

Value of investment on NCDs: Impact on health outcomes in low- and middle-income countries

Research commissioned by IFPMA

February 2025

Context, aim, and key findings of the project

- In new research commissioned by IFPMA, Airfinity has determined that an additional investment of 1% of GDP toward domestic general government health expenditure in low- and middle-income countries (LMICs) would amount to a US\$ 310 billion additional investment, representing a 33% increase in current spending.
- This research is a response to the UHC 2030 action agenda¹ and policy asks inspired by the work of the Chatham House Commission on Universal Health² and WHO³ for an increase of public health financing by around 1% of GDP.
- Cancer, diabetes, cardiovascular diseases, and chronic respiratory diseases are often grouped together as the leading non-communicable diseases, or NCDs. They make up the largest contribution to morbidity and mortality in the majority of LMICs. Globally, this NCD burden⁴ will increase by 17% in the next 10 years. The largest burden - 80% (28 million) - occurs in LMICs.
- According to the main findings of the research, in LMICs, an additional 1% of GDP investment in total public health care expenditure, where at least 40% is channeled toward cost-effective primary NCD health care interventions will save close to 5 million lives each year.
- For this research, we focused on the WHO NCDs Best Buys⁵. These interventions include cardiovascular disease management, diabetes screening, and respiratory care.
- This analysis can inform health investment decisions, based on local priorities, country epidemiology, and disease management patterns in the context of geopolitical volatility and financing constraints. Further country analyses are required for the development of concrete and actionable national plans aiming to tackle the growing burden of NCDs in LMICs.

1. <https://www.uhc2030.org/what-we-do/voices/action-agenda-from-the-uhc-movement/>

2. <https://www.chathamhouse.org/2024/06/driving-universal-health-reforms-through-crises-and-shocks>

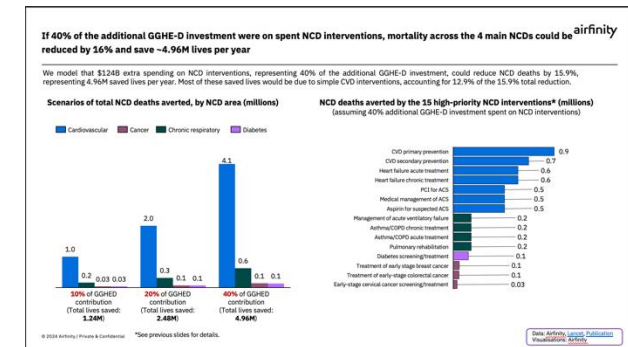
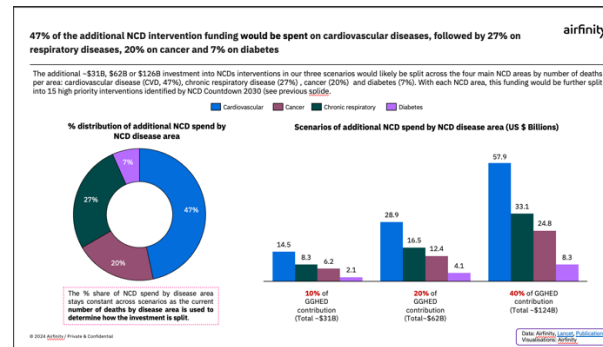
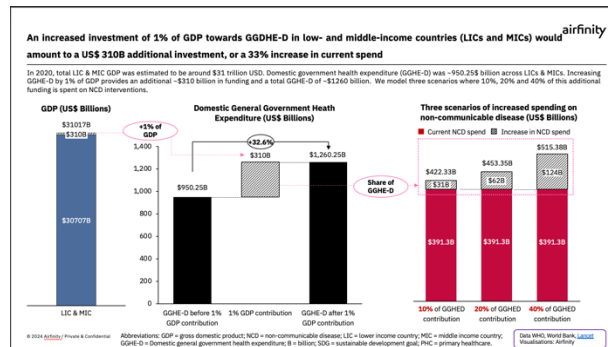
3. <https://www.who.int/news/item/22-09-2019-countries-must-invest-at-least-1-more-of-gdp-on-primary-health-care-to-eliminate-glaring-coverage-gaps>

4. <https://ncdalliance.org/the-global-epidemic>

5. <https://www.who.int/news/item/26-05-2023-more-ways-to-save-more-lives-for-less-money---world-health-assembly-adopts-more-best-buys-to-tackle-noncommunicable-diseases>

Impact of healthcare expenditure on health outcomes in LMICs

“Across LMICs, an additional 1% of GDP investment in total public health care expenditure, where at least 40% is channelled toward cost-effective primary NCD health care interventions, will save approximately 5 million lives each year.”

