

Donor Response to Chronic Diseases in Developing Countries

Analysis of Trends and Needs



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I. OVERVIEW & BACKGROUND

II. Results

III: Conclusions and Final Remarks

Our Project

○ Central Question

- What are the existing and potential donor resources to address the non-communicable chronic disease burden in developing countries, *and what is the “right” amount?*

○ Timeline

- December 2008: Initiation of project
- January – March 2009: Data Gathering & Analysis: Web survey, Key Informant Interviews, CRS/ WHO/ WB data analysis
- April 2009: Presentation of preliminary results & feedback
- May – June/July 2009: Completion of data analysis, Research Paper, Policy Brief

Chronic Diseases considered in our study:

- Cardiovascular diseases
- Cancers (incl. cervical cancer)
- Chronic respiratory disorders
- Diabetes
- Neuropsychiatric and sense organ disorders
- Musculoskeletal and oral disorders
- Digestive diseases
- Genito-urinary diseases
- Congenital abnormalities and skin diseases

Increasing Death Toll of Chronic Diseases

- 3 out of the 4 leading causes of death in 2030 will be chronic conditions
- Between 2004 and 2030, mortality due to leading infectious diseases will decline, and due to CD will remain the same or increase

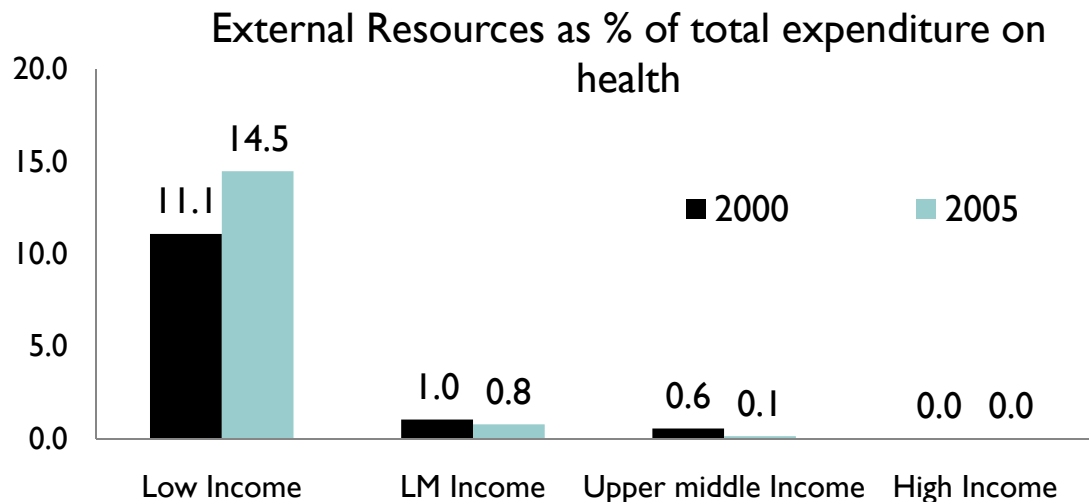
Changes in Rankings for 15 Leading Causes of Death, 2004 and 2030, in LMICs
Baseline Scenario

<u>Disease Or Injury</u>	<u>2004 Rank</u>	<u>2030 Rank</u>	<u>Change in Rank</u>
Ischaemic heart disease	1	1	0
Cerebrovascular disease	2	2	0
Lower respiratory infections	3	4	-1
Chronic obstructive pulmonary disease	4	3	+1
Diarrhoeal diseases	5	17	-12
HIV/AIDS	6	9	-3
Tuberculosis	7	19	-12
Prematurity and low birth weight	8	20	-12
Road traffic accidents	9	5	+2
Neonatal infections and other conditions	10	16	-6
Other unintentional injuries	11	11	0
Diabetes mellitus	12	6	+6
Malaria	13	33	-20
Birth asphyxia and birth trauma	14	25	-11
Trachea/bronchus/lung cancers	15	7	+8

Background on Chronic Diseases

○ Why is our study important?

- In the developing world, chronic diseases are the leading causes of death; comprising more than 60% of the Global Burden of Disease (GBD)
- Donor funding plays an increasing role in poor countries' health budgets
- Chronic diseases have been widely neglected by donors and multilateral organizations
- Need for transparency of projects, data availability, better sharing of knowledge for more targeted, effective, and coordinated funding activities



Milestones of Chronic Disease Initiatives



World Health Organization



International Diabetes Federation



World Bank




United Nations





Components of our Study

- Literature and Funding Database Search
- OECD DAC/CRS ODA analysis
(**O**rganization for **E**conomic Co-operation and **D**evelopment **A**ssistance
Committee/ **C**reditor **R**eporting **S**ystem **O**fficial **D**evelopment **A**id Analysis)
- WHO budget analysis
- World Bank budget analysis
- Web Survey (Donor / Recipient Focus)
- Phone Conversations with key stakeholders



I. Overview & Background

II. RESULTS

- LITERATURE REVIEW**
- DATABASE ANALYSIS (CRS/ WHO/ WB)**
- SURVEY**

III: Conclusions and Final Remarks

Results: Literature Review

- Yach, D. & Hawkes, C. (2004): Towards a WHO long-term strategy for prevention and control of leading chronic diseases.

Bilateral, Multilateral, and WHO chronic disease spending analysis: 0.01% of total bilateral ODA allocated to CDs in 2002

- Sridhar, D. & Batniji, R. (2008): Misfinancing global health: a case for transparency in disbursements and decision making.

Analysis of WB, Gates foundation, US Govt, and Global Fund
Global Health Financing: Chronic diseases by far the least amount of funding with \$3 per annual death vs. \$1030/death for HIV programs

