UNITED NATIONS Health4Life Fund

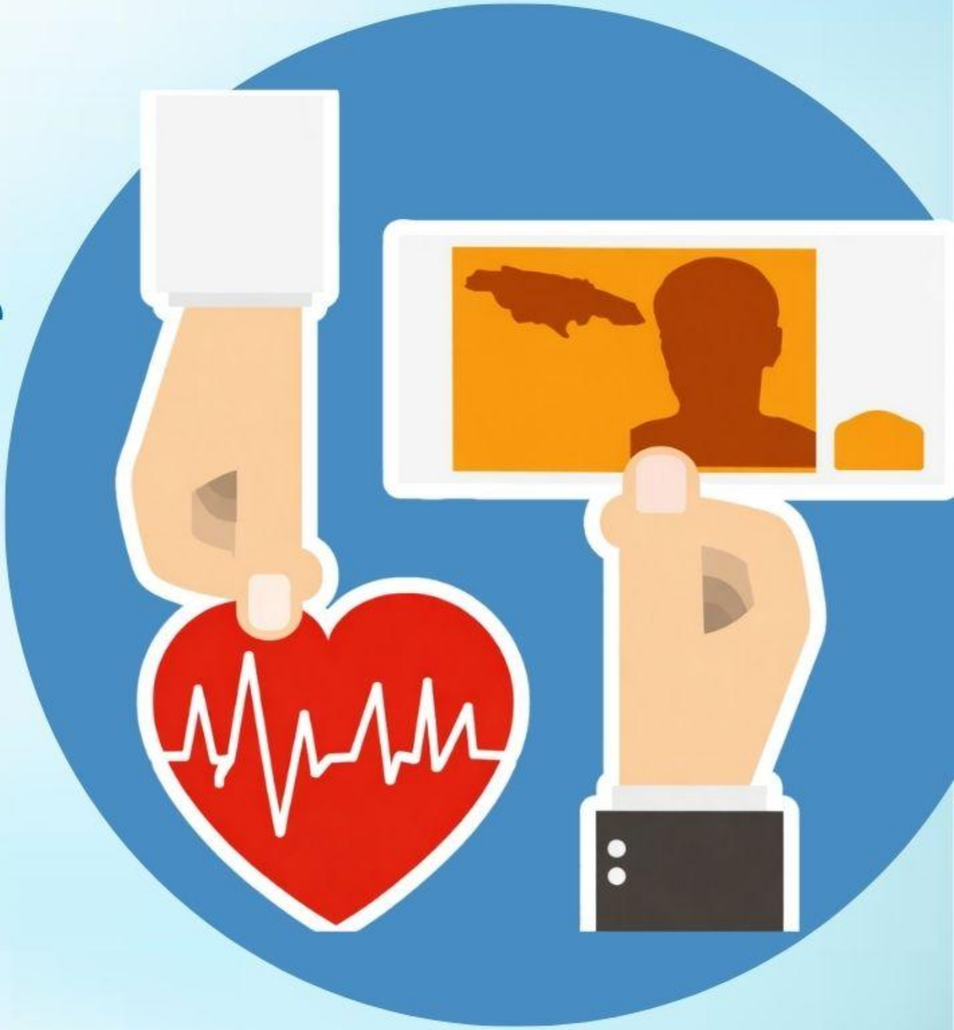
UN INTERAGENCY TASK FORCE ON NCDs

UNDP

Launch Webinar

Realizing the Return:

Insights from a Decade of National Investment Cases on Noncommunicable Diseases and Mental Health



Thursday
5 February 2026

07:30 – 08:30 (New York, GMT-5)
15:30 - 16:30 (Istanbul, GMT+3)
19:30 - 20:30 (Bangkok, GMT+7)

JOIN THE WEBINAR

Moderator



Nick Banatvala

Head of the Secretariat of the UN NCD Task Force and Health4Life Fund

Session objectives

- Launch the report and present the key findings and recommendations.

- Discuss the report's findings with authors and experts, and hear perspectives from countries and their partners.

- Identify the collective action needed by countries and partners to implement investment case recommendations and accelerate NCDs and mental health responses.



