



EXECUTIVE SUMMARY

May 2025

HEALTH FINANCING FOR NONCOMMUNICABLE DISEASES:

LANDSCAPE ANALYSIS OF
PRACTICES AND CHALLENGES IN
THE SUB-SAHARAN AFRICA REGION



Executive Summary

One of the challenges faced by countries in Sub-Saharan Africa (SSA) is the rising prevalence of a dual burden of diseases: persistent infectious and communicable diseases alongside an increasing incidence of chronic noncommunicable diseases (NCDs). NCDs pose a particular challenge to SSA nations as they are long term illnesses requiring lifelong treatment, which many countries are not adequately equipped to manage due to financial and technological constraints. Despite the growing global disease burden from NCDs, they remain severely underfunded. In low-income countries, governments allocate only 13% (approximately US\$2 per capita) of their health expenditure to NCDs. In contrast, middle-income countries dedicate about 30% of their total health spending to these diseases. Meanwhile, only 1-2% of all Official Development Assistance (ODA) goes to NCDs globally². Out-of-pocket (OOP) spending constitutes a significant portion of total health expenditure, particularly in low-and middle-income countries (LMICs), leading to catastrophic spending. One study found that patients with cardiovascular diseases pay over 90% of their healthcare costs OOP³.

The objective of this landscape study by the Financing Accelerator Network for NCDs (FAN) was to understand the current structure of health financing functions for NCDs in SSA (resource mobilization, pooling, and strategic health purchasing) to inform more targeted and effective strategies for NCD financing. The landscape study focused on NCD financing and management at the regional (Eastern Africa, Southern Africa, and Western Africa) and country levels. At the country level, six exemplar countries for NCD interventions were selected based on geographical representation: existing policies, guidelines, and strategies related to NCD interventions; and the level of financing. According to these criteria, Kenya and Rwanda were selected from the Eastern Africa Community, South Africa and Botswana from the Southern Africa Development Community, and Senegal and Ghana from the Economic Community of West African States.

The team used document review and stakeholder consultations to gather relevant information and insights for the landscape study. The document review focused on guidelines, existing strategies, and program implementation related to NCD financing. It also examined resources and initiatives concerning NCD financing (including some innovative financing mechanisms being explored by countries), while identifying gaps in the financing and implementation of NCD services. For the stakeholder consultations, 18 key stakeholders were engaged, including policymakers and representatives from civil society organizations (CSOs), the private sector, and regional health financing hubs within Regional Economic Communities (RECs).

Context on the Health Burden of NCDs in SSA

NCDs account for 74% (41 million) of global deaths and 85% of premature deaths in LMICs⁴. In Africa, NCDs are a growing and increasingly severe health challenge: NCDs accounted for 37% of deaths in 2023, up from 33.7% in 2015, 29.1% in 2010, and 27.6% in 2005. In 2021, eight of the top 10 causes of deaths in Africa were NCDs, up from four in 1990. The four major NCDs responsible for more than 70% of deaths were cardiovascular diseases, diabetes and kidney diseases, cancers, and chronic respiratory disease. Between 1990 and 2021, deaths linked to NCDs increased by more than 100% for neurological disorders (142%), diabetes and kidney diseases (134%), musculoskeletal disorders (132%), neoplasms (including cancer) (119%), and substance use disorders (115%)⁵.

¹World Health Organization. (2020). *Global spending on health: Weathering the storm*. World Health Organization. Retrieved April 21, 2025, from <https://www.who.int/publications/i/item/9789240017788>

²World Health Organization. (2020). *The Global Noncommunicable Diseases (NCD) Compact 2020–2030*. World Health Organization. Retrieved April 21, 2025, from [https://cdn.who.int/media/docs/default-source/ncds/final_ncd-compact-\(1\).pdf](https://cdn.who.int/media/docs/default-source/ncds/final_ncd-compact-(1).pdf)

³Jan, S., et al. (2018). Action to address the household economic burden of noncommunicable diseases. *The Lancet*, 391(10134), 2047–2058

⁴NCD Alliance. (2024). *Health financing challenges and opportunities for integrating noncommunicable diseases into global health and development priorities: A policy thought paper*. NCD Alliance. Retrieved April 21, 2025, from https://ncdalliance.org/sites/default/files/resource_files/Health%20Financing%20for%20NCDs_final16April.pdf

⁵World Health Organization, Regional Office for Africa. (2024). *Investment case: Addressing the burden of noncommunicable diseases (NCDs) in the African Region through the PEN-Plus Regional Strategy*. World Health Organization. Retrieved April 21, 2025, from <https://reliefweb.int/report/world/who-africa-investment-case-addressing-burden-noncommunicable-diseases-ncds-african-region-through-pen-plus-regional-strategy>

Domestic Financing for Health Sector and NCDs in SSA

The allocation of domestic general government expenditure on health (GGHE-D) serves as a critical indicator of a nation's commitment to tackling the growing health crisis. Domestic GGHE-D in SSA remains notably low, with many countries struggling to allocate adequate resources to fulfill their health commitments. This includes meeting targets such as the Abuja Declaration, which recommends dedicating 15% of GGE to health.

