REPORT

HEALTH FINANCING FOR NONCOMMUNICABLE DISEASES: LANDSCAPE ANALYSIS OF PRACTICES AND CHALLENGES IN THE SUB-SAHARAN AFRICA REGION

May 2025

FINANCING ACCELERATOR NETWORK for NCDs
IN PARTNERSHIP WITH WORLD BANK GROUP
ACCESS ACCELERATED Moving NCD Care Forward
SUPPORTED BY NETWORK MANAGER RESULTS FOR DEVELOPMENT
NCD FINANCING ACCELERATOR (SUB-SAHARAN AFRICA) AFIDEP African Institute for Development Policy

List of Abbreviations

AID	Acquired Immunodeficiency Syndrome
ANSD	National Statistics and Demographics Agency
AU	African Union
CBHI	Community-Based Health Insurance
CHE	Current Health Expenditure
CKD	Chronic Kidney Disease
COVID-19	Coronavirus Disease 2019
CRD	Chronic Respiratory Disease
CSO	Civil Society Organization
CVD	Cardiovascular Disease
DALY	Disability-Adjusted Life Year
DNT	Diphtheria and Neonatal Tetanus
EXT	External Health Expenditure
FCTC	Framework Convention on Tobacco Control
FFS	Fee-for-Service
GAP	Global Action Plan
GDP	Gross Domestic Product
GGE	General Government Expenditure
GGHE	General Government Health Expenditure
GGHE-D	Domestic General Government Health Expenditure
GHS	Ghana Health Service
HPV	Human Papillomavirus
HRH	Human Resources for Health
ICDM	Integrated Chronic Disease Management
IMAI	Integrated Management of Adolescent and Adult Illness
LMIC	Low- and Middle-Income Countrie
MNT	Maternal and Neonatal Tetanus
MOH	Ministry of Health
NCD	Noncommunicable Disease
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
NHIA	National Health Insurance Authority
NTD	Neglected Tropical Disease
ODA	Official Development Assistance
OOP	Out-of-Pocket
PBF	Performance-Based Financing
PEN	Package of Essential Noncommunicable Disease Interventions
PHC	Primary Health Care
PPM	Fit-for-Purpose Payment and Performance Mechanism
PPP	Public-Private Partnership
RBF	Results-Based Funding
REC	Regional Economic Community
SDG	Sustainable Development Goal
SID	Small Island Developing State
SHA	Social Health Authority
SHIF	Social Health Insurance Fund
SSA	Sub-Saharan Africa
SSB	Sugar-Sweetened Beverages
SPA	Service Provision Assessment
TCA	Tobacco Control Act
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
VAT	Value-Added Tax
WHA	World Health Assembly
WHO	World Health Organization

Contents

List of Tables

List of Figures

PATH and the Coalition for Access to NCD Medicines & Products—an Access Accelerated partner—are conducting a complementary country survey on NCD financing across 10+ low- and middle-income countries. This effort builds on and complements findings from the FAN NCD financing landscaping study in Sub-Saharan Africa, aiming to strengthen coordination and support more effective investment in NCD responses.

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. Despite the increasing global burden of NCDs, funding for them remains significantly inadequate. 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 but receive only 1-2% of all Official Development Assistance (ODA)[2]. 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 OOP[3].

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 LMICs[4]. 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].

[1]World 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
[2]World 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
[3]Jan, S., et al. (2018). Action to address the household economic burden of noncommunicable diseases. The Lancet, 391(10134), 2047–2058
[4]NCD 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
[5]World 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 general government expenditure to health (GGHE) serves as a critical indicator of a nation's commitment to tackling the growing health crisis. Domestic government expenditure on health 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 their GGHE, respectively. This corresponds to between 25.9% and 76.5% of GGHE as a percentage of current health expenditure (CHE) during the same period. Despite these financing gaps, the six countries spend between 15.13% and 43.4% of GGHE on NCDs, which still leaves 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:

1. **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.
2. **Insufficient Resource Mobilization for NCDs:** Many countries allocate fewer resources to NCDs than to communicable diseases. A financing gap of over 90% exists for NCDs, and close to 60% of NCD spending is OOP[6]. 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.
3. **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.
4. **Challenges in Strategic Purchasing for NCDs:** Many health systems do not priorities 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.

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

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

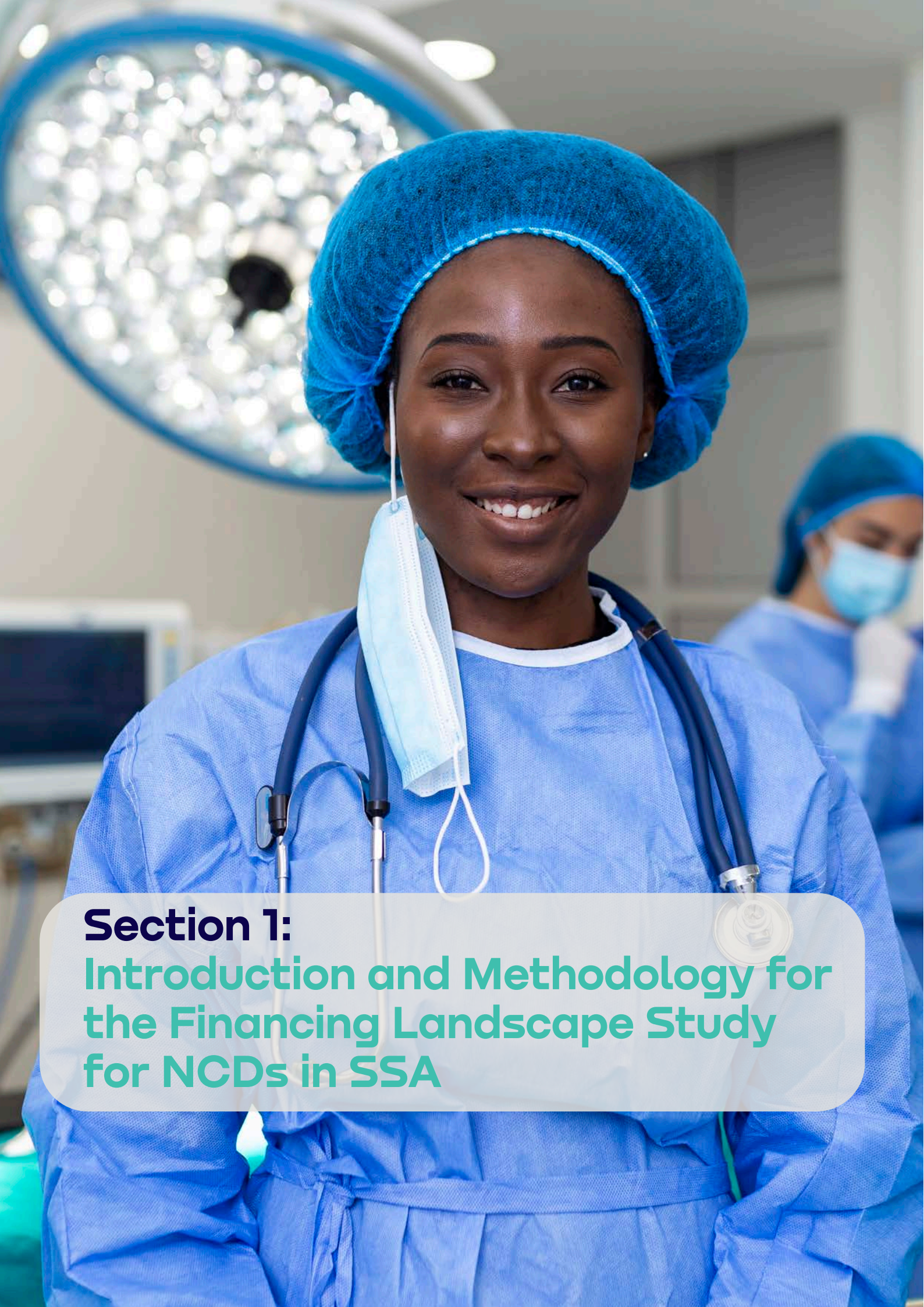
Countries can pursue greater integration between public and private sector pooling mechanisms, particularly in relation to their national health insurance (NHI) frameworks, to ensure alignment and broader and more equitable distribution of healthcare resources across different health financing mechanisms 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.



Section 1:
Introduction and Methodology for the Financing Landscape Study for NCDs in SSA

1.1 Background

Inadequate health financing remains a major challenge for African countries, weakening their health systems due to heavy reliance on OOP payments and external donor funding. Despite commitments to increase domestic investment, progress has been slow, with most nations failing to meet the 2001 Abuja Declaration target of allocating 15% of their national budgets to health. Similarly, many countries do not meet the World Health Organization's (WHO) recommendation to invest at least 5% of Gross Domestic Product (GDP) in healthcare[7].

Recent developments have further strained health financing in Africa. The suspension of U.S. foreign aid has disrupted access to essential medical supplies, such as antiretroviral drugs for HIV patients in Kenya[8]. In Uganda, budget shortfalls have forced the United Nations (UN) to issue emergency funding appeals to contain an Ebola outbreak. Additionally, reductions in United States Agency for International Development (USAID) funding threaten tuberculosis (TB) control efforts in LMICs, particularly in Africa[9].

The growing burden of NCDs in LMICs, particularly in Africa, has intensified pressure on already fragile health systems, which are severely under-resourced to tackle both communicable diseases and NCDs. Consequently, reducing the burden of NCDs and enhancing access to NCD care in an environment of inadequate health financing remains a significant challenge. With NCDs accounting for 74% of all global deaths, integrating the full continuum of care (prevention, diagnosis, treatment, rehabilitation, and palliation) into Universal Health Coverage (UHC) is of utmost importance[10].

The economic impact of NCDs worldwide is considerable, with the cost of lost productivity from four major NCDs projected to reach US$30 trillion globally between 2011 and 2030[11]. When mental health conditions are included, this figure increases to US$47 trillion. Direct healthcare costs are also substantial, especially for LMICs, where NCDs represent 26% of total health expenditures, second only to spending on infectious and parasitic diseases, which account for 37%. In LMICs, the estimated loss of economic output due to NCDs is projected to total US$21.3 trillion over the same period[12]. The impact of NCDs in Africa has sharply increased over the past two decades. The percentage of deaths attributed to NCDs in the region rose from 24% in 2000 to 37% by 2019, indicating a significant rise in the disease burden. This shift is further illustrated by the increase in total disability-adjusted life years (DALYs) attributable to NCDs, which grew from 18% in 1990 to 30% in 2017[13].

Despite the benefits of increased investments in NCDs, it remains an underfunded area, receiving only 1-2% of all ODA[14]. Individuals and households continue to bear the brunt of the NCD financing burden, with OOP spending on medical care for NCDs pushing 150 million people into poverty worldwide[15]. The three UN high-level meetings on NCDs (2011, 2014, and 2018) resulted in a significant increase in political commitment towards NCDs, but this has not translated into a substantial increase in NCD financing at both the global and national levels. It is anticipated that the Fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs (HLM4), scheduled for 2025, will guide Member States to enhance sustainable financial investments for NCDs to reduce premature mortality. The future of the NCD agenda is not a siloed one; rather, it is intertwined with the broader movement towards co-investment and integration, advocating for a unified approach to prioritize and finance NCD prevention and care within the global health financing ecosystem.

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[7]Human Rights Watch & Initiative for Social and Economic Rights. (2024, April 26). *African governments falling short on healthcare funding: Slow progress 23 years after landmark Abuja Declaration*. Human Rights Watch. Retrieved April 21, 2025, from https://www.hrw.org/news/2024/04/26/african-governments-falling-short-healthcare-funding

[8]Ross, A., Cocks, T., & Wandera, V. (2025, March 11). *Kenya HIV patients live in fear as US aid freeze strands drugs in warehouse*. Reuters. https://www.reuters.com/business/healthcare-pharmaceuticals/kenya-hiv-patients-live-fear-us-aid-freeze-strand-drugs-warehouse-2025-03-11/

[9]Reuters. (2025, March 4). *UN appeals for funds to help contain Uganda Ebola outbreak*. Reuters. https://www.reuters.com/business/healthcare-pharmaceuticals/un-appeals-funds-help-contain-uganda-ebola-outbreak-2025-03-04/

[10]NCD Alliance. (2024). *Health financing challenges and opportunities for integrating noncommunicable diseases into global health and development priorities: A policy thought paper*. https://ncdalliance.org/sites/default/files/resource_files/Health%20Financing%20for%20NCDs_final16April.pdf

[11]World Economic Forum, & Harvard School of Public Health. (2011). *The global economic burden of noncommunicable diseases*. World Economic Forum. https://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

[12]World Health Organization. (2023). *Global Health Observatory: Noncommunicable diseases – Mortality*. https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality

1.2 Objective of the SSA Regional NCD Landscape Study

The SSA regional NCD financing landscape exercise aimed to assess the structure of NCD financing, including resource mobilization, pooling, strategic purchasing, and governance. It also examined key enablers like private sector involvement and innovative financing. The goal was to identify financing gaps, key actors, and opportunities for reform. By collecting and synthesizing data from various countries, the exercise highlighted challenges, policy priorities, and effective financing models. The study will help shape the future work for NCDs (i.e. FAN) in addressing NCD financing challenges in the region.

Specifically, the report addressed the following specific objectives:

a) Understand the current state of health financing functions concerning NCDs, including resource mobilization, pooling, strategic health purchasing, and governance.

b) Prioritize challenges and solutions for sustainable and well-functioning health financing for NCDs.

c) Identify entry points and key actors and assess where the FAN can support building capacity in the region, such as leveraging opportunities for joint learning and evidence of successful financing initiatives among countries.

d) Synthesize gaps and opportunities in global knowledge on financing NCDs across regions.

1.3 Methodology

1.3.1 Study Design

The study adopted a mixed-method design, integrating qualitative and quantitative approaches to examine NCD financing across SSA. It incorporated secondary statistics on spending and budget allocations for NCDs, alongside qualitative data gathered from a) policy analyses, b) stakeholder consultations, and c) case studies of a representative sample of SSA countries to validate key takeaways and draw context-relevant policy messages.

1.3.2 The Conceptual Framework Underpinning the Analysis of the Health Financing Landscape for NCDs

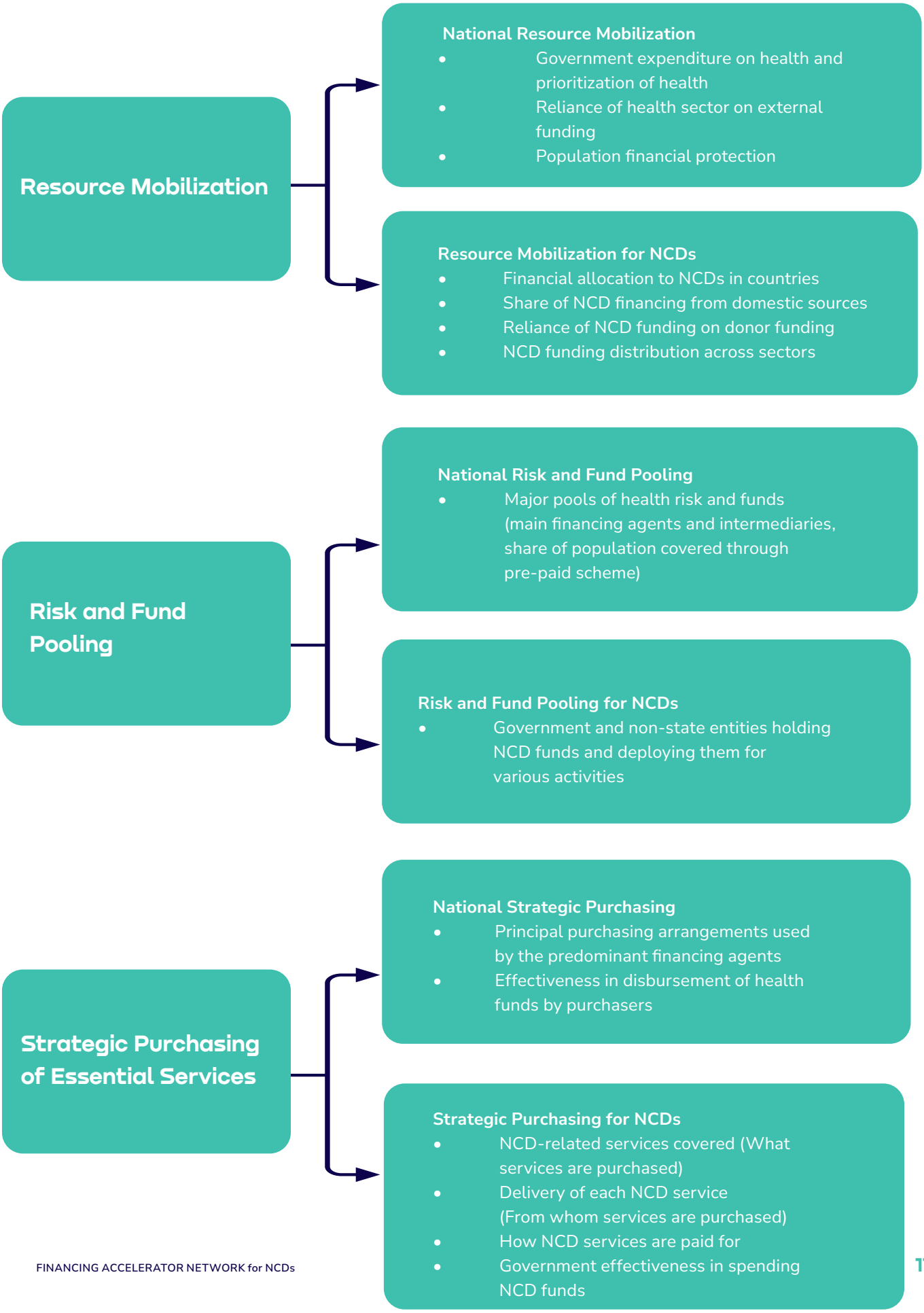
Analyzing the health financing landscape requires a structured approach to understand its complex dynamics and inform policy decisions. The study adopted a robust conceptual framework encompassing key elements related to health financing systems, including revenue collection, pooling, purchasing, and service delivery. The conceptual framework in Figure 1 points out the key issues considered under each of the areas.

[13]World 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. https://www.afro.who.int/publications/who-africa-investment-case-addressing-burden-ncds-african-region-through-pen-plus

[14]Stenberg, K., Hanssen, O., Bertram, M. Y., Brindley, C., Meshreky, A., Barkley, S., & Tan-Torres Edejer, T. (2019). *Guide posts for investment in primary health care and projected resource needs in 67 low-income and middle-income countries: A modelling study.* The Lancet Global Health, 7(11), e1500–e1510.

[15]Kazibwe, J., Tran, P. B., & Annerstedt, K. S. (2021). *The household financial burden of noncommunicable diseases in low- and middle-income countries: A systematic review.* Health Research Policy and Systems, 19(1), 96.

Figure 1: Conceptual framework for analyzing health financing systems for NCDs



In summary, the landscape analysis also examined governance systems for health, particularly regarding NCDs. The focus was on institutional and policy environment, as well as its implications for addressing NCD financing and service delivery. More specifically, it assessed the availability of policies, strategies, and projects; the prioritization of NCDs within these policies; and the extent to which these policies are funded and implemented.

To better respond to the needs of various stakeholders, a demand scoping was conducted to understand the requirements for technical assistance across different areas. These included governance, data, workforce, supply systems, service delivery, and cross-cutting issues.

1.3.3 Study Site, Population, and Sampling

The study was conducted in SSA and also reviewed literature on NCD financing from around the world. The study population included a diverse group of stakeholders involved in NCDs and health financing, who were purposefully sampled. The key informants consulted represented government agencies, CSOs, and private sector actors.

1.3.4 Data Collection

a) Policy and Document Analysis

A policy analysis and document review were conducted to improve understanding of how financing for NCDs has been prioritized and implemented over the years. The review also looks at how SSA countries have responded to the emerging financing constraints caused by the current strained global macroeconomic environment. Additionally, overarching development strategies, policies, and technical reports on national budgets, health financing, NCD priorities, investments, implementation status, and outcomes were reviewed and analyzed. Specifically, the review examines the presence (or absence) of NCD financing plans as reflected in declarations, health reform plans in general, and any specific reforms related to NCD conditions.

The analysis also encompasses policies, guidelines, strategies, and legislation related to health financing, focusing on NCDs. Specific issues under review included trends in health sector expenditure (e.g., CHE levels, sources of health expenditure), fiscal space for health (e.g., government expenditure trends, revenue trends, and budget), and health financing challenges in resource mobilization, pooling, and strategic purchasing. Key government strategic documents reviewed include the National Health Financing Strategy, the National Noncommunicable Disease Strategy, the Health Sector Strategic Plan, the UHC Roadmap, the National Development Plan, and the National Social Health Insurance Policy.

