TECHNICAL BRIEF

How can innovative financing options support health system financing for noncommunicable diseases in low- and middle-income countries?

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FINANCING ACCELERATOR NETWORK for NCDs
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Refer to the glossary of terms on pages 12 -14 for definitions and examples of innovative health financing terms and key health financing concepts.

INTRODUCTION

Recurrent health system financing comprises the three core functions of **revenue raising** (such as from government budgets, insurance contributions, or external aid), **pooling** or accumulation of prepaid funds, and **purchasing** from health service providers. The term *innovative health financing* is often used to refer to the many disparate and non-traditional ways of raising and deploying financial resources that may fall across these traditional health financing functions—such as several types of health taxes and levies or micro contributions for health—or constitute enterprising means of non-recurrent, capital spending—like public-private partnerships to cover the financial gap for key healthcare infrastructure investments. These options can yield additional healthcare resources as well as help to leverage market incentives—such as through volume guarantees and social impact bonds—to obtain targeted outputs and outcomes, mitigate investment risks, or incentivize healthy market and societal impacts.

At the 4th Global NCD Alliance Forum in Kigali in February 2025, experts from the **Financing Accelerator Network for NCDs (FAN)** participated in a panel session on the power and potential of innovative financing—organized by Novo Nordisk, IFPMA, and MedAccess—to boost the availability of resources for noncommunicable diseases (NCDs) in low- and middle-income countries (LMICs). Participants noted how innovative health financing includes a range of options to bridge the gap between the availability of and need for resources. They asked how countries can identify and implement suitable innovative health financing options for NCDs, how these can complement or combine with health system financing for universal health coverage (UHC) in specific country contexts, and how partners like global health donors and providers of technical assistance can support policymakers to use these mechanisms in catalytic ways.

As the community of NCD policymakers and partners grapples with these questions, it is useful to review the range of innovative health financing mechanisms that exist and understand how these have been used across countries and disease programs. This technical brief from FAN continues the discussion from Kigali: it uses a simple framework to consider "innovative" health financing options in the context of overall health system financing and proposes some guideposts for using them intentionally to enhance and optimize health financing for NCDs in resource-constrained environments. We hope to spark a nuanced discussion about more strategic use of innovative health financing for NCD programs—to not only inform and support country policymakers who express interest in more tailored financing options, but also to help them avoid exacerbating inefficient and inequitable fragmentation in health system financing for UHC.

WHAT ARE THE VARIOUS INNOVATIVE HEALTH FINANCING OPTIONS AND HOW ARE THEY USED?

Innovative health financing mechanisms have become especially prominent within global health over the last two decades or so—spanning centralized global-level funding partnerships, experimental and non-traditional sources of new earmarked revenues for health, and use of outcome-oriented, market-based financial instruments:

1. Multilateral funding partnerships

This period started with the launch of highly centralized, multilateral funding partnerships that used vertical program grants to rapidly scale up disease or intervention-specific programs and reduce mortality in LMICs. The Global Fund to Fight Aids, TB, and Malaria; Gavi, the Vaccine Alliance to expand immunization; and the Global Financing Facility for Women, Children and Adolescents, are prime examples of such initiatives. These combine funding from diverse sources, such as donor governments, foundations, and corporations; have helped to reduce mortality and health inequities; and are now increasingly testing and implementing viable means to sustainably transition and integrate their programming into country-owned and primary healthcare (PHC)-led "horizontal" health systems. In addition to exploring potential integration of NCDs in these existing mechanisms, the UN Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health (the Health4Life Fund) is a recent innovative NCD-focused global health initiative that aims to "galvanize domestic financing and scale up country action" from the outset by focusing on policy coherence, UHC integration, and domestic financing.

2. New revenue from non-traditional sources

In the meantime, countries and their partners also experimented with mobilizing new revenues for priority health interventions from non-traditional sources—ranging from excise taxes on commodities like sugar and tobacco to levies on airline tickets, oil and gas, mobile phones, or financial transactions. These revenues may be earmarked to fund interventions against HIV/AIDS, child malnutrition, malaria, and other health priorities. Simultaneously, countries may set up trust funds, equity funds, and/or launch microinsurance or community-based health insurance programs to ring-fence dedicated funding for specific health interventions and populations—like trust funds for HIV/AIDS in Zimbabwe and Uganda or a novel insurance coverage plan for diagnostics for patients with preexisting conditions. A review of evidence in 2017 found that over 80 countries implemented earmarking practices and, while these may advance and robustly fund a high-priority and politically sensitive health agenda, they (a) can be difficult to sustain over time as the growth of expenditures outpaces that of earmarked revenues, (b) may displace funding from other health priorities, and (c) may introduce rigidity in public financial management systems that makes it difficult to flexibly respond to changing health needs.

