

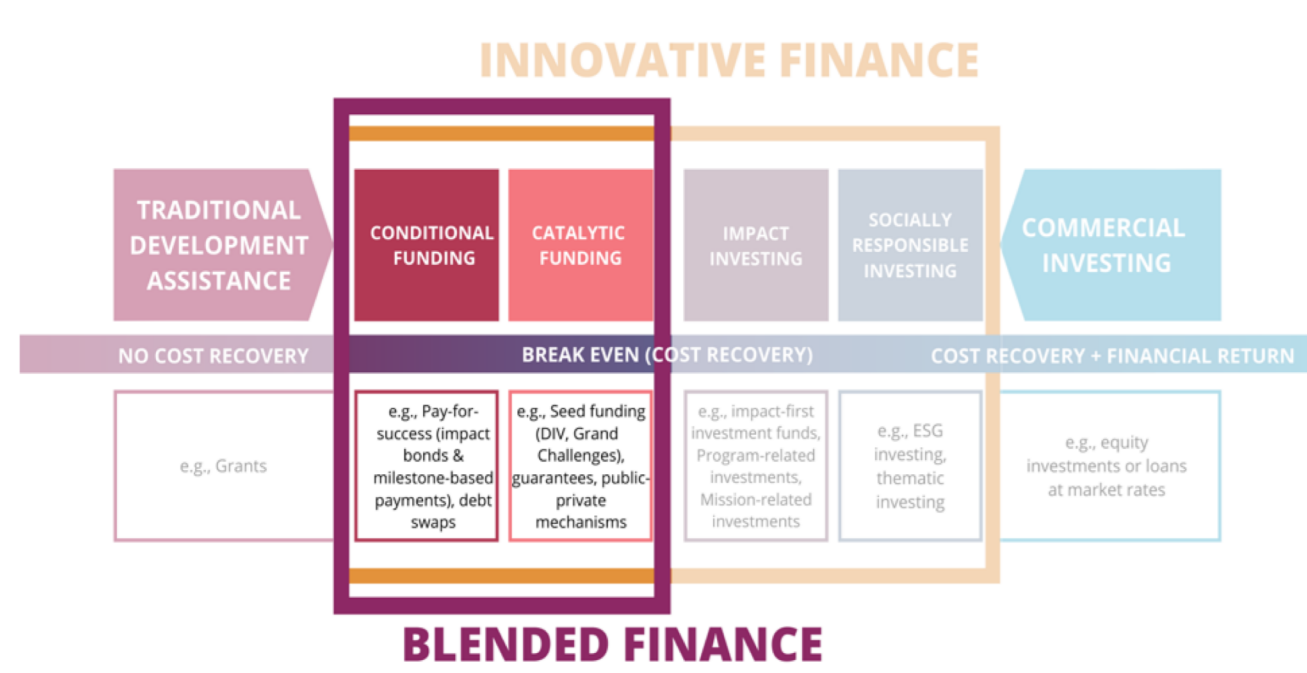
# A Novel Framework Defining the Role of Blended Finance Interventions for Non-Communicable Disease Interventions

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## BACKGROUND

- In response to the highlighted financing need yet inadequate financing forecasts to address this gap, this poster seeks to articulate a framework for categorizing NCD interventions by several metrics, including financing, to best understand where blended finance may be effectively applied.
- National health spending alone will fall short of financing universal health access (SDG 3), with the largest funding gap occurring around the already underfunded non-communicable diseases (NCDs).
- Official development assistance (ODA) rose slowly during COVID-19 pandemic, and mostly solely for COVID investments (OECD, 2020).
- It is necessary to explore alternative and novel financing.



Blended finance (BF) is the use of catalytic capital from public or philanthropic sources to increase private sector investment in SDGs. (Convergence).

- Funders and intermediaries tended to focus on health infrastructure and vaccine financing. **There is little guidance on how to implement blended finance projects to address NCDs, which are often seen as high-risk to address due to the complex care cascades and long timeframes required to track success.**

## METHODOLOGY

- The projects represented in the framework were chosen as part of a small-n sampling due to available examples. Projects were chosen based on the following criteria a) relevant linkage to NCDs and/or primary care, b) country-context diversity and c) availability of data assessing the impact.
- A structured search on Google Scholar and PubMed to ensure a diversity in geography, financing mechanisms, and health topics.
- Review of Disease Control Priorities Project (DCPP) recommendations and published case studies (Childhood Cancer, Type 1 Diabetes and Primary Care, etc.) to generate a list of cost-effective NCD interventions that could be supported through BF mechanisms.
- Consultation with stakeholders and characterization of BF projects in four dimensions: objective(s) (e.g., improve access and quality), area(s) of investment (e.g., workforce, commodities), country-income and project financing-type.