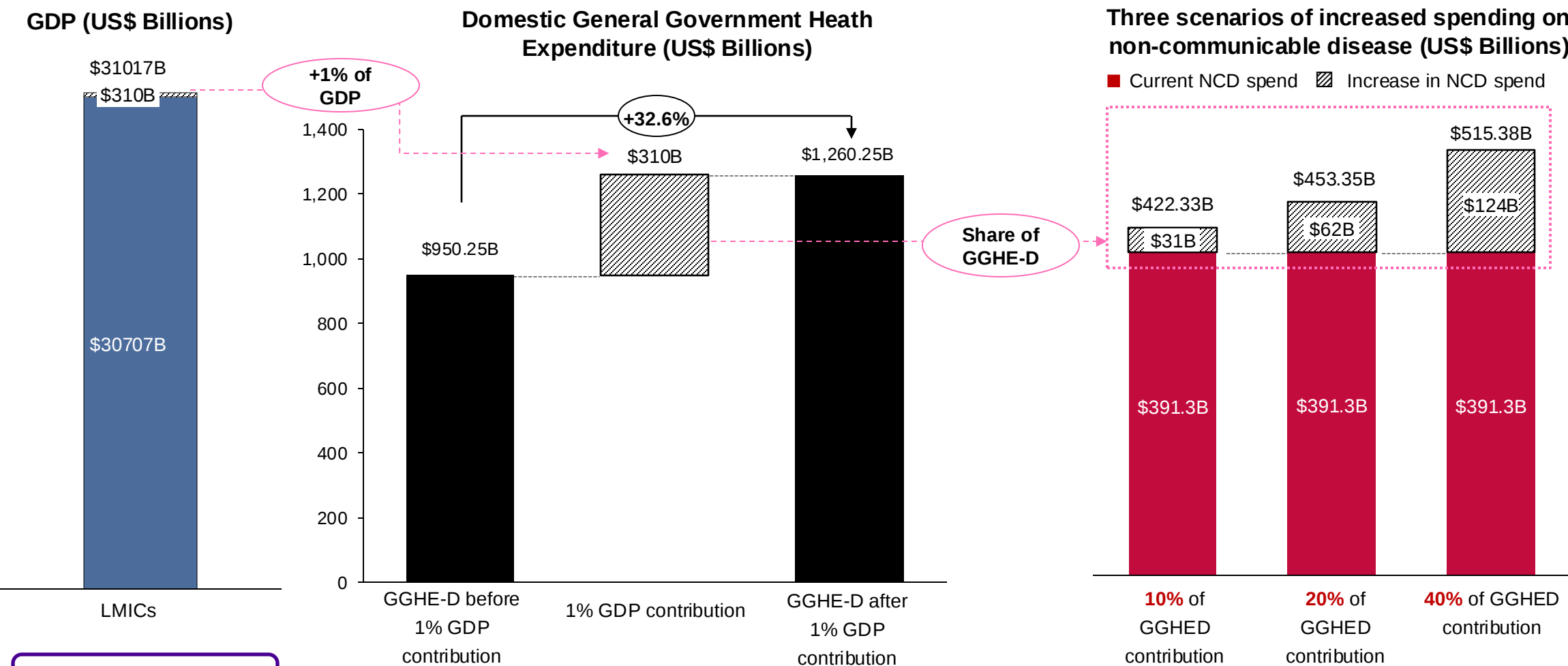


Investing an additional 1% of GDP in public healthcare spending in LMICs translates to approximately **US\$ 310 billion in additional funding**, a **33% increase in current spending levels**. When at least **40% of this increased funding** is allocated toward **cost-effective primary healthcare interventions targeting non-communicable diseases (NCDs)**—such as cardiovascular disease management, diabetes screening, and respiratory care—significant improvements in health outcomes can be achieved.