3. Market-based financial instruments

Finally, a third trend in innovative health financing has been the use of market-based financial instruments to increase resources and cash flow, facilitate more optimal use of inputs, and incentivize desirable health outcomes. These comprise a wide range of financial instruments across the (somewhat overlapping) categories of results-based financing like development impact bonds, catalytic mechanisms like volume guarantees and advance market commitments, impact investing like blended finance facilities and possibly concessional loans such as through the Medical Credit Fund, and socially responsible investing like social impact bonds in South Africa to deliver high quality HIV prevention and treatment and reproductive health services to adolescent girls and young women. This profusion of financial instruments is intended to

facilitate "new ways to attract and leverage public, private, and philanthropic funds towards health-related goals"—rather than engage financial innovation itself—and range from offering investors no cost recovery (i.e., no revenue or return to cover initial cost) to breaking even on their investment or obtaining a financial return (e.g., in case of bonds). While their use may be well-established or novel in certain settings or health areas, it is led mainly by private and donor funders. For example, the International Finance Facility for Immunization (IFFIm) issues vaccine bonds against donor government pledges to raise funding for Gavi programs, providing impact investors with attractive risk adjusted returns and straight-forward due diligence linked to immunization services. Overall, however, the use of these market-based financial instruments is typically not well-integrated into routine health system financing arrangements and their use by policymakers can be considered incremental and discretionary.

At present, all three of these classes of innovative health financing mechanisms co-exist in the landscape of global health. However, there is a clear movement toward greater use of the third category of innovative use of outcome-oriented financial instruments—as centralization and verticality in global health funding has given way to greater emphasis on localization and sustainability, and use of earmarking and ring-fencing for disease-specific programming has declined in favor of greater integration and resource pooling in (especially primary) healthcare. A review of the landscape of health financing for NCDs in Sub-Saharan Africa undertaken by FAN found very limited use of innovative health financing mechanisms for NCDs—though notable examples of global health partnerships stand out, like the Health4Life Fund mentioned above, the Pink Ribbon, Red Ribbon initiative to combat cervical and breast cancers, and the African Access Initiative to facilitate access to cancer drugs and data. Pioneers like MedAccess, Coalition for Access to NCD Medicines & Products, the Outcomes Accelerator, and Total Impact Capital are now starting to also design and fund outcomes-oriented innovative financing interventions in this space.

A FRAMEWORK FOR CONSIDERING INNOVATIVE FINANCING MECHANISMS IN THE CONTEXT OF BROADER HEALTH SYSTEM FINANCING

Sustainable long-term financing for the NCD response in LMICs—i.e. financing that mitigates the inequitable burden of out-of-pocket spending for expensive chronic conditions and contributes to improved care quality at scale—will derive from greater integration of NCDs within overarching health system mechanisms for mobilizing and pooling resources and purchasing healthcare services. FAN reviewed the multiplicity of innovative health financing instruments as well as the landscape of challenges and opportunities in health financing for NCDs in Sub-Saharan Africa. The simple framework below served as a jumping off point for unpacking the various ways in which prominent innovative health financing mechanisms can align with and bolster how well routine health system financing functions work for NCDs[1]:

