Financing of NCD prevention in LMICs: action-oriented policy research

A study being conducted by Heartfile with support from IDRC, Canada

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Study Objective

To develop 10 country case studies with a focus on the enablers, challenges and dynamics of financing NCD prevention country programs.

To highlight areas in need of further study to best advance domestic financing and adoption of country NCD programs.

Methods and methodology

Methods for selecting countries for case studies:

Case studies would be centered on countries/subnational units (e.g., provinces, states), with public financing for NCDs as the 'object'.

Public financing is defined as resources allocated/mobilized indigenously (revenues) at the country level. This also includes the use of catalytic official development assistance as grants/loans and/or monies from philanthropic sources predicated on the understanding that these are meant to build country capacity and are a stop gap arrangement. This implies that funds from ODA loans and grants, as well as from philanthropic sources, need to go first into the government's resources.

A multi-stage, and multi-purpose set of criteria were used to identify and include countries for the case study; Panel 1 sets out the criteria for including countries for case studies.

Panel 1: Criteria for inclusion in the study
Step 1: initial criteria:
-WHO member state
-Defined as high burden country by WHO
-Country where UNIATF has been mobilized and a country specific investment case has been completed, and/or where WHO has conducted a Return on Investment study (ROI).
Step 2: other criteria
-Geographic balance

-Country where upstream costs of prevention can be determined
-Country where diversity of public funding approaches can be studied
-Country where determinants of failure can be explored
-Country where the dynamics of sub-national financing can be ascertained in a federating system

Step 1:

We initially drew up a list of 194 countries of the world that are members of the World Health Organization and marked countries that are labeled low- and middle-income in World Bank and UN classifications.

From this list, the selection was narrowed down to 37 countries, which have been termed by WHO as high-NCD-burden countries. The criteria for selection are outlined in Panel 2. The list of countries was then segregated by WHO regions, as outlined in Panel 3.

As a next step, countries where Joint Programming Missions of The United Nations Interagency Task Force (UNIATF) have been mobilized were identified. The UNIATF on the Prevention and Control of NCDs coordinates the activities of relevant UN organizations and other inter-governmental organizations to support governments to meet high-level commitments to respond to NCD epidemics, worldwide. The UNIATF's Joint Programming Missions support UN Country Teams and enable the UN System to engage with a range of government ministries, development partners, NGOs, private sector entities, philanthropic foundations and academic institutions. UNIATF's joint mission reports and progress reports give an up-to-date picture of the status of progress on NCDs in a country, which is a substantive foundation to build the present study.[i] In a select number of countries where UNIATF is engaged, it has also developed country-specific investment cases which were identified. We additionally, took into consideration metrics from the WHO progress monitor which are also marked up in Panel 3. The reason why investment cases are important is because the lack of return-on-investment data is cited as a major obstacle to investments in NCDs by those who set budget priorities; as a result of which priority setters go back to the default option of health funding, excluding NCDs. However, we are cognizant that if there is political will, investments in NCDs can still proceed in the absence of a formal investment case.

Panel 3 indicates that in four regions, in one country each, [Zambia, Belarus, Mongolia/Philippines/Viet Nam, Barbados met the above criteria and were therefore included.

Step 2

Other criteria were applied to enable study of other objectives. Achievement of geographic diversity also factored in as a consideration at this state. Iran was selected from the Eastern Mediterranean Region, as it has a long-standing well-funded program and would allow the study of the upstream costs of NCD prevention financing. Sri Lanka was selected as it would allow the study of dynamics around the diverse nature of public financing approaches for NCDs, given that Sri Lanka is investing peace funds for NCDs and is also borrowing from IFIs. Mexico would allow study of both the upstream costs of prevention as well as the catalytic role of donor funding for NCDs.

