



IAEA

60 Years

Atoms for Peace and Development

Resource Mobilization to Expand Access to Nuclear Technologies - The Example of PACT -

Anja Nitzsche-Bell, Head of Resource Mobilization, PACT

RCA Working Groups Meeting, 13 February 2017

Vienna, Austria

IAEA Programme of Action for Cancer Therapy (PACT) - Mandate

- Created in 2005 to help **fight the growing cancer crisis** in the developing world.
- Building on **IAEA's 40 year experience** in supporting MS in **applying nuclear technologies for health and prosperity**.
- Improving patient survival through **promoting integration of nuclear medicine and radiotherapy technologies** within a comprehensive national cancer control programme.
- **Building strong strategic partnerships**, particularly with the World Health Organisation, and **mobilizing resources** to expand access to cancer care.



Expanding access to cancer care supports progress on SDG #3



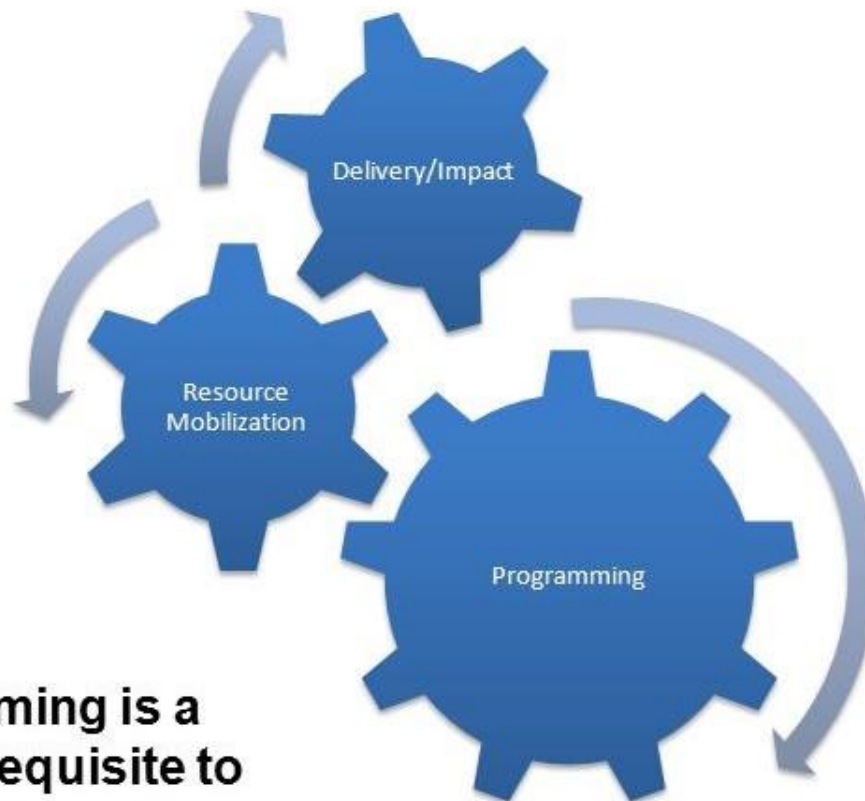
RCA Strategic Priorities in Human Health

- **Strengthen cancer management programmes** in GPs, including training of radiation oncologists, medical physicists and technologists;
- Simplify and harmonize protocols on **diagnostic imaging and for treatment/palliation planning and radiotherapy treatment**;
- Assist in the **development and utilization of radio-labelled pharmaceuticals for imaging and treatment**;
- **Strengthen nuclear medicine to effectively diagnose and assess the extent of cardiovascular diseases, diabetes, mosquito-based diseases, and to monitor cancer treatment effects**;
- Promote nutritional studies to develop and monitor nutrition programmes to address malnutrition in all its forms;
- Promote system-based approach to address communicable diseases; namely TB, HIV/AIDS, malaria and other emerging diseases.

