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Developing a Cancer Plan Resource Mobilization Strategy

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(PACT)

Overview

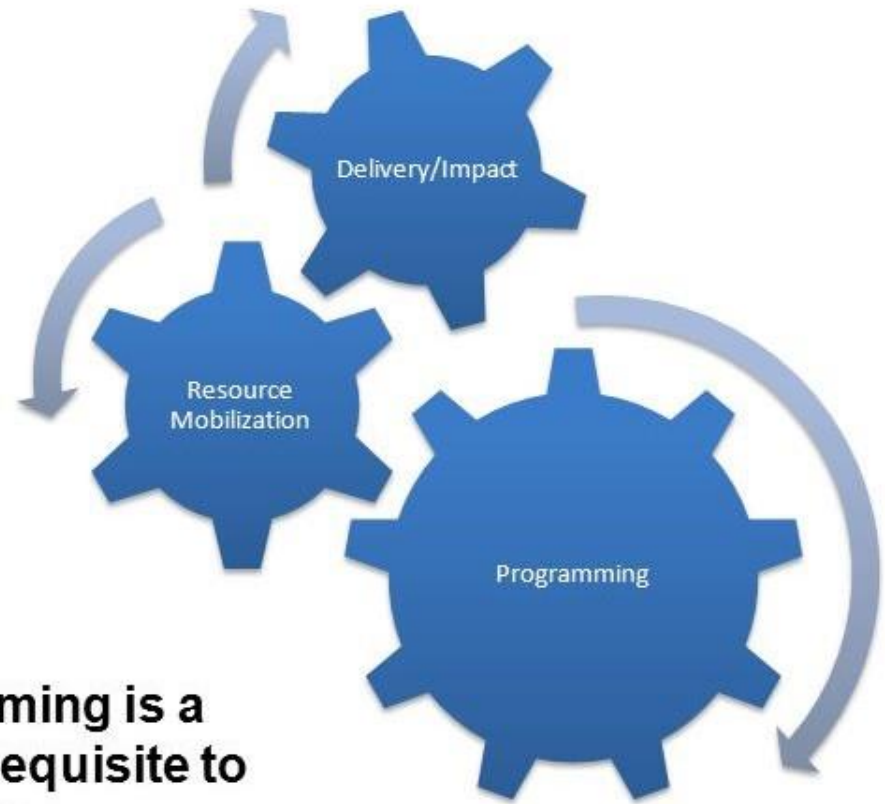
- Introduction: resource mobilization and strategic planning for national cancer control
- Planning steps for developing a robust and sustainable RM strategy, including:
 - Identifying what is available vs what is needed to address resource gaps
 - Mapping potential sources for increased funding/support
- 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