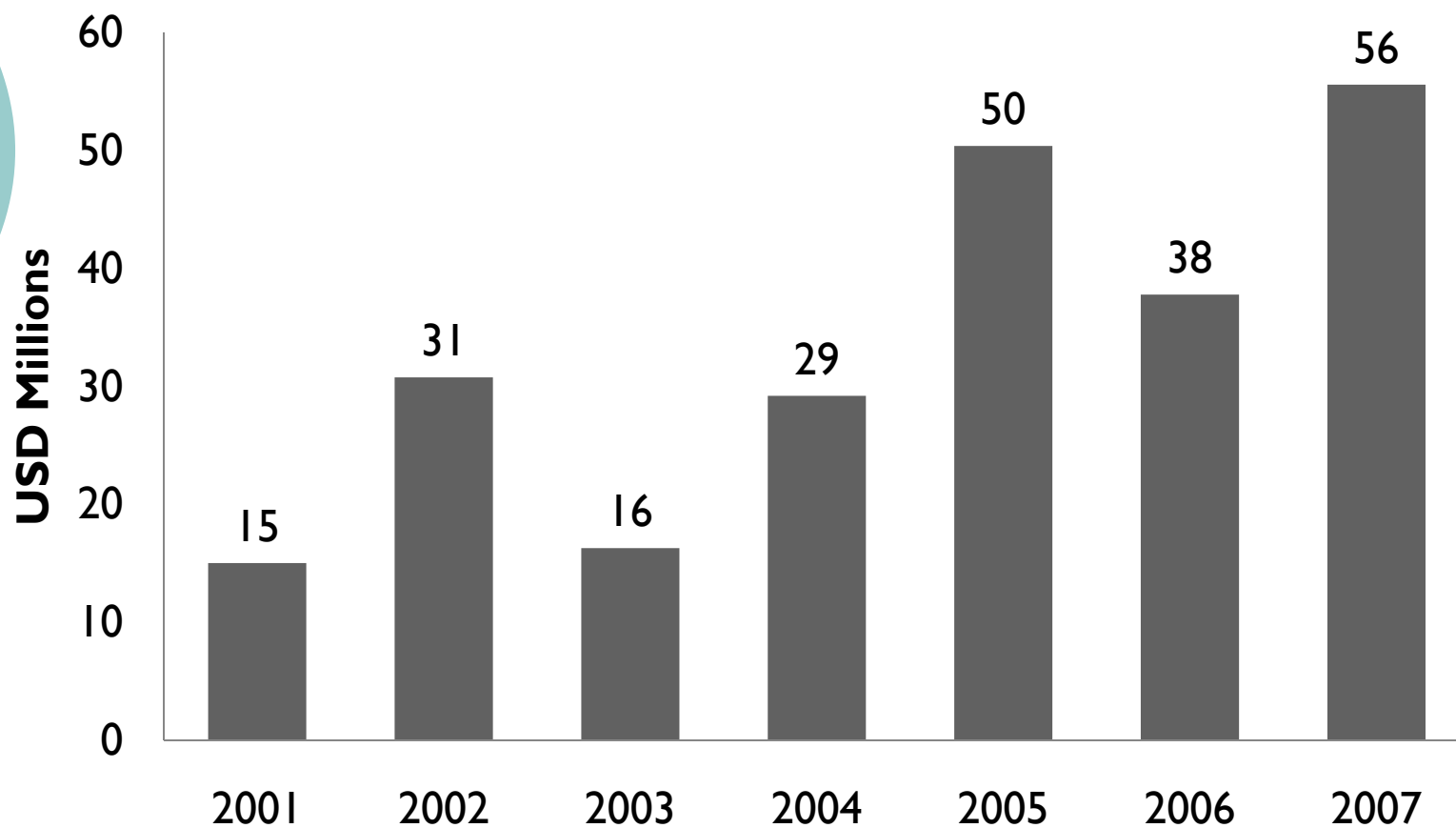
- Stuckler, D. et al. (2008): WHO's budgetary allocations and burden of disease: a comparative analysis.

In 06/07, WHO allocated 87% of its total budget to infectious diseases, 12% to non -communicable diseases, and less than 1% to injuries and violence