Agenda

7:30 Opening Remarks

7:40 Presentation of Report

7:50 Country Experiences

8:00 Partner Perspectives

8:15 Discussion / Q&A

8:25 Closing Remarks

Opening Remarks



Mandeep Dhaliwal
Director, HIV and Health Group, UNDP



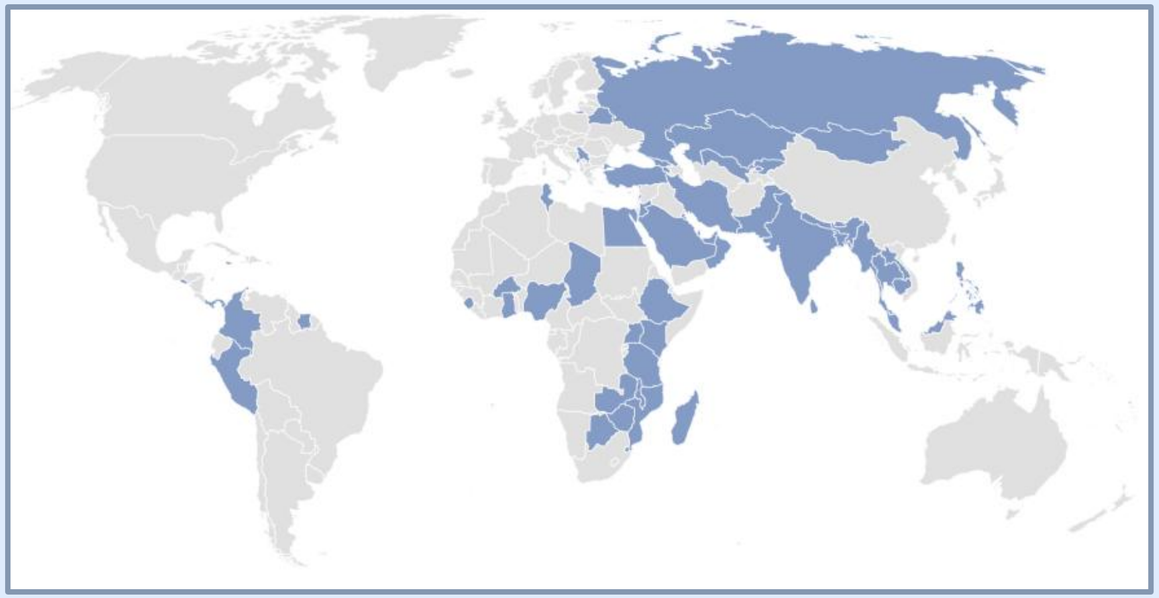
Hon. Christopher Kalila
Member of Parliament, Zambia