Health financing function	Examples of innovative health financing options	Strategic health system financing considerations
Revenue mobilization Raising health funds from public, private and external sources (e.g., individual contributions, government taxes, out-of-pocket spending, grants or loans from donors, etc.)	Earmarked health taxes (e.g., on tobacco, alcohol, or sugar content); levies (e.g., on airlines, telcos, oil & gas, minerals, financial transactions); co-, blended or multi-source financing instruments like debt swaps or crowdfunding; and other innovative revenue sources	Earmarking revenues for specific expenditures may fracture/fragment health financing and displace resources across health priorities. But thoughtful design and implementation may serve several short, medium, and long-term strategic purposes. For example, to: Enhance the **health system priority** of a specific condition, disease, or health area and scale up resources in the short- to medium-term; • Induce long-term **behavior change** through excise taxes in the consumption patterns of unhealthy goods that are NCD risk factors; • Generate **initial / seed / start-up funding** for public health campaigns, piloting service delivery approaches (like telemedicine or a package of NCD services at community-level), or funding research for policy purposes; • **Align and consolidate** revenue streams (e.g., donor funds and programs) into one basket that can be subsequently brought "on-budget" with the government; and • Build **new funding partnerships** before eventual integration
Pooling Accumulation of prepaid health care revenues on behalf of a population	Earmarked trust funds (e.g., similar to those for HIV/AIDS), equity funds, or novel private insurance models (like microinsurance or community-based insurance) to pool funds from specific sources (taxes, donations, small contributions, etc.) for specific products, services, or populations	
Purchasing Transfer of funds from a purchaser to health providers for service delivered—ideally to pay for health outputs and outcomes produced ("strategic purchasing")	Social/Development impact bonds (SIBs/DIBs) as outcomes-based purchasing instruments	Impact bonds enable governments (and/or donors) to purchase priority services by paying private investors their principal plus a return only if the programs achieve specific, pre-agreed outcomes. These instruments can be deployed as strategic purchasing mechanisms to, e.g.: • **Reach underserved** populations with NCD prevention and promotion services • Obtain service utilization **targets** • **Hedge risks** in public-private partnerships for NCD services

1 Sourced from multiple publications, including: s scoping review on the nature and contribution of innovative health financing mechanisms in the WHO's African region; a resource compendium on innovative health financing by ThinkWell Institute; a global landscape report on innovative funding models for high cost NCDs by IQVIA; and a primer on innovative health financing mechanisms by Americas RISE for Health

Using such a map, partners can support technical assistance activities to develop tailored innovative health financing options to accompany and complement health system financing strategies for UHC in countries. LMICs can employ such resources to work backward from their immediate disease or health area goals to: (a) identify if innovative financing mechanisms can play a facilitating role (using explicit evaluation criteria, such as those developed by the OECD Development Assistance Committee), (b) source technical and co-financing partners to design and implement such mechanisms, and (c) develop explicit pathways for long-term integration into health system financing functions from the outset.

It is important to note, however, that this framework relates primarily to recurrent health financing. Capital expenditure on health—such as large capacity building investments in long-term assets like property, equipment, or infrastructure—can be funded in diverse ways by governments, e.g., sovereign loans, line-item budget allocations, and, indeed, particular innovative health financing instruments.

SOME PROPOSITIONS ON THE "POWER AND POTENTIAL" OF INNOVATIVE HEALTH FINANCING FOR NCDS

As noted, innovative health financing options could play a facilitating role to enhance health system financing for NCDs in resource-constrained settings. At a recent gathering of African health ministers convened by the Africa CDC, ministers called for "greater self-reliance and homegrown solutions for financing Africa's health systems" and formed a committee on innovative financing solutions to give shape to policymakers' priorities. As policymakers discuss health financing options against the backdrop of ongoing demographic and epidemiologic transitions to greater burdens of NCDs, below are some propositions from FAN regarding the "power and potential" of innovative health financing for NCDs:

1. There is a multiplicity of diverse innovative health financing instruments, but NCD programs, as recent entrants to this landscape, have the opportunity to benefit from more evidence-based and proven interventions. In particular, excise taxes on unhealthy goods that are significant risk factors for NCDs (like tobacco, alcohol, and sugary foodstuffs) drive down consumption of these items and generate meaningful revenue—provided tax rates are increased regularly over time to stay impactful and keep up with inflation and taxes are precisely designed to target product use. Similarly, volume guarantees and advance market commitments are shown to lower prices, increase access and affordability, and support product development for key health commodities like vaccines. Policymakers can consider potentially publicly-funded and multi-country partnerships (e.g., pooled procurement initiatives) to deploy these instruments in order to mitigate market failures and support access to essential NCD medicines and interventions. For example, these could help enhance coverage of cancer-preventing HPV vaccines for both girls and boys, ensure access to steroid inhalants for persons with chronic respiratory diseases, promote better availability of insulin, or make anti-hypertensives and statins more widely accessible for prevention and treatment of cardiovascular diseases.