This report also benefited from a systematic search for additional documents on health financing, focusing on NCDs, particularly in the areas of resource mobilization, pooling, and strategic purchasing. Relevant documents were sourced from freely accessible, peer-reviewed online databases, including Google Scholar, PubMed/Medline, WHO's Global Health Expenditure Database, the World Bank Open Knowledge Repository, and the Global Health Observatory by WHO. These sources provided comprehensive insights from evidence-based research, policy reviews, and publicly available economic analyses related to NCD financing.

b) Stakeholder Consultations

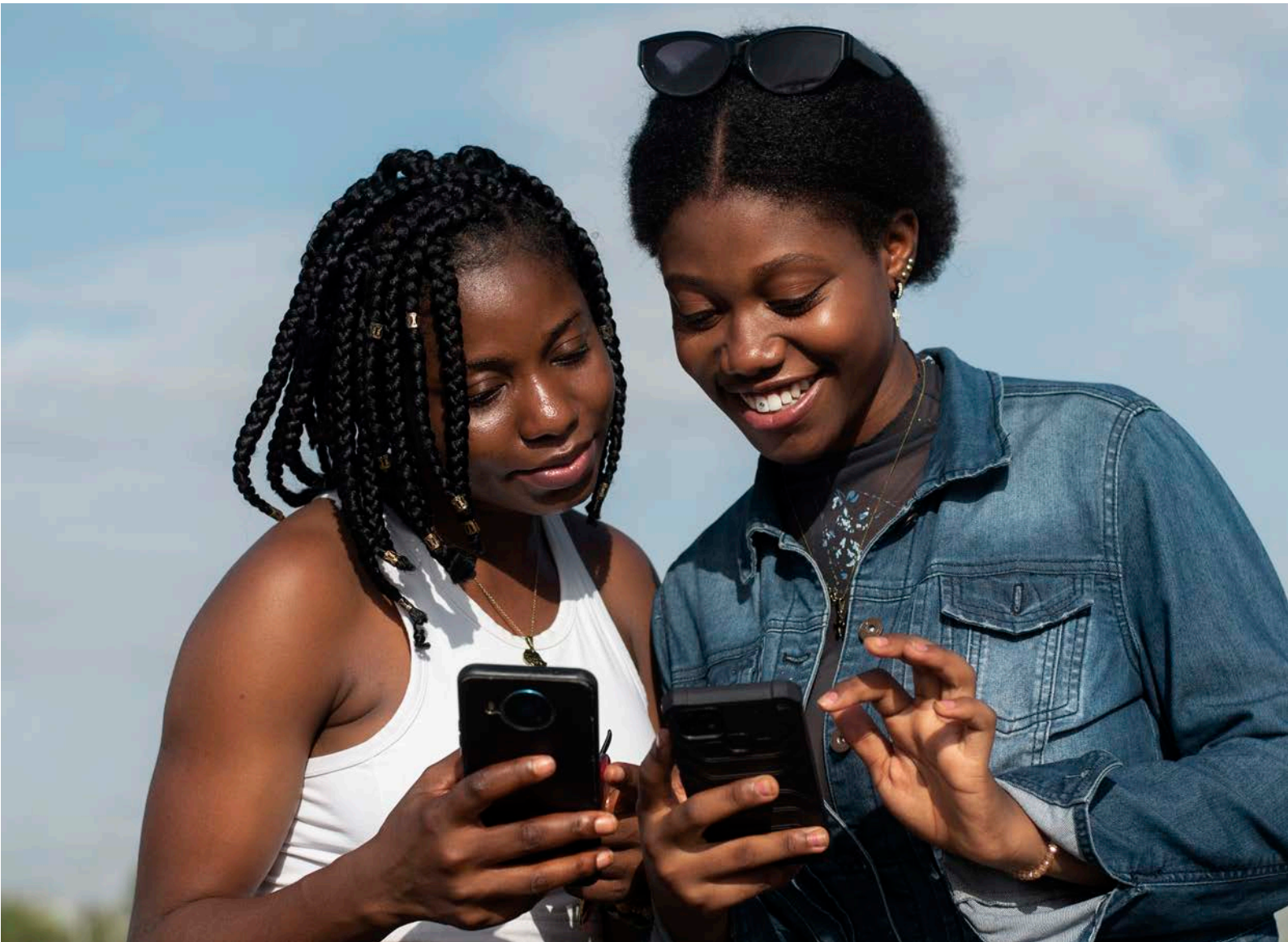
Additional data was collected through interviews with key informants, consisting of purposefully sampled stakeholders engaged in the NCD financing space. A snowball sampling method enabled initial participants to recommend additional relevant contacts. These stakeholder consultations aimed to provide deeper insights into NCDs, particularly regarding resource mobilization, pooling, and strategic purchasing. In total, 18 stakeholders (6 females and 12 males) from across Africa were consulted. This group included five (5) government officials, three (3) private sector representatives, five (5) representatives from CSOs (including members from the country NCD Alliance chapters), three (3) representatives of regional health financing hubs, and two (2) representatives from international health organizations.

c) Case Studies of Exemplars of Good Practice in NCD Financing

The study also utilizes in-depth case studies of countries in SSA that have made significant strides in financing NCDs by increasing health budgets and prioritizing NCDs. The objective was to comprehend the strategies and approaches that enabled their progress in NCD financing, aiming to identify valuable lessons and best practices that can inform and inspire similar progress in other countries.

1.3.5 Data Management and Analysis

Data analysis employed a thematic framework to identify existing financing modalities for NCDs and assess their sustainability in health financing, along with key bottlenecks, challenges, and opportunities for fostering sustainable buy-in, ownership, and leadership specifically for NCDs. Key themes encompassed the adequacy of current financing mechanisms, the integration of NCD financing into broader health budgets, and the role of innovative funding sources. Data from stakeholder consultations was triangulated with information from the document review to enhance reliability, ensuring a comprehensive understanding of policy and practical perspectives.



Section 2:
NCD Financing Profile- A Review of the NCD Policy and Legislative Landscape in SSA

2.1 NCD Profile in SSA

NCDs are increasingly becoming a significant public health challenge in SSA, contributing significantly to morbidity, mortality, and economic burden. While infectious diseases have historically dominated the health landscape in the region, NCDs—such as cardiovascular diseases, diabetes, chronic respiratory diseases, and cancers—are now rising at an alarming rate due to urbanization, changing lifestyles, and demographic shifts. The dual burden of communicable and NCDs is straining already fragile healthcare systems, necessitating urgent policy responses and investment in prevention, early diagnosis, and management.

In Figure 2, data on the disease burden over the last 30 years indicates that by 2021, eight out of the 10 leading causes of death were NCDs, an increase from four in 1990. The rates of hypertension, obesity, and diabetes have surged dramatically, driven by rapid urbanization, poor dietary habits, and a lack of physical activity. Moreover, the widespread use of tobacco and excessive alcohol consumption have exacerbated the prevalence of CVDs. African healthcare systems have historically encountered challenges due to limited access to essential services, including early diagnosis, screening, and management of chronic diseases, leaving significant portions of the population vulnerable to untreated conditions. The African region continues to grapple with a dual burden of disease, as the fight against infectious diseases like HIV/AIDS and malaria persists alongside this NCD crisis. This dual burden has further strained already insufficient healthcare resources.

Figure 2: SSA's burden of disease (1990-2021) compared by rank.

1990 Rank	2021 Rank
1 Maternal & Neonatal	1 Cardiovascular diseases
2 Cardiovascular diseases	2 Respiratory infections & TB
3 Respiratory infections & TB	3 Neoplasms (including cancer)
4 Enteric infections	4 Maternal & Neonatal
5 Neoplasms (including cancer)	5 Musculoskeletal disorders
6 Other infections	6 Mental disorders
7 Other NCDs	7 Other NCDs
8 Unintentional injuries	8 Diabetes & CKD
9 Mental disorders	9 Neurological disorders
10 Neglected Tropical Diseases & Malaria	10 Chronic respiratory
11 Musculoskeletal disorders	11 Unintentional injuries
12 Chronic respiratory	12 Digestive diseases
13 Nutritional deficiencies	13 Sense organ diseases
14 Transport injuries	14 Enteric infections
15 Digestive diseases	15 Neglected Tropical Diseases & Malaria
16 Self-harm & violence	16 Self-harm & violence
17 Neurological disorders	17 Transport injuries
18 Diabetes & CKD	18 Nutritional deficiencies
19 Sense organ diseases	19 Other infections

Source: https://vizhub.healthdata.org/gbd-compare/

KEY

Communicable, maternal, neonatal

NCDs

Injuries

As shown in Table 1, deaths associated with NCDs have increased by over 100%. This is a concern particularly for diabetes and kidney diseases (134%), substance use disorders (115%), musculoskeletal disorders (132%), neurological disorders (142%), neoplasms (including cancer) (119%), and cardiovascular diseases (81%).

Table 1: Mortality associated with NCDs (1990-2021)[16]

Disease	No. of Deaths-1990	No. of Deaths-2021	% Change (Deaths)
Neurological disorders	49,338	119,349	142
Diabetes and kidney diseases	152,499	356,531	134
Musculoskeletal disorders	2,156	5,004	132
Neoplasms (including cancer)	236,757	517,698	119
Substance use disorders	6,240	13,442	115
HIV/AIDS and sexually transmitted infections	273,056	560,160	105
Skin and subcutaneous diseases	6,239	11,408	83
Cardiovascular diseases	609,830	1,102,665	81
Respiratory infections and TB	1,187,978	2,104,640	77
Digestive diseases	187,352	313,009	67
Chronic respiratory diseases	111,013	171,113	54
Transport injuries	141,792	215,830	52
Other NCDs	238,305	313,670	32
Unintentional injuries	191,472	245,844	28
Maternal and neonatal disorders	824,389	981,966	19
Self-harm and interpersonal violence	170,130	199,280	17
Neglected tropical diseases and malaria	676,156	743,936	10
Enteric infections	858,057	507,270	-41
Nutritional deficiencies	200,925	85,417	-57
Other infectious diseases	725,795	281,576	-61

[16]Global Burden of Disease Collaborative Network. *Global Burden of Disease Study 2021*. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2024. https://vizhub.healthdata.org/gbd-compare/

2.2 Policy and Legislative Frameworks for Financing NCDs

In response to the growing burden of NCDs, various global and regional health financing frameworks have been established to support countries in developing effective NCD strategies and funding mechanisms. These frameworks provide essential guidance, enabling nations to structure their approaches to NCD prevention, management, and resource mobilization and allocation. Member States in the African region have shown strong commitment and have made significant progress in addressing the NCD challenge, recognizing its pressing impact on health and economic stability. Over the past decade, African Ministers of Health have made several high-level declarations, prominently placing NCD prevention and control on their agendas and urging faster action and increased investment to mitigate the widespread effects of these diseases.

At the global level, initiatives, policies and legislative frameworks that have guided resource mobilization and NCD management include;

1. **The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030** (initially developed for the period 2013-2020, but was extended in 2019 to align with the 2030 Sustainable Development Goals (SDGs)). This action plan outlines a comprehensive strategy to reduce the global burden of NCDs, establishing clear targets and providing a strategic framework to support countries in addressing key NCD risk factors[17]. Its primary goal is to achieve a 25% reduction in premature mortality from NCDs by 2025, through a series of evidence-based, cost-effective interventions. The Action Plan emphasizes integrating NCD services within primary healthcare and addressing social determinants of health[18]. It emphasizes a multisectoral approach and promotes cost-effective "best buy" interventions, urging Member States to implement policies targeting major NCD risk factors such as tobacco use, unhealthy diets, physical inactivity, and harmful alcohol use. It also calls for the strengthening of healthcare systems to ensure comprehensive and integrated NCD prevention and control services, making these essential interventions more accessible and effective across all levels of healthcare.

   Following the implementation of the WHO Global Action Plan (GAP) for the Prevention and Control of NCDs, most WHO Member States have developed operational frameworks for addressing NCDs. In SSA, many countries have begun integrating NCD services into primary healthcare systems. South Africa has taken a structured approach to implementing WHO-GAP, focusing on key risk factors such as tobacco use, alcohol consumption, unhealthy diets, and physical inactivity[19]. For tobacco control, the country introduced a comprehensive policy that includes advertising restrictions and taxation on all tobacco products, with periodic tax increases since 2011. However, excise taxes remain below the WHO-recommended threshold of 75% of the retail price (WHO, 2022). In alcohol regulation, South Africa adopted a gradual approach, starting with prevention programs in 1994, followed by the Liquor Control Act (2003), the Marketing of Alcoholic Beverages Bill (2013), and the Liquor Policy (2015). Despite these measures, the country still lacks legal restrictions on alcohol advertising, leading to continued public exposure to alcohol marketing.

   Kenya has also aligned its policies with WHO-GAP by imposing taxes on most tobacco and alcohol products, enforcing partial smoke-free regulations, and implementing advertising restrictions. Specific measures include licensing requirements and time limitations on alcohol advertisements on television and radio to reduce youth exposure[20]. Nigeria, although behind in achieving full tobacco tax coverage, has enacted partial smoke-free policies and a comprehensive advertising ban on tobacco products

[17]Nyaaba, G. N., Stronks, K., de-Graft Aikins, A., Kengne, A. P., & Agyemang, C. (2017). *Tracing Africa's progress towards implementing the Noncommunicable Diseases Global Action Plan 2013–2020: A synthesis of WHO country profile reports. BMC Public Health, 17*, 1-13
[18]World Health Organization. (2013). *Global action plan for the prevention and control of noncommunicable diseases 2013–2020*. World Health Organization. https://www.who.int/publications/i/item/9789241506236
[19]World Health Organization. (2021). *WHO report on the global tobacco epidemic 2021: Addressing new and emerging products*. World Health Organization. https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021
[20]Government of Kenya. (2021). *Kenya national strategic plan for the prevention and control of noncommunicable diseases 2021/22–2025/26*. Ministry of Health. https://data.worldobesity.org/country/kenya-113/actions.pdf

across mass media. These efforts have been supported by advocacy groups such as the Nigeria Tobacco Control Coalition and Environmental Rights Action/Friends of the Earth[21]. Additionally, South Africa became the first African country to introduce salt reduction legislation for processed foods in 2016. However, the regulation does not extend to foods prepared in institutions such as schools and hospitals, limiting its overall impact. Despite these advancements, significant gaps persist in fully achieving the objectives of WHO-GAP in SSA. Strengthening policy implementation and enforcement remains critical to addressing NCDs effectively.

2. **The WHO Global Compact on NCDs (2020–2030)** further solidifies this commitment, advocating for coordinated global action and resource mobilization to support countries in achieving their NCD targets. This compact aims to help countries achieve their NCD targets by facilitating cross-sectoral partnerships, strengthening national health systems, and driving investment in NCD prevention and management[22]. Several SSA countries have taken meaningful steps under the Compact's guidance; for instance, Ghana launched an updated National Strategy for NCDs in 2021, aligned with the Compact, which prioritizing multi-sectoral collaboration and resource allocation to combat NCDs. This includes partnerships with private health sector actors and NGOs to enhance screening programs and health education. Under the Compact, South Africa launched the "Health for All" campaign, targeting youth and high-risk groups to increase awareness about lifestyle-related NCD risk factors. In addition, Kenya has established partnerships with private-sector companies to raise awareness and provide affordable NCD treatments, especially for diabetes and hypertension. Through these initiatives, the cost of essential medications was reduced, making treatment more accessible to low-income populations.

3. **The Health4Life Fund,** launched in 2021 by WHO, United Nations Development Programme (UNDP), United Nations International Children's Emergency Fund (UNICEF), and the governments of Kenya, Thailand, and Uruguay, was designed to boost NCD and mental health action in LMICs[23]. As global champions, Kenya and Uruguay demonstrated their commitment by integrating Health4Life resources into national strategies to address NCDs. In Kenya, the fund facilitated training for healthcare workers and NCD screening within primary care, enhancing early detection of diseases such as diabetes. Uganda utilized the fund for health education and prevention programs aimed at youth, while Ghana expanded NCD screening in primary care, boosting early diagnosis rates. Ethiopia's Health Sector Transformation Plan, which prioritizes NCDs, has gained from the Health4Life Fund, enabling increased investment in key NCD programs like diabetes and hypertension management. Recognized by the World Bank-WHO International dialogue on sustainable financing for NCDs and mental health as an essential tool, the Health4Life Fund aids countries as they intensify efforts ahead of the Fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs, a pivotal moment in advancing NCD and mental health SDG targets[24]. Despite funding and logistical challenges, the fund has driven notable improvements in education, screening, and access to care.

4. **The 2011 UN Political Declaration on the Prevention and Control of NCDs**[25]. Alongside the declaration, the UN Outcome Document set forth specific commitments for Member States to address the growing NCD burden, highlighting the importance of resource mobilization and multisectoral collaboration. These documents spurred countries to take action on major NCD risk factors such as tobacco and alcohol use, unhealthy diets, and physical inactivity, while also promoting cooperation to secure technical and financial support[26]. The commitment led to 37 government pledges[27],

[21]Drope, J., Hamill, S., Chaloupka, F., Guerrero, C., Lee, H. M., Mirza, M., ... & Vulovic, V. (2022). *The Tobacco Atlas*. Vital Strategies and Tobacconomics. https://tobaccoatlas.org/country/nigeria/
[22]World Health Organization. (2020). *The Global Noncommunicable Diseases (NCD) Compact 2020–2030*. https://cdn.who.int/media/docs/default-source/ncds/final_ncd-compact-(1).pdf
[23]World Health Organization. (2023, May 9). *Member States updated on progress*. https://www.who.int/news/item/09-05-2023-member-states-meet-to-review-progress-on-the-united-nations-health4life-fund
[24]United Nations Multi-Partner Trust Fund Office. (2024). *2023 Health4Life Fund Annual Narrative Report*. United Nations Development Programme. https://mptf.undp.org/sites/default/files/documents/2024-05/2023_health4life_fund_annual_narrative_report_x.pdf
[25]United Nations. (2011). *2011 High-level meeting on the prevention and control of noncommunicable diseases*. United Nations. https://www.un.org/en/ga/ncdmeeting2011
[26]World Health Organization. (2014). *High-level meeting of the UN General Assembly to undertake the comprehensive review and assessment of the 2011 Political Declaration on NCDs*. https://cdn.who.int/media/docs/default-source/ncds/governance/a-res-68-300.pdf?sfvrsn=e9a0e628_7
[27]World Health Organization. (n.d.). *4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025)*. https://cdn.who.int/media/docs/default-source/ncds/4th-high-level-meeting-of-ncds/4th_un_high-level_meeting_on_ncds.pdf?sfvrsn=f3c1fe1f_5&download=true

and the proportion of countries with an operational national NCD policy backed by a budget for implementation rose substantially from 32% in 2010 to 50% by 2013[28].

5. The 2014 UN political declaration, formally titled the "**Outcome of the Second High-Level Meeting of the UN General Assembly on the Prevention and Control of NCDs**," was held in September 2014 and built upon the framework established by the earlier declaration. It introduced specific targets and measurable actions, encouraging countries to set clear benchmarks for reducing NCDs. This led to 12 additional government commitments, increasing the total from the 37 commitments made in the 2011 declaration[29]. South Africa adopted the 2014 declaration by enacting the Strategic Plan for the Prevention and Control of NCDs (2013–2017), emphasizing dietary health, tobacco, and alcohol control. It expanded access to care, which significantly reduced smoking rates[30]. However, financial barriers and inconsistent global support continued to challenge countries' ability to achieve the desired impact.

6. **Political Declaration of the Third High-Level Meeting of the UN General Assembly on the Prevention and Control of NCDs (2018).** It focused on sustainable financing and advocated for the integrating of NCD services into UHC frameworks. This momentum resulted in 14 additional government commitments following the previous declaration of 2014[31]. This approach encouraged countries to fund NCD initiatives through national health budgets, enhancing financial sustainability and resilience[32]. Additionally, the 2018 declaration provided stronger guidance for countries to operationalize their commitments, yet challenges persisted, particularly in maintaining consistent funding streams and addressing health system disparities[33]. Several SSA countries took early steps to strengthen NCD strategies within their national health frameworks, promoting healthier diets, reducing tobacco use, and encouraging physical activity. The declaration boosted political will by elevating NCDs on the global health agenda and fostering international collaboration among governments, NGOs, and organizations for shared knowledge and best practices.

7. **The Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs**, scheduled for 2025, offers a critical opportunity to tackle persistent challenges identified in earlier declarations and to adopt a forward-looking political declaration focused on NCDs through 2030 and 2050. This upcoming meeting seeks to establish a comprehensive framework rooted in evidence and human rights to accelerate global initiatives for NCD prevention and control[34]. By building on the five by five agenda (which focuses on five diseases including cardiovascular disease, cancer, diabetes, chronic respiratory diseases, and mental ill-health, and five risk factors, including tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol, and air pollution), the new declaration prioritizes the reduction of key NCD risk factors and the promotion of mental health[35]. This approach aims to align NCD strategies with broader public health and environmental objectives. This includes commitments to mitigate air pollution, improve mental well-being, and meet SDG 3.4, which aims for a one-third reduction in premature NCD-related mortality by 2030. Ultimately, this declaration is expected to outline strategic directions that empower countries to maintain momentum in their NCD efforts beyond 2030, steering them toward a healthier and more sustainable future by 2050.

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[28]World Health Organization. (2015). *Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases*. https://apps.who.int/gb/ebwha/pdf_files/wha68/a68_11-en.pdf

[29]World Health Organization. (2021). *4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025)*. https://cdn.who.int/media/docs/default-source/ncds/4th-high-level-meeting-of-ncds/4th_un_high-level_meeting_on_ncds.pdf?sfvrsn=f3c1fe1f_5&download=true

[30]South Africa. (2013). *Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2013–2017*. Department of Health. https://extranet.who.int/ncdccs/Data/ZAF_B3_NCDs_STRAT_PLAN_1_29_1_3%5B2%5D.pdf

[31]World Health Organization. (2021). *4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025)*. https://cdn.who.int/media/docs/default-source/ncds/4th-high-level-meeting-of-ncds/4th_un_high-level_meeting_on_ncds.pdf?sfvrsn=f3c1fe1f_5&download=true

[32]World Health Organization Regional Office for the Eastern Mediterranean. (2018). *Political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases*. https://www.emro.who.int/images/stories/ncds/documents/en_unpd.pdf?ua=1&ua=1&ua=1

[33]World Health Organization Regional Office for the Eastern Mediterranean. (2018). *Political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases*. https://www.emro.who.int/images/stories/ncds/documents/en_unpd.pdf

[34]World Health Organization. (2021). *4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025)*. https://cdn.who.int/media/docs/default-source/ncds/4th-high-level-meeting-of-ncds/4th_un_high-level_meeting_on_ncds.pdf?sfvrsn=f3c1fe1f_5&download=true

[35]World Health Organization. (2019). Time to deliver: Implementing NCD commitments and packages. *WHO Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable Diseases and Mental Health*. https://cdn.who.int/media/docs/default-source/ncds/oman-concept-note20c1cb08-e7db-4e51-87e7-d62fe96aa9ae.pdf?sfvrsn=d36096e_5

8. **The WHO Framework Convention on Tobacco Control (FCTC)** stands as a pivotal global commitment in combating NCDs, particularly in recognizing the significant role of tobacco use in NCD mortality. Established to address the escalating prevalence of tobacco-related diseases, the FCTC has led to improved public health outcomes by mandating governments to implement evidence-based policies aimed at reducing tobacco consumption and alleviating its health impacts. The framework has been instrumental in fostering increased awareness of the dangers of tobacco use, promoting smoke-free environments, and supporting initiatives to educate the public on healthy lifestyles[36]. The FCTC emphasizes resource mobilization and pooling, requiring countries to allocate necessary resources toward effective tobacco control measures. In alignment with this commitment, the WHO health taxes initiative advocates for imposing taxes on tobacco, alcohol, and SSBs drinks, aiming to generate revenue for health initiatives, including NCD prevention and treatment[37].