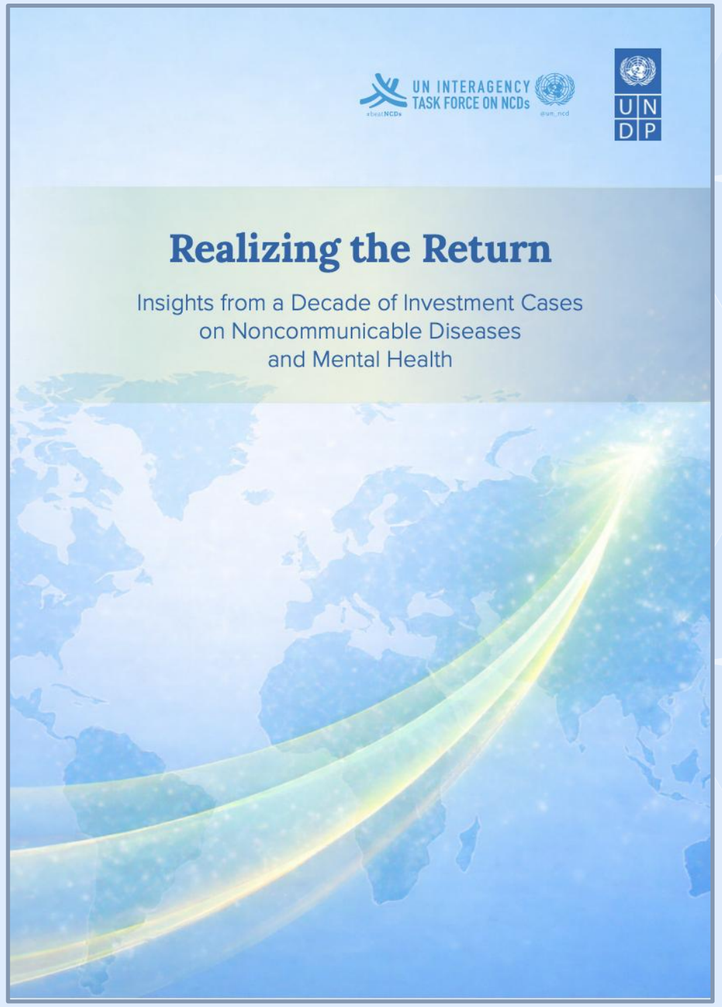
Overview and Key Messages of Report



Roy Small
Policy Specialist, Health Governance and Financing, UNDP

Over 80 Investment Cases Across 63 Countries





The Hidden Cost of Inaction

NCDs
4.4% of GDP

Tobacco
2% of GDP



Mental health nearly
1% of GDP

AAP in Mongolia
2.4% of GDP

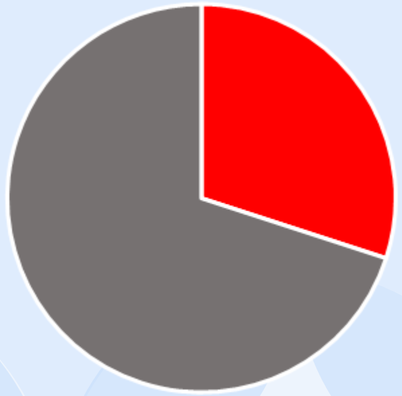
HAP in Ethiopia
4% of GDP

Unlike natural disasters, financial crises, or pandemics, these shocks often remain invisible in budget debates — yet they accumulate year after year.

The Economic Burden is Inseparable from the Human Toll

Premature NCD deaths often occur during people's most productive years

In nearly one-third of NCD IC countries, **more than 25% of adults die prematurely from NCDs.**



Countries facing the highest risk of premature NCD mortality also experience some of the largest economic losses as a share of GDP

Country	Premature NCD mortality risk (%)	NCD burden % GDP
Philippines	27	4.80
Kazakhstan	27	4.50
Belarus	26	5.40
Uzbekistan	25	4.70
Georgia	25	6.20
Russian Federation	25	3.90

Prevention is Among the Smartest Investments

Scaling up NCD action could avert

9.5 million

deaths and

US $312 billion

over 15 years

across 23 countries.

Tobacco control could save

2.3 million

lives and

US $90 billion

over 15 years

across 36 countries,

with returns averaging

77 to 1.

