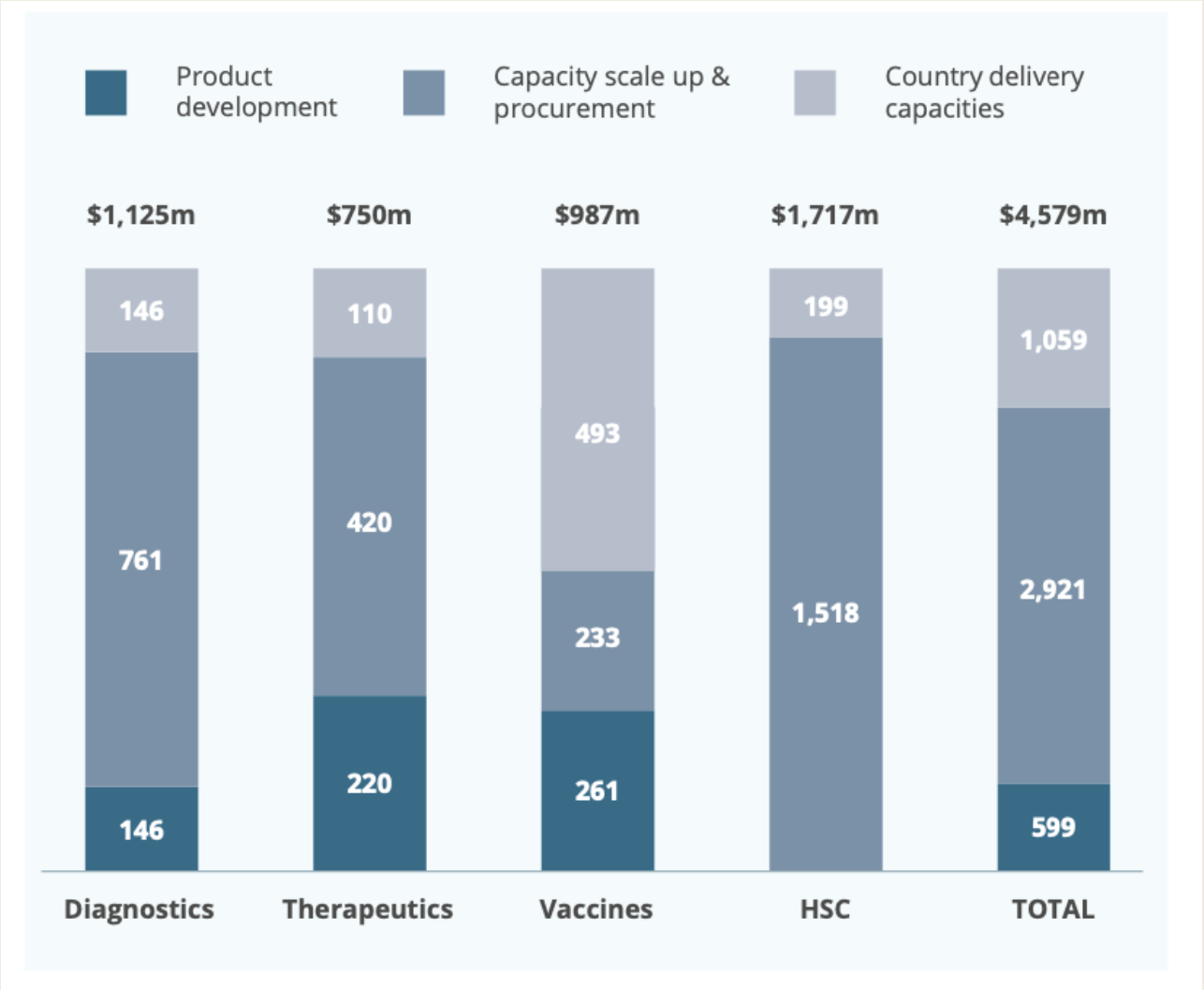
Figure 2: Level of access to COVID-19 tools as of November 2020 in high-income compared to low-income countries



Rapidly closing the ACT-Accelerator's urgent US$4.6 billion financing gap will allow us to fast-track critical areas of work and near-term deliverables through March 2021, for the greatest possible impact



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Priority actions and funding

Diagnostics

Test & live: living with COVID-19 requires testing for everyone, everywhere.

Therapeutics

The immediate priorities for the Therapeutics Pillar are to intensify efforts on monoclonal antibodies (mAbs) while scaling up dexamethasone use and maintaining flexibility to support other promising therapeutics.

Vaccines

Securing agreements with manufacturers while investing in delivery preparedness and progressing vaccine candidate clinical trials.

Health Systems Connector

A sharp focus on integrated country plans to address system bottlenecks, and critical health systems tools

By March 2021, unlock the health systems bottlenecks to the scale-up and delivery of new and existing COVID-19 tools, including vital supplies of PPE and Oxygen for LICs/LMICs

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Priority actions and funding

Health system strengthening efforts are very country-specific and can only be addressed on that level. The HSC is supporting these critical efforts through a tailored country-context approach of translating global knowledge to address local problems. The primary role of the ACT-Accelerator HSC is not to provide a direct source of financing, but rather to promote a coordinated approach to implementation and follow-up to country readiness assessments, and link to the existing country projects and platforms of various partners, such as the World Bank's Multiphase Programmatic Approach (MPA).

Civil Society Engagement Mechanism for UHC2030

The funding Gap

While significant progress has been made in financing the ACT-Accelerator's overall budget of US$38.1 billion, urgent action is needed to address the immediate financing gap of US$4.6 billion and the remaining US$23.9 billion balance for 2021.

Gap in HSC US$9.1 billion

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The human cost of COVID

As of November 11th 2020, COVID-19 has killed more than 1.1 million people and infected more than 44 million people in every part of the world. The International Monetary Fund (IMF) estimates the pandemic will cost the global economy $28 trillion in lost output by 2025.

The International Labour Organization (ILO) estimates that 495 million full time equivalent jobs will be lost in the second half of 2020 and the World Bank estimates 150 million people could be pushed into extreme poverty by 2021. More than $12 trillion has already been spent by G20 countries to deal with the consequences of the pandemic.

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Unforeseen Health and human Cost

Take for example HIV/AIDS:

- No access to combine prevention interventions and commodities such as condoms, lube and PrEP
- No access timely HIV diagnosis and treatment
- Low retention in the health System and Treatment Interruption
- Stock out
- Increase stigma and discrimination with HIV Key Populations
- Gender based Violence
- **When we will see the real picture?**

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Final thoughts

- We do not have resilient health systems, they're not ready to deal with a pandemic like COVID.
- We did not take seriously the work of the virus x or the potential pandemic, we did not create or keep emergency stocks, training, protocols.
- The Ministries of COVID versus Ministries of health and welfare.
- The COVID response has been politized in so many countries.
- We continue to fail on communication on health and health crisis.
- We tend to create structures and tools from the north to south.
- Don't wait 50 years for learn lessons.
- Accountability, transparency and accessibility.
- The resources are there, but not properly allocated.

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Muchas gracias – Thank you very much

Discussion

‘Maximising bang for buck’

- What do you see as the main challenges and opportunities ahead around financing for health in resource constrained environments?
- How can CSOs help accelerate the COVID response, the advancement of the SDGs, critically UHC?

Thank you

This webinar was developed with the support of the NCD Alliance Civil Society Solidarity Fund on NCDs and COVID-19

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