Pakistan was selected as it would enable study of a failed attempt to institutional an NCD program, developed as far back as 2003. In addition, it would the study of the dynamics of sub-national financing of sub-national states/provinces), since Pakistan is a federating country. Cambodia was selected because despite an ROI study and investment case, it remained a low performer on the monitoring ranking. Tonga was selected as a special case, given the high burden of NCDs in the Pacific region and potential of evidence from one study to be relevant to other countries in the region.

Panel 2: Criteria for naming 37 countries of the world as high burden

-Low and middle-income countries (high income excluded)
-Relative distribution across WHO regions (including selection of at least one Caribbean and one Pacific Island country)
-Overall NCD burden (Proportion of deaths due to NCDs more than 30% of total deaths in country (exception made for Nigeria due to overall high number of NCD deaths – 180,000+ per year))
-Cervical cancer burden (total number of deaths due to CxCa)
-Intentional/ unintentional injury burden or rate
-Suicide mortality rate
-Political/program commitment to address NMH priorities (country request for NCD position to be established /Achievement of NCD Progress monitoring indicators)
-Program concurrence on priorities (at least two departments/topic areas selected country as a priority)

Methodology for case studies:

The country cases selected signify an array of institutional and organizational factors as well as diversity of political, economic and social contexts. With a view to appreciate and understand such diversity, the study adopts the critical theory approach, which acknowledges reality as contextualized and shaped by various social, cultural, economic and political factors.[ii] This research orientation is especially suitable for qualitative inquiries and facilitates the collection and presentation of narratives arising from different social settings.[iii] In contrast to other research orientations such as the positivist/post-positivist and interpretive/constructivist approaches, critical theory sees the research process as a means to bring about change and transformation.[iv]

Critical theory emerged as a direct challenge to the positivist approach, which is criticized for being indifferent to the status quo, and often preserving it. The outcomes of critical theory can challenge the foundations of existing belief systems, assumptions, power relations, social dichotomies and class systems, to benefit the marginalized and ostracized of the society.[v] In the present research, critical theory approach will encourage the investigators to question existing frameworks, organizational hierarchies and red-tape, identify impediments arising from political, economic, systemic and bureaucratic, and largely regional and global contexts, before proceeding to present a set of actionable outcomes and recommendations. It is important to consider that this research does not intend to discover a panacea that could be applied to

develop financing frameworks for preventing NCDs in all or most LMICs. The investigators are cognizant of the plurality of the contexts and the nature of embedded problems, thereby adopting a careful and dialogic approach. Thus, the entire research process can be seen as an action-oriented intervention by placing the researchers, policymakers and executors in an interactive and learning process whereby reliable information is not only generated, but also shared and negotiated.

Through primary and secondary data collection, the investigators expect to achieve in-depth understanding of the processes and organizational contexts that facilitate the formulation of policy and financial frameworks for the prevention of NCDs. This special emphasis on the contextualization of practices and policies will be a pertinent feature of this research. Here this contextualization is being defined as economic, political, geographical, cultural and regional or national contexts that make each case substantively different. By explaining, accommodating and appreciating diversity, this study will address how global development and policy paradigms find expression in practices and policies at diverse regional and national levels.

Data collection for this research will progress in a serial manner, proceeding from one case to another. This approach will enable the investigators to focus on one case at a time and adopt a more reflexive approach by refining research questions and data collection instruments in light of the experiences and information gathered from the preceding case.

The methodology is categorized into three tiers:

First tier:
The investigators will conduct an extensive review of relevant published material on each specific case. Through the scrutiny of secondary data and published literature using content analysis, gaps in knowledge will be identified and research questions will be adjusted and/or reframed.

Second tier:
The investigators will reach out to the governments and relevant departments/bodies to procure reports, budget plans, policy guidelines and similar material. This data will be analyzed thematically, and if and wherever required quantitatively, to further refine research questions and thoroughly revise interview guides. At the end of the second tier, the researchers will furnish a pool of potential participants to be recruited for in-depth interviews. These may include key stakeholders such as officials from the Ministry of Health, Ministry of Finance, planning ministry or staff from the office of the head of state. Often, interviews of individuals outside of government would be needed to get a balanced view with regard to constraints and challenges.