Mental health responses add more than

1.5 million

healthy life years and

US $7.2 billion

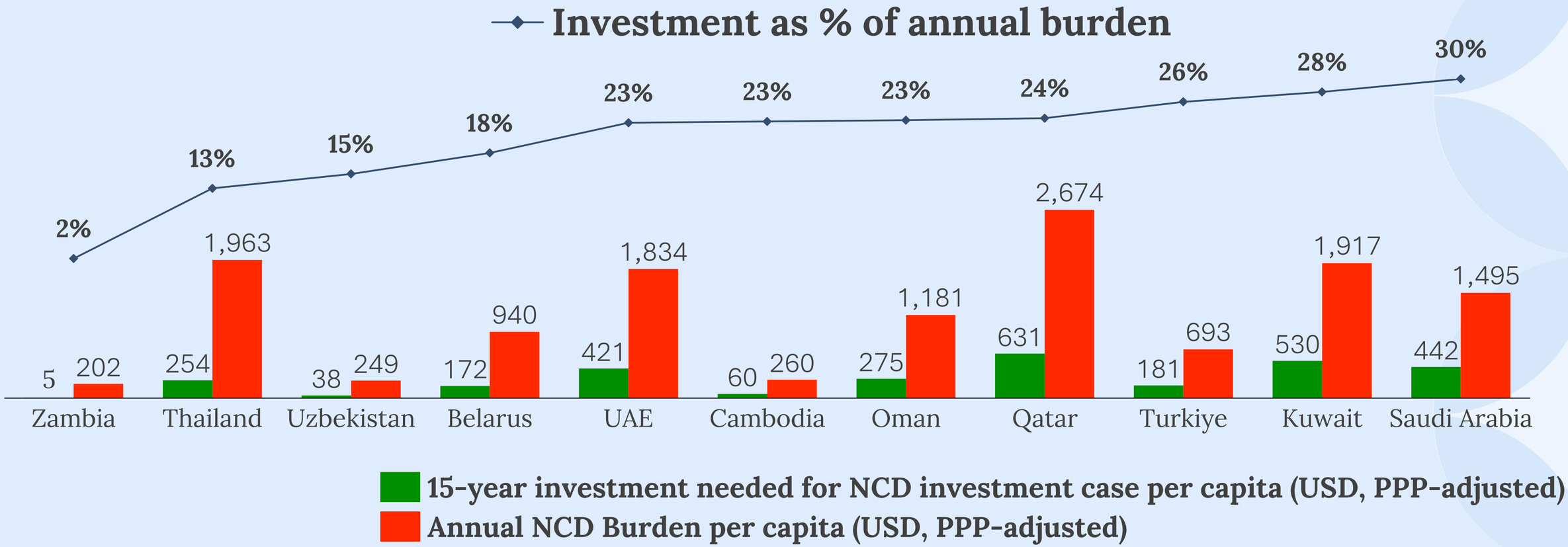
over 15 years

across 5 countries.

In Mongolia reducing AAP can save over 11,000 lives and generate

US $671 million **over 31 years.**

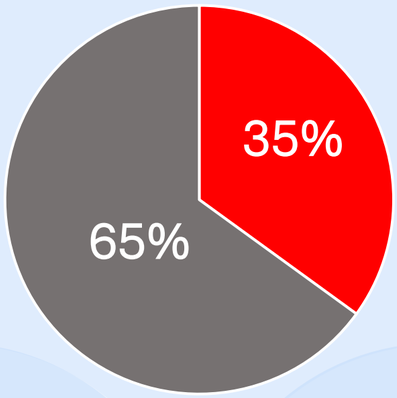
Prevention is Consistently Cheaper than the Status Quo



This figure illustrates the countries with the lowest prevention cost as a percentage of annual burden.

Prevention is an Equity and Development Imperative

Across 35 countries, families spend over **$2.6 billion annually** on tobacco-related **healthcare.**



On average, OOP expenditures represent **35%** of tobacco-related **healthcare expenditures.**

19 Tobacco Control Investment Cases included an analysis of the **equity impact of increasing tobacco excise taxes.**

In 18 of 19 countries:
the steepest decline in smoking
AND
one third of all lives saved
would occur in the lowest income quintile

Tobacco control is social protection.

By reducing financial risk, it protects households from catastrophic costs, prevents poverty, and makes fiscal systems more progressive.

Equity and Climate Co-Benefits of Clean Air are Striking

Ethiopia

- **Women face 11 times greater exposure to CO from traditional stoves**, while time spent collecting fuel **crowds out education and paid work**.
- Clean cookstove transitions **prevent the harvest of 12 million trees** annually, **cutting emissions equivalent to 20% of Ethiopia's 2030 CO_2 target**.







Clean air investment is smart economics, health justice, and climate resilience in one.

Mongolia

- Women spend **up to five hours daily on fuel-related tasks**, bearing disproportionate health risks.
- **Stove replacement reduces maternal and child health impacts** (e.g., stillbirths, preterm births) while also **lowering carbon emission.**

India (Amritsar & Gurugram)

- Women are **more exposed to fine particulate matter** due to walking and informal transport, with $PM_{2.5}$ exposure up to 40% higher when walking and 30% higher in rickshaws.
- Clean industry and transport **reduce inequities while contributing to climate goals.**

Governance Determines Action

1. Political commitment has outpaced institutionalization

- Political commitment to NCDs and mental health should extend across parties and be anchored in durable governance arrangements.

2. Emerging governance frameworks lack consistent effectiveness

- Multisectoral action depends on governance arrangements, mandates, links to planning and budgeting processes, legislative/enforcement bodies, and convening power.

3. Political champions catalyze reform by elevating health to centres of power

- When NCDs and mental health are elevated to centres of political power, governance and action gain greater authority, visibility, and durability.

4. Industry influence is pervasive and politically potent

- Durable progress requires strong legal safeguards, transparency, and empowered civil society.

5. Evidence drives reform when it is locally owned

- When data and analysis are locally grounded, co-produced, politically salient, and timely, they are more likely to shape present and future decisions.