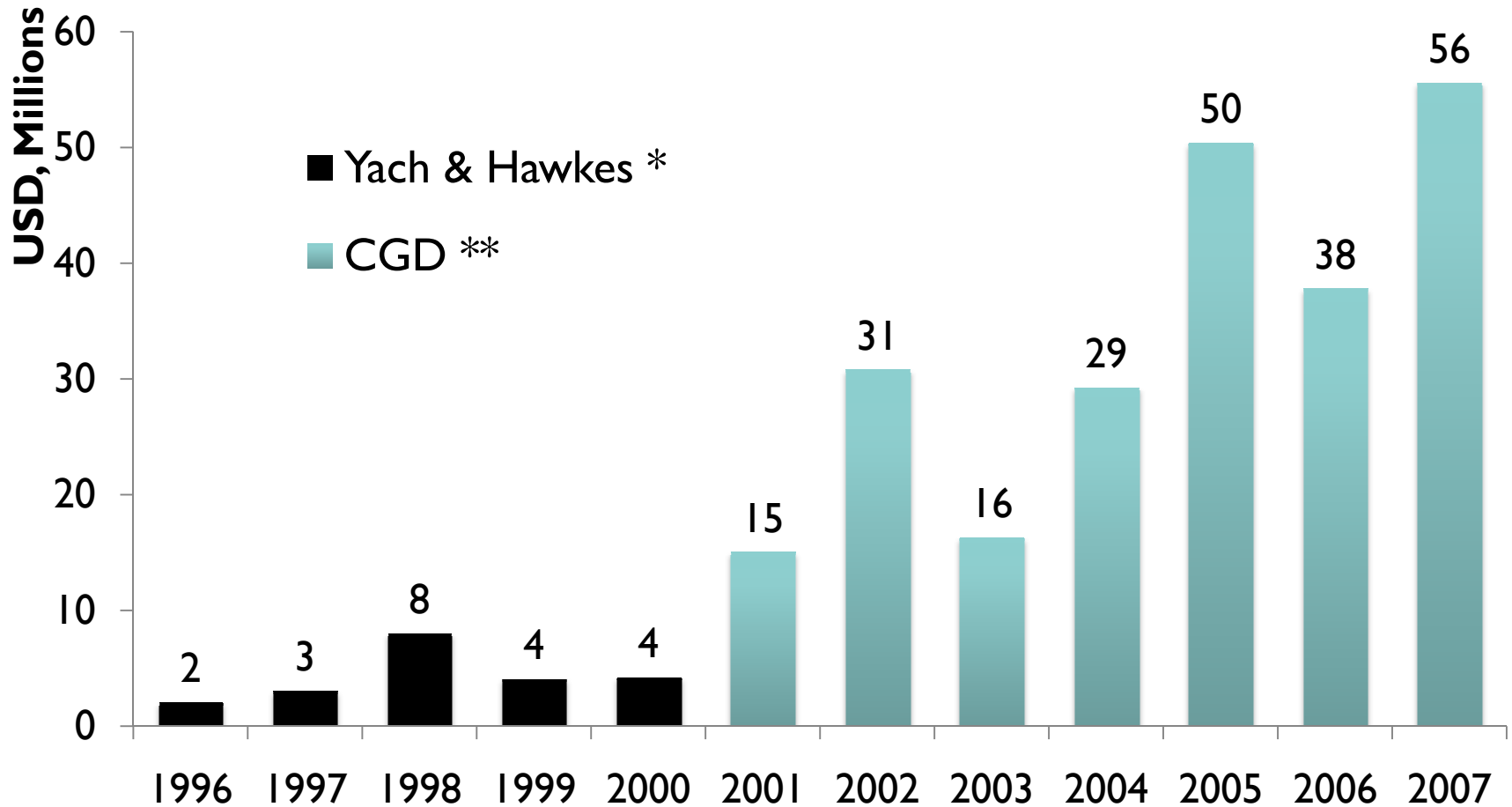
CRS ODA analysis

- Looked at ODA line items from 2001 – 2007
 - Performed keyword search on the database
 - Analyzed over 500,000 line items
- Limitations of our approach
 - Only identified items that explicitly mentioned chronic disease funding (30 – 40% of line items too general to be subjected to classification)
 - No data on % of general budget support dedicated to chronic disease funding
 - Not 100% certain that line items specifying ‘chronic disease funding’ are truly chronic disease projects (i.e. USAID line items)

Chronic Disease ODA, 2001 - 2007



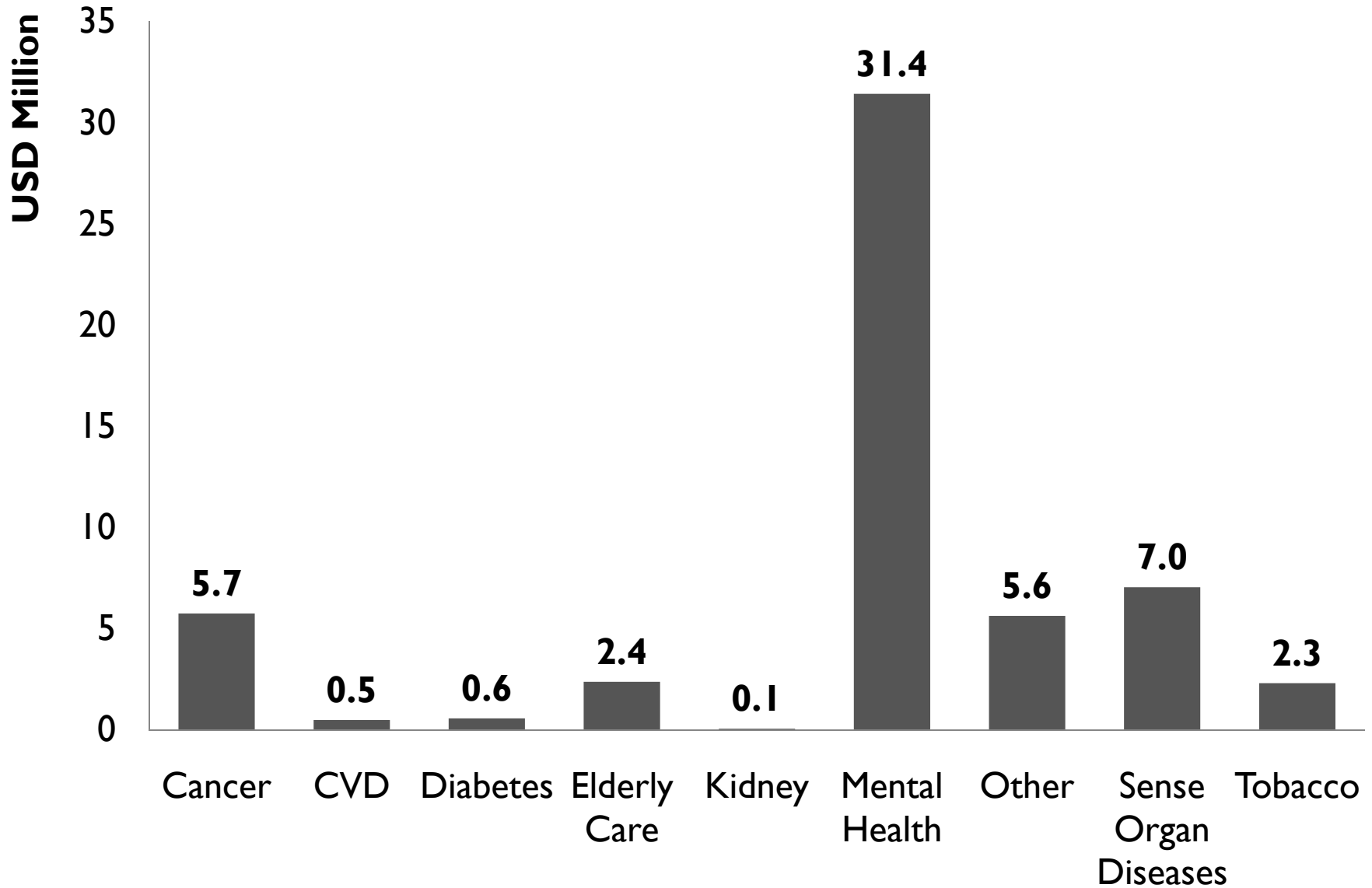
Chronic Disease ODA, 1995 - 2007



*Yach, D. & Hawkes, C. (2004) Towards a WHO long-term strategy for prevention and control of leading chronic diseases. World Health Organization, Geneva.