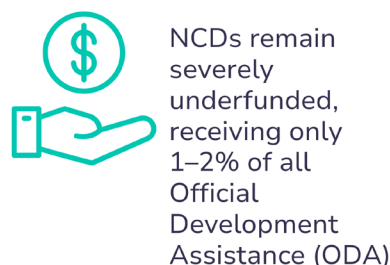
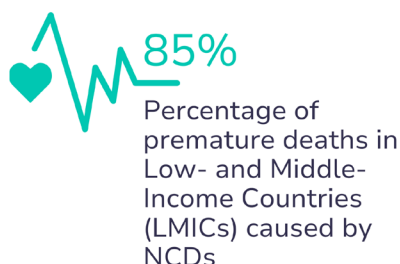
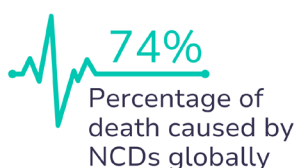
The latest statistics from the six countries of interest indicate that in 2021, Senegal, Ghana, Kenya, Rwanda, Botswana, and South Africa allocated 4.4%, 8.2%, 9.3%, 9.5%, 14.6%, and 15.3% of and 15.3% of the GGHE-D to NCDs, respectively. In the same countries, GGHE-D accounted for between 25.9% and 76.5% of current health expenditure (CHE) on NCDs, leaving a significant shortfall in NCD financing. Equally, NCD expenditure as a percentage of external health expenditure remains very low. Recent statistics show that across SSA, it ranges from 0.1% in Namibia to 10.17% in Guinea. On average, NCD expenditure as a percentage of external health expenditure falls below 3%.

Emerging Gaps in NCD Financing and Management

Based on the document review and consultations with various stakeholders, the following key gaps were identified in the financing of NCDs in SSA:

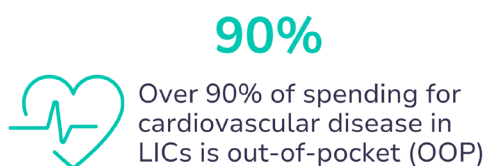
- Gaps in Policies and Governance:** This includes the lack of comprehensive NCD policies, especially to promoting preventive interventions. Existing policies also do not support the inclusion or strengthening of private sector and CSO participation in NCD initiatives. Finally, countries lack sufficient data and research on NCDs to support evidence-based policy development.
- Insufficient Resource Mobilization for NCDs:** Many countries allocate fewer resources to NCDs than to communicable diseases. Our analysis found that 53% of expenditure on NCDs in Sub-Saharan African countries, on average, is paid out of pocket or by other private sources. In SSA countries, NCDs receive low priority in the national budget. Donors similarly focus more on infectious diseases and maternal health and less on NCDs. NCD financing challenges are exacerbated by the lack of innovative financing models for NCDs and underinvestment from the private sector due to inadequate incentives for its involvement in NCD interventions.
- Gaps in Pooling of Resources for NCD Management:** These include limited population enrolment and NCD service coverage under health insurance as well as fragmentation across multiple, inconsistent schemes, causing ineffective risk pooling, insufficient cross-subsidization, and inequitable NCD access. These multiple schemes and purchasers may include government budgets, national health insurance, voluntary private and community-based health insurance, occupational health insurance, and donor-funded schemes.
- Challenges in Strategic Purchasing for NCDs:** Many health systems do not prioritize cost-effective (primary and community-based) NCD interventions, such as screening, early diagnosis, and preventive care. Funding is allocated to high-cost, hospital-based curative treatments rather than preventive or early-stage interventions. Further, countries suffer from weak contracting and accountability mechanisms for controlling the cost, quality, and mix of NCD services, especially in settings where service provision is outsourced to private providers. Finally, rudimentary health management information systems—and often multiple systems that are not interoperable or integrated—result in duplication, fragmentation, and limited use of data for decision making.