   In SSA, these global policies have prompted nations to prioritize NCD prevention within their health policies. For example, Kenya has implemented the Tobacco Control Act (TCA) to regulate tobacco advertising, promote public awareness campaigns, and establish smoke-free environments. This legislative effort has significantly contributed to reducing smoking rates and has facilitated the integration of NCD prevention into primary healthcare services. Similarly, Uganda has adopted the National Tobacco Control Policy, which emphasizes the need for comprehensive tobacco control measures and seeks to mobilize resources for NCD prevention initiatives. Ghana has also taken steps to implement the FCTC by enacting the Public Health Act, which includes provisions for controlling tobacco use and promoting healthy diets. However, the tobacco and alcohol industries continue to exert significant influence over government policy, both directly and through their affiliates, often exploiting weak industry regulations to maintain their interests. Commercial and economic motivations persistently drive key risk factors due to the limited regulatory capacity to monitor these industries' activities, which undermining public health efforts. Furthermore, many countries face challenges related to inadequate campaigns against tobacco consumption and unhealthy food practices, diminishing the effectiveness of existing frameworks.

9. **The WHO Framework on Integrated People-Centered Health Services (IPCHS) (Adopted in May 2016).** It calls for a transformative shift in how health services are structured, funded, and delivered, focusing on people rather than diseases[38]. The framework envisions a future where all individuals have access to coordinated, high-quality, affordable health services that meet their needs, respect their preferences, and are safe and effective[39]. It outlines five core recommendations: engaging and empowering communities, strengthening governance and accountability, reorienting care models, coordinating services across sectors, and creating an enabling environment. A skilled health workforce is vital to delivering quality, comprehensive care, contributing to the overarching goal of achieving UHC[40,41].

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[36]World Health Organization. (2015). *Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: Making tobacco a thing of the past.* WHO Regional Office for Europe. https://iris.who.int/bitstream/handle/10665/337669/65wd10e-ImplementFCTC-150475.pdf?sequence=3&isAllowed=y
[37]World Health Organization. (2003). *WHO Framework Convention on Tobacco Control.* https://treaties.un.org/doc/source/RecentTexts/FCTC_en.pdf
[38]World Health Organization. (2015). *Global strategy on integrated people-centred health services 2016–2026.* https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf
[39]WWorld Health Organization. (n.d.). *Framework on integrated people-centred health services.* https://www.integratedcare4people.org/ipchs-framework/
[40]WWorld Health Organization. (2016). *Framework on integrated, people-centred health services: Report by the Secretariat* (A69/39). https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_39-en.pdf
[41]WWorld Health Organization. (2017). *Reforming health service delivery for universal health coverage (UHC).* WHO Reference Number: WHO/HIS/SDS/2017.9. https://iris.who.int/bitstream/handle/10665/255311/WHO-HIS-SDS-2017.9-eng.pdf?sequence=1

Several SSA countries have embraced the integrated people-centred health services framework to improve healthcare access[42]. In Mali, government health teams and referral units established community-owned, community-operated primary care centers, expanding service access and improving care quality, growing coverage from 5.5 million to over 10 million people between 1998 and 2007. Rwanda's One Family Health initiative further strengthens this model by establishing rural health posts operated by locally trained nurses, reimbursing primary care services through the national insurance scheme, thus improving care access and creating employment opportunities in rural areas. Rwanda's One Family Health initiative further strengthens this model by establishing rural health posts operated by locally trained nurses, preimbursing primary care services through the national insurance scheme, thus improving care access and creating employment opportunities in rural areas[43]. Namibia's Epako Clinic integrates HIV and sexual reproductive health services, improving patient-provider communication, reducing stigmatization, and enhancing service delivery efficiency[44,45]. Similarly, Botswana's Spinal Care Network connects community-based spine services with advanced hospital care, ensuring better symptom management and continuity of care for patients[46].

10. **The Moscow Declaration**, adopted during the First Ministerial Conference on Healthy Lifestyles and NCD Control in 2011, further reinforces the need for coordinated action to mitigate lifestyle-related risk factors.

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[42]World Health Organization. (2018). *Continuity and coordination of care: A practice brief to support implementation of the WHO Framework on integrated people-centred health services*. https://iris.who.int/bitstream/handle/10665/274628/9789241514033-eng.pdf?ua=1
[43]Van Niekerk, L., & Chater, R. (2016). *One Family Health, Rwanda (Social Innovation in Health Initiative Case Collection)*. World Health Organization. https://www.socialinnovationinhealth.org/downloads/Case_Studies/One_Family_Health_SIHI_Case_Collection.pdf:contentReference[oaicite:2]{index=2}
[44]Zapata, T., Forster, N., Campuzano, P., Kambapani, R., Brahmbhatt, H., Hidinua, G., Turay, M., Ikandi, S. K., Kabongo, L., & Zariro, F. (2017). How to integrate HIV and sexual and reproductive health services in Namibia: The Epako Clinic case study. *International Journal of Integrated Care*, *17*(4), 1–12.
[45]WUwamahoro, T. (2013). *Bringing primary health care to remote populations through private-public partnerships: The SHOPS Mister Sister experience. United States Agency for International Development (USAID)*. https://www.shopsplusproject.org/sites/default/files/resources/Mister%20Sister%20Overview.pdf
[46]Haldeman, S., & Kopansky-Giles, D. (2016). *Creating a sustainable model of spine care in underserved communities in Botswana*. Escuela Andaluza de Salud Pública. https://www.integratedcare4people.org/practices/315/creating-a-sustainable-model-of-spine-care-in-underserved-communities-in-botswana/

Table 2: Summary of global policy and legislative frameworks for financing NCDs

NCD Policy, Strategy, Guidelines or Project	Descriptions	Where it Has Been Applied in SSA
The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030	This action plan outlines a comprehensive strategy to reduce the global burden of NCDs. Its primary goal is to achieve a 25% reduction in premature mortality from NCDs by 2025, through a series of evidence-based, cost-effective interventions.	Kenya, Nigeria, South Africa
WHO Global Compact on NCDs (2020–2030)	Advocates for coordinated global action and resource mobilization to support countries in achieving their NCD targets.	Ghana, Kenya, South Africa
The Health4Life Fund	It was launched in 2021 by WHO, UNDP, UNICEF, and the governments of Kenya, Thailand, and Uruguay. It was designed to boost NCD and mental health action in LMICs.	Ethiopia, Ghana, Kenya, Uganda
The 2011 UN Political Declaration on the Prevention and Control of NCDs	The UN Outcome Document set forth specific commitments for Member States to address the growing NCDs burden, highlighting the importance of resource mobilization and multisectoral collaboration.	Several SSA countries
Political Declaration of the Third High-Level Meeting of the UN General Assembly on the Prevention and Control of NCDs (2018)	It focused heavily on sustainable financing and advocated for the integration of NCD services into UHC frameworks. This momentum resulted in 14 additional government commitments following the previous declaration of 2014.	Several SSA countries
WHO FCTC	The FCTC emphasizes resource mobilization and pooling, requiring countries to allocate necessary resources toward effective tobacco control measures.	Ghana, Kenya
WHO Framework on IPCHS (adopted in May 2016)	It calls for a transformative shift in how health services are structured, funded, and delivered, with a focus on people rather than diseases.	Botswana, Mali, Namibia, Rwanda
WHO PEN for private health care (PHC)	This approach, tailored for PHC in low-resource settings, focuses on decentralized and integrated management of common NCDs, as well as strengthened referral systems.	34 out of the 47 African Member States now implementing WHO PEN

2.3 Policies and Legislative Frameworks on NCDs at Africa Regional Level

In response to the urgent need for action, regional frameworks have also emerged to address NCDs within the African context. Tailored frameworks and strategies to address the increasing prevalence of NCDs have been developed showing a concerted effort to align with international initiatives while addressing the unique health challenges of their populations. These efforts focus on enhancing resource mobilization, pooling resources and technical expertise, and supporting the strategic purchasing of cost-effective interventions to prevent and manage NCDs.

1. **The Brazzaville Declaration on NCDs Prevention and Control in the WHO African Region, Adopted in 2011**, marked a turning point in SSA's commitment to tackling the growing burden of NCDs. Recognizing that NCDs were increasingly prevalent across Africa and posed severe risks to public health, the Brazzaville Declaration laid out a regional framework to promote prevention, early detection, and management of these diseases. The declaration called for African governments to strengthen their healthcare systems, mobilize resources for NCDs, and establish multisectoral policies that address risk factors like tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol[50,51]. Since its adoption, the Brazzaville Declaration has inspired significant efforts by African countries to incorporate NCD prevention and control into national health policies and strategies. It has also fostered regional cooperation, facilitated resource mobilization, and encouraged capacity-building efforts to support NCD management. Through these measures, the declaration has contributed to greater awareness and measurable improvements in addressing NCD risk factors across the region. For example, South Africa has developed the Strategic Plan for the Prevention and Control of NCDs which, emphasizes reducing NCD risk factors through interventions such as increasing taxes on SSBs and tobacco, promoting healthy diets, and enhancing physical activity programs. This plan has seen notable success, as it aligns with WHO guidelines and actively engages multiple sectors, from education to urban planning, in health promotion.

2. **In Ghana, the Brazzaville Declaration Has Influenced the Creation of the Ghana National Policy for the Prevention and Control of Chronic NCDs**. This policy includes measures to strengthen primary healthcare by equipping clinics with the resources necessary for NCD diagnosis and management, training healthcare providers in early detection of NCDs, and conducting public health campaigns aimed at reducing risk factors like smoking and high salt consumption. Similarly, Kenya has implemented the National Strategy for the Prevention and Control of NCDs, which integrates NCD services into primary healthcare facilities, expanding access to screening and treatment for diseases such as hypertension and diabetes, particularly in rural areas. Kenya's approach also emphasizes community-based awareness campaigns, leveraging local networks to inform the public about NCD risks and promote healthier lifestyles. Despite these advancements, challenges remain in fully implementing the Brazzaville Declaration's goals. Limited funding, competing health priorities, and shortages in trained healthcare personnel continue to pose obstacles. Nonetheless, the declaration has provided a regional framework that has galvanized action across Africa, encouraging governments to prioritize NCDs, mobilize resources, and foster multisectoral partnerships in the pursuit of healthier, more resilient populations.

[50]United Nations. (2011, April 8). *African ministers pledge to combat noncommunicable diseases in UN-backed document*. UN News. https://news.un.org/en/story/2011/04/371892-african-ministers-pledge-combat-noncommunicable-diseases-un-backed-document
[51]World Health Organization. (2011). *The Brazzaville Declaration on Noncommunicable Diseases Prevention and Control in the WHO African Region*. https://www.afro.who.int/sites/default/files/2017-06/ncds-brazzaville-declaration20110411.pdf

3. **The 2014 Luanda Commitment on NCDs Aims to Strengthen Health Systems in SSA** by promoting strategic purchasing and the integration of cost-effective, evidence-based interventions into existing health frameworks. Its primary objective is to enhance the capacity of countries to combat the rising burden of NCDs, which are responsible for a significant proportion of morbidity and mortality in the region[52]. The commitment encourages countries to allocate resources efficiently, prioritizing interventions that yield substantial health benefits, and fosters collaborative approaches among governments, NGOs, and international partners. The impact of the Luanda Commitment on NCD financing has been profound, as it has led to increased government investment in NCD prevention and management. For example, South Africa has integrated NCD care into its NHI system, which is designed to provide UHC and improve access to essential services. This approach enables better resource allocation towards the management of NCDs like hypertension and diabetes, which are prevalent in the country. In Kenya, the government has implemented community health initiatives that focus on early detection and prevention of NCDs, supported by the strategic purchasing framework that allows for targeted funding of effective health interventions. Ghana has also made strides by embedding NCD strategies within its national health policy, thereby enhancing funding for programs that tackle lifestyle-related diseases. Despite these advancements, several challenges hinder the full realization of the Luanda Commitment. Many SSA countries struggle with limited health infrastructure, insufficient funding, and a lack of comprehensive public awareness about NCDs. These issues lead to disparities in healthcare access and inconsistent implementation of the commitment across different regions. For instance, while urban areas have better health service delivery, rural communities often lack the necessary resources and access to care. Additionally, the integration of NCD management into existing health systems is hampered by competing health priorities, such as infectious diseases, which divert attention and funding[53].

4. **The Abuja Declaration (2001)**, adopted by African Union (AU) Member States, has played a pivotal role in setting a benchmark for health financing by committing governments to allocate at least 15% of their national budgets to the health sector. This commitment has significantly promoted resource mobilization, ensuring that adequate domestic funds are available to address various health challenges, including the rising burden of NCDs. By establishing this financial framework, the Abuja Declaration has enabled African countries to strengthen their health systems, indirectly supporting NCD prevention and treatment through enhanced health infrastructure and service delivery. Many countries continue to struggle to meet the target of allocating 15% of national budgets to health. Rwanda stands out as the only country that has consistently reached and maintained this threshold, demonstrating a strong commitment to prioritizing health in its national budget. However, despite this achievement, external funding still surpasses domestic contributions to Rwanda's health budget[54]. The challenges stemming from the Abuja Declaration include political will, economic constraints, and competing priorities that often result in insufficient budget allocations for health. Additionally, many governments face difficulties in tracking and utilizing health expenditure effectively, leading to disparities in resource distribution and implementation of health programs. As a result, while the Abuja Declaration has set a crucial standard for health financing, the ongoing challenges highlight the need for sustained advocacy, accountability, and innovative funding solutions to achieve comprehensive health systems strengthening across the continent.

5. **The African Leadership Meeting**, held on February 9, 2019, in Addis Ababa, served as a critical platform to mobilize resources and foster partnerships to strengthen health investments across Africa[55]. This meeting came in light of the significant challenge that, while African countries have

[52]World Health Organization. (2014). *Luanda Commitment on Health and Environment in Africa*. WHO Regional Office for Africa. https://www.afro.who.int/sites/default/files/2017-06/PHE-Luanda-Commitment-en.pdf
[53]World Health Organization. (2014). *First meeting of African Ministers of Health jointly convened by the African Union Commission and the World Health Organization: Luanda, Angola, 16–17 April 2014*. World Health Organization Regional Office for Africa. https://www.afro.who.int/sites/default/files/2017-07/volume-1-ministerial-meeting-final-en.pdf
[54]Ministry of Health, Rwanda. (2018). *Health Financing Strategic Plan 2018–2024*. https://www.moh.gov.rw/fileadmin/user_upload/Moh/Publications/Strategic_Plan/HFSP.pdf
[55]Africa Health Business. (2019). *Africa Leadership Meeting (ALM) Executive Report: Investing in Health*. https://www.ahb.co.ke/wp-content/uploads/2021/08/alm-report.pdf

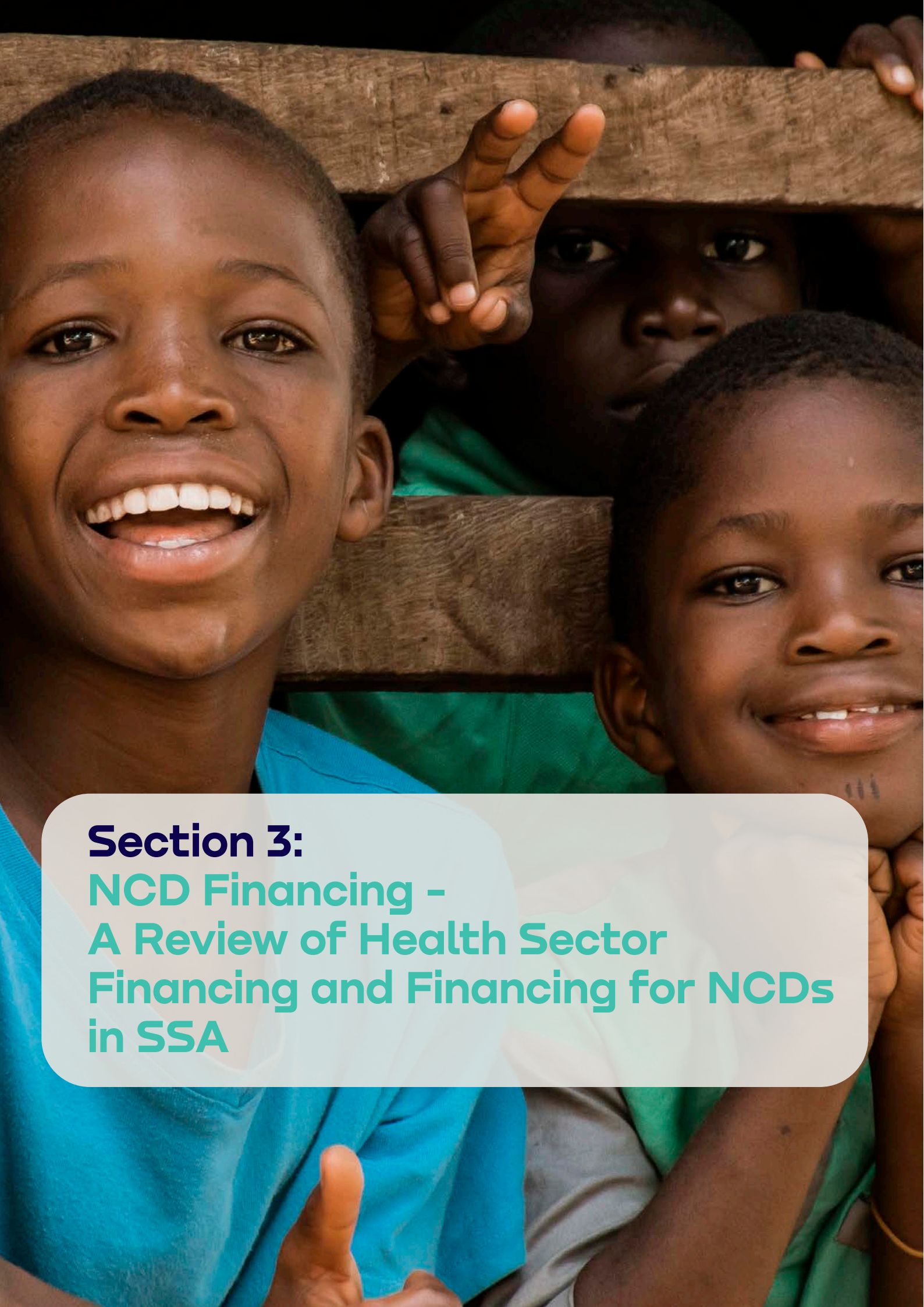
made notable progress in increasing domestic investments in health, most AU Member States have not met the target of allocating at least 15% of their government budget to health. Additionally, many countries fall short of the suggested threshold of US$86.30 per person required to provide a basic package of health services[56]. This meeting marked the first gathering of governments, the private sector, and the global development community in a coordinated effort to drive health sector investment and accelerate progress toward UHC[57]. As the first meeting to bring together governments, the private sector, and the global development community in a coordinated effort to accelerate health sector investments, the meeting resulted in a commitment of US$200 million from both public and private sectors, as well as donor governments, including the Higherlife Foundation, and the Governments of Ireland and France. These contributions were geared toward fighting epidemics and advancing UHC across the continent. One of the key outcomes of the meeting was the recognition that governments alone cannot finance healthcare adequately to achieve UHC. The meeting emphasized the need for both resource mobilization and pooling to fill the financing gaps and improve healthcare access. It highlighted the importance of fostering partnerships between the private sector, governments, and other stakeholders to achieve shared health goals[58]. To operationalize this approach, AU Development Agency – New Partnership for Africa's Development was tasked with leading private sector engagement in health, alongside the African Union Commission, RECs, Member States, and private sector associations. Together, they developed a strategic framework that outlines four priorities for increasing and diversifying private sector investment in Africa's health sector. This framework not only sets out institutional arrangements for private sector engagement but also incorporates the Health Financing Tracker, a tool designed to monitor and track progress across the continent[59]. Several SSA countries have since implemented aspects of this framework. For example, Kenya has leveraged private sector partnerships to expand its UHC pilot program, which aims to pool resources from public and private entities to improve health service delivery. Similarly, Rwanda's success with its CBHI scheme has demonstrated how pooling resources from citizens, employers, and government can improve healthcare access and promote greater equity. South Africa has also been advancing its NHI initiative, which seeks to pool funds from taxes, private insurers, and employers to provide health coverage for all citizens. However, insufficient government health expenditure, weak revenue generation systems, and fragmented health financing structures continue to impede the achievement of the Africa Leadership Meeting agenda.

6. **The WHO Package of Essential NCD Interventions (WHO PEN) for PHC** has spurred notable advancements across the African region in combating NCDs, especially at the primary health care level. Since 2008, the WHO, alongside partners, has supported African Member States in implementing the WHO PEN to improve access to NCD services (NCD progress monitor in the WHO African region, 2022)[60]. This approach, tailored for primary health care in low-resource settings, focuses on decentralized and integrated management of common NCDs, as well as strengthened referral systems[61]. By 2024, this effort has expanded considerably, with 34 out of the 47 African Member States now implementing WHO PEN, reflecting the strong prioritization of NCD prevention and control across the region. Through this initiative, NCD services have been enhanced within

[56]Africa Health Business. (2019). *Africa Leadership Meeting (ALM) Executive Report: Investing in Health*. https://www.ahb.co.ke/wp-content/uploads/2021/08/alm-report.pdf
[57]African Union. (2020). *Africa Leadership Meeting: Investing in Health – Briefing document for the Specialised Technical Committee on Finance, Monetary Affairs, Economic Planning and Integration*. https://au.int/sites/default/files/newsevents/workingdocuments/38223-wd-stc_briefing_document_-_the_africa_leadership_meeting_english.pdf
[58]Africa Health Business. (2019). *Africa Leadership Meeting (ALM) Executive Report: Investing in Health*. https://www.ahb.co.ke/wp-content/uploads/2021/08/alm-report.pdf
[59]African Union Development Agency – NEPAD. (2023). *Africa Leadership Meeting (ALM) Declaration: Briefing Paper*. https://www.nepad.org/file-download/download/public/140124
[60]World Health Organization Regional Office for Africa. (2024). *WHO AFRO Investment Case Series: Addressing the burden of NCDs in the African Region through the PEN-Plus regional strategy*. https://www.afro.who.int/sites/default/files/2024-06/WHO%20AFRO%20Investment%20Case%20Series_NCDs%20and%20PEN-Plus.pdf
[61]World Health Organization. (2020). *WHO package of essential noncommunicable (PEN) disease interventions for primary health care*. https://apps.who.int/iris/bitstream/handle/10665/334186/9789240009226-eng.pdf

primary health care, fostering greater community-level access to vital health resources. Milestones include establishing dedicated NCD units or branches within health ministries in almost every country, with specialized personnel assigned to lead these efforts[62]. Nearly half of the region's countries have adopted national integrated NCD policies or strategies, while 60% have introduced HPV vaccines to reduce cervical cancer incidence. Screening for cervical cancer is now available in 34 countries, with 16 integrating Human Papillomavirus (HPV) DNA testing into their programs. Furthermore, five countries have developed national treatment guidelines for childhood cancer, expanding specialized care. Mental health integration is also advancing, with guidelines in 66% of countries and training provided in 82% of cases. These achievements represent considerable steps toward comprehensive NCD prevention and control, particularly in primary health settings[63]. Although the implementation of WHO PEN is spreading, fewer than five countries in the region have reached over 60% primary care facility coverage. Additionally, according to a 2019 survey, only 36% of countries reported adequate availability of essential NCD medicines in the public sector[64]. For severe conditions like type 1 diabetes, advanced rheumatic heart disease, and sickle cell disease, treatment remains largely centralized at tertiary facilities. This dependency on higher-level facilities poses barriers to accessible, continuous care, as district hospitals are not sufficiently equipped to provide long-term treatment for these complex conditions. The 2022 NCDs Progress Monitor report highlights further persistent gaps, including a lack of comprehensive public education on the importance of physical activity and the dangers of unhealthy products marketed to children.