According to modelling scenarios, directing **40% of the additional healthcare expenditure toward high-impact NCD interventions** could reduce mortality by **16% across major NCDs**, leading to **approximately 5 million lives saved per year**. This approach aligns with Sustainable Development Goal (SDG) 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030. These investments are critical in ensuring better healthcare access, reducing disease burden, and strengthening healthcare systems to respond effectively to future health crises

An increased investment of 1% of GDP towards GGDHE-D in LMICs would amount to a US\$ 310B additional investment, or a 33% increase in current spend

In 2020, total LMIC GDP was estimated to be around \$31 trillion USD. Domestic government health expenditure (GGHE-D) was ~\$950.25 billion across LMICs. Increasing GGHE-D by 1% of GDP provides an additional ~\$310 billion in funding and a total GGHE-D of ~\$1,260 billion. We model three scenarios where 10%, 20%, and 40% of this additional funding is spent on NCD interventions.



Data WHO, World Bank, [Lancet](#)
Visualizations: Airfinity

Abbreviations: GDP = gross domestic product; NCD = non-communicable disease; LIC = lower income country; MIC = middle income country; GGHE-D = Domestic general government health expenditure; B = billion; SDG = sustainable development goal; PHC = primary healthcare.

47% of the additional NCD intervention funding would be spent on cardiovascular diseases, followed by 27% on respiratory diseases, 20% on cancer, and 7% on diabetes

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The additional ~\$31B, \$62B, or \$126B investment into NCDs interventions in our three scenarios would likely be split across the four main NCD areas by number of deaths per area: cardiovascular disease (CVD, 47%), chronic respiratory disease (27%), cancer (20%), and diabetes (7%). With each NCD area, this funding would be further split into 15 high priority interventions identified by NCD Countdown 2030⁶.

