

# United Nations Health4Life Fund








Multi-Partner Trust Fund to Catalyze Country Action  
for Non-communicable Diseases & Mental Health



*Collective & coordinated action for a healthier, happier, more prosperous and secure future*



# THE PROBLEM

- 
-  **Decades of underfunding and inattention to NCDs and mental health** due to development assistance that is often not based on need
  -  A clear **mismatch between burden and resources devoted to the issues** as compared with other priorities; hardly 2% of ODA for health is devoted to NCDs
  -  **Fragmented and uncoordinated responses** caused by scarce resources
  -  Global health financing has not been conducive to **promoting country ownership**



# A UNIFIED RESPONSE



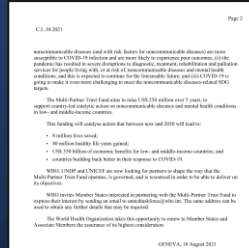
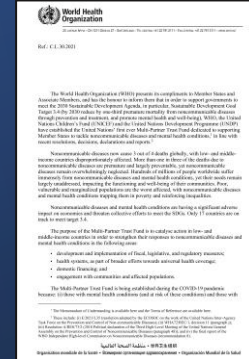


# Health4Life Fund

## Announced to Member States in CL.30.2021, 18 August 2021

### Key element of the Global NCD Compact 2020–2030:

*Action 3: Invest adequate, predictable, and sustained resources for the prevention and control of NCDs, through domestic, bilateral, and multilateral channels including through the multi-partner trust fund on NCDs*



Established in 2021 under the:



By:



# HEALTH4LIFE FUND ACCELERATES



**Stronger country-led, multisectoral partnerships**



**Coordinated and coherent action across the life course**



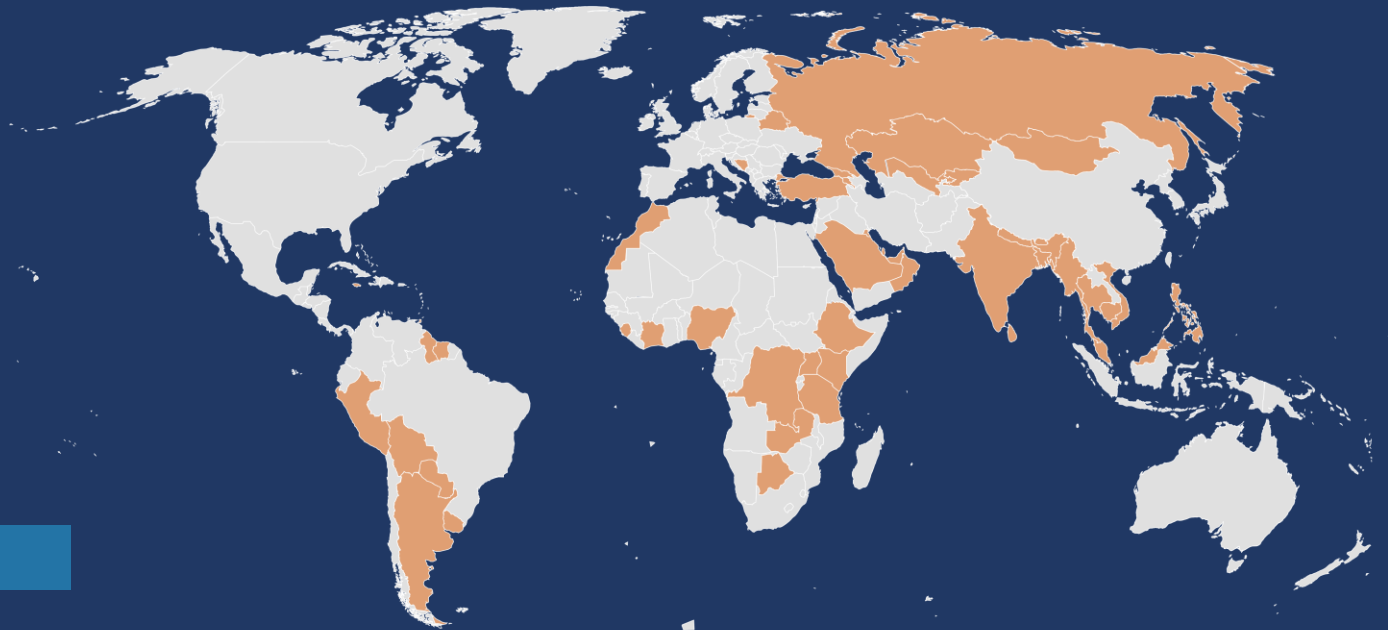
**Integration of NCDs within the broader health and development agenda**