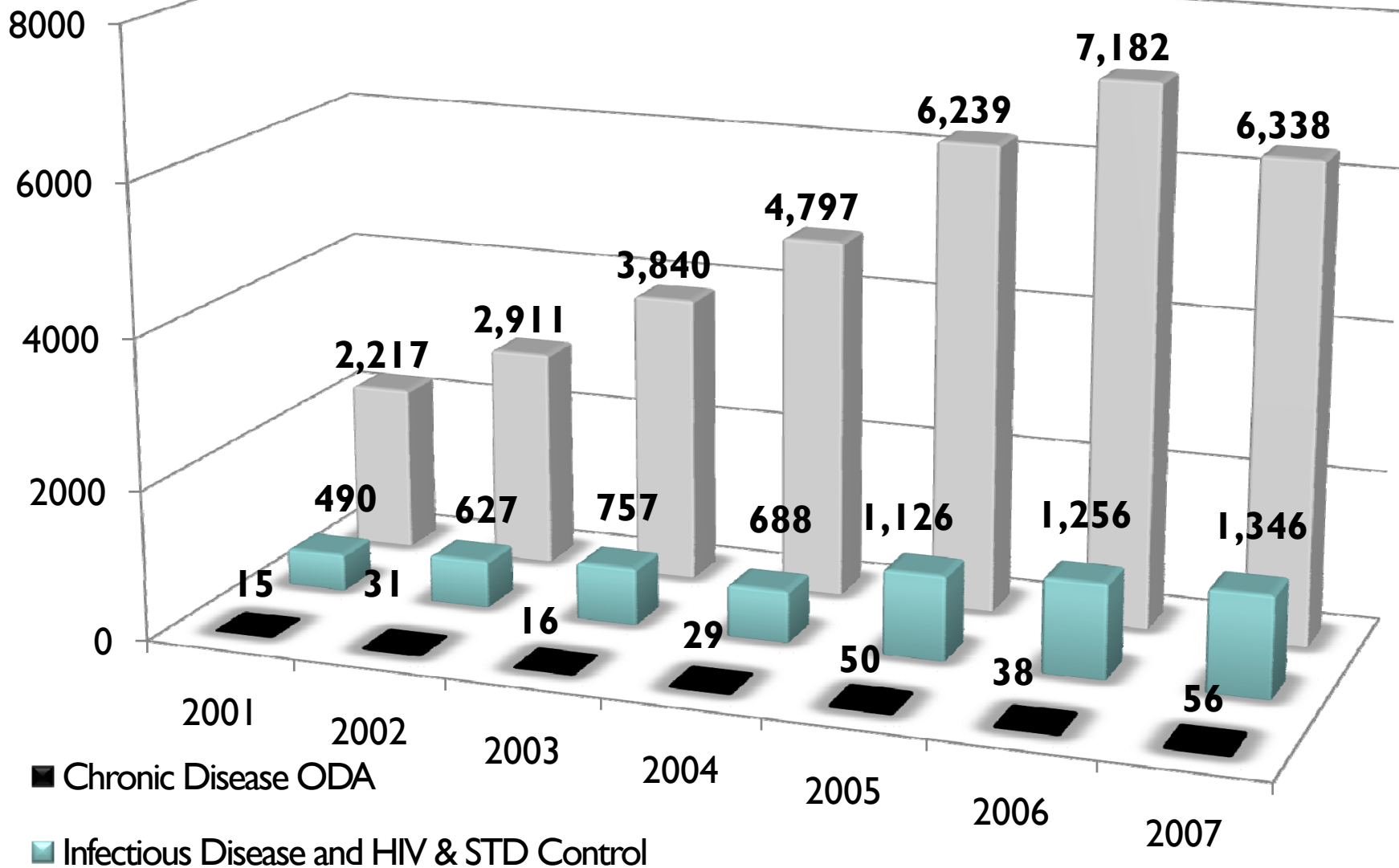
** <http://stats.oecd.org>

Chronic Disease ODA by Disease Category (2007)