2. Countries can tailor their use cases for employing innovative health financing mechanisms for NCDs in conjunction with or to complement wider health system financing. As noted, use of innovative financing mechanisms is typically disjointed from and unintegrated within routine health system financing. Even as countries may depend on the latter for financing the core of their health system response to NCDs, they may deploy innovative financing tools in complementary ways to:

a. Finance specialized services: For instance, while health system financing provides more reliable, long-term resources for essential packages of NCD services and products, innovative health financing mechanisms may be used to pay for vital but high-cost or specialized services that are considered discretionary for public sector financing. The Cameroon Cataract Development Bond is a key example, where a consortium of donors repaid and rewarded investors for financing thousands of "comprehensive, high-quality, and affordable eye care procedures" that could not be funded through routine healthcare resources.

b. Target key and priority populations: While mainstream populations—such as those in urban areas with ready access to healthcare facilities—may access services through routine health system financing, those in remote areas or with specialized needs, like children with chronic respiratory illnesses or persons with disabilities in need of rehabilitation services, can be provided services through targeted coverage mechanisms like equity funds or earmarking instruments, depending on criteria such as the effectiveness, impact, relevance, or sustainability of particular interventions.

c. Mobilize resources for nascent service delivery programs: New service delivery initiatives—e.g., community-based maternal mental healthcare for mothers at risk of postpartum depression—may require flexible and protected funding to start and scale up, where innovative options like impact bonds to ensure minimum service volumes or crowdfunding to train community health workers in screening and counseling may make sense.

d. Fund capital spending for specialized care: Some high-cost health services like cancer care require large upfront investments in service delivery infrastructure and capacity, including in-patient treatment facilities, complex machinery and equipment, and highly specialized human resources. Compared to recurring expenses, these big-ticket investments can be difficult to fund for LMICs. Specialized public-private partnerships have emerged as promising solutions to help governments fund infrastructure, pay for outputs and outcomes of interest, and take on policymaking and supervision roles—provided parties can successfully share decision-making authority, ensure accountability, and balance their individual interests.

e. Pay for public health (prevention and promotion) interventions (in addition to service delivery): Prevention and promotion services to benefit the health system NCD response may be well-suited for innovative financing instruments. Often, prevention and promotion are funded from public health funds that are deployed separately from those for service delivery—such as through intergovernmental fiscal transfers for health between national and subnational governments. Funding for NCD prevention and promotion campaigning, like messaging on the injurious nature of tobacco or alcohol use or the importance of regular exercise, may, for instance, be sourced and added to such public health funds through targeted taxes and levies.

3. Starting with some level of integration between (recurrent) health system and innovative financing approaches may be possible. For example, as mentioned above, there may be scope for experimenting—such as by using sandbox policies to promote experimentation—with fit-for-purpose innovative purchasing instruments for particular NCD priorities and goals within existing health financing mechanisms where revenue raising and pooling functions are integrated across health conditions. As another example, a country seeking to enhance the sustainability of its health system response to NCDs may want to increase domestic resources for a set of NCD interventions by agreeing upon a debt swap arrangement with a creditor to start channeling public resources into NCD programs. These resources may be allocated through routine health system functions for revenue mobilization and allocation—such as tax-funded budget systems. This would demonstrate how policymakers may work backward from defining the strategic health financing objective for NCD programming ("increasing domestic resources") to making intentional use of an innovative health financing option (e.g. a debt swap arrangement) and aligning with overarching health financing mechanisms (integrating into routine health budget systems). NCD services may be especially suitable for testing innovative health financing approaches. This is because service demand is growing due to rising NCD prevalence rates, and there is a strong need to control costs while ensuring quality outcomes—such as prevention of acute events, early discharge after rehabilitation or timely transitions from post-acute care after surgery. Countries should be deliberate and strategic about using innovative health financing mechanisms, advancing with clear objectives and intended outcomes underpinned by a well-articulated health financing or health area strategy. Even as innovative mechanisms are used, integration of overall health system financing for greater efficiency, equity, and sustainability should be the overarching goal, in ways that will not cause programmatic harm to the overall NCD response.

How can innovative financing options support health system financing for NCDs in LMICs?