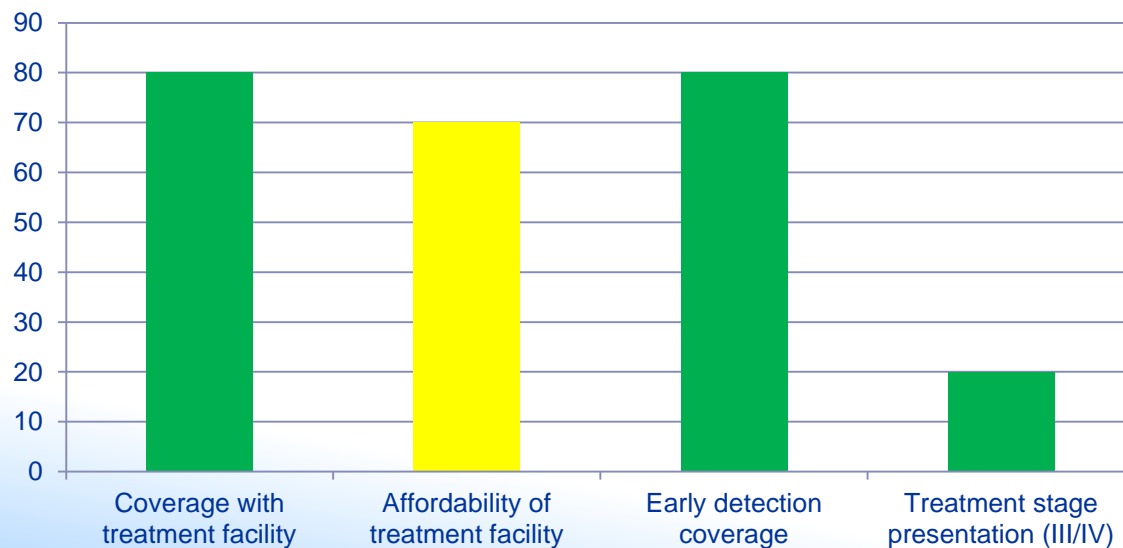
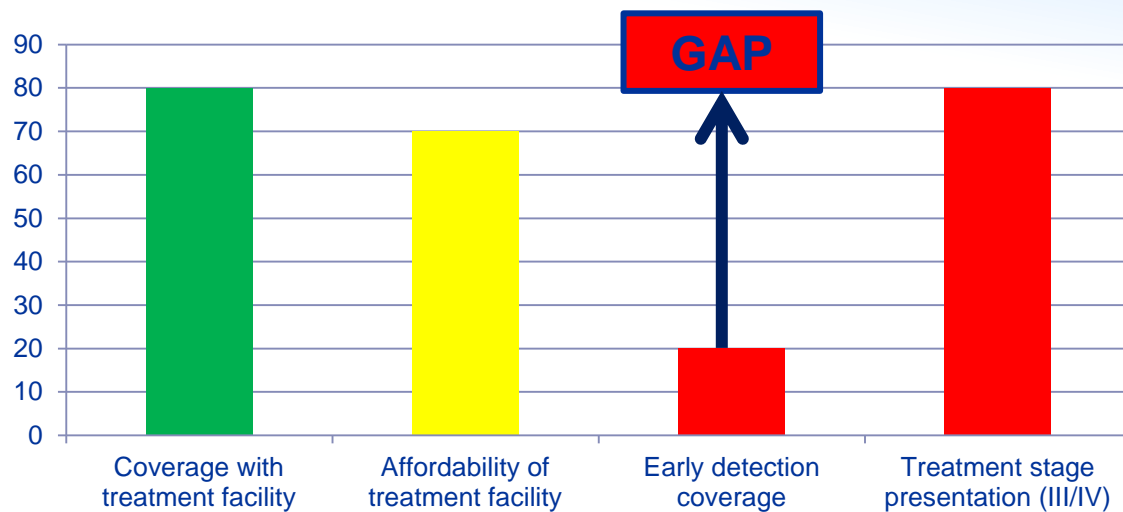
1. Establish governance/coordination mechanisms
2. Define and prioritize evidence-based and cost-effective interventions, based on disease burden, main populations affected, etc.
3. Define effective models of service delivery
4. Conduct cost-estimates of priority interventions
5. Plan resources needed
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