Health ODA, 2001 - 2007

USD, millions

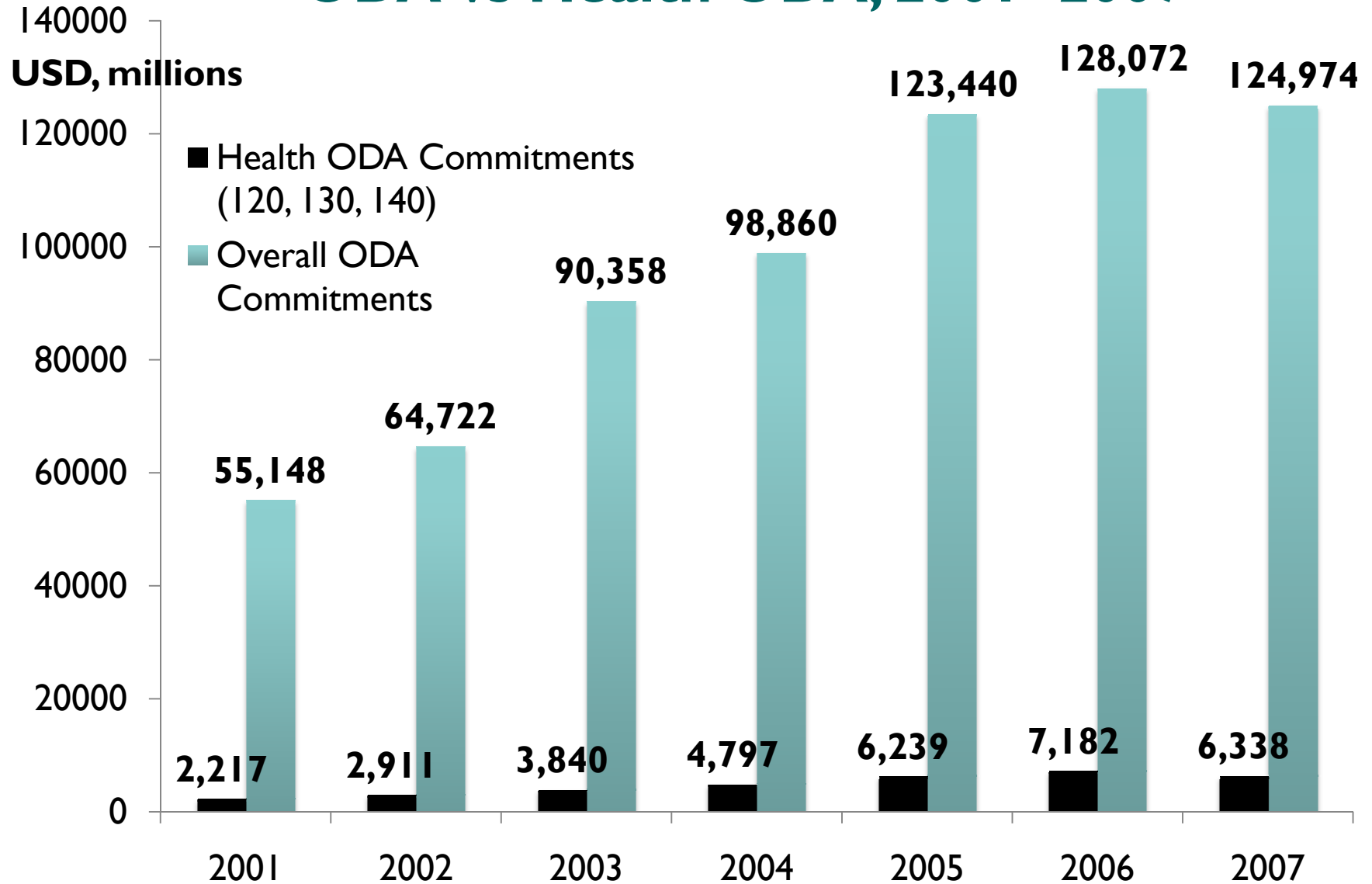


■ Chronic Disease ODA

■ Infectious Disease and HIV & STD Control

■ Health ODA Commitments

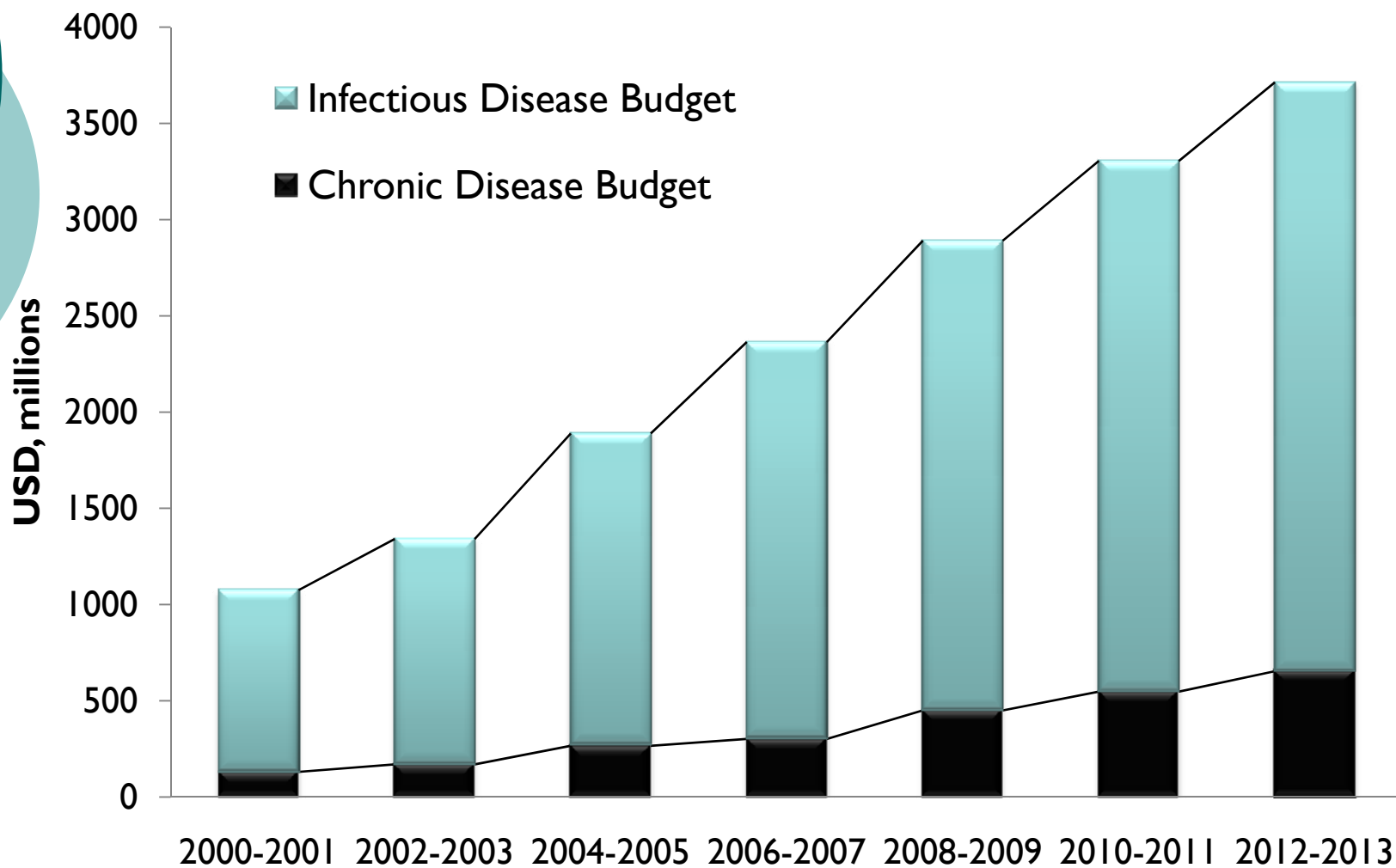
ODA vs Health ODA, 2001 -2007