Resource Mobilization

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

Resource Mobilization – Key Element of Strategic, Results-based Planning



**Quality
programming is a
vital prerequisite to
attracting
resources**

Resource Mobilization – Critical Steps

1. Assess the current situation and identify key project to be implemented
2. Identify required resources for the project
3. Compare what is needed and what is available to determine the gaps
4. Identify potential funding sources
5. Outline best strategies for approaching stakeholders (donors and partners)
6. Identify monitoring and review mechanisms.
7. Document activities, ensure quality reporting

Assessing the situation – Cancer: A growing global health & development issue

People developing cancer in Asia & the Pacific

6,760,000
people in
Asia & the Pacific
developed cancer
in 2012



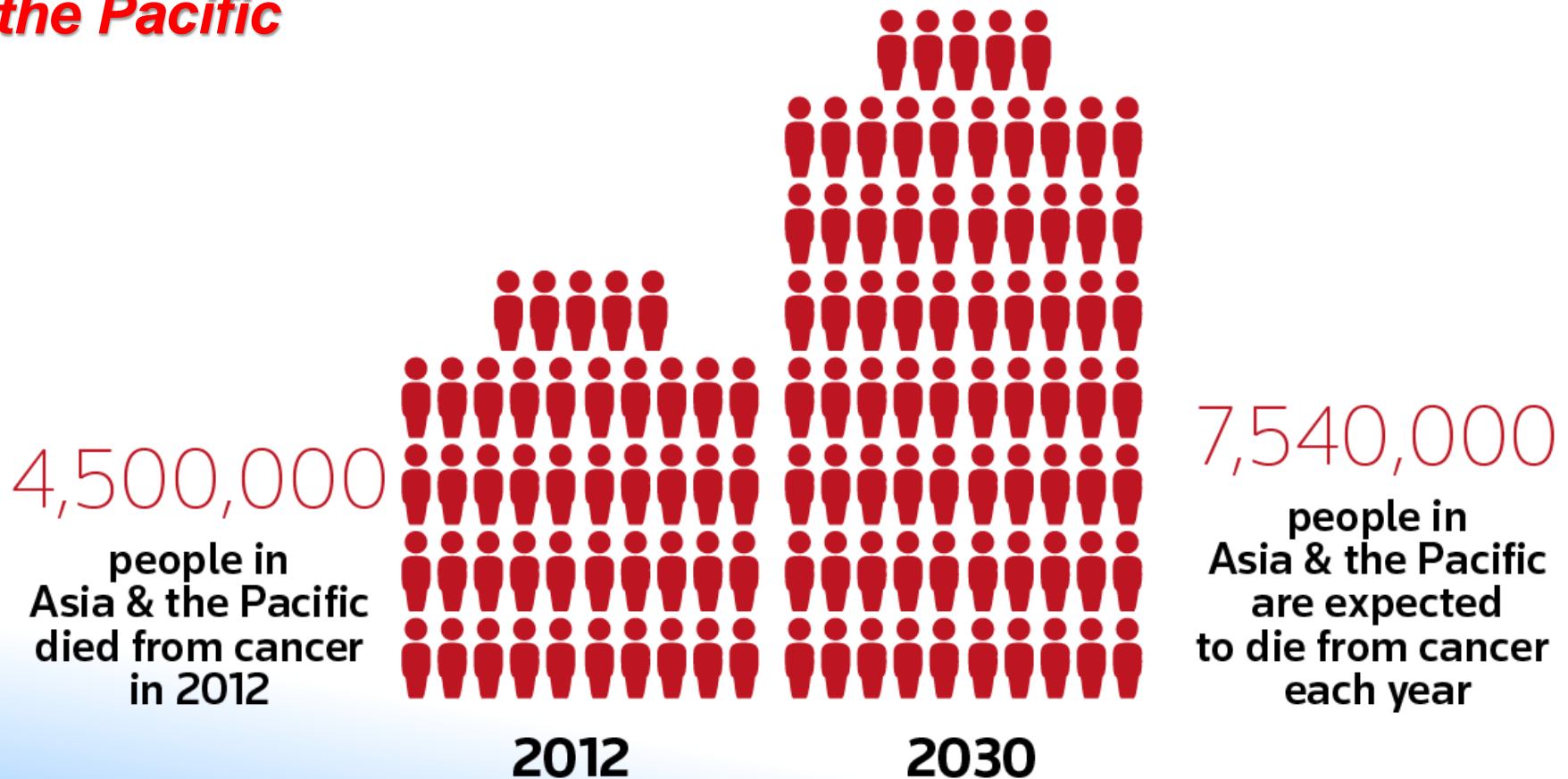
2012

2030

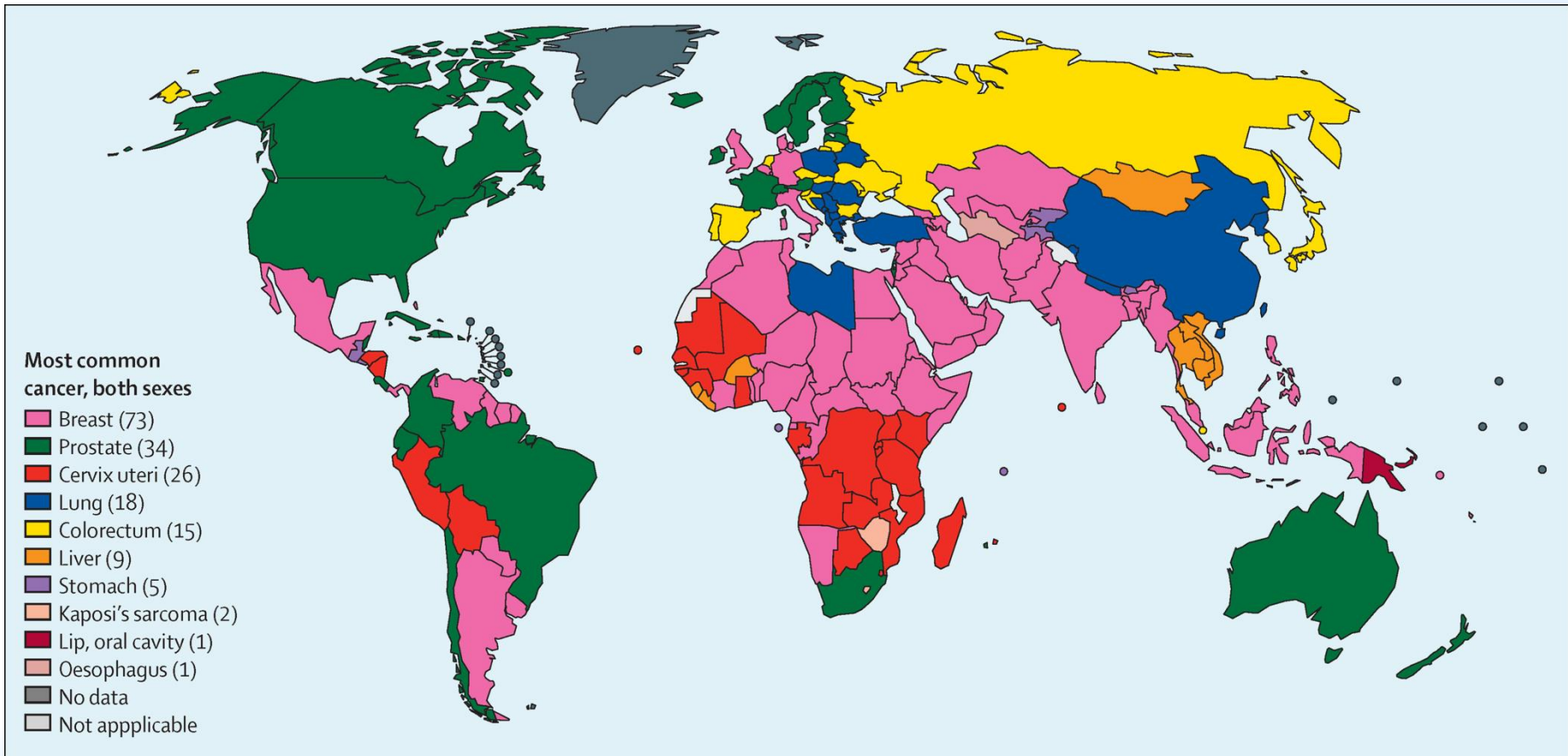
10,840,000
people in
Asia & the Pacific
are expected
to develop cancer
each year