Developing a Cancer Plan Resource Mobilization Strategy – Planning Steps

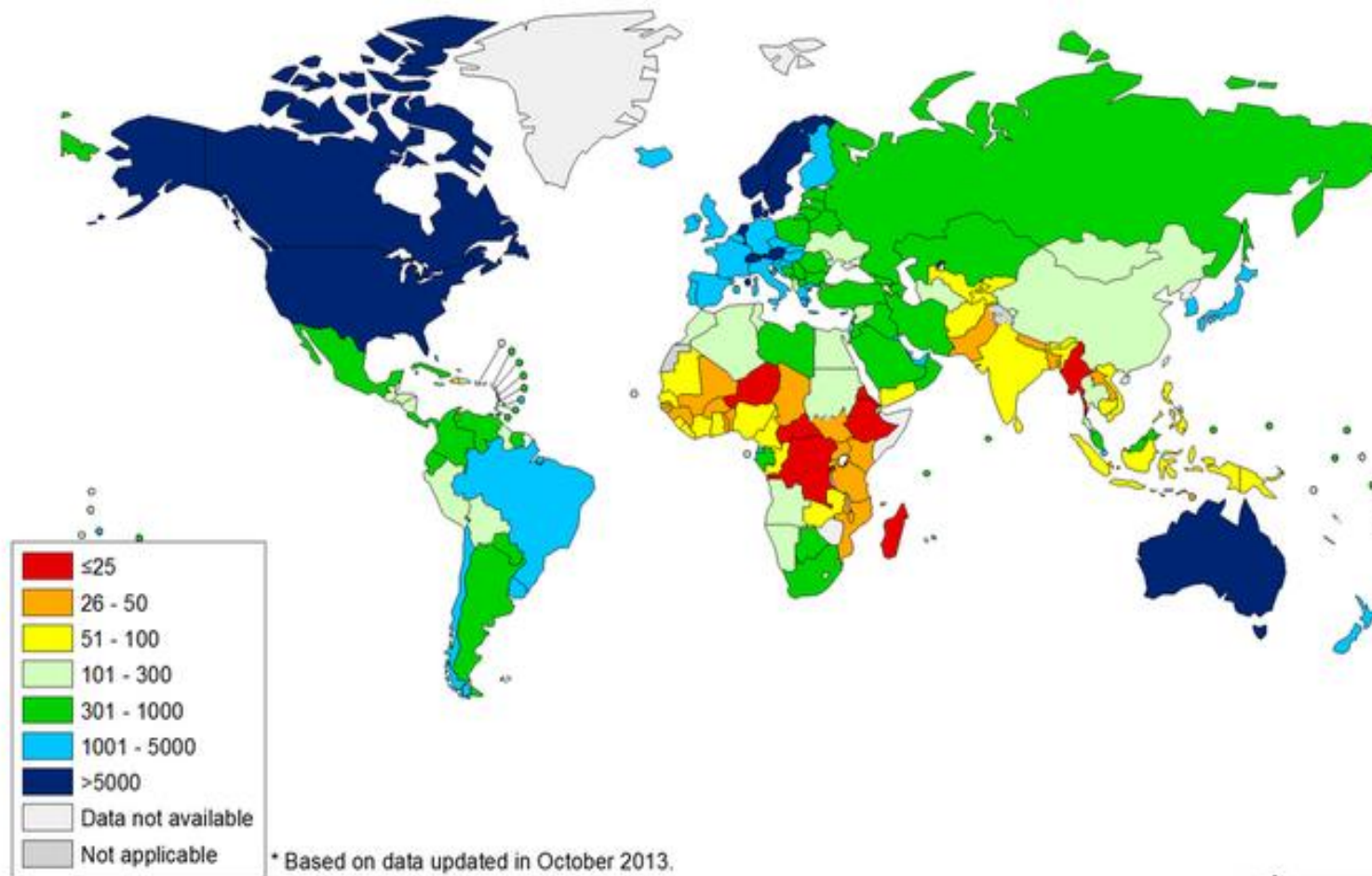
1. Identify what resources are available vs what is needed to determine the gaps
2. Identify potential funding sources
3. Outline best strategies for approaching stakeholders (donors and partners)
4. Identify monitoring and review mechanisms