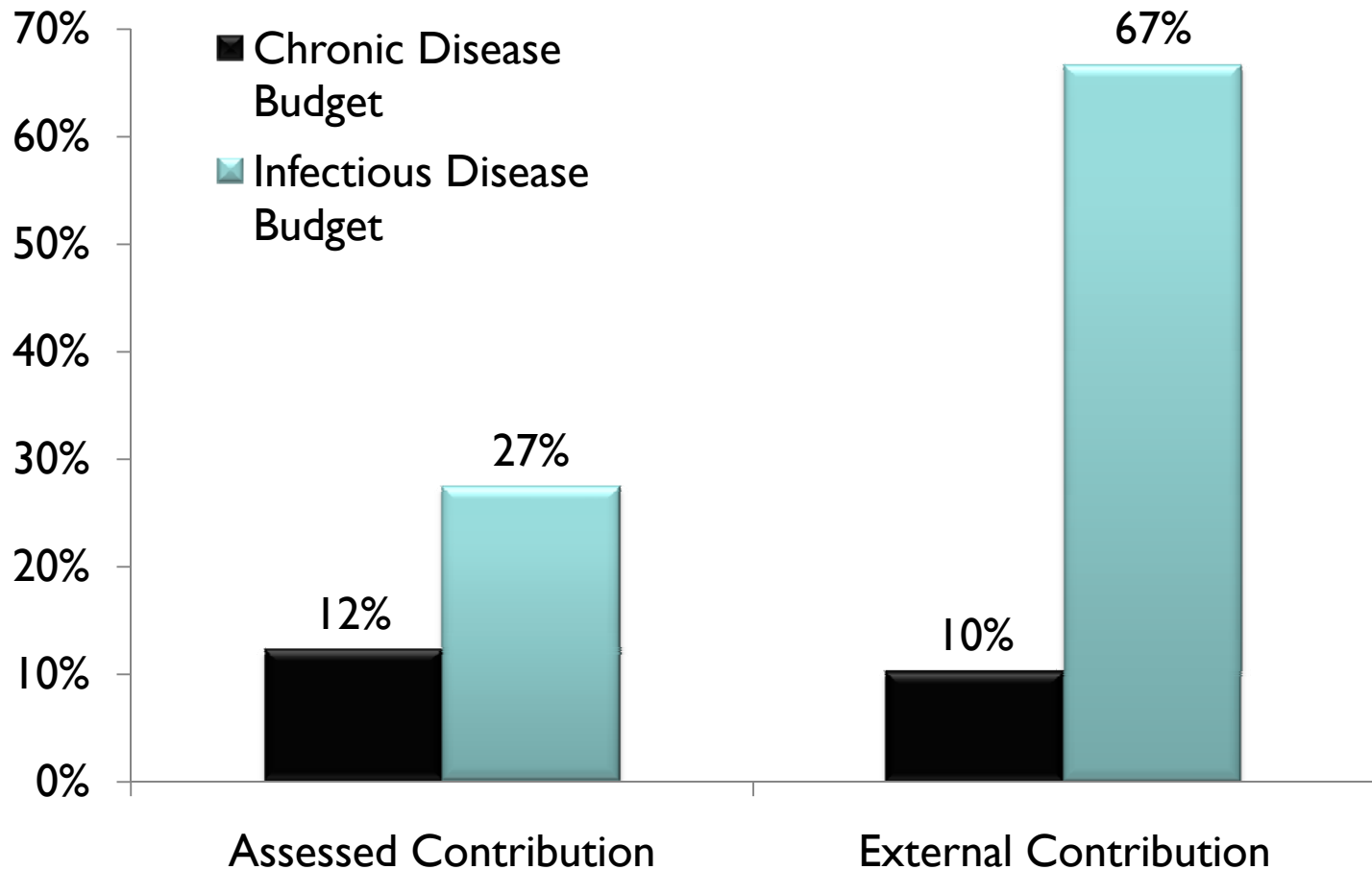
WHO Program Budget Analysis

- Source: WHO Biennial Program Budgets from 2000-2013
- Reporting changes in 2004/05, 2006/07, and 2008/09
- Injuries and Disabilities (~1% of total budget included in Chronic Disease Category)