6. Shocks reshape political windows for action

- Lasting progress depends on converting urgency into governance and budgetary reforms that anchor prevention and resilience long after the crisis fades.

7. Culture and context shape what is feasible and how progress is achieved

- Progress succeeds when strategies are framed in locally resonant terms, anchored in trusted institutions, and advanced strategically.

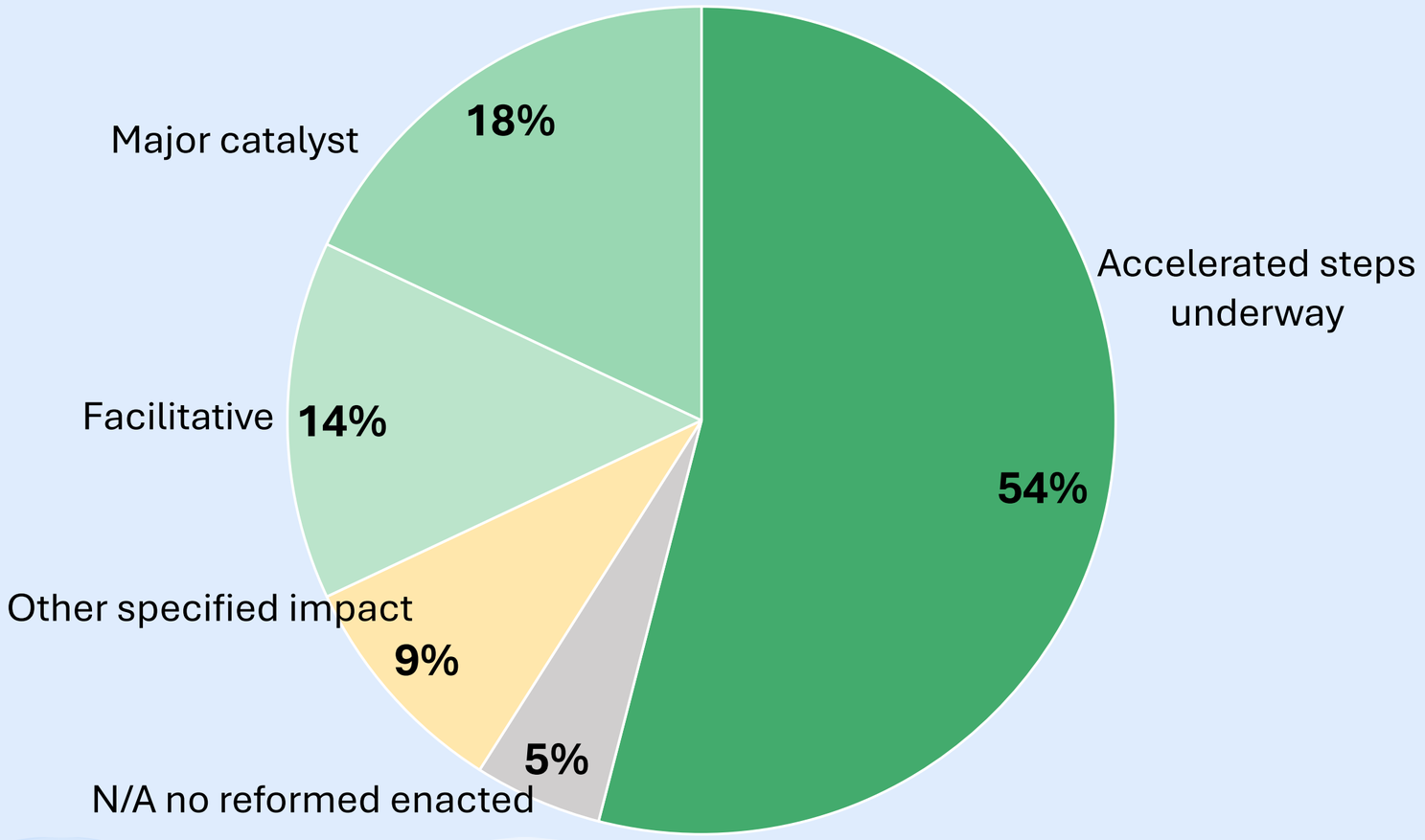
8. Civil society underpins implementation and accountability when given space to operate.

- Without it, the socio-economic case for health can lose visibility and political traction, government commitments can fade, and industry voices can dominate.