5. Document activities, ensure quality reporting

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)



Per capita total expenditure on health at average exchange rate (US\$), 2011 *



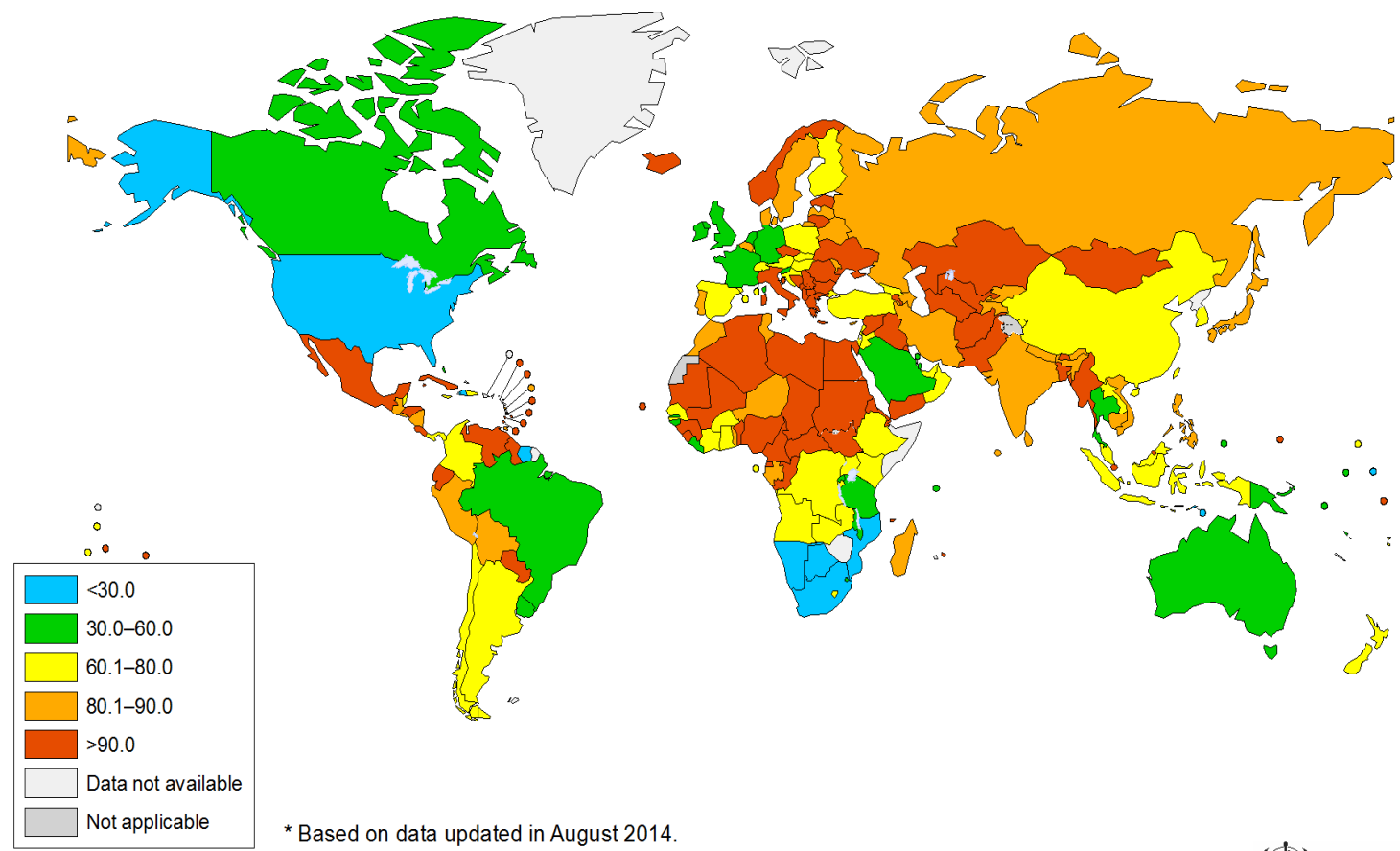
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers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