[62]World Health Organization. (2020). *Assessing national capacity for the prevention and control of noncommunicable diseases: Report of the 2019 global survey*. https://www.who.int/publications/i/item/9789240002319
[63]World Health Organization Regional Office for Africa. (2024). *WHO AFRO Investment Case Series: Addressing the burden of NCDs in the African Region through the PEN-Plus regional strategy*. https://www.afro.who.int/sites/default/files/2024-06/WHO%20AFRO%20Investment%20Case%20Series_NCDs%20and%20PEN-Plus.pdf
[64]World Health Organization. (2020). *Assessing national capacity for the prevention and control of noncommunicable diseases: Report of the 2019 global survey*. https://www.who.int/publications/i/item/9789240002319



Section 3:
NCD Financing - A Review of Health Sector Financing and Financing for NCDs in SSA

3.1 Health Financing in SSA

Despite the high disease burden in SSA, health ranks low in most African governments' priorities[65]. This is best evidenced by low allocation of financial resources to the health sector in these countries. As of 2018, SSA spent an average of 1.9% of its GDP on domestic public health, the second smallest public health expenditure globally, only ahead of South Asia (1%) and far below the global average (5.9%)[66]. The Abuja Declaration of 2001 established a commitment among AU Member States to allocate at least 15% of their national budgets to health care, emphasizing the importance of enhancing health systems and addressing various health challenges, including NCDs. Despite this bold commitment, progress has been uneven across the continent. In 2021, the percentage government allocation for the six focus countries in this study were as indicated in Figure 3.

Figure 3: Domestic GGHE-D as a percent of GGE (Source-WHO, 2023)[67]

[65]Mo Ibrahim Foundation. (2021). *COVID-19 in Africa: One year on – Impact and prospects*. https://mo.ibrahim.foundation/sites/default/files/2021-06/2021-forum-report.pdf
[66]Mo Ibrahim Foundation. (2021). *COVID-19 in Africa: One year on – Impact and prospects*. https://mo.ibrahim.foundation/sites/default/files/2021-06/2021-forum-report.pdf
[67]World Health Organization. (2023). *Global Health Expenditure Database*. https://apps.who.int/nha/database/Select/Indicators/en06/2021-forum-report.pdf

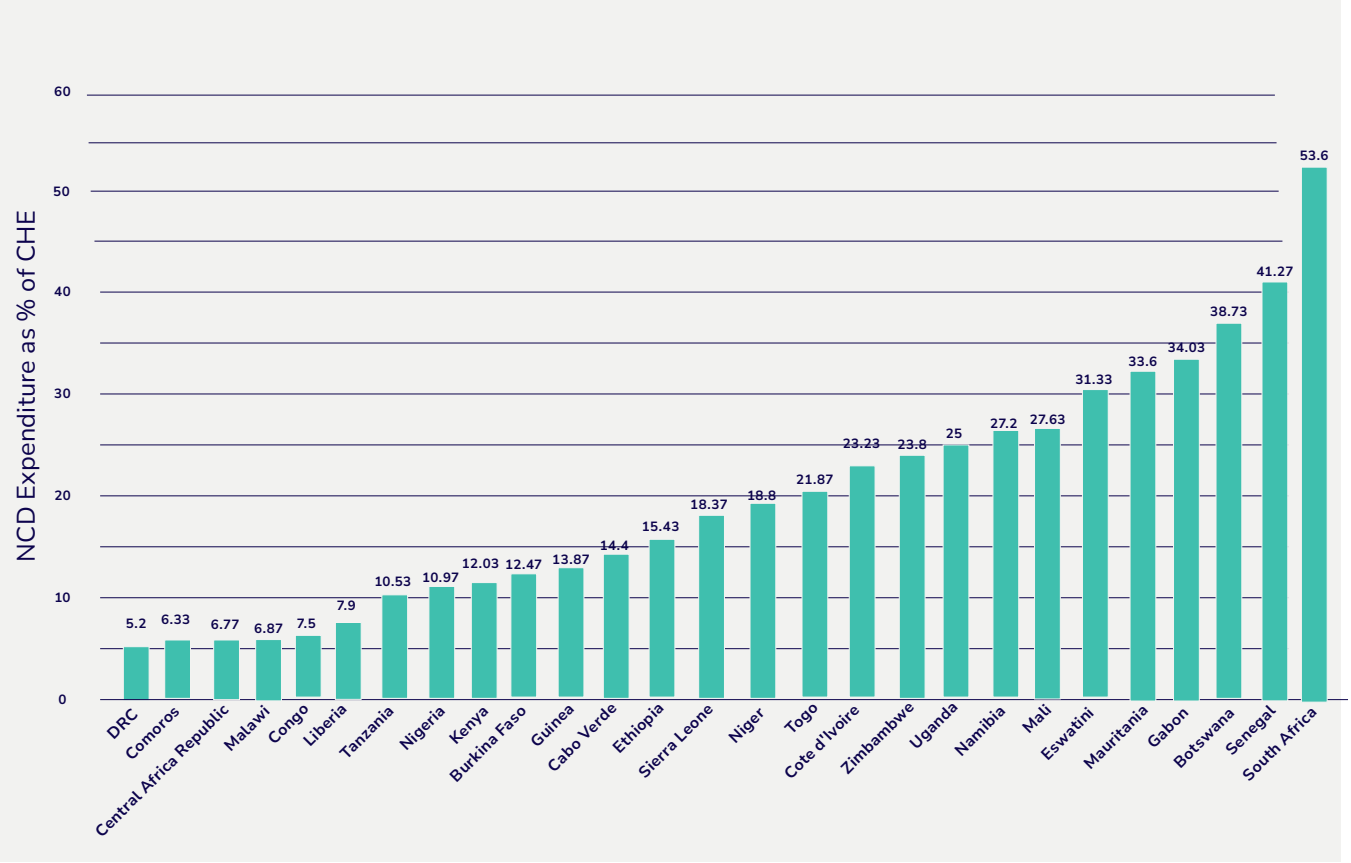
3.1.1 State of NCD Financing in Africa

a) Resource mobilization

The proportion of CHE allocated to NCDs reveals significant disparities in healthcare funding priorities across disease areas in SSA, as illustrated in Figure 4. The CHE dedicated to NCDs reflects the burden these diseases impose on health systems. According to the latest available data, over 53.6% of CHE in South Africa is directed towards NCDs. In Senegal and Botswana, 41.27% and 38.73%, respectively, are allocated to NCDs. Much of this funding comes from OOP expenditure.

As urbanization and lifestyle changes accelerate, countries with higher NCD expenditure may be responding to increased cases of hypertension, obesity, and metabolic disorders. However, the low investment in NCDs in some nations raises concerns about underfunding, which could lead to higher long-term healthcare costs due to untreated conditions escalating into severe complications. This underfunding presents significant challenges in managing and preventing the rising incidence of NCDs.

Figure 4: NCD expenditure as a percent of CHE, 2019[68]

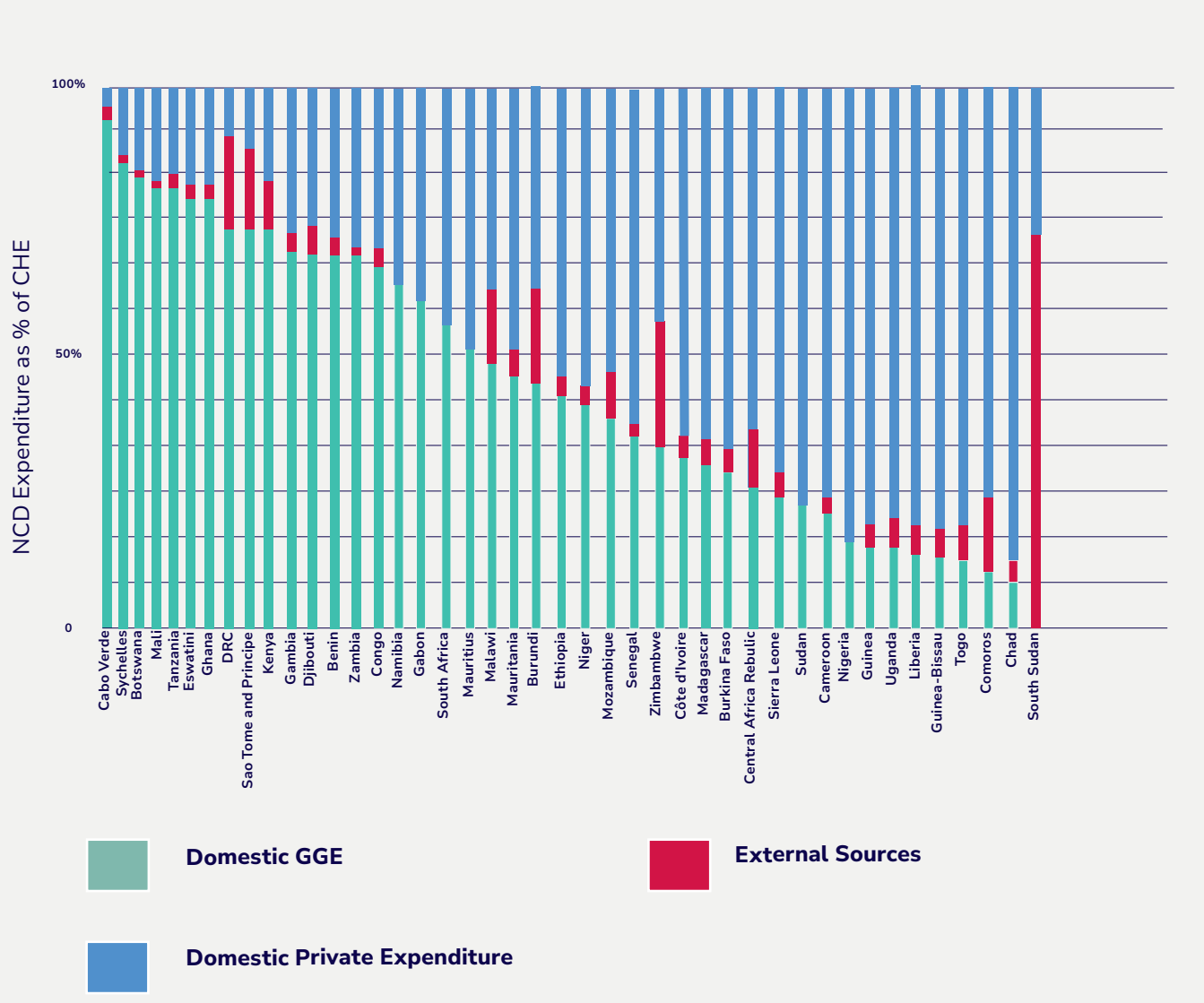


[68]World Health Organization. (2023). Global Health Expenditure Database. https://apps.who.int/nha/database/Select/Indicators/en

The allocation of GGHE serves as a critical indicator of a nation's commitment to tackling the growing health crisis. The proportion of domestic government health expenditure that countries report spending on NCDs varies widely, as seen in Figure 5. Some countries report spending nearly half of their government health expenditure on NCDs, while others report spending as little as 4%. As a result, only about one third of countries report at least 50% of their CHE on NCDs coming from GGHE-D, and one fifth of countries report that domestic government expenditure accounts for less than 20% of spending (see Figure 5).

Some of this variation reflects differing disease burdens and prioritization of NCDs across SSA with higher burden countries often spending more on NCDs. However, country-reported data on NCD expenditure as a percentage of domestic government health expenditure should be considered in light of low overall government spending on health. As indicated in Figure 3, all of this study's focus countries except South Africa report allocating below the Abuja Declaration target on health. In these contexts, even a relatively high proportion of expenditure going to NCDs is unlikely to meet financial needs.

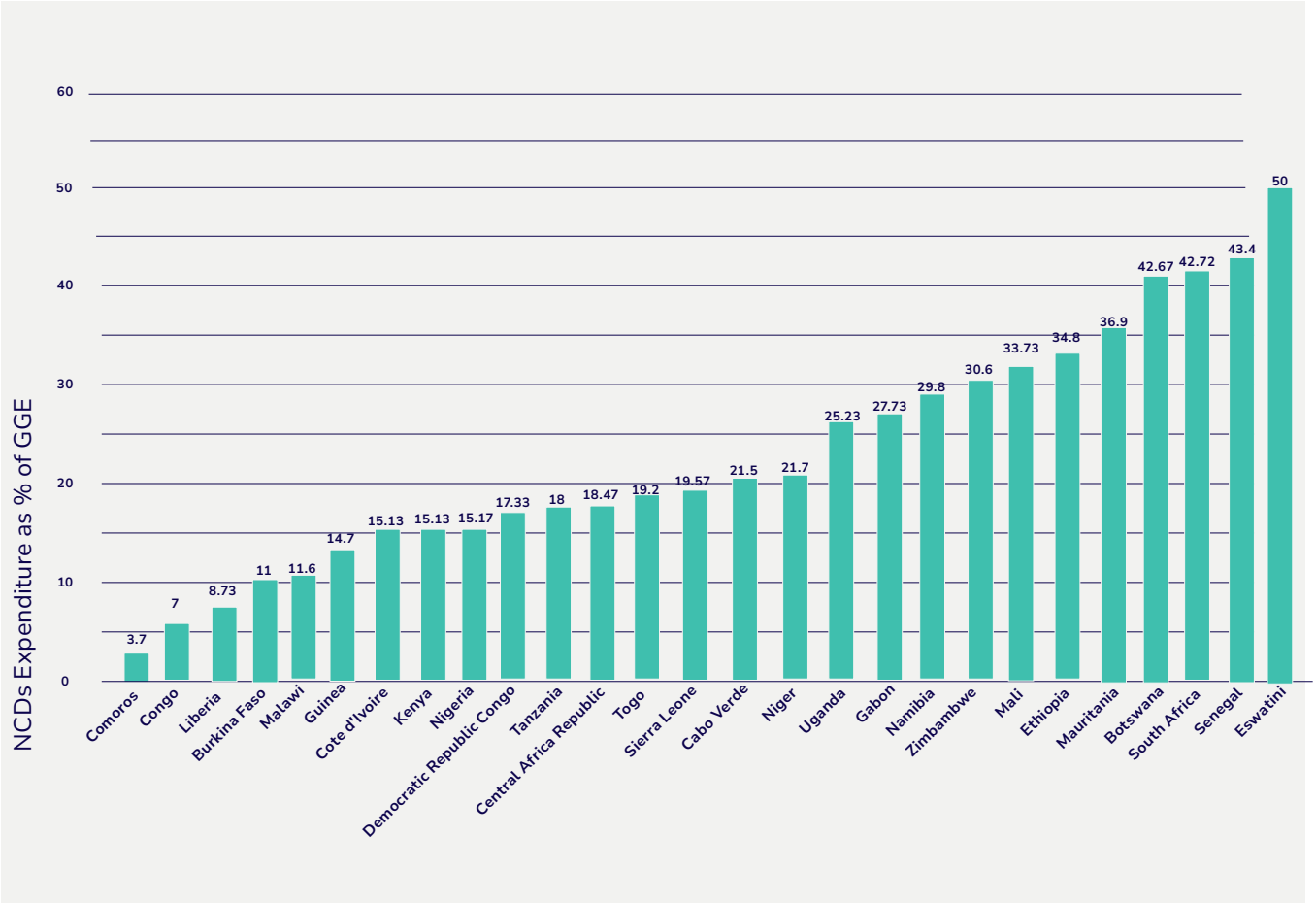
Figure 5: Sources of CHE on NCDs in SSA (2016-2022)



Additionally, rather than reflecting real variation in spending, some of the variation in NCD expenditure reported by countries merely reflects the difficulty of reporting disease-specific government expenditure, which often complicates the efforts of countries themselves to understand how resources are flowing to NCDs and where there are expenditure gaps. These difficulties include the fact that many countries lack detailed, disease-specific expenditure data, with significant portions of health spending often categorized as "not-specified-by-kind." In these situations, countries might use modeling estimates or allocations based on service use to estimate disease-specific expenditure, resulting in inexact data and a lack of comparability between countries. Even in situations where countries do have disease-specific data, the methodologies employed in cost-of-illness studies vary widely. Errors are also common, such as double reporting expenditure for people with co-morbidities.

Furthermore, some countries include indirect costs or broader health-related activities under NCD expenditure, while others do not[69,70]. All of these challenges result in many of our study respondents reporting a significant need for more reliable data to provide insights on the state of government spending on NCDs and to support advocacy to address funding gaps.

Figure 6: Allocation of GGE to NCDs (WHO, 2023)



[69]Rosen, A. B., & Cutler, D. M. (2009). Challenges in building disease-based national health accounts. Medical Care, 47(7 Suppl 1), S7–S13. https://pmc.ncbi.nlm.nih.gov/articles/PMC3392170/

[70]Waldo, D. (2018). National Health Accounts: A framework for understanding health care financing. Health Affairs, 37(3), 493–500. https://doi.org/10.1377/hlthaff.2017.1629

In light of low domestic resources for NCDs, many countries turn to external support. However, external financing for NCDs is critically lower than for communicable diseases, as seen in Figure 6. For example, only 10.17% of external health financing in Guinea went to NCDs, which was the highest across SSA. Zimbabwe (7.9%), Liberia (6.4%), Niger (4.7%), and the Central African Republic (4.03%) received the next highest proportions of external health financing going to NCDs – all numbers that do not reflect the high and growing burden of NCDs in these countries. As a result, as seen in Figure 7, external financing accounts for no more than 30% of CHE on NCDs in any country except South Sudan, a clear outlier, and for less than 1% in 10 countries.

With government health expenditure and external health expenditure both falling short of the funding needed for NCDs, patients are left to cover the gap OOP.

Figure 7: NCD funding as a percentage of external health expenditure (EXT) on health (WHO, 2023)

3.2 Innovative Financing for Health and NCDs

A review of the literature also shows the ongoing attempts to implement innovative models to finance healthcare provision. A literature review also shows the ongoing attempts to implement innovative models to finance healthcare provision. However, from the analysis, NCDs are not well-integrated or well-specified in these models. Table 3 shows the various types of innovative financing models being implemented across SSA.

Table 3: Innovative financing models for health in SSA

Financing Mechanism	Where It Is Working	How It Works
Excise Taxes ("Health Taxes") on tobacco, alcohol, and SSBs	Implemented in over 40 countries in Africa, including Uganda, Ghana, South Africa, and Mauritius.	Taxes imposed on harmful products to generate funds for health programs and discourage consumption.
Airline Ticket Levy	18 countries, coordinated by UNITAID (e.g., Benin, Cameroon, Senegal, South Africa).	A fee (US$1 for economy, US$10 for business class) is added to airline tickets, with funds directed to global health programs.
Levy on Oil, Gas, and Mining (UNITLIFE initiative)	Subscribing countries in Africa (e.g., Gabon, Chad).	A voluntary contribution (0.1% of revenue) from mining companies to fight child malnutrition.
HIV/AIDS Trust Funds	Implemented in Zimbabwe and Uganda.	A dedicated fund sourced from specific taxes (e.g., 3% levy on income tax in Zimbabwe, 2% tax on alcohol and soft drinks in Uganda).
Social Impact Bonds	South Africa (HIV prevention for adolescent girls and young women).	Private investors fund health programs; the government repays them if pre-agreed health outcomes are met.
Financial Transactions Tax	Gabon	A tax on financial transactions, with revenue directed toward health services.
Mobile Phone Tax	Gabon	A 10% tax on mobile operators, earmarked for healthcare.
Blended Finance (public-private investments in health)	Various African countries	Combines grants with loans or private investments for health projects.
Debt Swaps for Health	Côte d'Ivoire (debt forgiven in exchange for health investments).	Countries get debt relief if they commit to funding health programs.
PPPs	Africa-wide	Governments partner with private companies to finance and deliver health services.

	Benefits	Scaling Up Strategies	Remarks (Impact on Lives/Health Financing)
	Generates revenue for health, reduces consumption of harmful substances, and improves public health.	Stronger policy advocacy, intersectoral collaboration, and evidence-based evaluation of health impact.	Increased cost of tobacco and alcohol has reduced consumption in some countries, lowering health risks like NCDs. South Africa's sugar tax led to a 29% drop in SSBs purchases.
	Sustainable and predictable source of funding for HIV, TB, and malaria programs.	Expanding participation among more countries and improving fund allocation transparency.	Contributed to the fight against HIV/AIDS, TB, and malaria, particularly through UNITAID's global programs.
	Generates private-sector funding for malnutrition prevention.	Expanding corporate participation and ensuring accountability.	Funds initiatives for child nutrition during the first 1,000 days of life, reducing child mortality and stunting.
	Provides sustainable funding for HIV/AIDS treatment and prevention.	Advocacy for similar funds in other high-burden countries.	Zimbabwe's fund covers 15% of HIV/AIDS expenditure, reducing donor dependency. Uganda's fund expected to generate US$2 million annually.
	Increases efficiency in health financing and ensures RBF.	Expand into other health areas like maternal health and NCDs.	Ensures accountability—funding is only released when health targets are met. South Africa's SIB targets reducing HIV risk in young women.
	Generates sustainable health funding with minimal disruption to the economy.	Improve efficiency in collection and allocation.	Funds subsidized healthcare for over 99% of poor households in Gabon.
	Uses private-sector contributions to fund public health.	Expanding similar models to other countries.	Helps finance UHC programs.
	Mobilizes private capital for health, reducing dependency on donor aid.	Strengthening policy frameworks to attract more investors.	Used for infrastructure, supply chains, and innovative health technologies.
	Provides financial relief while securing health funding.	Expand agreements with more creditor nations.	Côte d'Ivoire received US$27M in debt relief for HIV/AIDS programs.
	Increase efficiency, expertise, and investment in health.	Develop stronger regulatory frameworks to ensure success.	PPPs have helped improve healthcare delivery and infrastructure in multiple African countries.