## CRITERIA FRAMEWORK

AREA OF INVESTMENT	OBJECTIVE			
	Collective Action	National Action		
		Service Provision: Access/Scale	Service Provision: Quality	Health System Strengthening
Health Facility Investment		▼ A1 ▼ D1 ● D2	▼ A2 ● D3	
Workforce		● B1 ▼ B2 ▼ A3		
Commodities	● D4	● C1	● A4 ● B3	
Health System Serv. Policies & Reforms		● C2 ● A5	● C3	● B4 ● A6 ▲ C4
Population-Level Health Policies			▲ D5 ▲ D6 ▲ D7	● C5 ● B5

**FINANCING TYPE**

- TECHNICAL ASSISTANCE**
  - A1. Angola/WDF Luanda Project
  - A2. Rwanda/PIH Cancer Center
  - A3. Liberia/LMH CHW Program
  - A4. Mongolia/Onom Healthy Hearts
  - A5. Senegal/HAI Healthy Hearts
  - A6. Vietnam/USAID SHI
- DONOR-FINANCED**
  - B1. Indonesia/USAID HRH
  - B2. Ethiopia/UK-FCDO PHC
  - B3. Mexico/LFAC T1D
  - B4. Ukraine/USAID Victims Fund
  - B5. Cambodia/HAI OPAs
- DOMESTIC FINANCING**
  - C1. Argentina/Immunization
  - C2. Thailand/NHI Cancer Care
  - C3. South Africa/Ideal Clinic
  - C4. Estonia/Mental Health Strategy
  - C5. Mexico/Sugar Tax
- BLENDED FINANCE**
  - D1. Cameroon/Cataract Bond
  - D2. Philippines/Ayala SIB
  - D3. India/Utkrisht SIB
  - D4. COVAX AMC Facility
  - D5. Israel/T2D Bond
  - D6. US/Aim4Fresno
  - D7. Canada/CHCPI Bond

**COUNTRY INCOME LEVEL**

- ▼ Low Income
- Middle Income
- ▲ High Income

## INTERVENTION FRAMEWORK (perDCP-3)

AREA OF INVESTMENT	OBJECTIVE			
	Collective Action	Service Provision: Access/Scale	Service Provision: Quality	Health System Strengthening
Health Facility Investment		🏥 Cancer-care Clinic 🏥 ICU Investment	🏥 Cancer-care Learning Hospital Development	
Workforce		🏥 Cervical Cancer Screening and Training 🏥 Oncologist Training	🏥 Respiratory Therapist Training 🏥 Surgical Oncologist Training	🏥 CVD Case Management 🏥 Diabetes Case Management
Commodities		🏥 A1 🏥 Diuretic/Beta-blocker/Pharmacological Interventions for CVD	🏥 Pacemaker Procurement 🏥 CGM Procurement	
Health System Serv. Policies & Reforms		🏥 B1 🏥 B2	🏥 Cancer/CVD/Diabetes/Asthma/COPI Standards of Care	
Population-Level Health Policies			🏥 CVD-related behavior change support 🏥 Diabetes-related behavior change support	🏥 Alcohol/Tobacco Taxes 🏥 Smoking Regulations/IEC Sodium Policies 🏥 Trans Fat Ban 🏥 Alcohol Regulations

A1. Cancer Medication / Ventilator / Radiation Technology / SMGS Procurement  
B1. National Health Insurance to Increase NCD Coverage  
B2. NCD Commodities Procurement Roadmaps

## KEY FINDINGS

- There is a clear divide of blended finance projects in countries of different income level.
  - LMICs: focus on health facility investment.
  - HICs: focus on population-level health policies, often multimodal approaches to behavior changes. Most projects may be difficult to implement in resource-constrained settings with fewer interoperable health technologies available.
- One big question that arises in this framework is the potential for blended finance to help support commodities (outside of global initiatives such as GAVI).**
- The DCP interventions framework demonstrates a significant number of commodities-based interventions that would be possible projects for blended finance investment.
- Case studies on the role of blended finance highlight blended finance for health facility investment (childhood cancer) and commodities procurement (T1D), but the challenges in blended finance for health care services, policies and reforms (primary care).

## CONCLUSIONS

- The framework developed here provides key context to help potential investors understand where blended finance can be applied in the NCD care cascade and the health system, and where other forms of system reform or investment may be more effective.
- This collates available data on blended finance and other topical interventions and provides a pathway for understanding future blended finance instruments (including what types of DCP-3 interventions they align with and which interventions are most cost-effective).
- The main challenges elucidated by this framework are more complex systems-wide approaches, where blended finance may not provide the necessary capital.**
- The primary care case study demonstrates this as well:
  - More vertical programming and technological efforts within primary care may be suitable for blended finance, such as specific health facility investment efforts.
  - Primary care strengthening on a national level requires investment beyond BF.
- The next steps include building evidence base of blended finance supported NCD interventions, which provide more inputs to help refine and potentially iterate the framework.
- Simultaneously, the framework should be applied, and used in conversations with a range of public and private stakeholders interested in the potential of blended finance to build confidence.

## SUMMARY

- NCDs funding gap requires new financing instruments.
- Blended finance is a rapidly growing global health financing approach, but there is little strategic direction demonstrating where it has previously worked and where there is potential for investment.
- BF is most effectively leveraged in health facility investment or commodities procurement, where its targeted approach is proven.
- The lack of data and limited number of BF projects means more inputs must be incorporated to continue to finetune the framework.