Country-reported Impacts

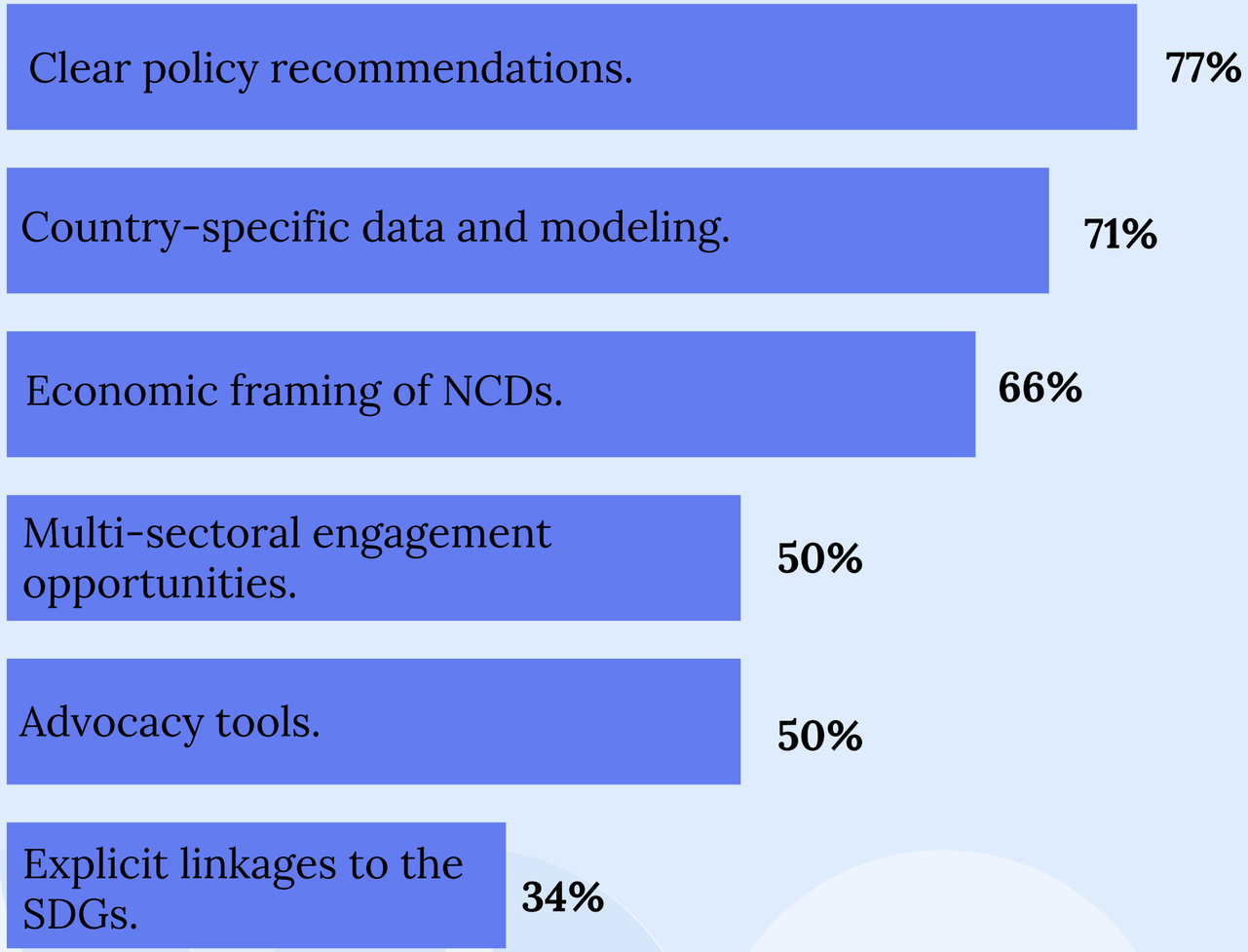
Multisectoral governance: 90+ reforms	
Laws, regulations, and product standards	• Armenia, Cabo Verde, Fiji, Georgia, Kyrgyzstan, the Russian Federation, and Sierra Leone adopted **tobacco control laws**.
Plans, policies, and strategies	• Cambodia, Ethiopia, Georgia, Thailand, Uganda, and Zambia developed **national multisectoral NCD plans.**
Coordination mechanisms	• Ethiopia, Jamaica, Kuwait, Thailand, and Uganda established or strengthened **national multisectoral NCD committees** • Jordan reactivated a high-level committee to **coordinate mental health** recommendations.
Public communication	• Ethiopia and Türkiye implemented **national salt reduction campaigns** • Iran implemented a **national tobacco-free generation campaign.**
Sustainable financing: 30+ reforms	
Budgets and fiscal allocations	• Barbados established a **dedicated NCD budget line and appointed a Minister for NCDs** • Armenia and Jamaica **increased budget allocations for NCDs.**
Tax and price measures	• Ethiopia, Fiji, Ghana, Kazakhstan, the Philippines, Sierra Leone, and Sri Lanka **increased tobacco taxes;** Ethiopia and the Philippines **reformed alcohol taxes**; and Barbados and Ghana **increased SSB taxes**.
Health service access and delivery: 15+ reforms	
Service integration and system strengthening	• Saudi Arabia strengthened **tracking of NCD risk factors,** disease prevalence, insurance coverage and OOP costs • Uzbekistan extended **mental health reforms**: including vertical management of psychiatric and addiction care, and integration with PHC