3.3 Revenue Pooling and Management

Revenue pooling is the accumulation and management of prepaid healthcare funds to spread financial risk among beneficiaries. Revenue pooling and management strategies aim to reduce fragmentation and ensure that the raised funds are utilized efficiently and equitably. Member States have mobilized resources and pooled efforts across regions to strategically purchase necessary tools and interventions for NCD prevention and control at PHC level[71],

Table 4: Resource pooling mechanisms for NCDs in African countries

Country	Health Financing Pools	NCD Coverage	Equity & Solidarity
Kenya	Social Health Authority (SHA): Replaces NHIF, managing three distinct funds—Primary Healthcare Fund, Social Health Insurance Fund (SHIF), and Emergency, Chronic, and Critical Illness Fund[72]. County Health Budgets: Decentralized funding with varying allocations for NCDs. Private Insurance: Limited uptake, mainly among higher-income groups.	SHA provides broader NCD coverage than NHIF, including chronic disease management. OOP expenses are still high for specialized treatments.	Income-based contributions (2.75% of gross earnings) improve risk pooling and equity. Informal sector enrollment remains a challenge.
Rwanda	CBHI: Covers over 90% of the population, including NCD services[73]. Government and Donor Funding: Supplements CBHI for comprehensive coverage.	Comprehensive NCD coverage is integrated into CBHI. Emphasis on preventive and primary care services.	High coverage promotes equity across income groups. Sliding-scale premiums based on income enhance solidarity.
Botswana	Public Health System: Predominantly tax-funded, offering free NCD services in public facilities. Private Insurance: Available for higher-income individuals seeking additional services.	Public system provides essential NCD services. Private insurance offers more comprehensive options.	Public provision ensures baseline access, but quality disparities exist between public and private sectors.
South Africa	Public Health System: Funded by provincial budgets, offering basic NCD services. Private Medical Schemes: Cover approximately 17% of the population, providing extensive NCD care. NHI Pilot: Aimed at achieving universal coverage.	The public sector offers limited NCD services; private schemes provide comprehensive care. NHI pilot seeks to expand coverage inclusivity.	Significant disparities between public and private sectors. High OOP costs for uninsured individuals.
Senegal	UHC: Government-subsidized insurance aiming for widespread coverage[74]. CBHI (Mutuelles de Santé): Complements CMU, particularly in rural areas. Donor Funding: Supports various health initiatives, including NCD programs.	NCD services included but not prioritized within CMU and Mutuelles de Santé. OOP expenses remain for specialized treatments.	Community-based schemes enhance access, yet informal sector participation is low. Urban-rural disparities persist.

[71]World Health Organization Regional Office for Africa. (2017). *Regional framework for integrating essential noncommunicable disease services in primary health care*. https://iris.who.int/handle/10665/334349
[72]Government of Kenya, Ministry of Health. (2024). *Kenya to officially launch Social Health Authority on October 1, 2024*. https://www.health.go.ke/kenya-officially-launch-social-health-authority-october-1-2024

leading to better outcomes for their populations. However, pool fragmentation has remained a challenge across Africa. Some commonly used pooling mechanisms are presented in Table 4.

	Inefficiencies & Fragmentation	Purchasing Power & Leverage	Comments/Key Highlights
	Transition challenges from NHIF to SHA, including contribution compliance and service continuity. Parallel financing mechanisms (county funds, private insurers) create inefficiencies.	SHA's unified structure enhances purchasing power, enabling better negotiation for NCD medications and services.	SHA aims to streamline financing, but implementation challenges persist
	Dependence on donor funding poses sustainability challenges. Periodic funding gaps affect service delivery.	Unified CBHI system enhances purchasing power, enabling negotiation of favorable terms for NCD treatments.	Rwanda's model is one of the most successful in Africa in terms of coverage and risk pooling. Long-term sustainability is a key concern due to donor reliance.
	Overreliance on government funding limits resource diversification. Limited integration between public and private sectors.	Centralized public procurement yields moderate leverage, though constrained by budget limitations.	Government funding is strong but diversification is needed. Private sector could play a larger role in complementing public health services.
	The dual system leads to inefficiencies and resource duplication. NHI implementation faces structural and financial hurdles.	NHI has potential to consolidate purchasing power, but current fragmentation limits effectiveness.	South Africa's health system remains highly inequitable. Successful NHI implementation could drastically improve access, but political and financial challenges remain.
	Fragmentation between CMU, Mutuelles de Santé, and donor programs leads to inefficiencies[75]. Administrative challenges hinder seamless service delivery.	Consolidation of funding pools could strengthen negotiation capacities for NCD resources.	Senegal's UHC efforts show promise but need better integration. Expanding participation in Mutuelles de Santé could enhance coverage and sustainability.

[73]World Health Organization Regional Office for Africa. (2017). *State of health financing in the African Region*. https://www.afro.who.int/sites/default/files/2017-06/state-of-health-financing-afro.pdf
[74]World Health Organization Regional Office for Africa. (2017). *State of health financing in the African Region*. https://www.afro.who.int/sites/default/files/2017-06/state-of-health-financing-afro.pdf
[75]World Health Organization Regional Office for Africa. (2013). *State of health financing in the African Region*. https://www.afro.who.int/sites/default/files/2017-06/state-of-health-financing-afro.pdf

Based on the results of Table 4, the following observations can be made;

a) **Equity and Solidarity:** Rwanda's CBHI model exemplifies effective risk pooling, achieving over 90% population coverage and equitable access to NCD services. In contrast, countries like Kenya and South Africa experience significant disparities, with large segments of the population lacking comprehensive coverage.

b) **Inefficiencies and Fragmentation:** The coexistence of multiple financing mechanisms—public budgets, private insurance, and donor contributions—often results in fragmented systems. This fragmentation leads to administrative inefficiencies and inconsistent NCD service delivery, as seen in Kenya and Senegal.

c) **Purchasing Power and Leverage:** Unified health financing systems, such as Rwanda's CBHI, enhance bargaining power for procuring NCD medications and services. Conversely, fragmented systems in countries like South Africa and Kenya limit collective negotiation capabilities, impacting the affordability and availability of NCD treatments.

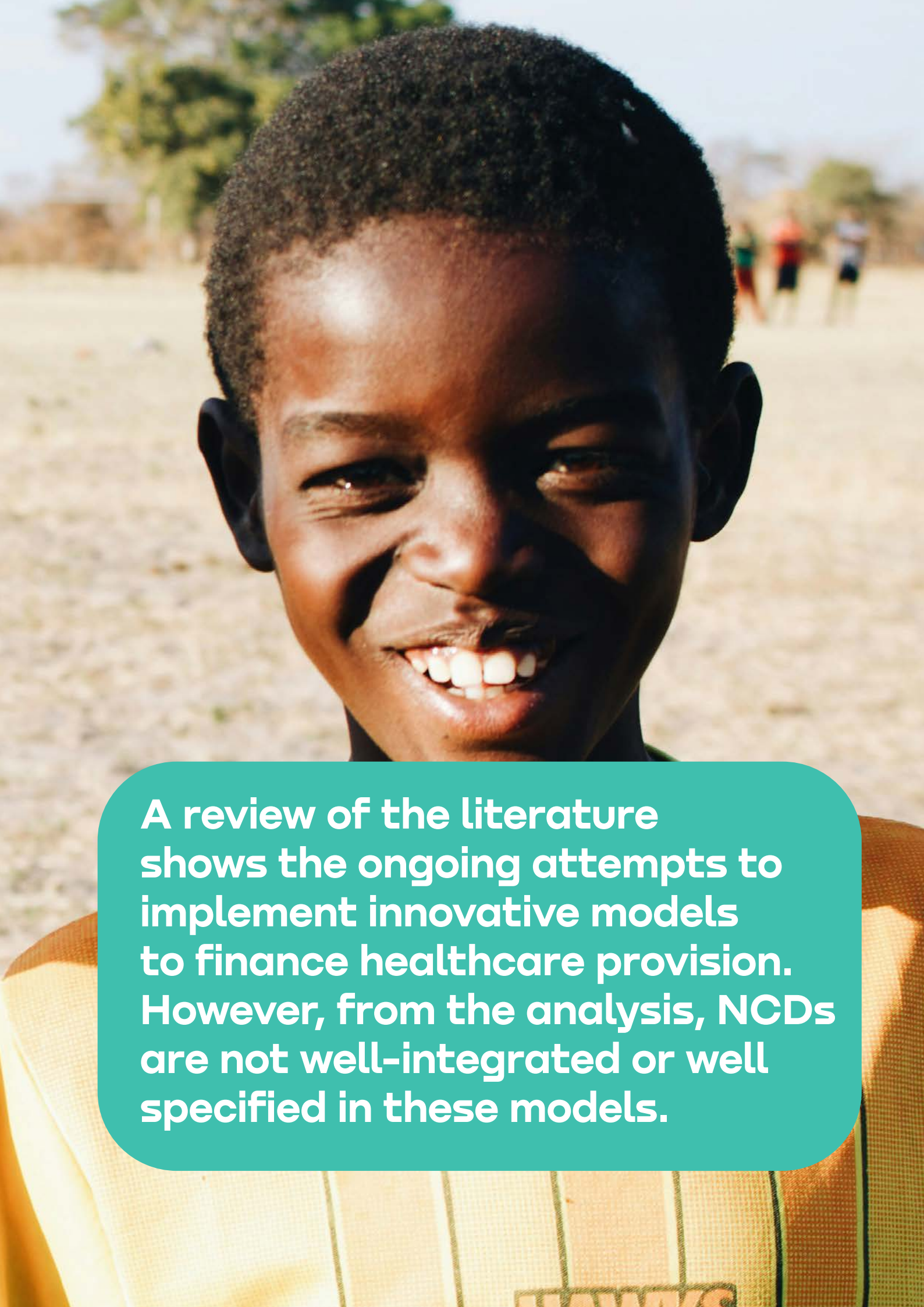
d) **Sustainability and Future Considerations:** Heavy reliance on donor funding in Rwanda and Senegal poses risks to long-term sustainability. Kenya and South Africa are working toward self-sustained systems through mandatory contributions, but financial sustainability remains a key challenge.

3.4 Strategic Purchasing of Essential Services

SSA countries operate within tight fiscal constraints, with limited budgets allocated to the health sector. In response to these financial pressures, many governments across the continent are exploring innovative, evidence-based approaches to maximize the value of health expenditures. Strategic purchasing has emerged as a critical lever for improving health system performance and advancing progress toward UHC. Its primary goal is to ensure that limited health resources yield greater value—expanding access to services, improving quality, and protecting individuals from financial hardship[76].

Strategic purchasing is an active, evidence-informed process that involves identifying population health needs, determining the most cost-effective interventions, and procuring goods and services that deliver the greatest societal benefit. However, across the region, countries face significant challenges in realizing the full potential of this approach. A summary of strategic purchasing mechanisms as they apply to NCDs is shown in Table 5.

[76] Pallas, S., & Karim, A. (2020, August 31). Q&A: *What is strategic purchasing for health? Results for Development*. https://r4d.org/blog/qa-strategic-purchasing-health/



A review of the literature shows the ongoing attempts to implement innovative models to finance healthcare provision. However, from the analysis, NCDs are not well-integrated or well specified in these models.

Table 5: Summary of strategic purchasing mechanisms in select countries

Country	Provider Accreditation and Contracting Practices	Benefit Definition	
Kenya	Provider accreditation is more common in the public sector, with gaps in private sector regulation. Contracting is mainly limited to the private sector[77].	NCD services are not comprehensively covered under a single benefit package, with gaps in access to certain treatments[78]. On the actual status of benefit definition, they are not explicitly defined – Kenya lacks a unified NCD benefit package with transparent inclusion criteria. NCD services are fragmented across public and private sectors, and the absence of a structured policy makes it difficult to identify specific NCD treatments for inclusion in benefit packages. According to the WHO, Kenya's approach to NCDs lacks standardized clinical protocols and cost-effectiveness evaluations for service inclusion.	
Rwanda	PBF system incentivizes quality and accreditation, but coverage for NCDs is limited[85].	NCD-related services are partially defined in the PBF, but coverage is insufficient[86]. The PEN-Plus initiative provides structured care for severe NCDs at district hospitals with cost-effective clinical protocols. However, Rwanda has not yet finalized a national benefit package with transparent, evidence-based criteria for NCDs. The country is in the process of integrating NCDs into its NHIS, but clear policies for benefit inclusion are still evolving.	
Botswana	Public sector mainly provides NCD services; limited accreditation and contracting for private providers[88].	Not explicitly defined – Botswana has limited accreditation and contracting for private providers, and the public sector is the main source of NCD services. There is no formalized NCD benefit package, nor transparent inclusion criteria for services. The absence of a strategic purchasing model and cost-effectiveness evaluations means that coverage for NCDs remains minimal.	
South Africa	Well-established accreditation and contracting systems, with PPPs for NCD care[89]. The NHI Act mandates accreditation by the Office of Health Standards Compliance and registration with statutory health councils. Accredited providers enter into contracts with the NHIF to deliver specified services. Contracting Units for PHC manage service provision in defined areas.	Explicitly defined – South Africa's National Strategic Plan for NCDs (2022–2027) outlines a comprehensive approach to NCD prevention and treatment, with explicit, evidence-based inclusion criteria. This framework, which includes PPPs, ensures that NCD services are covered through the NHIS. Clinical efficacy, safety, and cost-effectiveness are part of the defined criteria for service inclusion[90].	

	Fit-for-Purpose PPMs	Data Collection for Performance Monitoring and Evidence-Based Decision-Making
	Predominantly FFS models; need for performance-based payment mechanisms and integration with NCD health financing reforms.	Data collection is fragmented; health information systems for NCDs need strengthening for evidence-based decision-making[79].
	Rwanda has capitation under the CBHI, which covers a large portion of the population for primary healthcare services, including NCD care. Capitation is a per-member, per-month payment that incentivizes primary healthcare centers to provide essential services, but for NCDs, coverage is still insufficient. PBF can act as a top-up mechanism on top of capitation, rewarding providers for meeting quality indicators. PBF is designed to reward healthcare providers for achieving certain targets, such as increasing the number of people screened for hypertension or diabetes, but it is not a direct replacement for more advanced payment systems like bundled payments or integrated care payments for chronic diseases.	DHIS2 is utilized for NCD data collection, though further refinement of NCD indicators is required for better decision-making[87].
	PPMs are still in early stages. There are discussions around implementing capitation for CBHI, which could support more comprehensive management of NCDs. However, FFS predominates, particularly for more complex care. Currently, there is no advanced payment mechanism like bundled payments for NCDs in Botswana.	Data collection systems are emerging but need improvement in the accuracy and timeliness of NCD data.
	PPMs are advanced under NHI, but more comprehensive integration of NCDs into the model is needed[91]. The public sector uses line-item budgeting, while the private sector operates on a FFS basis. The NHI plans to implement capitation payments for primary healthcare and case-based payments for hospital services, promoting efficiency and quality.	Accredited providers must submit specific information to the NHI Fund to facilitate reimbursement. The NHI Act envisions digital health information systems to support real-time data collection, enabling evidence-based decision-making and continuous improvement in healthcare delivery.

Table 5: Summary of strategic purchasing mechanisms in select countries

Ghana	The National Health Insurance Authority (NHIA) oversees the accreditation of healthcare providers in Ghana. The accreditation process involves a comprehensive assessment based on 12 modules, including service range, staffing, infrastructure, equipment, management, safety protocols, and various care categories. Facilities are scored, and those achieving a minimum score are granted accreditation, initially valid for five years, with subsequent renewals every two years. This rigorous process ensures that only qualified providers deliver services under the NHIS.	The NHIS partially defines benefits for NCDs, but coverage could be expanded to include a wider array of NCD services. Ghana has a National NCD Policy and is implementing WHO's Package of Essential NCD Interventions (PEN) in selected regions. While the NHIS covers basic NCD services, there is limited articulation of a clear, evidence-based benefit package. Many NCD services are included on an ad hoc basis, and full inclusion criteria have not been formally defined, although cost-effectiveness and clinical efficacy are considered in some regional plans.	
Senegal	Senegal's MOH and Social Action oversees the accreditation of healthcare providers, ensuring compliance with national standards and protocols. Private health facilities and pharmacies can apply for recognition by UHC, which has the authority to grant, suspend, or withdraw accreditation based on adherence to established norms[93]. To enhance access to healthcare, Senegal has initiated PPPs. For instance, the SHOPS Plus project facilitated agreements between UHC and the Private Sector Alliance to integrate private providers into community-based health insurance schemes (mutuelles). This collaboration aims to reduce financial barriers and expand service coverage[94].	The benefits definition are not explicitly defined – Senegal is expanding NCD services under its UHC[95] initiatives, but there is no formal benefit package for NCDs, nor clear inclusion criteria. Although some services are covered under the UHC framework, they are not systematically evaluated for clinical efficacy or cost-effectiveness, leading to gaps in comprehensive NCD coverage.	

[77]Ngugi, N., Muthuri, R., & Ndung'u, J. (2018). Cost and affordability of noncommunicable disease screening, diagnosis and treatment in Kenya: Patient payments in the private and public sectors. *Health Policy and Planning, 33*(7), 833–839
[78]Mwangi, K., Gathecha, G., Nyamongo, M., Kimaiyo, S., Kamano, J., Bukachi, F., Odhiambo, F., Meme, H., Abubakar, H., Mwangi, N., Nato, J., Oti, S., Kyobutungi, C., Wamukoya, M., Mohamed, S. F., Wanyonyi, E., Ali, Z., Nyanjau, L., Nganga, A., Kiptui, D., Karagu, A., Nyangasi, M., Mwenda, V., Mwangi, M., Mulaki, A., Mwai, D., Waweru, P., Anyona, M., Masibo, P., Beran, D., Guessous, I., Coates, M., Bukhman, G., & Gupta, N. (2021). Reframing noncommunicable diseases and injuries for equity in the era of universal health coverage: Findings and recommendations from the Kenya NCDI Poverty Commission. *Annals of Global Health*, *87*(1), 3.
[79]Ministry of Health, Kenya. (2020). Kenya Health Information Systems Interoperability Framework. Global Partnership for Sustainable Development Data. https://www.data4sdgs.org/sites/default/files/services_files/Kenya%20Health%20Information%20Systems%20Interoperability%20Framework.pdf
[80]Ngugi, N., Muthuri, R., & Ndung'u, J. (2018). Cost and affordability of noncommunicable disease screening, diagnosis and treatment in Kenya: Patient payments in the private and public sectors. Health Policy and Planning, 33(7), 833–839
[81]Mwangi, K., Gathecha, G., Nyamongo, M., Kimaiyo, S., Kamano, J., Bukachi, F., Odhiambo, F., Meme, H., Abubakar, H., Mwangi, N., Nato, J., Oti, S., Kyobutungi, C., Wamukoya, M., Mohamed, S. F., Wanyonyi, E., Ali, Z., Nyanjau, L., Nganga, A., Kiptui, D., Karagu, A., Nyangasi, M., Mwenda, V., Mwangi, M., Mulaki, A., Mwai, D., Waweru, P., Anyona, M., Masibo, P., Beran, D., Guessous, I., Coates, M., Bukhman, G., & Gupta, N. (2021). Reframing noncommunicable diseases and injuries for equity in the era of universal health coverage: Findings and recommendations from the Kenya NCDI Poverty Commission. *Annals of Global Health*, *87*(1), 3.
[82]Ministry of Health, Kenya. (2020). *Kenya Health Information Systems Interoperability Framework*. Global Partnership for Sustainable Development Data. https://www.data4sdgs.org/sites/default/files/services_files/Kenya%20Health%20Information%20Systems%20Interoperability%20Framework.pdf
[83]Nahimana, E., McBain, R., Manzi, A., Iyer, H., Uwingabiye, A., Gupta, N., Muzungu, G., Drobac, P., & Hirschhorn, L. R. (2016). Race to the Top: Evaluation of a novel performance-based financing initiative to promote healthcare delivery in rural Rwanda. *Global Health Action*, *9*(1), 32943. https://doi.org/10.3402/gha.v9.32943
[84]Republic of Rwanda, Ministry of Health. (2021). *National strategy and costed action plan for the prevention and control of noncommunicable diseases in Rwanda*: July 2020–June 2025. https://www.iccp-portal.org/system/files/plans/Rwanda_National%20NCD%20Strategy%20%20Costed%20Action%20Plan_FINAL_12072021_0.pdf
[85]DHIS2. (2024, April 26). *Diagnosing noncommunicable diseases with DHIS2 in Rwanda for improved treatment access*. https://dhis2.org/rwanda-ncd-tracker/
[86]Ministry of Health & Wellness. (2018). *Botswana multi-sectoral strategy for the prevention and control of noncommunicable diseases 2018–2023*. World Health Organization. https://www.scribd.com/document/737702555/Botswana-NCD-Strategy-Final
[87]P4H Network. (2024, February 5). *Policy brief: Mobilizing resources for NCD prevention in Senegal*. https://p4h.world/en/documents/policy-brief-mobilizing-resources-for-ncd-prevention-in-senegal/
[88]Rajkumar, S., Secula, F., Cobos, D., Socha, A., Boch, J., des Rosiers, S., Reiker, T., Barboza, J., Seck, K., Silveira, M., Nguyen, T., & Steinmann, P. (2024). Health information systems data for decision-making: Case study in three cities on current practices and opportunities. *Discover Health Systems, 3*, 68. https://doi.org/10.1007/s44250-024-00136-z

	FFS payment mechanisms, reimbursing accredited providers for services rendered to NHIS subscribers. This model ensures that providers are compensated for each service delivered. However, there is a growing recognition of the need to transition towards Value-Based Care models, which emphasize quality and efficiency by linking provider payments to health outcomes and patient satisfaction. The NHIA is implementing digital technologies, such as electronic claims processing and data analytics, to support this transition, aiming to enhance service delivery and control costs[92].	The NHIA has made significant strides in leveraging digital tools for data collection and analysis. Initiatives like the Biometric Membership Authentication System and the CLAIM-IT application for electronic claims submission have improved data accuracy and accessibility. These systems facilitate real-time data collection, enabling the NHIA to monitor service utilization patterns, identify areas for improvement, and make informed policy decisions. Additionally, collaborations with organizations like PharmAccess have led to the analysis of membership and claims data, generating insights that inform policy decisions and enhance operational efficiency. These data-driven strategies support the NHIA's goal of achieving UHC and improving healthcare quality across Ghana.
	Senegal has implemented PBF to incentivize quality care. Under this model, healthcare facilities receive payments based on the achievement of predefined coverage targets and quality scores. For example, facilities in regions like Kolda and Kaffrine have participated in PBF programs where payments are adjusted according to performance metrics[96]. Additionally, the government has introduced performance contracts with public hospitals, linking a portion of state grants to the attainment of specific objectives. This approach aims to enhance accountability and improve service delivery.	Basic data collection systems for NCDs are in place but need strengthening for comprehensive monitoring[97]. Senegal utilizes the Service Provision Assessment (SPA) surveys to monitor healthcare quality and service availability. Conducted by the National Statistics and Demographics Agency (ANSD) in collaboration with the Demographic and Health Surveys Program, these surveys provide insights into facility readiness and care quality across the country[98]. Furthermore, the government has launched digital platforms like SunuCMU to streamline health information systems, aiming to improve data accuracy and facilitate evidence-based policymaking.