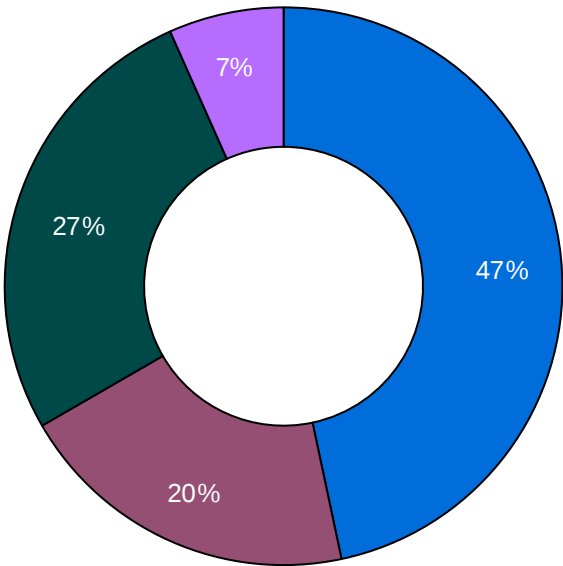
Cardiovascular

Cancer

Chronic respiratory

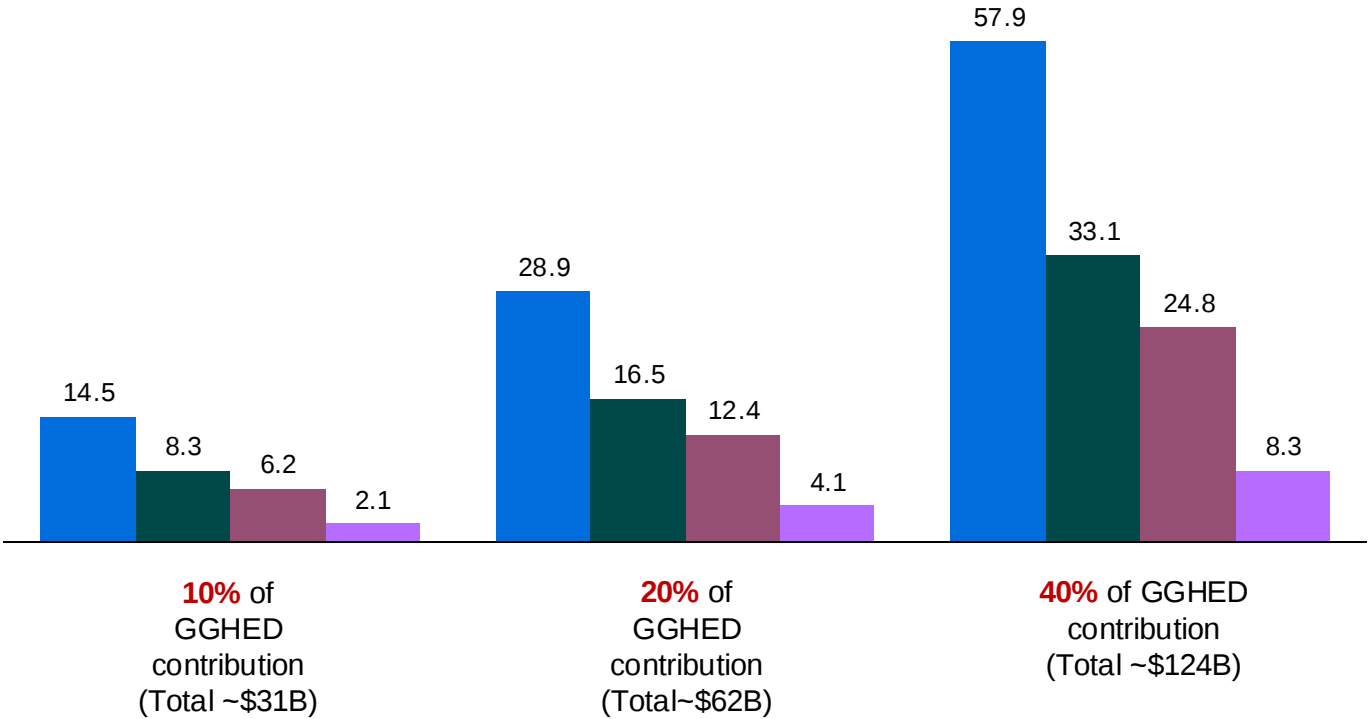
Diabetes

% distribution of additional NCD spend by NCD disease area



The % share of NCD spend by disease area stays constant across scenarios as the current **number of deaths by disease area is used to determine how the investment is split.**

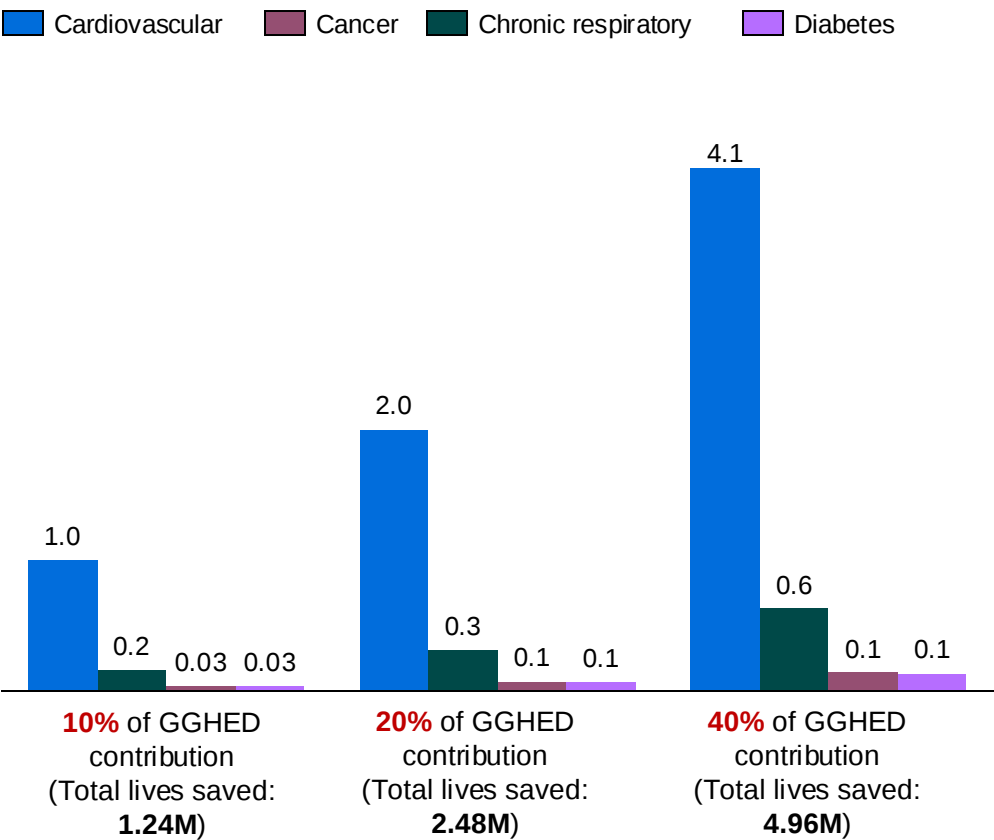
Scenarios of additional NCD spend by NCD disease area (US \$ Billions)