The Role of Investment Cases in Driving Reform



Country Perspectives

What countries valued



Armenia: "*Staggering results from the economic analysis made the Government, and especially the Ministry of Finance,* ***consider health as an investment, not a cost.***"

Barbados: "*The investment case has helped to promote the idea that allocating resources to NCD prevention and control is an* ***investment rather than cost.***"

Ethiopia: "*Findings from the investment case supported* ***collaboration between Ministries of Health and Finance*** *around the taxation on health-harming products.*"

Jamaica: "*Data around the NCD burden… were picked up very quickly … to guide* ***prioritization of funding towards national health system strengthening programmes*** *particularly focused on the control of NCDs.*"

Uzbekistan: "*The NCD investment case was a real eye-opener for the Government;* ***economic data convinced ministries other than health*** *that it was necessary to tackle NCDs.*"

Accelerating and Scaling Up Reform

1 Institutionalization and Governance – Anchor ICs in Plans, Sectoral Budgets and Accountability

ICs have impact when they are embedded in strategies, budgets, and monitoring systems, and treated as living tools.

Bhutan: *"ICs provide an evidence-based rationale for urgent actions and resource allocation, and serve as a key reference for budget planning and monitoring progress."*

Bahrain and Mozambique: "*Monitoring and evaluation must be embedded in national coordination mechanisms to reinforce accountability."*

Lebanon: *"The IC should provide a baseline to track policy effectiveness over time."*

2 Financing and Fiscal Sustainability – Embed ICs in Macro-Fiscal and Revenue Systems

ICs gain traction when they influence fiscal strategies, financing choices, and sequencing of reforms.

Ethiopia: *"Prioritize best buys in phases (immediate [3 years], mid-term [5-8 years], long-term [after 8 years]) to make implementation feasible."*

Georgia: *"ICs should better address the detailed questions of finance and economic sectors to strengthen engagement and implementation."*

Philippines: *"For countries with limited budget, the IC can help shape and narrow down key interventions with potential impact and ROI."*

3 Partnerships and Collective Action – Secure Whole-of-Government and Societal Buy-In

ICs must be owned beyond health: parliaments, local leaders, civil society, and citizens all reinforce accountability. Aligned partner support and South–South cooperation can help countries sustain reforms.

Uzbekistan: *"It should be used as a model for smaller projects on the local level. Engage more the public, NGOs, communities and media."*

Nepal*: "Whole-of-government and whole-of-society engagement is needed for ownership and long-term sustainability"*

Iran: *"Strengthen engagement of non-health sectors and NGOs to broaden ownership and counter vested interests"*

Country Experiences



Jarra Marega

Manager, National Mental Health Programme, Ministry of Health, The Gambia



Kakha Gvinianidze

Public Health Officer, WHO Georgia

Partner Perspectives



James Sale

James Sale, Deputy CEO, United for Global Mental Health



Elvis Kyere-Gyeabour

Breathe Cities Portfolio Manager, Ghana Clean Air Fund



Labram M. Musah

National Coordinator, Ghana NCD Alliance

Discussion/Q&A



Closing Remarks



Natalia Linou

Deputy Director, HIV and Health Group, UNDP


Thank you!