Data Source: Global Health Observatory, WHO
 Map Production: Public Health Information and Geographic Information Systems (GIS)
 World Health Organization



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Out-of-pocket expenditure on health as a percentage of private expenditure on health (%), 2012 *



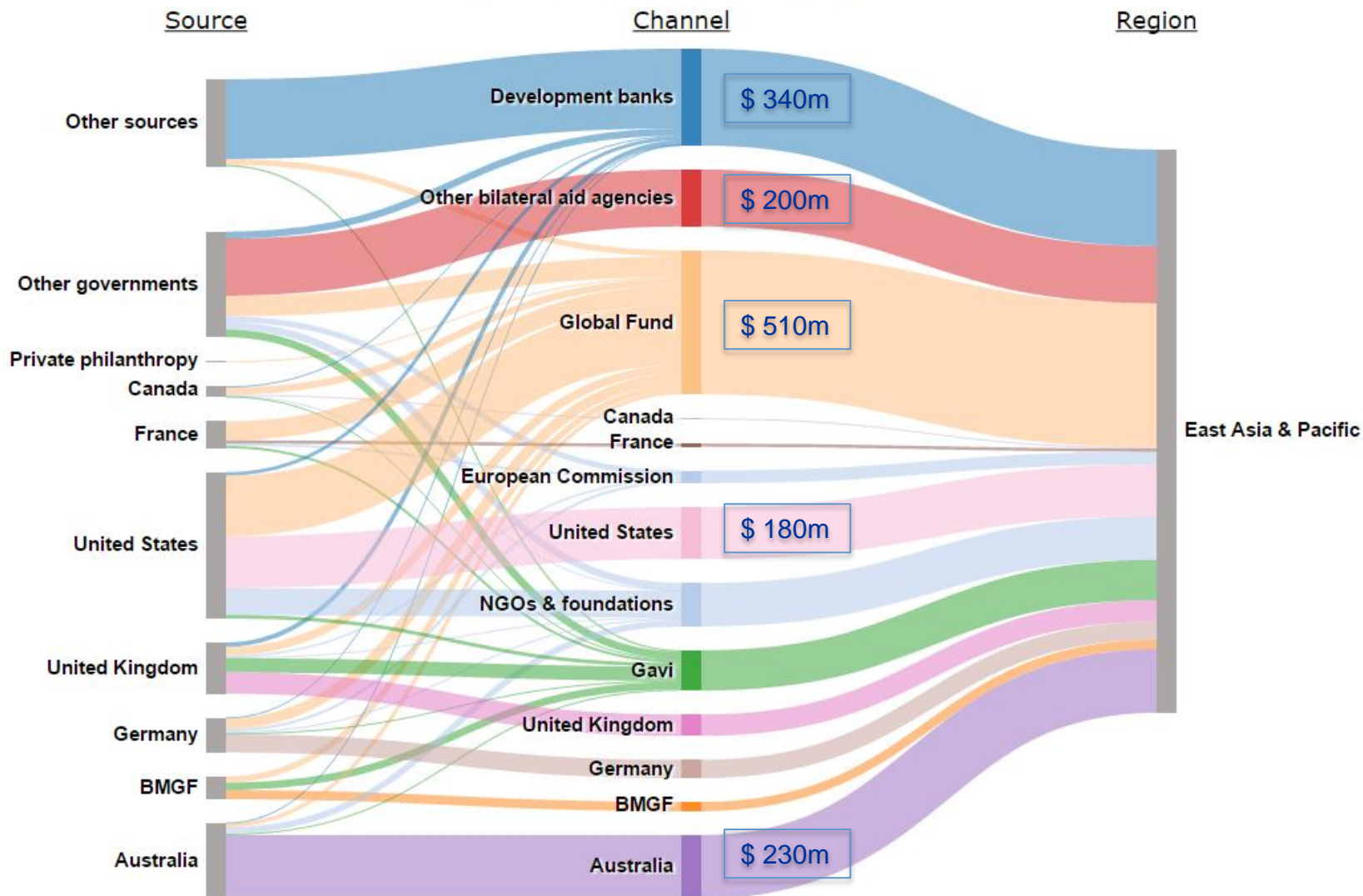
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 Map Production: Health Statistics and Information Systems (HSI)
 World Health Organization