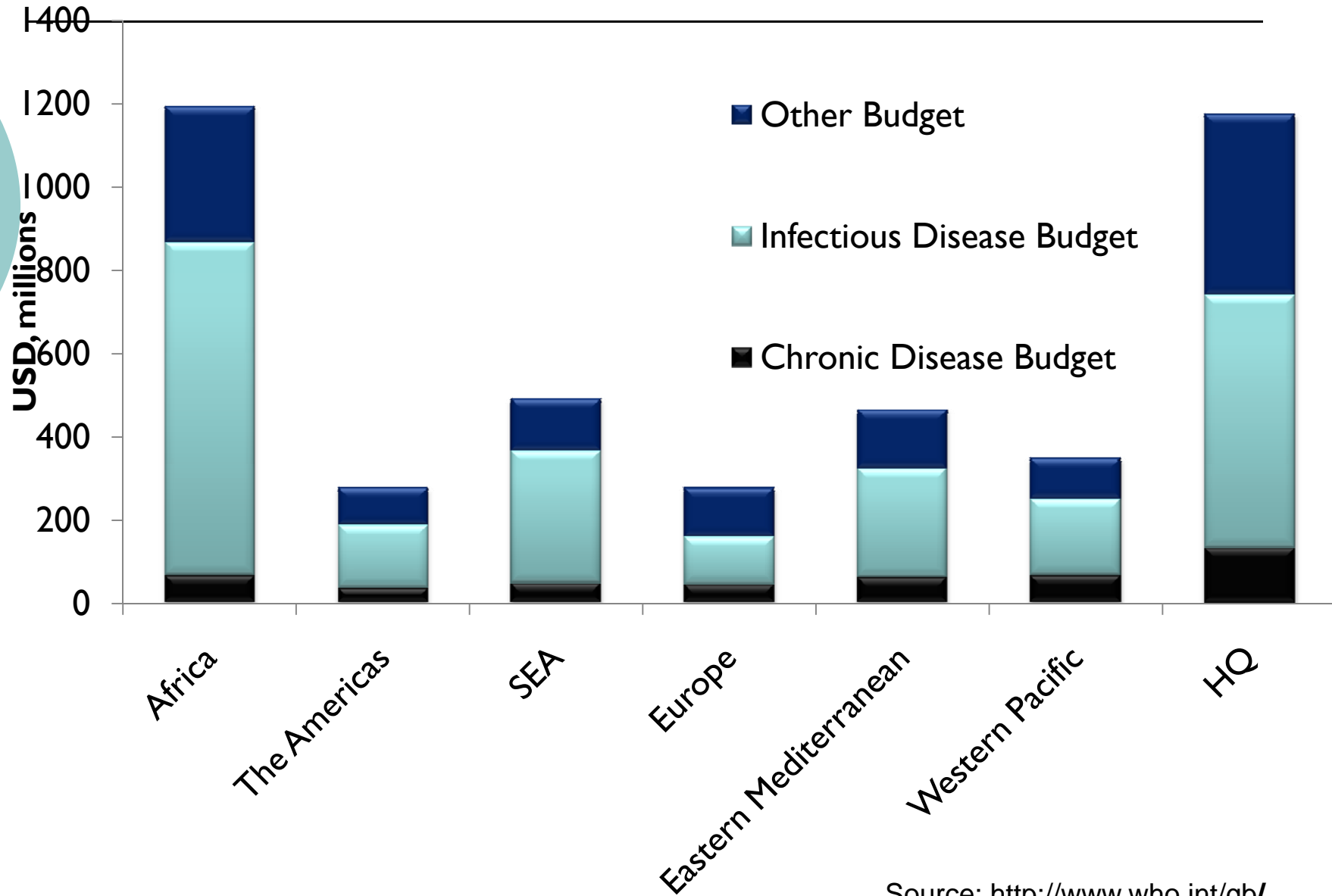
WHO Programme Budget, 2001 -2013



WHO budget 08/09, internal vs. external funding



WHO 08/09 Budget per Region



Survey Component

- Surveyed donors and recipients from March 13 – April 3, 2009

Recipient Survey

111 Organizations and Institutions contacted

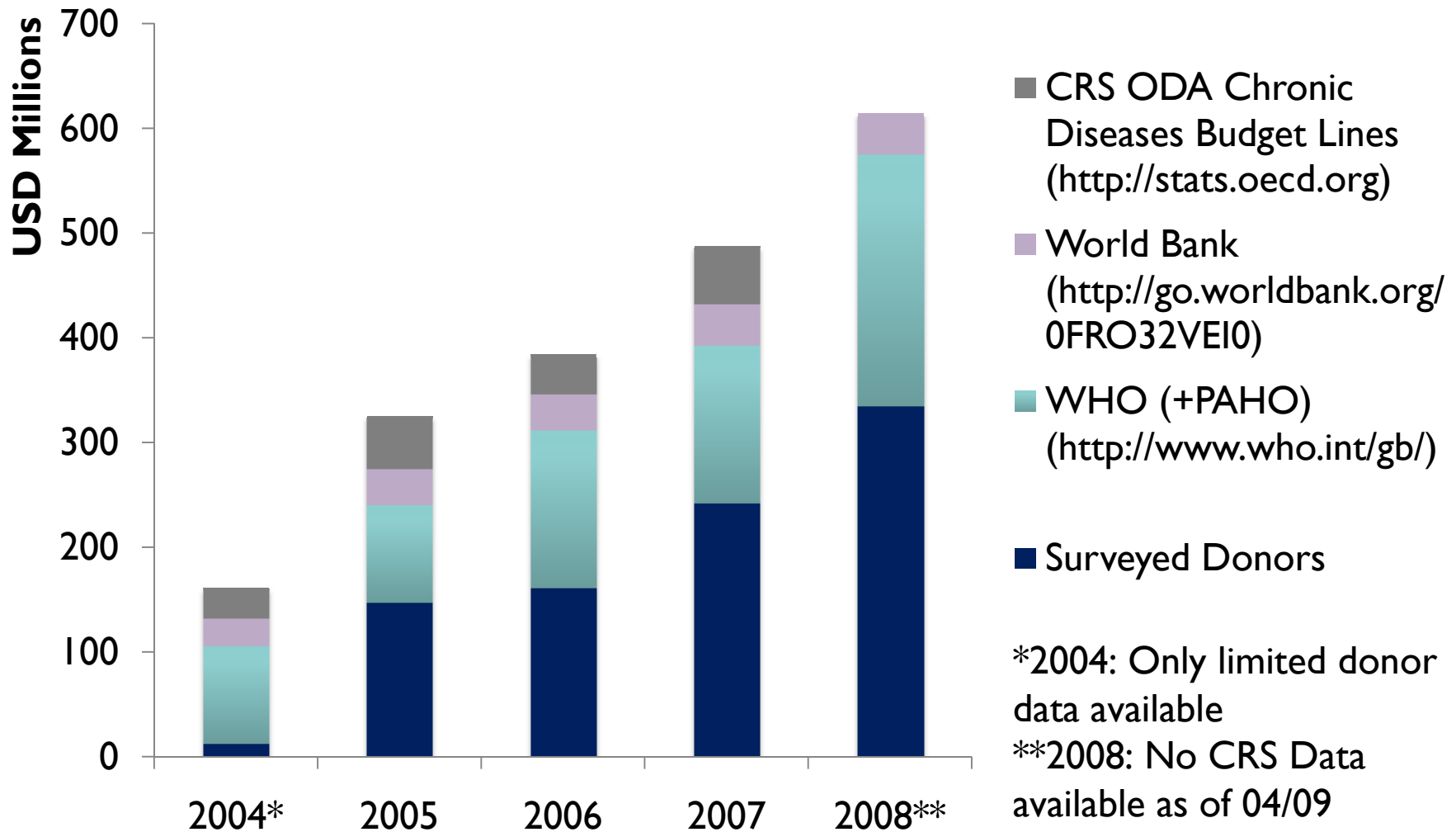
23 responses

Donor Survey

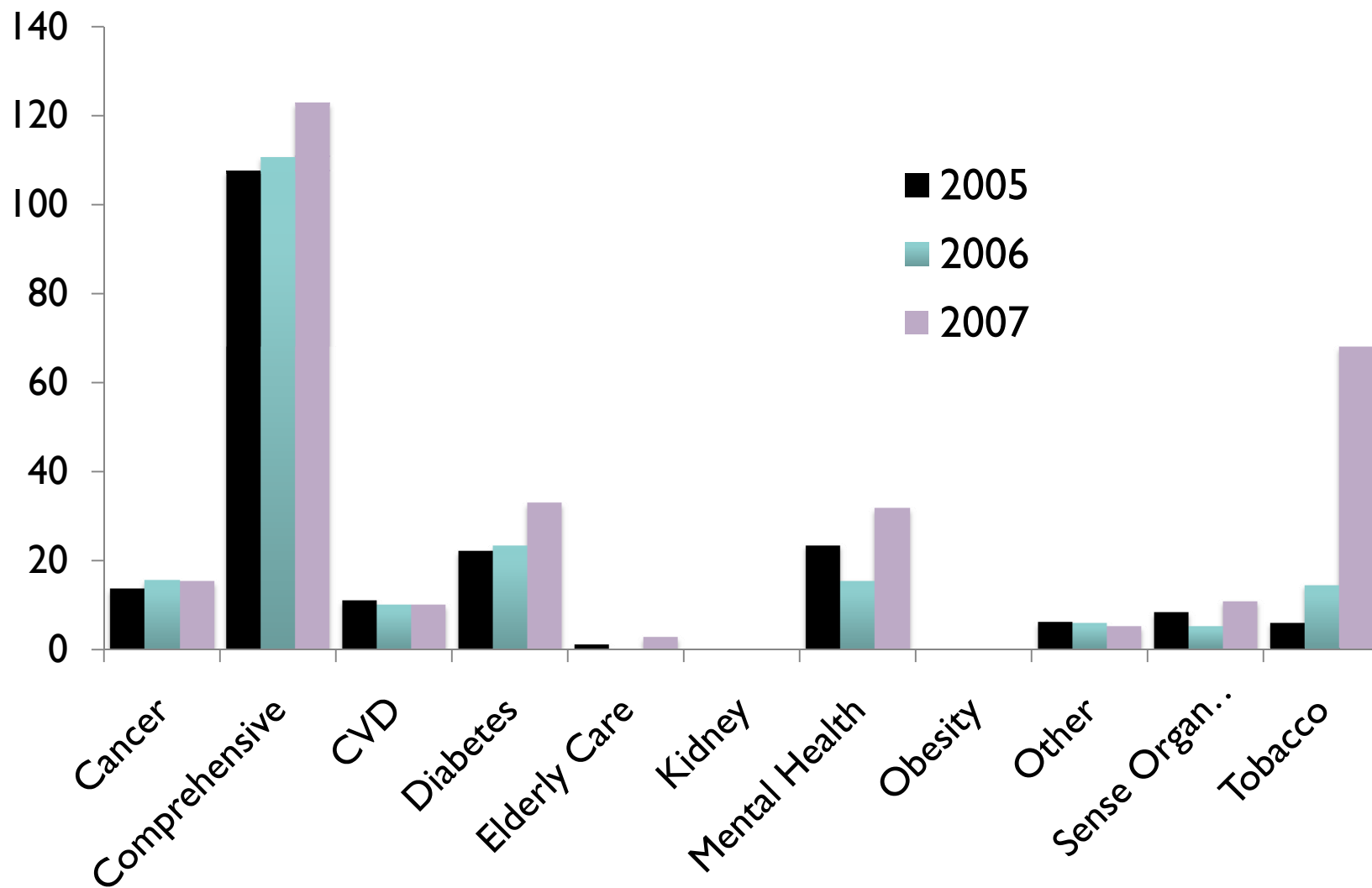
168 Organizations contacted by survey or phone