Third tier:
The investigators will shortlist potential participants and seek their formal consent for participation in the data collection process, primarily consisting of dialogic instruments. This final selection will obviously depend on the availability and willingness of study participants, and the relevance of their position and personages. The methods of choice in this tier will be in-depth interviews observations of discussions and meetings among case personnel. The principal investigator has excellent connections with the ministries of health and governments in several

countries and will be able to facilitate the process of stakeholder interviews. One of the co-investigators, is well networked with the NCD civil society community and will be able to garner support for interviews in that community. Interviews will largely be conducted through telephone. Where necessary, country visits will be scheduled to conduct face-to-face interviews.

This movement in data collection from the first to third tier signifies increasing degrees of contextualization of issues being addressed in this research. The investigators will seek to contextualize global discourses on public health, various theoretical approaches and published works to the government data, documents and reports solicited and analyzed in the second tier, before taking it up with individuals responsible for policymaking and implementation.

Panel 3

			Interagency Task Force of WHO on NCDs			
	High burden	FCTC investment case	**NCD investment case**	**Joint Programming missions**	**Countries with RoI for NCDs**	
	AFRICA					
DRC	*			*	2.09	1
Ethiopia,	*			*	2.5	2
Madagascar,	*	*			0.94	7
Nigeria	*				8.97	2
South Africa	*					5
Tanzania	*				1.61	3
Uganda	*				1.54	5
Mozambique				*	1.35	4
Kenya				*	4.84	6
Zambia		*	*	*	2.6	2
Argentina	*					7
Brazil	*					13
Colombia	*					10
Jamaica	*		*			8
Mexico	*					5
Peru	*		*			5
Barbados			*	*		4
El Salvador		*		*		6
Egypt	*				6.79	4
Iran	*					15

Morocco	*				8.26	5
Pakistan	*				5.98	4
Sudan	*				4.91	6
Tunisia	*				2.7	3
Bahrain				*		8
Oman				*		8
Kuwait				*		8
UAE				*		9
Saudi Arabia			*			12
Jordan		*			9.33	8
Kyrgyzstan	*		*	*	4.49	7
Moldova	*				6.71	11
Russian Federation	*					10
Turkey	*		*	*		13
Ukraine	*				6.84	6
Belarus			*	*		10
Kazakhstan				*		6
Uzbekistan			*	*	3.61	5
Georgia		*			14.26	9
Bangladesh	*				6.24	6
India	*			*	8.79	6
Indonesia	*				11.17	5
Myanmar	*	*			4.88	4
Nepal	*	*			3.8	8
Sri Lanka	*	*		*	13.62	8
Thailand	*					12
Bhutan				*	6.27	6
Cambodia	*	*		*	1.67	4
China	*					8
Fiji	*		*			6
Mongolia	*		*	*	13.38	10
Philippines	*		*	*	9.25	5
Viet Nam	*		*	*	3.26	7
Tonga				*		4
Samoa		*				4

i The United Nations Interagency Task Force (http://www.who.int/ncds/un-task-force/en/

ii Guba EG and Lincoln YS (1994) Competing paradigms in qualitative research. In: Denzin NK and Lincoln YS (eds) Handbook of qualitative research, Sage, Thousand Oaks, CA
iii Fine M and Weis L (1994) Critical Theorizing and Analysis on Social (In)Justice. In Denzin NK and Lincoln YS (eds) Handbook of qualitative research, Sage, Thousand Oaks, CA
iv McLaren, P. (2007). Life in Schools: an introduction to Critical Pedagogy in the Foundations of Education (5th ed., p. 1). Boston: Pearson/Allyn and Bacon.
v Callaghan, C.W., (2016), 'Critical theory and contemporary paradigm differentiation', in 'Critical Management Studies in the South African context', Acta Commercii, suppl. 1, 16(2), a421. http://dx.doi.org/10.4102/ac.v16i2.421