Health Financing for NCDs in Sub-Saharan Africa: Landscape Analysis Snapshot



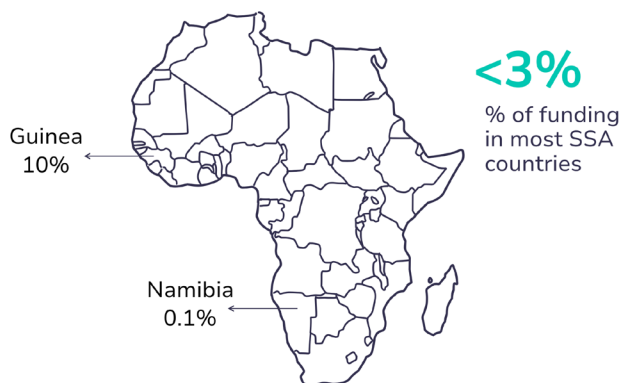
Percentage of death accounted for by NCDs in SSA in 2005

Percentage of death accounted for by NCDs in SSA in 2023



Opportunities and Solutions

External Funding for NCDs is Low



- Develop comprehensive NCD policies to guide financing and programming
- Promote prevention, screening, early detection
- Expand national health insurance to reduce out of pocket spending
- Introduce or increase health taxes to prevent diseases and finance the health system
- Develop results-based payment models and purchasing of essential NCD medicines in bulk.
- Increase CSO and private sector involvement to mobilize funding and drive efficiency

Opportunities for Enhanced Financing and Management of NCDs

Improved Resource Mobilization

Countries and partners may plan to progressively increase allocation of additional domestic budgets for NCDs—for example, prioritizing prevention and early detection services and experimenting with innovative financing such as taxes on tobacco, alcohol, and sugar-sweetened beverages (SSB) and collaborating across the public, donor, civil society, and private sectors to set up crowdfunding and blended financing mechanisms. These can be underpinned by strengthened mechanisms to track and report NCD financing, ensuring funds are allocated and spent efficiently.

Expanded Pooling of NCD-Inclusive Health Financing

Countries can pursue greater integration between public and private sector pooling mechanisms, particularly in relation to their national health insurance (NHI) frameworks, to ensure alignment and broader and more equitable distribution of healthcare resources across different health financing mechanisms by, for example, facilitating policies on basic and recommended NCD coverage in overarching health insurance regulation and reducing contribution requirements in a phased manner.

Enhanced Strategic Purchasing Modalities for NCDs

- **Target Purchasing Modalities to Advance Health Priorities:** Policymakers and partners may develop and experiment with purchasing approaches—including explicitly-defined benefits packages, fit-for-purpose payment and performance mechanisms (PPMs), and carefully selected service providers—that actively focus on improving access and quality of NCD prevention and care, especially for chronic diseases like diabetes, across all income levels. The model should also advocate for screening for early detection and management of pre-existing conditions.
- **Establish Coordinated Procurement Systems:** Set up national or regional systems for bulk purchasing of NCD medicines and diagnostic tools to reduce costs and enhance stronger relationships with suppliers to ensure quality, innovation, and cost-effectiveness.
- **Facilitate Collaboration Between the Public and Private Sectors:** Enhance access to affordable, high-quality NCD care and treatments.

Optimized Governance and Policy Frameworks

- **Increase Political Commitment and Develop Comprehensive Policies:** Policymakers and partners can advocate for NCD prioritization within national health agendas—particularly to establish integrated national policies addressing prevention, treatment, and management of all NCDs; embed NCD care into primary health systems for universal access; and address primary prevention and risk reduction factors.
- **Increase Government Oversight and Strengthen Governance Frameworks:** The government should enhance its oversight role, ensuring that the private sector adheres to national health standards, and that NCD care is comprehensive and equitable. Establishing stronger governance structures would require clearly defining roles and responsibilities for managing and overseeing NCD financing and care across the public and private sectors.
- **Improve Accountability Mechanisms:** Introduce robust monitoring and evaluation systems to ensure accountability in the allocation of resources for NCD care, track policy implementation, and monitor resource use and outcomes measures, including the effectiveness of public-private partnerships (PPPs).
- **Enhance Private Sector and CSO Engagement:** Involve private sector and civil society in the above NCD prevention and care initiatives.

Read the full report at
ncdfinancing.org/landscape



FINANCING ACCELERATOR NETWORK for NCDs

The Financing Accelerator Network for NCDs (FAN) is a transformative initiative established via a technical partnership between Access Accelerated and the World Bank, in close cooperation with Results for Development, to build a growing coalition of global and local organizations in support of improving sustainable financing for NCDs in LMICs.

FAN operates through regionally based NCD Financing Accelerators that support governments and local stakeholders with technical support, cross-country learning, and catalytic seed funding to advance local NCD financing programs, with the African Institute for Development Policy as host of the inaugural accelerator in Sub-Saharan Africa.

This initiative aligns with and supports the World Bank's goal to provide quality health services to 1.5 billion people by 2030 as well as Access Accelerated's mission to drive scalable, sustainable progress on NCDs as part of Universal Health Coverage.

Learn more at: www.ncdfinancing.org