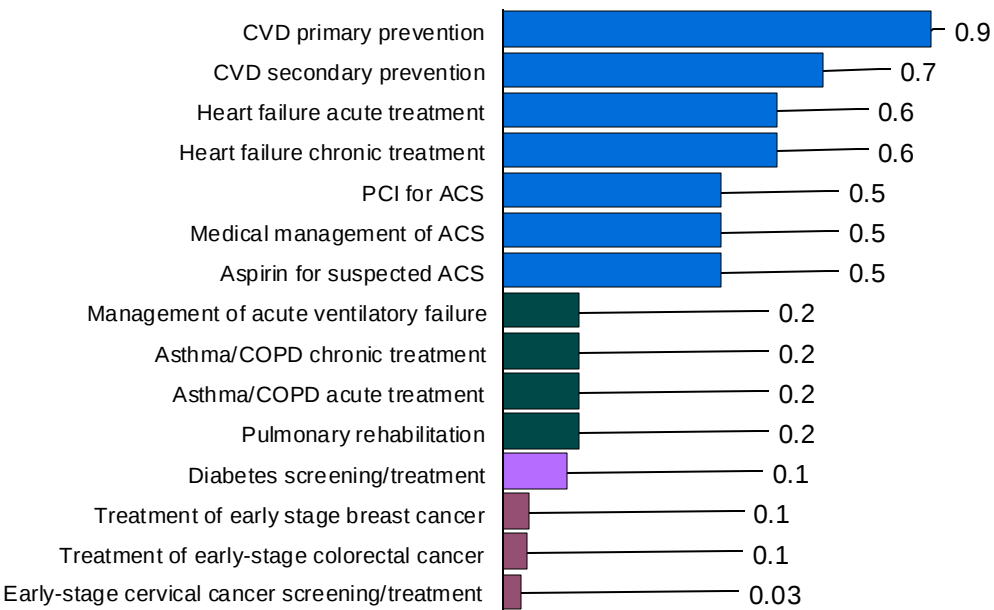
If 40% of the additional GGHE-D investment were on spent NCD interventions, mortality across the 4 main NCDs could be reduced by 16% and save ~4.96M lives per year

We model that \$124B extra spending on NCD interventions, representing 40% of the additional GGHE-D investment, could reduce NCD deaths by 15.9%, representing 4.96M saved lives per year. Most of these saved lives would be due to simple CVD interventions, accounting for 12.9% of the 15.9% total reduction.

Scenarios of total NCD deaths averted, by NCD area (millions)



NCD deaths averted by the 15 high-priority NCD interventions* (millions)
(assuming 40% additional GGHE-D investment spent on NCD interventions)



Data: Airfinity, [Lancet, Publication](#)
Visualizations: Airfinity

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More info.

Konstantin v. Hardenberg

Commercial Director

konstantin@airfinity.com

Sarah Harper

Head of Media and Comms

harper@airfinity.com