[87]Department of Health, South Africa. (2022). *National Health Insurance Strategic Plan 2020/21–2024/25*. National Department of Health. https://knowledgehub.health.gov.za/elibrary/national-health-insurance-strategic-plan-202021-202425
[88]South African Government. (2019). *National Health Insurance Bill [B 11-2019]*. https://www.gov.za/sites/default/files/gcis_document/201908/national-health-insurance-bill-b-11-2019.pdf
[89]Mkhwanazi, T. (2024). Assessing the National Health Insurance (NHI) in South Africa: Policy formulation, stakeholder engagement, and implementation challenges. *European Journal of Medical and Health Research*, 2(6), 198–215. https://doi.org/10.59324/ejmhr.2024.2(6).27
[90]South African Government. (2019). *National Health Insurance Bill [B 11-2019]*. https://www.gov.za/sites/default/files/gcis_document/201908/national-health-insurance-bill-b-11-2019.pdf
[91]Mkhwanazi, T. (2024). Assessing the National Health Insurance (NHI) in South Africa: Policy formulation, stakeholder engagement, and implementation challenges. *European Journal of Medical and Health Research*, 2(6), 198–215. https://doi.org/10.59324/ejmhr.2024.2(6).27
[92]National Health Insurance Authority (NHIA). (2024, April 24). *NHIA CEO drives transformation with focus on promotive and preventive healthcare*. https://www.nhis.gov.gh/News/nhia-ceo-drives-transformation-with-focus-on-promotive-and-preventive-healthcare-5587
[93]Paul, E., Ndiaye, Y., Sall, F. L., Fecher, F., & Porignon, D. (2020). *An assessment of the core capacities of the Senegalese health system to deliver Universal Health Coverage*. Health Policy Open, 1, 100012.
[94]Abt Associates. (2020, November 24). *Public and private sectors partner to increase access to healthcare in Senegal*. https://www.abtglobal.com/insights/impact-briefs/public-and-private-sectors-partner-to-increase-access-to-healthcare-in
[95]P4H Network. (2024, February 5). *Policy brief: Mobilizing resources for NCD prevention in Senegal*. https://p4h.world/en/documents/policy-brief-mobilizing-resources-for-ncd-prevention-in-senegal/
[96]Gergen, J., Josephson, E., Vernon, C., Ski, S., Riese, S., Bauhoff, S., & Madhavan, S. (2018). Measuring and paying for quality of care in performance-based financing: Experience from seven low and middle-income countries (Democratic Republic of Congo, Kyrgyzstan, Malawi, Mozambique, Nigeria, Senegal and Zambia). *Journal of Global Health*, 8(2), 021003.
[97]Rajkumar, S., Secula, F., Cobos, D., Socha, A., Boch, J., des Rosiers, S., Reiker, T., Barboza, J., Seck, K., Silveira, M., Nguyen, T., & Steinmann, P. (2024). Health information systems data for decision-making: Case study in three cities on current practices and opportunities. *Discover Health Systems*, 3, 68. https://doi.org/10.1007/s44250-024-00136-z
[98]Leslie, H. H., Hategeka, C., Ndour, P. I., Nimako, K., Dieng, M., Diallo, A., & Ndiaye, Y. (2022). Stability of healthcare quality measures for maternal and child services: Analysis of the continuous service provision assessment of health facilities in Senegal, 2012–2018. *Tropical Medicine & International Health, 27*(1), 68–80

Based on the results of Table 5, the following observations can be made;

a) **Provider Accreditation and Contracting Practices:** Across the reviewed countries, provider accreditation and contracting practices vary significantly in maturity and alignment with NCD service delivery needs. South Africa and Ghana have established comprehensive accreditation systems—South Africa through PPPs and Ghana via the NHIA's structured, multi-module assessment. Rwanda and Senegal are strengthening their systems through performance-based financing (PBF) and integration of private providers into insurance schemes, promoting accountability and quality. However, countries like Kenya and Botswana exhibit major gaps, with accreditation focused primarily on public facilities and minimal regulation or engagement of private providers. A key observation is that while accreditation mechanisms are in place in most settings, they are often not fully aligned with NCD-specific standards or linked to service quality improvements for chronic care. Several countries, including Kenya, Botswana, and Senegal, experience considerable difficulties in accrediting and contracting both public and private healthcare providers, especially for NCD services. The accreditation processes are typically skewed toward the public sector, leaving private providers under-regulated and insufficiently integrated. This limits service availability and undermines quality control. Strengthening and expanding contracting mechanisms to include a broader range of providers—especially private facilities—is essential for improving service coverage and responsiveness.

   Meanwhile, countries like Rwanda, South Africa, and Ghana have made notable progress. Rwanda utilizes PBF to incentivize quality service delivery. South Africa has advanced public-private engagement within its NHI framework, while Ghana is progressively incorporating NCD services into its National Health Insurance Scheme (NHIS), though gaps remain in the system's reach and comprehensiveness.

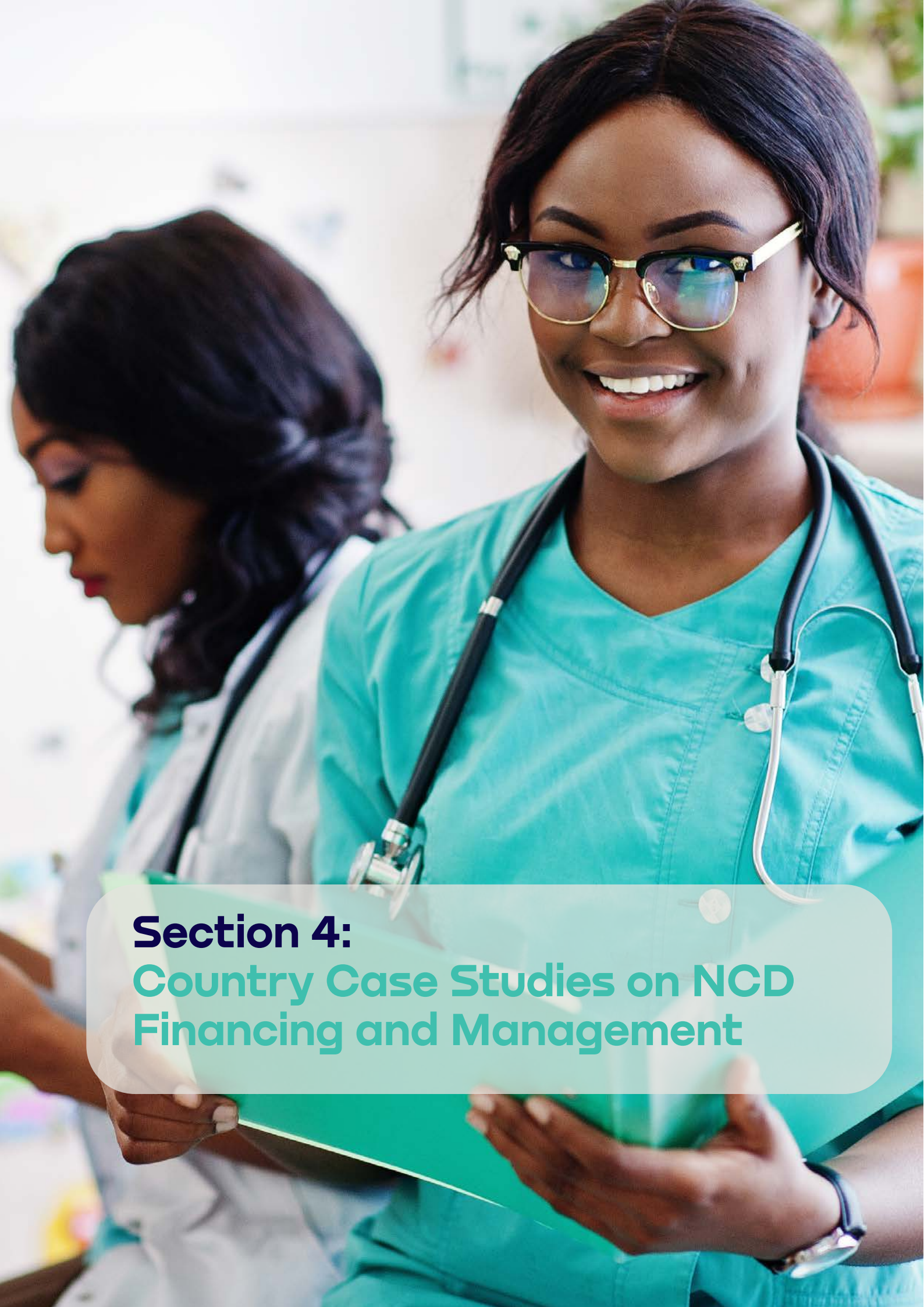
b) **Definition and Coverage of Benefit Packages:** Benefit package definition for NCDs remains underdeveloped in most of the countries analyzed. South Africa stands out with a clearly articulated, evidence-based benefit package embedded in its National Strategic Plan for NCDs, including transparent inclusion criteria based on clinical efficacy, safety, and cost-effectiveness. Ghana and Rwanda have made partial progress—implementing the WHO PEN package in selected regions and incorporating elements of structured care (e.g., PEN-Plus in Rwanda)—but still lack comprehensive and unified NCD benefit packages. Kenya, Botswana, and Senegal lack formalized benefit definitions altogether, resulting in fragmented, ad hoc service coverage with no standardized criteria for inclusion. This fragmentation undermines strategic planning, efficient resource allocation, and financial protection for NCD patients, revealing a broader regional need for clear, cost-effective NCD benefit frameworks.

c) **PPMs**: A major theme emerging from the review is the mismatch between existing payment models and the needs of chronic NCD care. Rwanda demonstrates promising innovation through the integration of capitation with PBF, which supports primary-level NCD services and rewards achievement of specific health indicators. South Africa is advancing reforms under its NHI that include more strategic payment approaches, although further integration of NCDs into these models is needed. Ghana continues to rely on FFS but is shifting towards value-based care through digital platforms and data analytics. In contrast, Kenya and Botswana predominantly use FFS models that incentivize service quantity over quality—limiting their ability to support effective chronic care. Senegal is experimenting with PBF and performance contracts but has yet to adopt more advanced mechanisms like bundled payments or integrated care models. These findings highlight the uneven pace of progress toward fit-for-purpose financing that supports long-term NCD management.

d) **Health Information Systems for Performance Monitoring:** The capacity to collect and use NCD data for performance monitoring and strategic decision-making varies widely. Ghana and South Africa are leading the way with advanced digital systems for electronic claims processing, real-time data analytics, and integration with NHI mechanisms. Rwanda and Senegal are developing functional data systems—utilizing tools like District Health Information Software 2 (DHIS2)I, SPA surveys, and new digital platforms (e.g., SunuCMU)—but these still require refinement, especially in terms of NCD indicator disaggregation and data integration across sectors. Kenya and Botswana face persistent challenges with fragmented or underdeveloped information systems, limiting their ability to track service delivery, monitor outcomes, or inform policy decisions. This uneven progress underscores a regional need to invest in health information infrastructure that is specifically designed to support chronic disease monitoring, evaluation, and adaptive planning.

e) **Systemic and Structural Challenges to Strategic Purchasing:** In addition to the country-specific observations, broader systemic issues further constrain the effective implementation of strategic purchasing in SSA:

- **Weak Accountability:** In many instances, purchasers do not consistently fulfill contractual obligations to providers, such as timely payments. This undermines provider trust and the impact of purchasing reforms.
- **Fragmented Financing Arrangements:** Most SSA countries operate highly fragmented health financing systems. These include multiple schemes such as government budgets, national insurance, private and community-based insurance, and donor-funded programs. This fragmentation results in overlapping benefit packages, duplicative coverage, and inconsistent payment methods, often with conflicting incentives that encourage providers to favor certain patients or services.
- **Governance and Institutional Gaps:** Weak institutional frameworks, particularly at subnational levels, hinder effective coordination and alignment with national health objectives. Clear delineation of roles and accountability mechanisms across levels of government is often lacking.
- **Limited Technical and Fiscal Capacity:** Designing and implementing effective strategic purchasing reforms, such as health taxes or optimal provider payment mechanisms, requires specialized expertise and strong administrative systems. Many countries lack the necessary technical capacity, making it difficult to ensure both the economic and public health impact of these initiatives.
- **Inefficient Revenue Collection and Use:** Strategic purchasing depends on efficient tax systems and robust procurement infrastructure. In practice, however, many SSA countries face revenue leakages, weak tax administration, and limited ability to reinvest health tax revenues effectively.



Section 4:
Country Case Studies on NCD Financing and Management

To illustrate the diverse approaches to NCD financing in SSA, selected country case studies provide critical insights into how countries are addressing this growing health burden while emphasizing the three core functions of healthcare financing: revenue generation, pooling, and purchasing. These cases studies showcase tailored strategies for mobilizing resources, effectively pooling funds, and strategically purchasing health services to strengthen healthcare systems in resource-constrained environments.

4.1 Kenya

Domestic Resource Mobilization: Kenya has made significant advances in domestic resource mobilization to address the growing burden of NCDs through a multi-faceted approach encompassing various strategic frameworks. At the policy level, the Kenya Health Policy (2014–2030) and the National Health Financing Strategy (2018–2030) provide an overarching framework to generate, pool, and allocate resources effectively for the healthcare system, with a dedicated focus on NCDs. In alignment with WHO recommendations 2015, Kenya launched the National Strategy for the Prevention and Control of NCDs (2015–2020) to reduce NCD mortality by 25% by 2025. This strategy emphasizes the integration of NCD services into primary healthcare and strengthening health systems to manage these diseases better. In addition, Kenya has developed a National Diabetes Strategy (2010–2015) and a National Cancer Control Strategy (2011–2016)[99,100]. These frameworks are intended to raise patient awareness and spur initiatives to improve management infrastructure, addressing specific diseases within the broader NCD category.

In addition to these disease-specific strategies, Kenya has initiated PPP to leverage collaboration between the public and private sectors, thereby mobilizing additional resources for comprehensive NCD prevention and control efforts. This collaborative model broadens the range of available interventions and enhances service delivery. The PPPs initiative has not provided sufficient incentives to engage the private sector, nor has it supported effective coordination. Kenya's approach to resource mobilization also involves innovative financing mechanisms, particularly through the SHIF. As the country's primary health financing mechanism, SHIF plays a crucial role in providing financial protection against healthcare costs, especially for NCD treatment[101]. By expanding insurance coverage and ensuring equitable access to essential health services, SHIF helps mitigate the financial burden of managing chronic diseases, encouraging individuals to seek timely medical care[102]. The government has also introduced subsidies and incentives to increase enrolment in SHIF, reinforcing its commitment to achieving UHC[103]. The challenge with the SHIF is the inability to bring on board the informal sector, which forms a sizable mass of the population. This will potentially affect the sustainability of the scheme.

To address key risk factors associated with NCDs, Kenya has enacted several policies aimed at reducing tobacco use and excessive alcohol consumption. The TCA of 2007 is the principal legislation governing tobacco, outlining restrictions on public smoking, advertising, promotion, and product packaging. Complementing this, the Tobacco Control Regulations of 2014 enhance these provisions, enforcing public smoking bans and requiring disclosures about tobacco products, effective since September 2016[104]. A notable 49% tax on tobacco products is in place to deter consumption and support health initiatives. Additionally, the Alcoholic Drinks Act of 2010 regulates the production and sale of alcoholic beverages; however, its implementation has been inconsistent across the country due to the devolution process in 2013, which transferred enforcement authority to Kenya's 47 county governments[105].

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[99]Ministry of Public Health and Sanitation. (2010). Kenya national diabetes strategy 2010–2015. World Health Organization. Retrieved from https://extranet.who.int/ncdccs/Data/ken_B6_Kenya%20National%20Diabetes%20Strategy%202010-2015.pdf

[100]Ministry of Public Health and Sanitation, & Ministry of Medical Services. (2011). National cancer control strategy 2011–2016. World Health Organization. http://www.thewhpca.org/resources/item/national-cancer-control-strategy-2011-2016

[101]Bünder, T., Karekezi, C., & Wirtz, V. J. (2021). Governing industry involvement in the noncommunicable disease response in Kenya. *Globalization and Health*, *17*(1), Article 1. https://doi.org/10.1186/s12992-021-00776-3

[102]World Bank. (2024). *The path to universal health coverage in Kenya*. World Bank. Retrieved from https://www.worldbank.org

[103]Ministry of Health. (2021). *National noncommunicable diseases strategic plan 2021/22–2025/26*. Republic of Kenya.

[104]Ministry of Health, Republic of Kenya. (n.d.). *Kenya national strategy for the control of noncommunicable diseases*. Republic of Kenya. http://guidelines.health.go.ke:8000/media/kenyastrategyforNCDs.pdf

[105]Tobacco Control Laws. (n.d.). *Kenya: Legal summary. Tobacco Control Laws*. Retrieved April 21, 2025, from http://www.tobaccocontrollaws.org/legislation/country/kenya/summary

Furthermore, Kenya has leveraged governance and policy measures by implementing fiscal interventions, such as taxes on unhealthy products, which generate domestic revenues specifically allocated towards NCD programs[106]. This not only discourages unhealthy consumption but also creates a sustainable funding source for NCD initiatives. Additionally, significant milestones have been achieved in workforce development through strategic plans aimed at training PHC workers in NCD management. By enhancing the knowledge and skills of healthcare providers, Kenya has facilitated the integration of NCD services within primary healthcare, ensuring that providers are equipped to deliver early detection, diagnosis, and treatment for patients with NCDs, including diabetes and cancer. Through this comprehensive approach that encompasses various frameworks and strategies, Kenya is actively strengthening its capacity to tackle the NCD burden and improve health outcomes for its population.

Pooling: To enhance healthcare financing for NCD, Kenya is implementing significant reforms to its NHIS, particularly through the National Health Insurance Fund (NHIF). These reforms aim to broaden coverage to include NCD-related services, thereby facilitating the pooling of resources from multiple sources to ensure equitable access to NCD care across the population. By integrating NCD services into the NHIF framework, Kenya is working toward creating a sustainable financial model capable of addressing the rising burden of chronic diseases effectively (Republic of Kenya, 2021). In addition to NHIF reforms, the Kenyan government has established various mechanisms to promote resource pooling at different levels. These include the development of health financing policies as outlined in the National Health Financing Strategy (2018–2030), which encourages contributions from both public and private sectors, enabling a more comprehensive pooling of funds essential for financing NCD interventions. PPP are also being leveraged to access additional financial resources, enhancing the availability and accessibility of NCD services throughout the healthcare system (World Bank Group, 2021). Moreover, Kenya has successfully ensured that essential NCD medicines and technologies are available in PHC facilities, in line with the Essential Medicines and Health Supplies List[107]. This achievement significantly enhances the integration of NCD services within primary care, guaranteeing that necessary supplies and equipment are readily available, which promotes effective management of NCDs at the community level[108].

Strategic Purchasing: Through the National Diabetes Strategy, Kenya is identifying and scaling up the most cost-effective interventions for diabetes management, exemplifying the principles of strategic purchasing. The country's engagement in PPPs also enables more strategic purchasing of NCD services and technologies, ensuring the efficient utilization of available resources. In terms of strategic purchasing, Kenya has utilized key operational levers related to medicines and health products and purchasing and payment systems to maximize the efficiency of NCD service delivery. Kenya has partially achieved the target on providing drug therapy, including for glycemic control, and counselling for people at high risk to prevent heart attacks and strokes, with emphasis on the primary care level[109].

[106]Government of Kenya. (2021). National strategic plan for the prevention and control of noncommunicable diseases 2020/21–2025/26. *National Council for Science, Technology, and Innovation*. https://www.nacosti.go.ke/2021/10/02/kenya-launches-five-year-plan-to-control-noncommunicable-diseases/
[107]Government of Kenya. (2021). National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2020/21–2025/26. *National Council for Science, Technology, and Innovation*. https://www.nacosti.go.ke/2021/10/02/kenya-launches-five-year-plan-to-control-noncommunicable-diseases/
[108]World Bank Group. (2021). *Control of noncommunicable diseases for enhanced human capital*. https://openknowledge.worldbank.org/bitstreams/0f845b61-f257-4223-a80b-5c4261863dd7/download
[109]Republic of Kenya, Ministry of Health. (2015). *National strategic plan for the prevention and control of noncommunicable diseases 2015–2020*. https://uniatf.who.int/docs/librariesprovider22/default-document-library/kenya-strategy-ncds-2015-2020.pdf?sfvrsn=7c2d9dbe_5

4.2 Rwanda

Domestic Resource Mobilization: Rwanda has prioritized domestic resource mobilization to finance its health system, including NCD management, through multiple strategies. The government has consistently increased health budget allocations, ensuring that a substantial share of domestic revenue is directed towards healthcare[110]. In line with its HSSP, the government aims to reduce reliance on external funding by strengthening domestic contributions.

One of the major sources of domestic health financing is the CBHI, known as Mutuelles de Santé, which mobilizes funds from household contributions, employer payments, and government subsidies[111]. The CBHI scheme has significantly reduced OOP expenditure and improved access to NCD services. Additionally, the Rwanda Social Security Board (RSSB) manages Rwandaise d'Assurance Maladie, a NHI scheme covering formal sector employees, which also contributes to NCD treatment financing[112].