International assistance for Health

– East Asia and Pacific (2013) – US\$2 billion

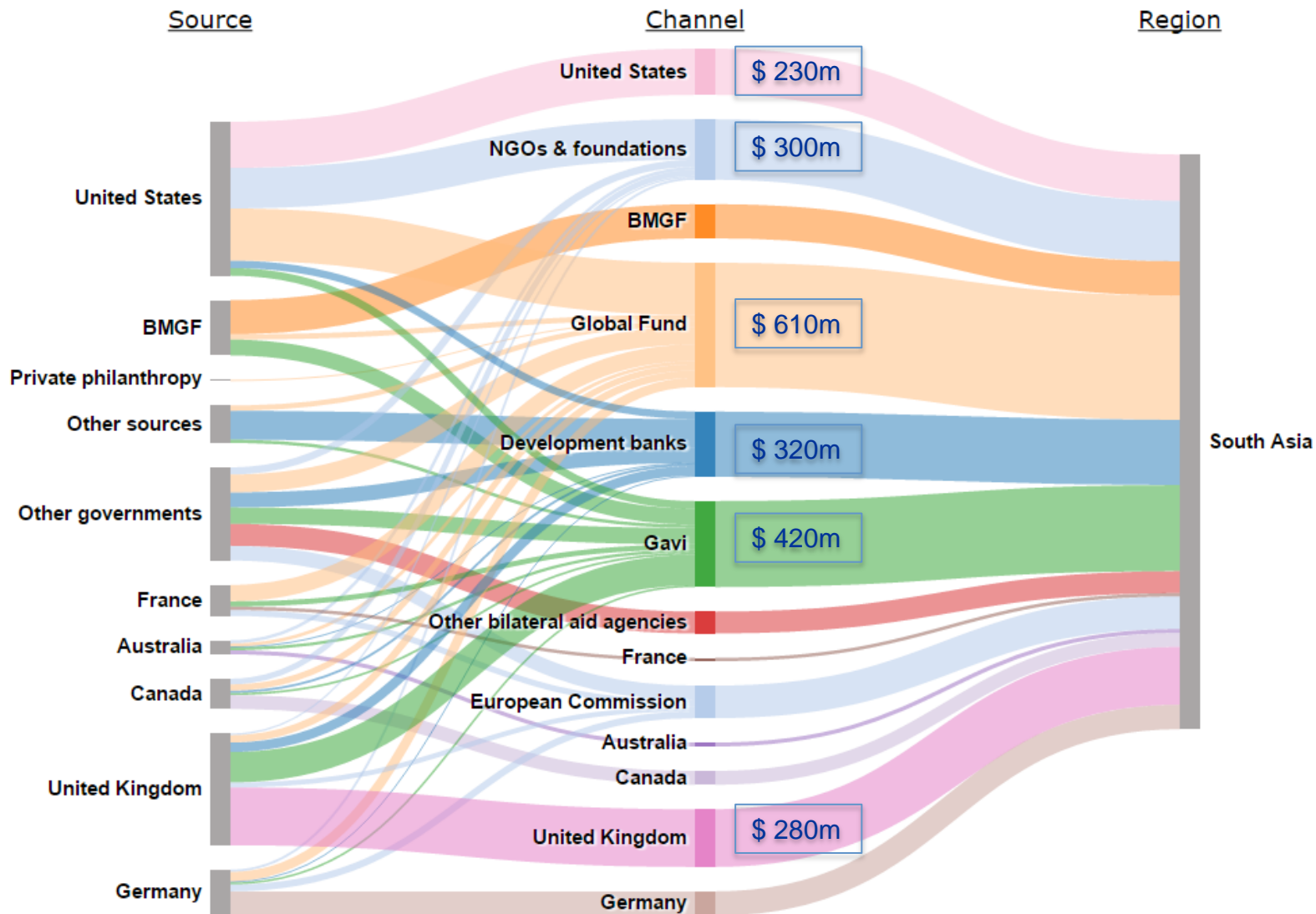
Flows of Global Health Financing



International assistance for Health

– South Asia (2013) – US\$2.8 billion

Flows of Global Health Financing



Innovative Financing Mechanisms

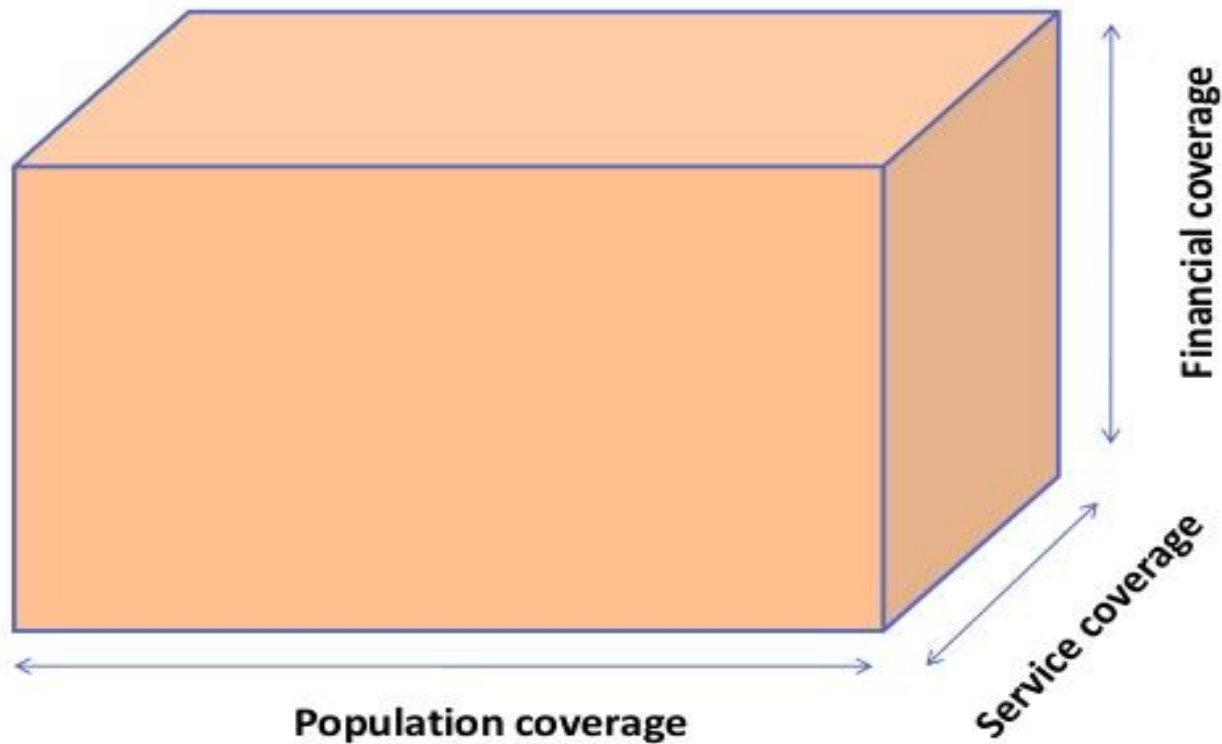


- Taxes/Levies (mobile phone, airline, “sin” taxes)
- Contributions from high-revenue enterprises (oil, mining, etc.)
- Catalyzing private investments/financial products (public private partnerships, “social impact bonds”, socially focused investment products, etc.)
- International finance facilities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



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**



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Thank you

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