Assessing the situation – Cancer: A growing global health & development issue

Annual cancer deaths in Asia & the Pacific

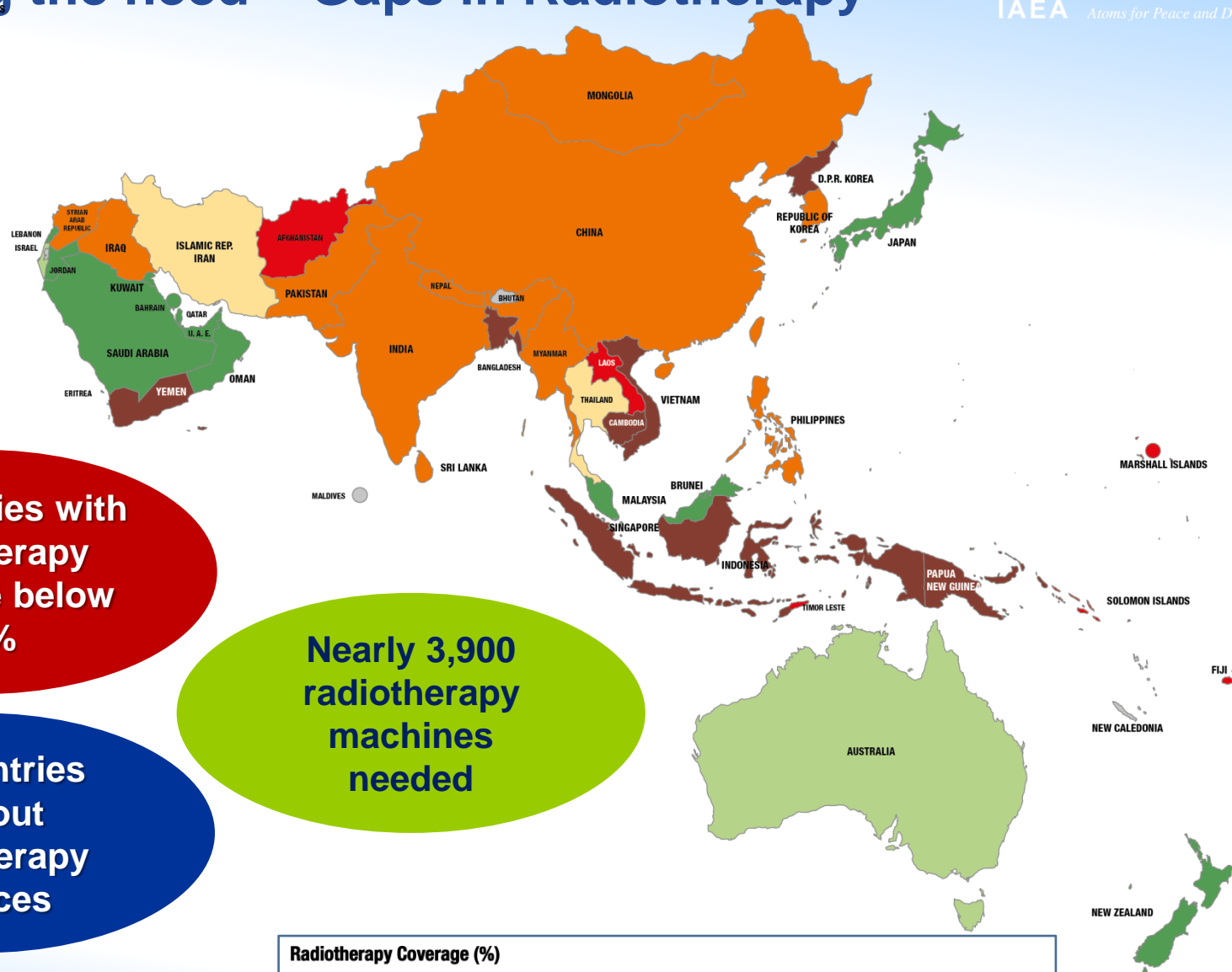


Assessing the situation – pre-dominant cancers



Lancet Oncology Commission: Expanding global access to radiotherapy, 2015

Defining the need – Gaps in Radiotherapy

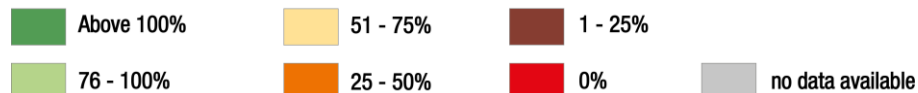


**25 countries with
radiotherapy
coverage below
50%**

**12 countries
without
radiotherapy
services**

**Nearly 3,900
radiotherapy
machines
needed**

Radiotherapy Coverage (%)



Defining the need – Gaps in Radiotherapy

Table 3: Access to radiotherapy in LMICs in Asia

Country *	Access to radiotherapy
East Asia	
China	36.1%
North Korea	5.2%
Mongolia	35.5%
South East Asia	
Cambodia	4.7%