SOME PARTING REFLECTIONS ON ALIGNING THE USE OF INNOVATIVE OPTIONS WITH OVERARCHING HEALTH SYSTEM FINANCING

In considering the role of health financing instruments often labeled innovative, it is essential not to position them in opposition to established health financing functions, but rather to view them as potential complements within a coherent, integrated financing framework for recurrent financing. The primary concern should be reducing fragmentation within health financing systems—both across domestic programs and between domestic and international financing streams—in favor of more holistic, system-wide approaches. This requires a deliberate effort to resist the fragmentary pressures often exerted by disease-specific or health-area-focused advocacy groups, which can distort financing structures and undermine system-wide efficiency and equity. Ultimately, what matters is not the label attached to any given instrument—be it termed "innovative" or otherwise—but whether it demonstrably works within the broader health financing ecosystem. For example, the experience with health taxes illustrates that their effectiveness hinges not on their novelty but on sound design, administration, and integration within fiscal policy.

Moreover, while the health sector has a critical role to play in using available resources more effectively to improve outcomes, the primary responsibility for raising and earmarking revenues appropriately lies with ministries of finance, not health. Ministries of health should focus on making the best use of funds through strategies such as enhancing provider payment systems to drive quality improvement and efficiency, rather than seeking to assume revenue-raising functions. For example, in considering the use of innovative instruments, they may distinguish between financing of inputs—such as procurement of commodities, medicines, or digital tools—and financing of services, as this distinction relates directly to how effectively resources are deployed for health outcomes. Similarly, a clear distinction should be made between capital and recurrent financing, as the core health financing functions of revenue raising, pooling, and purchasing fundamentally relate to recurrent financing of health services, rather than capital investments. These distinctions support a more systematic approach to financing discussions, helping to strategically pick instruments or flows that serve different purposes.

Finally, while unified health system financing will continue to be the backbone and mainstay of UHC, innovative health financing mechanisms do hold out a broad range of possibilities for deploying additional resources toward the health system response to NCDs and for using limited resources with more efficiency and impact. Countries will need to take an intentional approach to tailor innovative health financing options to policy objectives and avoid inefficient and inequitable fragmentation in health financing for UHC. Rather than focusing on the perceived divide between traditional and innovative financing, the priority should be on better aligning all sources of financing—public, private, and external—within a coherent framework. Many instruments currently labeled as "innovative" are, in essence, mechanisms for deploying private or external resources, but the critical challenge is to ensure that these resources are directed in ways that are complementary to public financing and aligned with national health financing policies and priorities. Without this alignment, there is a risk of exacerbating fragmentation rather than strengthening sustainable, equitable health financing systems. Technical partners and funders can play a role to support countries with tailoring such options, engaging in experimentation, and generating evidence.