28 responses

CD Funding in Developing Countries



CD CRS & Donor Funding, by disease area (USD mio)



Future Donor Spending on Chronic Diseases

Out of 42 identified past and current donors, 8 indicated future funding levels:

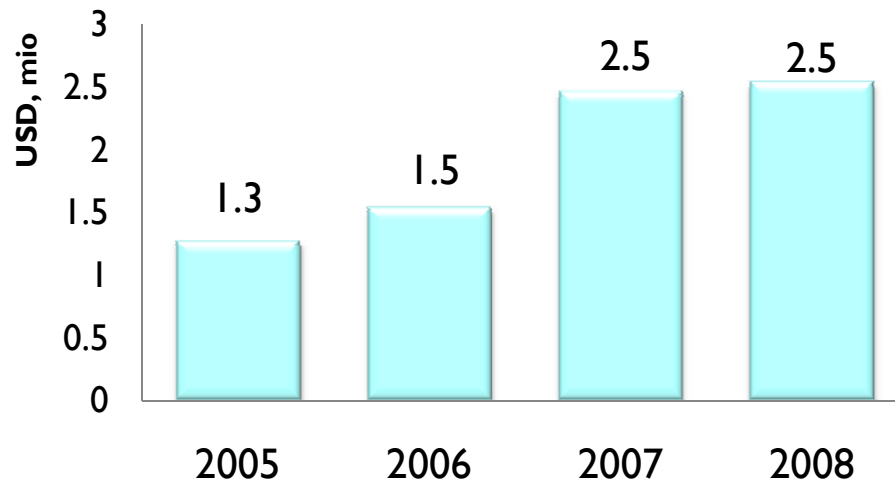
- 4 donors will increase their chronic disease funding beyond 2008
- 4 donors will maintain current funding levels

NHLBI	\$40-50 million to support Centers of Excellence (unconfirmed)
Doris Duke Foundation	In mid-2009, the Foundation will select up to six teams to receive grants ranging from \$8 million to \$16 million each over five to seven years.
MedTronic	Interested in CIH site in Delhi. Not yet confirmed
Global Alliance for Chronic Diseases	GBP 40 million on chronic diseases (unconfirmed)

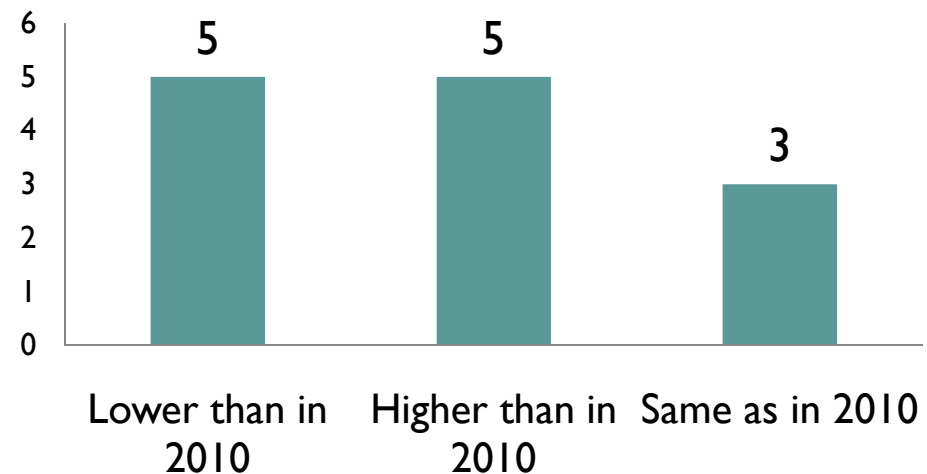
Recipient Survey Analysis

Types of Organizations that responded to the survey			
Government	Multilateral	Not-for-Profit Foundation	Research Institution
3	1	6	14

Recipients' Funds for CDs



Expected Funding for CDs beyond 2010



Quotes from Recipients:

‘Chronic diseases, health systems strengthening and prevention are extremely urgent for our region (Western Balkans and Central Asia) [...]. It has been virtually impossible for us to find funding sources in the foundation and corporate sector (let alone government).’ (Health NGO, Switzerland)

‘Only 0.36 to 1.46 % of WHO allocations in Pakistan have been earmarked for NCDs over the last 8 years. There is no official development assistance (ODA) from any source for NCD prevention and control in Pakistan, except for the contribution by WHO’. (Non-profit Foundation, Pakistan)



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III. CONCLUSIONS

Conclusions

- CD funding increased over the last decade
- CD funding is still low, despite numerous resolutions and declarations in the past century
- There is a need for a new global impetus to address the growing challenge of chronic diseases in the developing world
- There exists a great need for better reporting practices and transparency, especially among the donor community

Limitations of this study

- **Donor Survey** incomplete, low response rate
- Could not capture all CD funding from **CRS** data, since reporting is often very vague
- **World Bank data:** Entire project amounts were included in calculations. Exact CD components could not be determined
- **WHO data:** Change in classifications might have led us to include or exclude funding in some years, but not in others
- No data on country level spending, since hard to obtain

Special Thanks to...

- ... PepsiCO, funder of this study
- ... all survey respondents, in particular: Mary Ann Ring, David Boyde, Marc Suhrcke, Derek Yach, Christine Hancock, Stig Prammig, Richard Smith, Nina Desai, Corinna Hawkes
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THANK YOU!