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
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.

<table>
<thead>
<tr>
<th>Strengthening</th>
<th>Developing</th>
<th>Catalyzing</th>
<th>Scaling up</th>
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<tbody>
<tr>
<td>national coordination mechanisms and multi-sectoral action plans</td>
<td>investment cases to make the case for increased resources for NCDs and mental health</td>
<td>changes in national policy and strategy</td>
<td>NCD and mental health programming</td>
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</table>
**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

South-South and triangular technical cooperation

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

To promoting **country ownership**

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

To **shift power dynamics** toward equity
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

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

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

### 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
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.
Health4Life Fund Secretariat
Nick Banatvala banatvalan@who.int
Mamka Anyona anyonar@who.int
Linda Merieau merieaul@who.int

Focal points for the three participating UN agencies
UNDP: Dudley Tarlton dudley.tarlton@undp.org, Roy Small roy.small@undp.org,
UNICEF: Rory Nefdt rnefdt@unicef.org, Raoul Bermejo rbermejo@unicef.org
WHO: Mark Van Ommeren vanommenm@who.int, Vinayak Prasad prasadvi@who.int

Multi-Partner Trust Fund Office
Olga Aleshina olga.aleshina@undp.org

Podcasts
https://twitter.com/Health4LifeFund/status/1642080458878885897?s=08

Further information
Terms of Reference
Memorandum of Understanding
MPTF Office Gateway