GLOSSARY OF INNOVATIVE HEALTH FINANCING TERMS

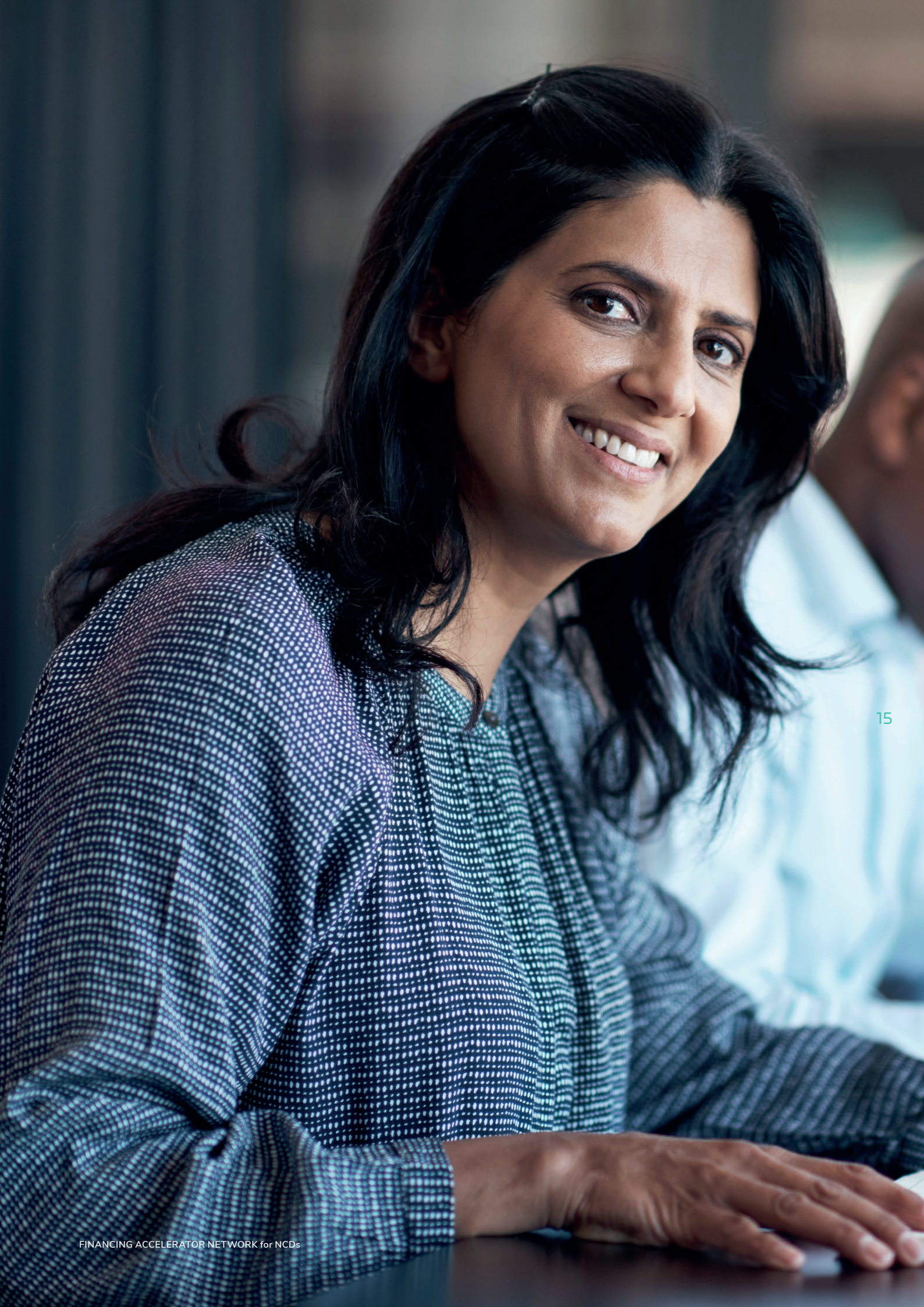
Term	Definition	Example
Advance market commitment	A health financing tool where donors promise to buy vaccines or medicines once developed, encouraging companies to invest in creating them.	Donor's guarantee buying a vaccine to motivate companies to produce it faster.
Blending finance facility	Combining public or donor money with private investment to bring in more funding for health programs by reducing risks for private investors.	A donor covers risks, so private investors help fund a health clinic.
Catalytic funding	Early funding that helps attract more money, reduce risks, and speed up the launch or scale-up of health financing initiatives.	A small grant helps start a new health service and attracts bigger funders later.
Community based health insurance	A local health financing model where community members pay small amounts into a shared fund to cover healthcare costs.	A population pays a little every month into a fund that covers doctor visits.
Concessional Loans	Low-interest loans provided by governments or development banks to help countries or organizations finance health services or infrastructure	A government gets a cheap loan to build more health clinics.
Health taxes	Taxes on products like tobacco, alcohol, or sugary drinks used to raise money for health programs and promote healthier choices.	A tax on cigarettes is used to pay for cancer treatment programs.
Crowdfunding	Collecting small donations from many individuals, typically online, to fund health services or research.	People donate online to help fund a child's surgery.
Debt swap arrangement	A financial agreement where a portion of a country's external debt is forgiven or restructured in exchange for the government committing to invest the equivalent value in domestic programs, freeing up fiscal space for priority sectors like health.	A creditor country cancels $10 million of an LMIC's debt on the condition that the government invests that amount in strengthening PHC
Disease specific funds	Financial resources allocated to the prevention and treatment of particular diseases or conditions.	Nigerian Cancer Health fund supported by Roche, the IFC, and Nigerian public authorities provides access to funding for treatments, chemotherapy, and radiation therapy for individuals with breast, cervical, and prostate cancers.
Development impact bond	A results-based financing model where private investors fund health services upfront, and donors or governments repay them with interest only if agreed health results are achieved.	Private investors pay for a health program and receive money back only if it succeeds.
Earmarking	Reserving funds from specific revenue sources exclusively for health programs.	A part of a country's sales tax is set aside only for healthcare.