**More effective action from the UN system, including through Task Force joint programming missions and investment case work – and commitments in UN sustainable development cooperation frameworks.**

In the last 10 years the  
Task force has worked with

**50** countries



### Strengthening

national  
coordination  
mechanisms and  
multi-sectoral  
action plans

### Developing

investment cases to  
make the case for  
increased resources  
for NCDs and mental  
health

### Catalyzing

changes in  
national policy  
and strategy

### Scaling up

NCD and mental  
health  
programming

# THE APPROACH OF HEATH4LIFE IS...

- ▶ To elevate NCDs on the political & financing agenda through multi-stakeholder action
- ▶ To accelerate impact through pooling resources and harmonizing and aligning action
- ▶ To facilitate systemic change by moving beyond pilots
- ▶ To focus resources to scale-up proven, cost-effective, and integrated interventions
- ▶ To strengthen governance, laws, regulations, & fiscal measures

# HEALTH4LIFE FUND SUPPORTS



Need-driven seed funding and technical support based on country demand



To promoting **country ownership**

South-South and triangular technical cooperation



To build local capacity and bolstering **Global South leadership**

Participatory, human-rights approach anchored in co-created solutions



To **shift power dynamics** toward equity





# PROGRESS



# Start-up phase



Health4Life Secretariat established through EU funding



Two consultants recruited to support resource mobilization & partnerships and policy, strategy and operations



Core team established: WHO, UNDP and UNICEF focal points, WHO CRM, MPTF Office and H4L Secretariat



Secured commitment and leadership from three Founding Strategic Partners: Kenya, Thailand and Uruguay



Secured support of civil society: NCD Alliance and United for Global Health

# Participating UN Agencies (PUNOs)



## WHO

Hosts and provides funding for H4LF Secretariat

Provides technical guidance through NCD, mental health, and health promotion departments

Resource mobilization led by the Coordinated Resource Mobilization Department and the H4LF Secretariat



## UNICEF

Lead on communications

Provides technical guidance on NCDs and mental health in childhood

Leads resource mobilization efforts with a number of potential investors



## UNDP

Provides technical guidance on integrating NCDs and mental health into the broader development agenda

Leads resource mobilization efforts with a selected investors

# Founding Strategic Partners



Currently Kenya, Thailand and Uruguay




Crucial for ensuring **country-ownership, inclusivity and equity** and ensuring that the Fund is led and stewarded by low- and middle-income countries



Are **global leaders** in NCDs prevention and control and tackling mental health

Are central to the Fund's governance through the Steering Committee

- 
- **Championing** the Fund (e.g., Thailand during PMAC 2022, Kenya' through interventions at WHO governing body meetings)
  - **Brokering relationships** with other Member States (e.g., Uruguay outreach to a number of Member States at the end of 2022)
  - **Committing to identify financial contributions**

# Foundational documents



**Governance arrangements**



**Operations manual**



**Resource mobilization strategy**

*All build on and are aligned with the Terms of Reference*

*All are aligned with the broader approach for MPTFs*

# Governance arrangements: Steering Committee members

Chair and membership		Approach
<b>Co-chairs</b>		
	Participating UN Organization	Permanent (WHO)
	Participating UN Organization	Rotates between UNDP and UNICEF (currently UNDP)
	Low- and middle-income country founding strategic partners	Rotates between LMIC FSPs
<b>Members</b>		
	UN system agencies (n=2)	Rotates between UNDP and UNICEF
	Low-income countries (n=2)	Membership invited based on demonstrated political commitment and action for NCDs/MH and to the MPTF
	Middle-income countries (n=2)	Funding required
	High-income countries (n=2)	Funding required
	Small Island Developing States (n=1)	Funding required if HIC or MIC but not if LIC
<b>Ex officio member</b>		
	UN Multi Partner Trust Fund Office	

# Governance arrangements: Steering Committee observers

<b>Observers</b>	<b>Proposed approach</b>
<b>Member States (on exceptional basis)</b>	Not dependent on making a financial contribution
<b>NGOs (n=2)</b>	Not dependent on making a financial contribution (currently NCD Alliance and United for Global Health)
<b>Philanthropy/academia (n=2)</b>	Philanthropies required to provide financial contributions Academia required to provide financial or in-kind contributions
<b>Private sector (business association) (n=1)</b>	Funding required

# Operations manual



Principles of the MPTF and areas that it will support



How the MPTF aligns with broader development priorities and initiatives



Examples where catalytic support can scale impact



MPTF pillars and windows



Country eligibility (country, sub-national and multi-country proposals all possible)




