Developing a Cancer Plan
Resource Mobilization Strategy

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Overview

• Introduction: resource mobilization and strategic planning for national cancer control

• Planning steps for developing a robust and sustainable RM strategy, including:
  – Identifying what is available vs what is needed to address resource gaps
  – Mapping potential sources for increased funding/support

• Examples of innovative financing mechanisms

• Recommendations
Developing a Cancer Plan Resource Mobilization Strategy – an integral part of strategic planning for national cancer control

7 Steps

1. Establish governance/coordination mechanisms
2. Define and prioritize evidence-based and cost-effective interventions, based on disease burden, main populations affected, etc.
3. Define effective models of service delivery
4. Conduct cost-estimates of priority interventions
5. Plan resources needed
6. Develop and implement a targeted resource mobilization strategy
7. Implement interventions, monitor and adjust
Resource Mobilization

Quality programming is a vital prerequisite to attracting resources
Health Systems Approach to comprehensive cancer control

Performance to achieve best possible patient outcomes: cancer down-staging
Developing a Cancer Plan Resource Mobilization Strategy

Resource Mobilization:

“A process of identifying and obtaining resources to help achieve organizational goals and ensure sustainability”

Resources for cancer control:

Human Resources, Health Infrastructure, Health Technology, Health Financing

1. Identify what resources are available vs what is needed to determine the gaps
2. Identify potential funding sources
3. Outline best strategies for approaches stakeholders (donors and partners)
4. Identify monitoring and review mechanisms
5. Document activities, ensure quality reporting
What is available – main sources of financing for health

- **Domestic resources**: government budget allocations, social health insurance, private health insurance, out-of-pocket expenditures

- **External funding**: development assistance for health

- **Targeted revenue raising efforts**: innovative financing mechanisms (national/global levels)
Out-of-pocket expenditure on health
as a percentage of private expenditure on health (%), 2012 *

Based on data updated in August 2014.

The boundaries and names used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Global Health Observatory, WHO
Map Production: Health Statistics and Information Systems (HSI)
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International assistance for Health
– East Asia and Pacific (2013) – US$2 billion

Institute for Health Metrics and Evaluation (IHME) 2014, University of Washington
International assistance for Health
– South Asia (2013) – US$2.8 billion

Institute for Health Metrics and Evaluation (IHME) 2014, University of Washington
Innovative Financing Mechanisms

- Taxes/Levies (mobile phone, airline, “sin” taxes)
- Contributions from high-revenue enterprises (oil, mining, etc.)
- Catalyzing private investments/financial products (public private partnerships, “social impact bonds”, socially focused investment products, etc.)
- International finance facilities (UNITAID, GAVI, GFATM)
Examples of increased funding for health

• Supplementary 2% surcharge tax on tobacco & alcohol = $100 million/year to fund the Thai Health Promotion Foundation.

• Compulsory social health insurance in Costa Rica & Indonesia = extended health care to millions.

• Global Financing Facility for Every Woman Every Child combines domestic financing with funding from WB, the GFF trust fund & additional donors.

• International Finance Facility for Immunizations issues bonds on international capital markets = delivering long-term funding from new sources e.g. institutional investors. (GAVI + GFATM)
Universal health Coverage: 3 dimensions

Population coverage

Service coverage

Financial coverage

WHO framework, 2005
Recommendations

To expand resources for National Cancer Plan:

- **Expand domestic public resources** including use of tobacco and other health-related taxes, health insurance schemes and innovative financing mechanisms. Consider the UHC framework.
- **Complement domestic resources** for cancer with official development assistance.
- Promote and incentivize **financing and engagement from the private sector through public-private partnerships**.
- **Create synergies** between cancer and other health priorities: HIV, TB, Hep C, MNCH

**IMPORTANT:**
Development of a robust, evidence-based, prioritized and compelling **Resource Mobilization Strategy** building on a strong **Strategic Planning Process for National Cancer Control**, broad **Partnerships** and considering a wide range of **Funding Sources**
Thank you

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