GLOSSARY OF INNOVATIVE HEALTH FINANCING TERMS

Term	Definition	Example
Equity funds	Funding used to subsidize or cover healthcare costs for disadvantaged groups.	Special funds cover hospital costs for low-income families.
Health savings accounts	Personal accounts that allow individuals to set aside funds specifically for medical expenses, often tax-free.	Kenya's Health Saving Account promotes individual contributions toward covering emergency medical costs, while Medical Aid Savings Accounts in South Africa cover day-to-day healthcare expenses.
Intergovernmental fiscal transfers	Funding from national governments to local governments to support health programs and reduce regional health inequalities.	National government gives money to rural areas to run health clinics.
Levy	A type of mandatory charge or tax collected by the government (or an authorized body) to fund health services or health insurance programs.	A tax added to airline tickets pays for emergency health services.
Microinsurance	Low-cost health insurance designed to protect low-income populations against health costs through affordable, small premiums.	Farmers pay a small fee to receive insurance for hospital visits.
Mobile health financing solutions	Digital platforms that allow individuals to manage, enroll, save, make claims, or pay for healthcare using mobile technologies.	M-TIBA in Kenya, which lets users save and pay for health services through mobile phones.
Multi-country partnership	Countries collaborating to pool resources and jointly fund health programs that address cross-border health challenges.	Neighboring countries pool money to combat an infectious disease outbreak.
No cost recovery	A financing approach where services are provided without charging users, and costs are fully covered by external funding such as government budgets, donors, or grants.	Population receives free vaccinations paid for by government funding.
Novel insurance models	New private insurance models that cover health services or populations typically excluded from standard health insurance, like diagnostics or people with pre-existing conditions.	Insurance that covers patients with existing chronic illnesses.
Outcomes-oriented innovative financing	Funding mechanisms that link financial support to the achievement of specific, measurable results, encouraging efficiency, accountability, and impact-driven investments.	A clinic gets paid only if child vaccination rates improve.
Philanthropic funds	Grants or donations from individuals, foundations, or companies used to finance health programs without expecting financial returns.	A foundation donates money to build a children's hospital.
Prepaid funds	Money collected in advance (through taxes, insurance premiums, or contributions) to pay for future health services, helping protect people from having to pay large amounts at the time they need care.	Workers pay monthly into a system that covers future medical care.

GLOSSARY OF INNOVATIVE HEALTH FINANCING TERMS

Term	Definition	Example
Private health insurance	Health coverage provided by private companies, typically purchased by individuals or employers.	Individuals or employers purchasing coverage through private insurance companies operating in LMICs
Public financial management system	The processes, rules, and institutions used by governments to plan, allocate, spend, and monitor public funds to ensure efficient, transparent, and accountable use of resources.	A country tracks health spending to make sure money is used properly.
Public funded partnership	A collaboration where public funds (government money) are used to support joint health initiatives with private organizations, nonprofits, or other sectors to improve health outcomes.	The government funds a nonprofit to help deliver health services.
Results-based financing	A health financing approach where payments or funding are conditional on the achievement of specific, measurable results or outcomes, rather than simply paying for inputs or activities.	A hospital receives funding only after proving patient recovery rates have improved.
Revenue raising	Strategies like taxes or fees that collect money specifically to fund health systems and services.	A new health tax helps pay for free public hospitals.
Ring-fencing	Setting aside certain funds for a specific health purpose or program, making sure they cannot be used for anything else.	Funding from a sugar tax can only be used for diabetes programs.
Sandbox policy	A controlled environment that allows governments or partners to pilot new health financing approaches on a small scale before wider use.	A country tests a new mobile payment system for health insurance in one region first.
Social health insurance	A government-regulated system where individuals, employers, and/or the government contribute to a health fund.	Various examples in Ghana, Kenya, Tanzania, Colombia, etc,. Colombia's Sistema General de Seguridad Social en Salud is funded by employers, employees, and through government revenues, with contributory and subsidized schemes based on ability to pay.
Social impact bonds	A results-based financing mechanism where private investors fund a social or health intervention upfront and are repaid by a government or donor only if the intervention achieves agreed-upon outcomes.	Investors fund mental health programs and are repaid if patient outcomes improve.
Trust fund	A dedicated pool of money from multiple sources used to fund health programs, sometimes providing loans or guarantees.	An international trust fund finances health worker salaries in low-income countries.
Volume guarantees	Agreements where donors or governments promise to buy a minimum amount of a health product to lower prices and ensure reliable supply.	Governments promise to buy a set number of vaccines to lower costs.



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