Grant making process (initial grants will be made once the MPTF accrues USD 250,000, grants can range between \$250K-\$3M over 3 years for each funded proposal)



Grant lifecycle



# Operational manual: examples where catalytic support can scale impact



Development of policies and guidelines for NCDs, for example treatment guidelines for type 1 diabetes and other chronic, severe, and often neglected NCDs in countries

Integration of NCDs into primary health care, UHC, pandemic preparedness and response, and relevant macro health and development financing processes such as integrated national financing frameworks

Efficient design and implementation of mental health and NCDs interventions within large-scale health and development programmes, including those funded by national governments, international finance institutions such as the World Bank/AfDB/ADB, multilaterals such as the Global Fund, bilateral development partner agreements, and/or philanthropic contributions

Designing and implementing pro-health fiscal and regulatory policies and legal frameworks, some of which will mobilize resources for health e.g., through earmarked tax revenue

Realizing efficiency gains in healthcare system transformation e.g., through addressing comorbidities as part of people-centred health service delivery, or through improved data and access to digital technology

Domestic resource mobilization e.g., through in-country partnerships with philanthropic or private sector actors aligned with the government's goals, ensuring appropriate due diligence and conflicts of interest management

# Operational manual: pillars

## Pillar 1: Integration

### 1A: NCDs & Pandemics

COVID-19 response & recovery  
Pandemic preparedness & response

### 1B: Health Financing

UHC and HSS  
Co-morbidities (e.g., HIV, TB through Global Fund co-morbidities policy)  
Parallel Financing (e.g., with World Bank)

### 1C: NCDs and MH in Populations in Special Settings

People in conflict, disaster, humanitarian, migration settings  
Other vulnerable and marginalized populations

## Pillar 2: Risk Factor Prevention

### 2A: Healthy Living

Physical inactivity  
Tobacco use  
Unhealthy diets  
Harmful use of alcohol

### 2B: Climate & Health

Air pollution

### 2C: Psychosocial Aspects & Suicide Prevention

Highly hazardous pesticides  
Lack of socioemotional learning  
Stigma and discrimination

## Pillar 3: Strengthening Health Systems & Integrated Service Delivery

### 3A: NCDs

Diabetes  
Cancers  
Respiratory illness  
Cardiovascular disease  
Other NCDs: SCDs, RHD

### 3B: Mental Health Conditions

Mental disorders  
Neurological disorders  
Substance use disorders

## Pillar 4: Disease Elimination

Cervical cancer

**Illustrative proposals have been developed in countries, including**

**Bangladesh: air pollution (Pillar 2)**

**Sierra Leone: health systems strengthening (Pillar 3)**

**Morocco: cervical cancer elimination (Pillar 4)**



# Resource mobilization strategy



Has a goal to raise US\$250M over 5 years: 75% from Member States and 25% from NSAs



Is explicit about the challenges in mobilizing resources for NCDs and mental health but emphasizes that mobilizing funds is possible



Is clear that it is about bringing additional funding to the NCD and mental health agendas rather than displacing existing funds



Recognizes that restricted or earmarked funding is inevitable



Systematically reviews opportunities for investment from different investors and partners – and sets explicit timebound targets



Recognizes that to raise funds there is the need to invest in fundraising

# Developing partnerships



Detailed discussions/proposals submitted for funding from a number of member states, other trust funds, philanthropic foundations and relevant private sector entities



Examples include:


- Aspen Institute: pledge to secure US\$ 5 million through joint resource mobilization efforts
- Soroptimist International Africa Federation: a long-term partnership to fundraise, advocate and raise awareness for cervical cancer (Pillar 4)
- UNEXIA – a blockchain project being developed by United Health Futures



The key challenge now is to bring on board a small number of Member States anchor donors to support the Fund



# FIND OUT MORE



**We invite all missions to explore opportunities for informal bilateral meetings between their delegations and WHO, UNDP and UNICEF and/or the Founding Strategic Partners in the margins of the World Health Assembly, with a view to joining Health4Life**



A fund powered by



A fund administered by



#### **Health4Life Fund Secretariat**

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#### **Multi-Partner Trust Fund Office**

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#### **Podcasts**

<https://podcasts.apple.com/qb/podcast/vitaltalks-future-of-public-health/id1603505172>

<https://twitter.com/Health4LifeFund/status/1642080458878885889?s=08>

#### **Further information**

[Terms of Reference](#)

[Memorandum of Understanding](#)

[MPTF Office Gateway](#)