To increase domestic revenues, Rwanda has also introduced health taxes on products linked to NCD risk factors, including alcohol, tobacco, and Sugar-Sweetened Beverages (SSBs)[113]. These taxes not only generate revenue but also act as a deterrent against unhealthy consumption behaviors. Furthermore, Rwanda has engaged in PPPs to attract private sector investment in healthcare infrastructure and NCD service delivery[114]. These combined efforts have strengthened Rwanda's ability to fund NCD prevention, treatment, and care domestically.

Pooling: Rwanda has implemented robust risk-pooling mechanisms to enhance financial protection and equitable access to NCD services. The CBHI system pools resources from different income groups, enabling risk-sharing among beneficiaries. This model allows lower-income individuals to access essential NCD services at affordable rates, with government subsidies supporting the most vulnerable populations. In addition to CBHI, the NHIS pools resources from formal sector employees and employers, ensuring sustainable financing for chronic disease management, including NCD care[115]. Social protection programs, such as Vision 2020 Umurenge, further contribute to pooling by integrating government funding with external donor support to cover indigent populations[116].

Furthermore, Rwanda has strategically integrated external donor funding into national pooling mechanisms to ensure alignment with national health priorities. By channeling donor contributions through government-led health programs, Rwanda has enhanced the efficiency and sustainability of NCD financing[117]. This approach minimizes fragmentation and ensures that pooled funds are used effectively to address the growing burden of NCDs.

Strategic Purchasing: Rwanda has adopted strategic purchasing mechanisms to enhance efficiency in NCD service delivery. One key approach is Results-Based Financing (RBF), where health facilities receive payments based on performance indicators[118]. This ensures that funding is linked to quality NCD prevention, diagnosis, and treatment services. The RBF model incentivizes healthcare providers to improve service delivery, particularly in rural and underserved areas.

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[110] Government of Rwanda. (2018). *Health sector strategic plan IV (2018–2024). Ministry of Health.* Retrieved from https://www.moh.gov.rw/fileadmin/user_upload/Moh/Publications/Strategic_Plan/FOURTH_HEALTH_SECTOR_STRATEGIC_PLAN_2018-2024.pdf

[111] Lu, C., Chin, B., Lewandowski, J. L., Basinga, P., Hirschhorn, L. R., Hill, K., & Postma, M. (2012). Towards universal health coverage: An evaluation of Rwanda Mutuelles in its first eight years. *PLOS ONE, 7*(6), e39282. https://doi.org/10.1371/journal.pone.0039282

[112] Binagwaho, A., Scott, K. W., & Rosewall, T. (2014). Rwanda's evolving community-based health insurance: A sustainable model for universal health coverage. *Health Affairs, 33*(3), 353–360

[113] World Health Organization. (2021). *Global status report on noncommunicable diseases 2021.* World Health Organization. Retrieved April 21, 2025, from https://www.who.int/publications/i/item/9789240063450

[114] Nsanzimana, S., Mazarati, J. B., & Rukundo, A. (2020). Leveraging public-private partnerships to enhance Rwanda's healthcare system. *Journal of Global Health Reports, 4*, e2020050

[115] Ministry of Health, Republic of Rwanda. (2022). *Annual health statistics booklet 2021–2022.* Ministry of Health. Retrieved April 21, 2025, from https://www.moh.gov.rw/fileadmin/user_upload/Moh/Publications/Reports/Annual_Health_Statistics_Booklet_2021-2022.pdf

[116] United Nations Development Programme. (2021). *Vision 2020 Umurenge Programme: Achievements and lessons learnt.* UNDP Rwanda. Retrieved April 21, 2025, from https://www.undp.org/rwanda/publications/vision-2020-umurenge-programme-achievements-and-lessons-learnt

[117] World Bank. (2020). *Rwanda: Health financing system assessment.* World Bank. Retrieved April 21, 2025, from https://documents1.worldbank.org/curated/en/906971515655591305/pdf/122589-wp-p154901-public-23994-png-health-financing-system-assessment-web.pdf

[118] Meessen, B., Musango, L., Kashala, J.-P. I., & Lemlin, J. (2006). Reviewing institutions of rural health centres: The Performance Initiative in Butare, Rwanda. *Tropical Medicine & International Health, 11*(8), 1303–1317.

To optimize the availability of NCD care, the government contracts private healthcare providers for specialized services, ensuring that patients receive high-quality care at regulated prices[119]. This strategic purchasing approach expands access to NCD services while leveraging private sector capacity.

In terms of pharmaceutical procurement, Rwanda has centralized medicine purchasing through Rwanda Medical Supply Ltd., which bulk-buys essential NCD medicines and distributes them to public health facilities. This system reduces costs, ensures a stable supply of medications, and enhances affordability for patients. Additionally, capitation and FFS models are used under CBHI and RAMA to reimburse healthcare providers, striking a balance between cost control and comprehensive NCD care provision[120].

4.3 South Africa

Domestic Resource Mobilization: South Africa primarily funds its healthcare system, including NCD management, through domestic public revenues. The government allocates a substantial portion of its budget to health, with public health expenditure accounting for about 4% of GDP[121]. The National Department of Health prioritizes NCDs in its NHI policy framework, aiming to improve access to essential health services.

A significant proportion of domestic health resources come from general taxation, which funds public sector health services provided through provincial departments of health. South Africa also imposes sin taxes on products linked to NCD risk factors, such as tobacco, alcohol, and SSBs. The sugar tax (Health Promotion Levy) introduced in 2018 is a notable example, generating revenue while discouraging excessive sugar consumption[122]. The government also collects revenue from excise duties on tobacco and alcohol, which are partly directed toward public health programs[123].

Additionally, private sector contributions play a crucial role in domestic health financing. South Africa has a well-established private healthcare sector, with about 16% of the population covered by private medical schemes, contributing significantly to NCD service provision[124]. The private sector helps finance specialized NCD care, including cancer treatment, cardiovascular interventions, and diabetes management.

Despite these financing mechanisms, South Africa faces challenges in achieving equitable domestic resource mobilization. The reliance on OOPs in the private sector remains a barrier to accessing specialized NCD services for uninsured populations[125]. The proposed NHI scheme aims to address this by pooling public and private resources to enhance universal coverage.

Pooling: South Africa's health financing system is characterized by a two-tiered structure, with public and private health financing mechanisms operating in parallel. The public sector, which serves the majority of the population, pools funds through general taxation and government allocations, while the private sector pools resources through medical schemes. This dual system results in significant disparities in healthcare access and quality[126].

The government pools public sector health funds through provincial health budgets, which are allocated based on population size and burden of disease. These funds are used to provide essential NCD services at public health facilities, including primary care clinics and district hospitals. South Africa also receives global health donor funding, although this plays a relatively small role in financing NCDs compared to communicable diseases

[119]Elovainio, R., & Evans, D. B. (2017). *Raising and spending domestic money for health: A guide for local policymakers*. World Health Organization. Retrieved April 21, 2025, from https://www.who.int/health_financing/documents/domestic-financing-guide/en/
[120]World Health Organization. (2018). *Strategic purchasing for universal health coverage: Key policy issues*. World Health Organization. Retrieved April 21, 2025, from https://www.who.int/publications/i/item/WHO-UCH-HGF-PolicyBrief-19.6
[121]National Treasury of South Africa. (2022). *Budget review 2022. National Treasury*. Retrieved April 21, 2025, from https://www.treasury.gov.za/documents/national%20budget/2022/review/FullBR.pdf
[122]Sambu, W., Davids, L., & Puoane, T. (2021). The impact of sugar-sweetened beverage taxation in South Africa. *Public Health Nutrition, 24*(2), 361–370.
[123]Van Walbeek, C. (2020). The economics of tobacco taxation in South Africa. Tobacco Control, 29(4), 456–462.
[124]Council for Medical Schemes. (2022). *Annual report 2021/2022. Council for Medical Schemes*. Retrieved April 21, 2025, from https://www.medicalschemes.co.za
[125]Ataguba, J. E., Day, C., & McIntyre, D. (2015). *Explaining the role of the social determinants of health on health inequality in South Africa*. Global Health Action, 8, 28865
[126]McIntyre, D. (2019). Health sector reform and financing in South Africa. *South African Medical Journal, 109*(2), 72–76.

such as HIV/AIDS and TB. In the private sector, medical schemes operate through risk pooling, where members contribute premiums to cover healthcare costs. However, South Africa's private healthcare system remains highly fragmented, with multiple medical schemes serving different income groups. High costs and limited coverage of NCD services in some schemes have led to financial hardship for many patients requiring chronic care[127]. The NHI reform seeks to integrate public and private health resources into a single risk pool to improve equity and access.

Strategic Purchasing: Strategic purchasing in South Africa focuses on ensuring efficient allocation of resources for NCD services, particularly in the public sector. One of the key mechanisms is PBF, where government funding is linked to healthcare facility performance and patient outcomes[128]. This approach aims to improve NCD service delivery, particularly at the primary healthcare level.

The South African government also procures essential NCD medicines through the national tender system, which helps reduce costs through bulk purchasing[129]. The Essential Medicines List ensures that key medications for NCDs, such as antihypertensives, insulin, and cancer drugs, are available in public facilities. However, shortages and stockouts remain a challenge, particularly in rural areas[130].

In the private sector, medical schemes and private hospitals engage in selective contracting with healthcare providers to manage costs. Some schemes use managed care models, such as capitation payments and case-based payments, to control expenditures on chronic diseases[131]. However, private sector purchasing mechanisms remain profit-driven, leading to high costs for patients with complex NCD conditions.

The proposed NHI fund aims to introduce more centralized and strategic purchasing to control costs and improve efficiency. Under the NHI, the government plans to contract both public and private providers to deliver standardized NCD care, ensuring that all citizens receive the same level of treatment regardless of socioeconomic status[132].

4.4 Botswana

Domestic Resource Mobilization: Botswana primarily funds its healthcare system, including NCD services, through government revenues, which are largely derived from diamond mining, taxation, and customs revenues[133]. The country's public health expenditure accounts for approximately 5% of GDP, making it one of the highest spenders on health in SSA[134].

A significant portion of health financing comes from general taxation, which supports free or heavily subsidized healthcare services, including NCD prevention and treatment, at public health facilities[135]. The government has also introduced health taxes on tobacco and alcohol as a means of generating additional revenue for health programs while discouraging unhealthy behaviors linked to NCDs.

Despite substantial public financing, Botswana relies on OOPs for private healthcare services, which limits access to specialized NCD treatment for uninsured individuals[136]. The government has made efforts to engage the private sector through PPPs to expand the availability of NCD services, particularly in urban centers[137]. However, financing gaps remain, especially in the management of complex NCDs such as cancer and diabetes.

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[127]McIntyre, D., & Doherty, J. (2021). Financing universal health coverage in South Africa: Policy options. *Global Public Health*, 16(3), 428-445.
[128]Department of Health, South Africa. (2022). *Contract circular HP05-2021DI/01*. Retrieved from https://www.health.gov.za/wp-content/uploads/2022/02/HP05-2021DI_01-Contract-Circular-Final_28-Feb-2022.pdf
[129]Harris, B., Eyles, J., Penn-Kekana, L., & Goudge, J. (2020). Strategic purchasing for universal health coverage: A South African perspective. *Health Policy and Planning,* 35(6), 789-798
[130]McLeod, H. (2021). *Understanding medical schemes and managed care.* South African Dental Association. Retrieved from https://www.sada.co.za/sites/default/files/content-files/Clinical%20Information%20%26%20Articles%20of%20Interest/SADA%20Guide%20to%20Medical%20Schemes%20Act%20%20Regulations%20June%202022.pdf
[131]Modisakeng, C., Matlala, M., Godman, B., & Meyer, J. C. (2019). *Medicine shortages and challenges with procurement: A South African perspective. Frontiers in Pharmacology, 10*, 1252.
[132]National Department of Health. (2015). *National Health Insurance for South Africa White Paper.* Government of South Africa. Retrieved April 21, 2025, from https://www.gov.za/sites/default/files/gcis_document/201512/39506gon1230.pdf
[133]Ministry of Finance and Economic Development. (2022). *National Budget Speech 2022/2023*. Government of Botswana. Retrieved April 21, 2025, from https://www.finance.gov.bw/index.php?Itemid=108&catid=22&id=585&option=com_content&view=article
[134]World Health Organization. (2021). *Global status report on noncommunicable diseases 2021*. World Health Organization. Retrieved April 21, 2025, from https://www.who.int/publications/i/item/9789240063450

Pooling: Botswana's health financing system primarily relies on public sector pooling, with government funds allocated through the Ministry of Health (MOH) to support universal healthcare access. The government provides free healthcare to all citizens, ensuring that NCD services are accessible to the majority of the population. In addition to government-funded health services, Botswana has a small but growing private health insurance sector, which serves formal sector employees and high-income earners. Private medical schemes operate under a risk-pooling model, where members contribute premiums to cover healthcare expenses, including NCD care[138]. However, private insurance coverage remains limited to less than 20% of the population, leading to disparities in access to specialized NCD treatments[139].

Botswana also receives external donor funding, but this is predominantly focused on infectious diseases such as HIV/AIDS rather than NCDs[140]. The government is working towards integrating NCD services into existing donor-supported health programs to ensure sustainable financing and service delivery.

Strategic Purchasing: Botswana has adopted various strategic purchasing mechanisms to enhance efficiency in NCD service delivery. The government procures essential medicines and medical supplies through the Central Medical Stores, which bulk-buys pharmaceuticals to lower costs[131]. However, supply chain challenges, including medicine shortages and delays, continue to affect the availability of essential NCD medications[141].

The government also contracts private healthcare providers for specialized NCD services, such as oncology and cardiology, to address gaps in public sector capacity[142]. However, high costs in the private sector limit access for low-income populations who rely on public facilities.

Additionally, Botswana has introduced PBF models in select health programs to improve service quality and efficiency. Under PBF, health facilities receive funding based on meeting specific performance indicators, such as early detection and management of hypertension and diabetes. Expanding this approach could further strengthen Botswana's response to the growing NCD burden.

4.5 Senegal

Domestic Resource Mobilization: Senegal primarily funds its healthcare system through government revenues, household contributions, and external aid. Public health expenditure accounts for approximately 4.5% of GDP. A significant portion of domestic health financing comes from general taxation, which funds public healthcare services, including NCD treatment in government facilities. Additionally, Senegal has implemented health taxes on tobacco and alcohol, which generate revenue while discouraging behaviors that contribute to NCDs. The government increased tobacco taxes to 50% of the retail price, aligning with the WHO FCTC recommendations[143].

Senegal also benefits from external donor support, although funding for NCDs remains limited compared to infectious diseases such as malaria, TB, and HIV/AIDS. The government is working on strategies to integrate NCD services into existing donor-supported health programs to ensure sustainable financing[144].

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[135]Ministry of Health, Botswana. (2022). *Annual health statistics report 2021/2022*. Ministry of Health. Retrieved April 21, 2025, from https://www.moh.gov.bw
[136]Ataguba, J. E. (2020). Health financing in Botswana: Equity and sustainability challenges. *Global Health Research and Policy, 5*(3), 1-12.
[137]Chilisa, B., Molosiwa, P., & Ncube, B. (2021). Public-private partnerships in Botswana's health sector: Opportunities and challenges. *BMC Health Services Research, 21*(1), 232-245
[138]Botswana Insurance Regulatory Authority. (2021). *Annual report 2021*. https://www.bira.org.bw/sites/default/files/2022-08/BIRA%20Annual%20Report%202021.pdf
[139]Ataguba, J. E., & McIntyre, D. (2021). The role of health insurance in Botswana's health financing landscape. *Health Economics Review, 11*(2), 1-14.
[140]World Bank. (2020). *Botswana: Health financing system assessment. World Bank*. Retrieved April 21, 2025, from https://documents.worldbank.org/curated/en/099060524132537700/p1799331bc3e990f1b37e1693ef01f1cdb
[141]Ministry of Health, Botswana. (2022). *Annual health statistics report 2021/2022*. Ministry of Health. Retrieved April 21, 2025, from https://www.moh.gov.bw
[142]Mokganya, M., & Nkomazana, O. (2020). Addressing medicine shortages in Botswana: A supply chain analysis. *African Journal of Pharmacy and Pharmacology, 14*(8), 124-132.
[143]Chilisa, B., Molosiwa, P., & Ncube, B. (2021). Public-private partnerships in Botswana's health sector: Opportunities and challenges. *BMC Health Services Research, 21*(1), 232-245.
[144]World Health Organization. (2021). Country profile: Senegal. In WHO report on the global tobacco epidemic, 2021 (pp. 1–12). World Health Organization. Retrieved April 21, 2025, from https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_senegal.pdf

Despite these efforts, OOPs remain high, accounting for about 43% of total health expenditures. This financial burden limits access to essential NCD care, particularly for low-income populations. The government has introduced initiatives such as UHC (Couverture Maladie Universelle–CMU) and subsidized insurance programs to reduce direct costs for patients.

Pooling: Senegal has developed multiple health financing mechanisms to pool financial resources for healthcare, including NCDs. The main risk-pooling mechanisms include: Public health financing; the government pools funds through the national health budget, which supports public hospitals, health centers, and community health initiatives. Mutuelles de Santé CBHI; these schemes aim to increase financial protection, particularly for informal sector workers and rural populations. However, CBHI coverage remains low, at around 20%, limiting its effectiveness in risk pooling for NCD care[145].

Private Health Insurance: Senegal has a growing private health insurance sector, covering about 15% of the population, primarily formal sector employees. However, many private insurance plans do not fully cover chronic NCD care, creating financial challenges for individuals requiring long-term treatment[146].

External Donor Funding: While donor funding has historically focused on infectious diseases, the government is working with global health partners to integrate NCD prevention and treatment into broader health programs. The introduction of CMU in 2013 aimed to expand financial protection for all citizens, particularly those in the informal sector. However, challenges in implementation, limited funding, and administrative inefficiencies have slowed progress in achieving comprehensive risk pooling for NCD care.

Strategic Purchasing: Strategic purchasing in Senegal focuses on improving efficiency in the allocation of health resources for NCD prevention, diagnosis, and treatment. The government uses centralized procurement systems to control costs and ensure the availability of essential NCD medicines and equipment. Key strategic purchasing initiatives include:

- **Bulk Purchasing of Essential Medicines:** The government procures NCD medications through the National Supply Pharmacy Pharmacie Nationale d'Approvisionnement, which negotiates lower prices for essential drugs such as insulin and antihypertensives. However, stockouts and delays in distribution remain a challenge, particularly in rural areas.
- **Contracting Private Providers:** The government collaborates with private healthcare facilities and faith-based organizations to expand access to specialized NCD services, such as cancer treatment and dialysis[147]. This helps reduce pressure on public hospitals and improve service delivery.
- **PBF:** Senegal has introduced PBF mechanisms in select health programs to enhance accountability and efficiency. Under PBF, health facilities receive funding based on their performance in areas such as early NCD detection and adherence to treatment protocols[148].

Despite these strategic purchasing efforts, inefficiencies in resource allocation and gaps in primary healthcare services hinder effective NCD management. The government aims to strengthen primary healthcare systems and improve referral pathways to ensure better coordination of NCD care.

[145]World Health Organization. (2021). Global status report on noncommunicable diseases 2021. World Health Organization. Retrieved April 21, 2025, from https://www.who.int/publications/i/item/9789240063450
[146]World Bank. (2021). *Senegal: Health financing and universal health coverage*. Retrieved from https://data.worldbank.org/country/senegal
[147]Diop, M., Ba, M., & Ndiaye, P. (2021). Health financing reforms in Senegal: Challenges and opportunities for universal health coverage. BMC Health Services Research, 21(1), 543-556.
[148]World Bank. (2021). *The noncommunicable disease system assessment tool*. Retrieved from https://openknowledge.worldbank.org/handle/10986/36278

4.6 Ghana

Domestic Resource Mobilization: Ghana's healthcare system is primarily financed through government tax revenues, NHIS, OOP payments, and external donor funding. The government allocates around 7% of GDP to healthcare, with a portion dedicated to NCD services[149]. Despite this investment, NCD funding remains lower than that for communicable diseases, reflecting historical donor priorities.

To generate additional revenue for health financing, Ghana has implemented health taxes on tobacco, alcohol, and SSBs. These taxes serve a dual purpose: raising funds for health programs and discouraging unhealthy behaviors linked to NCDs[150]. However, enforcement and tax collection efficiency remain challenges.

Another key domestic financing mechanism is NHIS, which provides financial protection against health costs. While the NHIS covers some NCD treatments, gaps remain in coverage for essential medicines and advanced procedures, leading to high OOP[151]. To address these gaps, the government is considering expanding NHIS benefits for NCD care and improving reimbursement rates for healthcare providers.

Despite these efforts, Ghana's health financing remains highly donor-dependent, especially for communicable diseases. NCD programs receive limited external funding, requiring the government to explore innovative domestic financing mechanisms, such as private sector partnerships and increased budget allocations[152].

Pooling: Ghana has developed multiple financial risk-pooling mechanisms to improve access to healthcare, including NCD care. The NHIS serves as the primary risk-pooling mechanism, covering about 40% of the population[153]. It is financed through value-added tax (VAT) contributions, payroll deductions, and government subsidies. While NHIS enrollment is increasing, challenges such as delayed reimbursements to healthcare providers, limited funding, and regional disparities in coverage hinder its effectiveness for NCD care[154].

In addition to NHIS, Ghana has CBHIs that target informal sector workers and rural populations. However, low enrollment rates, financial instability, and administrative challenges limit their ability to pool sufficient funds for comprehensive NCD services[155].

The private sector also plays a role in financial pooling through private health insurance schemes, which cater to high-income individuals and formal sector employees. However, private insurance coverage remains low, at around 5% of the population, and many policies do not fully cover chronic NCD care[156].

To strengthen financial risk pooling, Ghana is working to expand NHIS coverage, integrate NCD services into existing health insurance benefits, and improve the financial sustainability of the scheme. Enhancing the efficiency of NHIS reimbursement processes will be critical in ensuring timely access to essential NCD services.

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[149]Ministry of Health, Ghana. (2024). *Health sector annual programme of work – 2022 holistic assessment report*. Ministry of Health. Retrieved April 21, 2025, from https://www.moh.gov.gh/wp-content/uploads/2024/03/2022-Holistic-Assessment-Report_FINAL3.pdf
[150]World Health Organization. (2021). *Country profile: Ghana. In WHO report on the global tobacco epidemic, 2021* (pp. 1–12). World Health Organization. Retrieved April 21, 2025, from https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/who_rgte_2021_ghana.pdf
[151]Alhassan, R. K., Nketiah-Amponsah, E., & Arhinful, D. K. (2021). Assessing Ghana's National Health Insurance Scheme: Lessons for NCD financing. *BMC Health Services Research, 21*(1), 221-236.
[152]World Bank. (2024). *Public health expenditure for universal health coverage in Ghana*. World Bank. Retrieved April 21, 2025, from https://openknowledge.worldbank.org/entities/publication/419312f7-d309-4941-8a8e-2e5edb5e80ff
[153]National Health Insurance Authority. (2022). *NHIS annual report 2022. National Health Insurance Authority*. Retrieved April 21, 2025, from https://www.nhis.gov.gh/files/1%281%29.pdf
[154]Agyepong, I. A., Kodua, A., Adjei, S., & Adam, T. (2020). *Health financing in Ghana: Challenges and strategies for improving financial protection*. Health Policy and Planning, 35(5), 543-555.
[154]Alhassan, R. K., Nketiah-Amponsah, E., & Arhinful, D. K. (2021). *Health insurance in Ghana: The role of community-based health insurance schemes*. Ghana Medical Journal, 55(2), 104–110. https://doi.org/10.4314/gmj.v55i2.6
[155]World Bank. (2021). *Public health expenditure for universal health coverage in Ghana*. Retrieved from https://documents1.worldbank.org/curated/en/099928302092432757/pdf/IDU169cd1ed01585614b481be7b1bd94d105e459.pdf
[156]World Bank. (2021). *Public health expenditure for universal health coverage in Ghana*. Retrieved from https://documents1.worldbank.org/curated/en/099928302092432757/pdf/IDU169cd1ed01585614b481be7b1bd94d105e459.pdf

Strategic Purchasing: Strategic purchasing in Ghana focuses on improving the efficiency of healthcare spending to ensure better access to NCD services. One of the key approaches is centralized procurement of medicines and medical supplies through the Ghana Health Service (GHS) and NHIA. Bulk purchasing of essential NCD medicines, such as insulin and antihypertensives, has helped reduce costs, but frequent stockouts and supply chain inefficiencies continue to affect service delivery[157].

The NHIS employs capitation and FFS payment models, where healthcare providers receive payments based on the number of patients treated. However, delayed reimbursements and inadequate provider payments for NCD care discourage facilities from prioritizing chronic disease management[158].

Ghana has also introduced PBF to improve service quality. Under PBF models, health facilities receive incentives for achieving specific targets, such as early NCD screening, adherence to treatment guidelines, and improved patient outcomes[159]. Expanding this approach could enhance accountability and efficiency in NCD care.

To further strengthen strategic purchasing, the government is exploring PPPs to contract private providers for specialized NCD services, including cancer treatment and dialysis. While PPPs have improved service availability, cost barriers remain a challenge for low-income populations[160].

Despite encouraging evidence of the impact of these interventions, and high-level commitment, many countries' policy responses to NCD control are limited. Even when polices are in place, there is variation in implementation.

[157]Ministry of Health, Ghana. (2022). *Health Commodity Supply Chain Master Plan (2021–2025)*. Retrieved from https://www.moh.gov.gh/wp-content/uploads/2022/06/Ghana-Final-Final.pdf
[158]Agyepong, I. A., & Adjei, S. (2020). *Implementation challenges of the National Health Insurance Scheme in Ghana: Evidence from the field*. ResearchGate. Retrieved from https://www.researchgate.net/publication/301332963_Implementation_Challenges_of_the_National_Health_Insurance_Scheme_in_Selected_Districts_in_Ghana_Evidence_from_the_Field
[159]Alhassan, R. K., Nketiah-Amponsah, E., & Arhinful, D. K. (2021). *Health insurance in Ghana: The role of community-based health insurance schemes*. Ghana Medical Journal, 55(2), 104–110. https://doi.org/10.4314/gmj.v55i2.6
[160]World Bank. (2021). *Public health expenditure for universal health coverage in Ghana*. Retrieved from https://documents1.worldbank.org/curated/en/099928302092432757/pdf/IDU169cd1ed01585614b481be7b1bd94d105e459.pdf

Section 5:
Conclusion

5.1 Summary of Major Gaps in NCD Financing in SSA

NCDs such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases have become a significant public health challenge in SSA. However, the financing mechanisms needed to support their prevention, treatment, and management remain inadequate. Various gaps in NCD financing frameworks hinder the effective response to this growing burden, resulting in poor health outcomes and increased economic strain on individuals and governments.

1. Insufficient Domestic Funding for NCDs and Weak Resource Mobilization Strategies for NCDs
Many SSA countries allocate inadequate financial resources to NCDs compared to communicable diseases such as HIV/AIDS, malaria, and TB. This is largely due to historical priorities, where infectious diseases were the leading causes of death. Despite the shifting disease burden, governments continue to underfund NCD programs, with NCDs receiving only a small fraction of health budgets. The limited funding for NCDs results in gaps in healthcare infrastructure, shortages of trained health workers, and inadequate access to essential medicines and screening programs, further exacerbating the growing burden of these diseases.

Governments have not implemented innovative financing mechanisms such as earmarked taxes on tobacco, alcohol, and SSBs, despite clear evidence that such measures generate revenue while reducing NCD risk factors. Additionally, private sector investment in NCDs remains minimal, as businesses have few incentives to invest in prevention or treatment programs. Analysis of the existing financing models also shows that NCDs are not integrated into these models, further limiting specific opportunities for financing NCDs.

2. Reliance on OOP Expenditure
OOP spending is the primary source of NCD financing in many SSA countries, making healthcare access inequitable, particularly for low-income populations. Since NCDs require lifelong treatment, many patients struggle to afford routine consultations, diagnostic tests, and medications. In some SSA countries, over 60% of NCD-related healthcare costs are financed through OOP payments. This financial burden discourages early diagnosis and treatment, leading to complications that require more expensive hospital care. As a result, many individuals either forgo treatment altogether or face catastrophic health expenditures, which push them into poverty. The lack of financial protection mechanisms, such as universal health insurance coverage for NCDs, further aggravates the situation, making healthcare services unaffordable for millions across the region.

3. Fragmented and Inefficient Risk Pooling Mechanisms
Risk pooling in healthcare financing ensures that financial risks are shared across populations, reducing the burden on individuals. However, in SSA, health insurance schemes remain fragmented and often exclude NCD coverage across the population. Many NHIS do not comprehensively cover NCD treatment, leaving patients with high OOP costs. Additionally, multiple small, uncoordinated insurance schemes create inefficiencies and inequities in financing, as financial risk is not evenly distributed. Limited cross-subsidization—where wealthier and healthier populations contribute to covering the costs for individuals with greater health needs and lower incomes—further weakens financial protection for those living with NCD. Without strong risk pooling mechanisms, many people remain uninsured, making it difficult to access affordable treatment and preventive care for chronic conditions.

4. Weak Strategic Purchasing and Resource Allocation
Strategic purchasing, which ensures that available health resources are spent efficiently, in the purchase of services, medicines and diagnostic services. Most governments prioritize expensive hospital-based treatment rather than cost-effective preventive measures such as screening, early diagnosis, and lifestyle interventions. This imbalance leads to higher long-term costs as diseases are diagnosed late, requiring more intensive treatment.

Furthermore, many health systems lack the data necessary to make informed purchasing decisions, as there is limited information on NCD prevalence, treatment costs, and patient outcomes. Weak accountability in procurement and contracting also results in inefficiencies, with frequent stockouts of essential medicines and overpriced treatments. Strengthening strategic purchasing would ensure that funds are directed toward the most effective interventions, improving health outcomes while reducing costs.

5. Limited Policy and Governance Frameworks

The governance and policy frameworks for NCD financing in SSA remain weak, further complicating efforts to mobilize and allocate resources effectively. Many countries lack comprehensive national NCD policies that integrate prevention, treatment, and long-term management into their healthcare systems. Additionally, there is limited engagement of private sector players and CSOs in NCD financing, despite their potential to contribute funding and service delivery. Poor data collection and limited research on NCD financing trends further hinder evidence-based policy development, making it difficult for governments to advocate for increased investment. Without strong governance structures and clear policies, NCD financing remains fragmented and uncoordinated, leading to inefficiencies and missed opportunities for sustainable financing solutions.

6. Community Participation in NCD Prevention and Care

Effective NCD prevention requires multistakeholder engagement including individuals, families, civil society, religious institutions, traditional leaders, media, policy-makers and voluntary associations. Unfortunately, in some Member States, NCDs are still largely seen as a health issue, and this limits the involvement of other sectors and communities.

5.2 Entry Opportunities for Strengthening Healthcare Ecosystem for NCDs Financing and Management

1. Resource Mobilization

- **Enhance Domestic Resource Mobilization:** Improve national revenue generation mechanisms and earmarked funds for NCDs. This includes allocating additional domestic budgets for NCDs, prioritizing prevention and early detection, and exploring innovative financing, e.g., taxes on tobacco, alcohol, SSBs, etc. It is important that donor support also increases while also targeting the strengthening of health systems and NCDs' management.
- **Create Multi-Stakeholder Alliances:** Build collaborations between governments, donors, civil society, and the private sector to pool resources effectively. Building on this collaboration to explore innovative financing approaches such as crowdfunding and blended financing.
- **Improve accountability and transparency:** Implement robust mechanisms to track and report NCD financing, ensuring funds are allocated and spent efficiently.

2. Pooling

- **Expand Pooling Mechanisms:** Greater integration between public and private sector pooling mechanisms, particularly the NHI framework, is needed to ensure a broader and more equitable distribution of healthcare resources.
- **Inclusive Pooling Structures:** Establish more inclusive pooling structures aligning NCD population coverage and entitlements across different health financing pools to facilitate their integration, mandating basic/recommended NCD coverage in overarching health insurance regulation, reducing contribution requirements in a phase manner, etc.
- **Consider Centralized NCD Financing Pools:** Establish national or regional pools for NCDs to increase efficiency in resource allocation and reduce fragmentation.

3. **Strategic Purchasing**

- **Develop Targeted Strategic Purchasing Models:** The private and public sectors need to develop models that actively focus on improving NCD care access and quality, 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.
- **Align Purchasing with Health Priorities:** Purchases should be more aligned with national health priorities, ensuring that critical areas like NCD prevention and care are prioritized and funded.
- **Strengthen PPPs in Procurement:** Facilitate collaboration between the public and private sectors to enhance access to affordable, high-quality NCD care and treatments.

4. **Governance and Policy Framework**

- **Increase Political Commitment:** Advocate for NCD prioritization within national health agendas.
- **Develop Comprehensive Policies:** Establish integrated national policies addressing prevention, treatment, and management of all NCDs.
- **Integrate NCDs into PHC:** Embed NCD care into primary health systems for universal access.
- **Focus on Prevention and Health Promotion:** Prioritize policies that address primary prevention and reduce risk factors.
- **Increase Government Oversight:** The government should enhance its oversight role, ensuring that the private sector adheres to national health standards and that NCD care delivery is comprehensive and equitable.
- **Strengthen Governance Frameworks:** Establish stronger governance structures that clearly define roles and responsibilities for managing and overseeing NCD financing and care delivery across both public and private sectors.
- **Improve Accountability Mechanisms:** Introduce robust monitoring and evaluation systems to ensure accountability in the allocation of resources for NCD care and to track the effectiveness of PPPs.
- **Improve Monitoring and Evaluation:** Build systems to track policy implementation, resources and outcome measures.
- **Enhance Private Sector and CSO Engagement:** Involve private sector and civil society in NCD prevention and care initiatives.

Appendices

Appendix 1: The progress of countries against the WHO regional committee for Africa target to integrate NCDs services in

Country	Adapt and Use WHO Guidance Documents for NCD Management Within PHC Services		Train PHC Workforce Managing NCDs	Availability of Essential Medicines and Technologies for NCD Management in PHC Facilities		
	1 National guidelines/ protocols/ standards for the management of major NCDs through a primary care approach.	**2** Adaptation and use of WHO Package of Essential NCDs (PEN) interventions.	**3** Strategic plan to train the PHC workforce to manage NCDs.	**4** List of essential medicines and technologies for NCDs management nationally (PHC facilities, if any).	**5** Essential NCD medicines in PHC facilities.	**6** Essential NCD technologies in PHC facilities.
Angola	0	1	3	3	1	2
Benin	3	3	1	2	1	1
Botswana	3	3	1	2	2	2
Burkina Faso	3	3	1	2	1	2
Burundi	2	1	1	2	1	2
Cabo Verde	1	2	1	2	3	3

KEY

- **0** No data available during extraction of documents.
- **1** No achievement for the indicator mentioned.
- **2** Partial achievement for the indicator mentioned.
- **3** Full/good achievement for the indicator mentioned.

the PHC level (2020)

			Health Information Systems		Additional Indicators	
	7 Provision of drug therapy, including glycaemic control, and counselling for people at high risk to prevent heart attacks and strokes, at PHC facilities.	**8** Proportion of PHC centres reported as offering cardio-vascular diseases risk stratifi-cation.	**9** Functioning System for generating accurate cause-specific mortality and morbidity data using WHO's STEPwise approach (STEPS) for a comprehensive health survey every five years.	**10** Functioning system for generating reli-able cause-specific mortality and mor-bidity data using a comprehensive health survey every five years.	**11** OOP expenditure as percentage of CHE.	**12** Existence of an operational department in MOH responsible for NCDs program.
	1	2	2	2	3	1
	2	2	1	2	1	3
	0	2	1	3	3	1
	1	2	1	2	2	3
	1	2	1	1	2	1
	3	3	2	1	2	3

Source: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0240984&type=printable

		2	2	1	1	1	3
		2	2	1	2	1	1
		2	2	1	1	1	1
		3	2	1	2	1	1
		2	2	1	1	1	1
		2	2	1	2	1	3
		1	2	1	1	2	1
		2	2	1	1	1	1
		2	2	1	2	1	1
		2	2	1	3	3	3
		2	2	1	3	2	3
		2	2	1	1	2	1
		1	0	1	2	1	1

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Source: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0240984&type=printable

Guinea	2	3	1	2	2	2	
Guinea-Bissau	1	1	1	1	1	2	
Kenya	3	1	3	2	2	2	
Lesotho	3	3	3	2	2	2	
Liberia	2	1	1	2	1	2	
Madagascar	3	1	1	2	1	1	
Malawi	3	3	3	2	2	1	
Mali	1	1	1	2	2	3	
Mauritania	1	1	1	2	2	1	
Mauritius	2	1	1	1	3	3	
Mozambique	2	1	1	2	2	2	
Namibia	1	1	1	2	2	2	
Niger	1	1	1	2	1	2	

KEY

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- **1** No achievement for the indicator mentioned.
- **2** Partial achievement for the indicator mentioned.
- **3** Full/good achievement for the indicator mentioned.

	2	2	1	1	1	1
	1	2	1	1	2	3
	2	2	1	3	2	3
	0	2	1	2	3	1
	1	2	1	2	1	1
	1	2	1	1	2	3
	1	2	1	2	3	3
	0	1	1	2	2	1
	2	2	1	1	1	1
	1	2	3	2	1	3
	2	2	1	2	3	3
	1	2	1	2	3	3
	1	2	1	1	1	1

Source: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0240984&type=printable

		1	2	1	1	1	1
		1	2	1	2	3	3
		1	2	1	2	3	3
		1	2	1	3	1	1
		2	3	3	2	3	3
		2	2	1	1	1	1
		0	1	3	2	3	3
		1	2	1	1	0	1
		2	2	1	2	1	1
		2	2	1	2	2	1
		2	2	1	3	1	3
		2	2	1	2	3	3
		1	2	1	1	2	1

KEY

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Source: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0240984&type=printable

Appendix 2: Country specific NCD financing frameworks in SSA

Country	Overall, Health Financing with NCD Component	General NCD Frameworks	Disease-Specific NCD Frameworks
Angola	Lei de Bases do Sistema Nacional de Saúde No. 21-B/92 (National Health System Law)	Plano Nacional de Desenvolvimento Sanitário (National Health Development Plan)	Instituto Angolano de Controlo do Cancer Programme (Angolan Cancer Control Institute Program)
Benin	Project Assurance pour le Renforcement du Capital Humain Régime d'Assurance Maladie Universelle (Universal Health Insurance Scheme)	Programme National de Lutte Contre les Maladies Non Transmissibles (National NCD Control Program)	Programme National de Lutte Contre le Cancer (National Cancer Control Program) Programme National de Lutte Contre le Diabète (National Diabetes Control Program)
Botswana	Essential Health Services Package Integrated Health Services Plan	National Policy for Prevention and Control of NCDs	National Cancer Control Programme National Mental Health Programme
Burkina Faso	PBF	Programme National de Lutte Contre les maternal and neonatal tetanus (MNT) (National NCD Control Program)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Burundi	Carte d'Assurance Maladie (Health Insurance Card); PBF	Plan National de Lutte Contre les MNT (National NCD Control Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Cameroon	PBF Stratégie Sectorielle de Santé (Health Sector Strategy) 2016-2027	Programme National de Lutte Contre les MNT (National NCD Control Program)	Programme National de Lutte Contre le Cancer (National Cancer Control Program) Programme National de Lutte Contre le Diabète (National Diabetes Control Program)
Cape Verde	UHC Scheme	Plano Nacional de Luta Contra as DNTs (National NCD Control Plan)	Programa Nacional de Luta Contra o Cancro (National Cancer Control Program)
Central African Republic	PBF	Plan National de Lutte Contre les MNT (National NCD Control Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Chad	UHC Program	Plan National de Lutte Contre les MNT (National NCD Control Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)

Comoros	PBF	Plan National de Lutte Contre les MNT (National NCD Control Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Congo	UHC Law 2022	Plan National de Lutte Contre les MNT (National NCD Control Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Côte d'Ivoire	Couverture Maladie Universelle (UHC) PBF	Plan Stratégique National MNT (National NCD Strategic Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program) Programme National de Lutte Contre le Diabète (National Diabetes Control Program)
Democratic Republic of Congo	Provincial Health Insurance Schemes	Plan National de Lutte Contre les MNT (National NCD Control Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Djibouti	Universal Health Insurance Program	Plan Stratégique MNT (NCD Strategic Plan)	Programme National Cancer (National Cancer Program)
Equatorial Guinea	National Health System Law	Plan Nacional de Lucha Contra las ENT (National NCD Control Plan)	Programa Nacional de Control del Cáncer (National Cancer Control Program)
Eritrea	Essential Health Care Package	National NCD Strategy	National Cancer Control Program
Ethiopia	CBHI Social Health Insurance Proclamation No.690/2010	National Strategic Action Plan for NCDs 2021-2025	National Cancer Control Program National Framework for Diabetes
Gabon	Programme National d'Assurance Maladie (NHI Program)	Plan National MNT (National NCD Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Gambia	NHIS	National NCD Strategy	National Cancer Control Program
Ghana	NHI Act 2012 NHIS	15.17	National Cancer Control Program National Diabetes Management Program
Guinea	Programme National d'Assurance Maladie (NHI Program)	Plan National MNT (National NCD Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Guinea-Bissau	Plano Nacional de Desenvolvimento Sanitário (National Health Development Plan)	Plan National MNT (National NCD Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Kenya	UHC Program; NHIF Act 2022	Kenya National Strategy for NCDs 2021-2026	National Cancer Control Strategy 2017-2022 National Diabetes Strategy 2021-2025
Lesotho	NHIS	National NCD Strategy	National Cancer Control Program
Liberia	NHI Program	National NCD Strategy	National Cancer Control Program

Madagascar	Couverture Santé Universelle (UHC)	Plan National MNT (National NCD Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Malawi	Essential Health Package	30.60	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Mali	Régime d'Assurance Maladie Universelle (Universal Health Insurance Scheme)	Plan Stratégique National MNT (National NCD Strategic Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Mauritania	Programme National d'Assurance Maladie (NHI Program)	Plan National MNT (National NCD Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Mauritius	National Health Accounts		National Cancer Control Program National Diabetes Program
Mozambique	Plano Estratégico do Sector da Saúde (HSSP) RBF	Plano Estratégico das Doenças Não Transmissíveis (Strategic Plan for NCDs)	National Cancer Control Program Programa Nacional de Controlo do Cancro (National Cancer Control Program)
Namibia	Public and Private Medical Aid Schemes	National Multi-Sectoral NCD Plan	National Cancer Control Program; National Diabetes Program
Niger	Programme Nationale d'Assurance Maladie (NHI Program)	Plan Stratégique MNT (NCD Strategic Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Nigeria	NHIA Act 2022	National Strategic Plan for NCDs	National Cancer Control Plan 2018-2022 National Diabetes Program
Rwanda	Mutuelle de Santé (CBHI) RSSB Medical Scheme	National Strategy for NCDs 2020-2025	National Cancer Control Plan 2020-2024 Integrated NCD Clinics
São Tomé and Príncipe	Cobertura Universal de Saúde (UHC)	Plano Nacional das DNT (National NCD Plan)	Programa Nacional de Luta Contra o Cancro (National Cancer Control Program)
Senegal	Couverture Maladie Universelle (UHC)	Plan Stratégique MNT (NCD Strategic Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program) Plan National Diabète (National Diabetes Plan)
Seychelles	UHC Program	National NCD Strategy	National Cancer Control Program National Diabetes Program
Sierra Leone	NHIS	National NCD Strategy	National Cancer Control Program

Somalia	Essential Package of Health Services	National NCD Strategy	National Cancer Control Program
South Africa	NHI Bill Medical Schemes Act	Strategic Plan for NCDs	National Cancer Framework 2017-2022 Mental Health Framework
South Sudan	Basic Package of Health Services	National NCD Strategy	National Cancer Control Program
Tanzania	NHIF improved Community Health Fund	National Strategy for NCDs	Ocean Road Cancer Institute Program; National Diabetes Program
Togo	Assurance Maladie Universelle (UHC)	Plan National MNT (National NCD Plan)	Programme National de Lutte Contre le Cancer (National Cancer Control Program)
Uganda	RBF	Uganda NCD Control Program	Uganda Cancer Institute Plan 2021-2025 Mental Health Plan
Zambia	NHIS	National NCD Strategic Plan	National Cancer Control Program National Diabetes Program
Zimbabwe	RBF	National NCD Strategy	National Cancer Control Strategy National Diabetes Program

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 SSA.

This initiative aligns with and will support 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 UHC.

Learn more at: www.ncdfinancing.org

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