Indonesia	8.7%
Malaysia	78.9%
Myanmar	7.9%
Philippines	26.4%
Thailand	39.6%
Vietnam	21.3%
South Asia	
India	36.3%
Pakistan	21.4%
Bangladesh	11.2%
Sri Lanka	39.6%
Nepal	23%

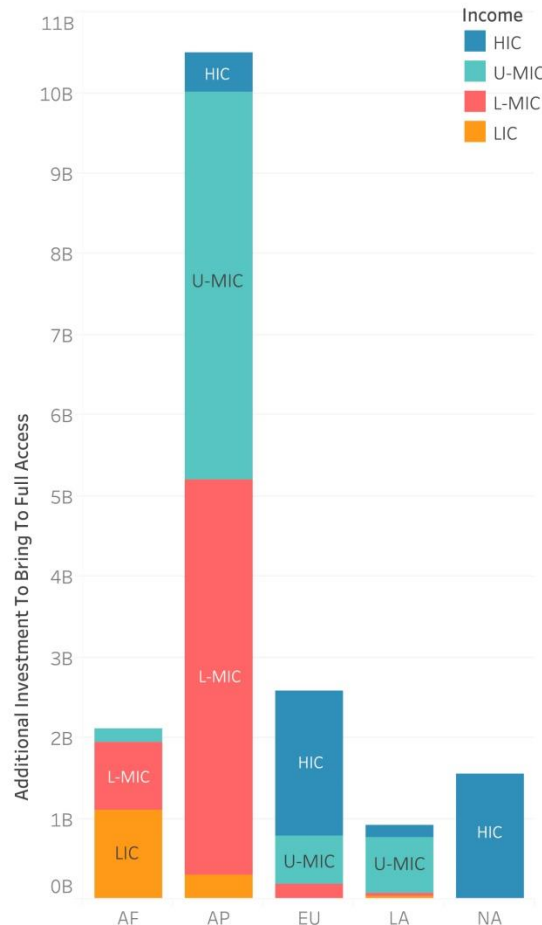
*No data for Maldives, Bhutan, Laos and Timor-Leste

Ref: Datta NR, Samiei M, Bodis S. Radiation therapy infrastructure and human resources in low- and middle-income countries: present status and projections for 2020. *International journal of radiation oncology, biology, physics*. 2014 Jul 1;89(3):448-57.

Defining the need – Additional investment required to provide full access to RT

Fig 2

Additional investment per geographical region



Additional investment per income group



What funding is available – Main sources of financing for health

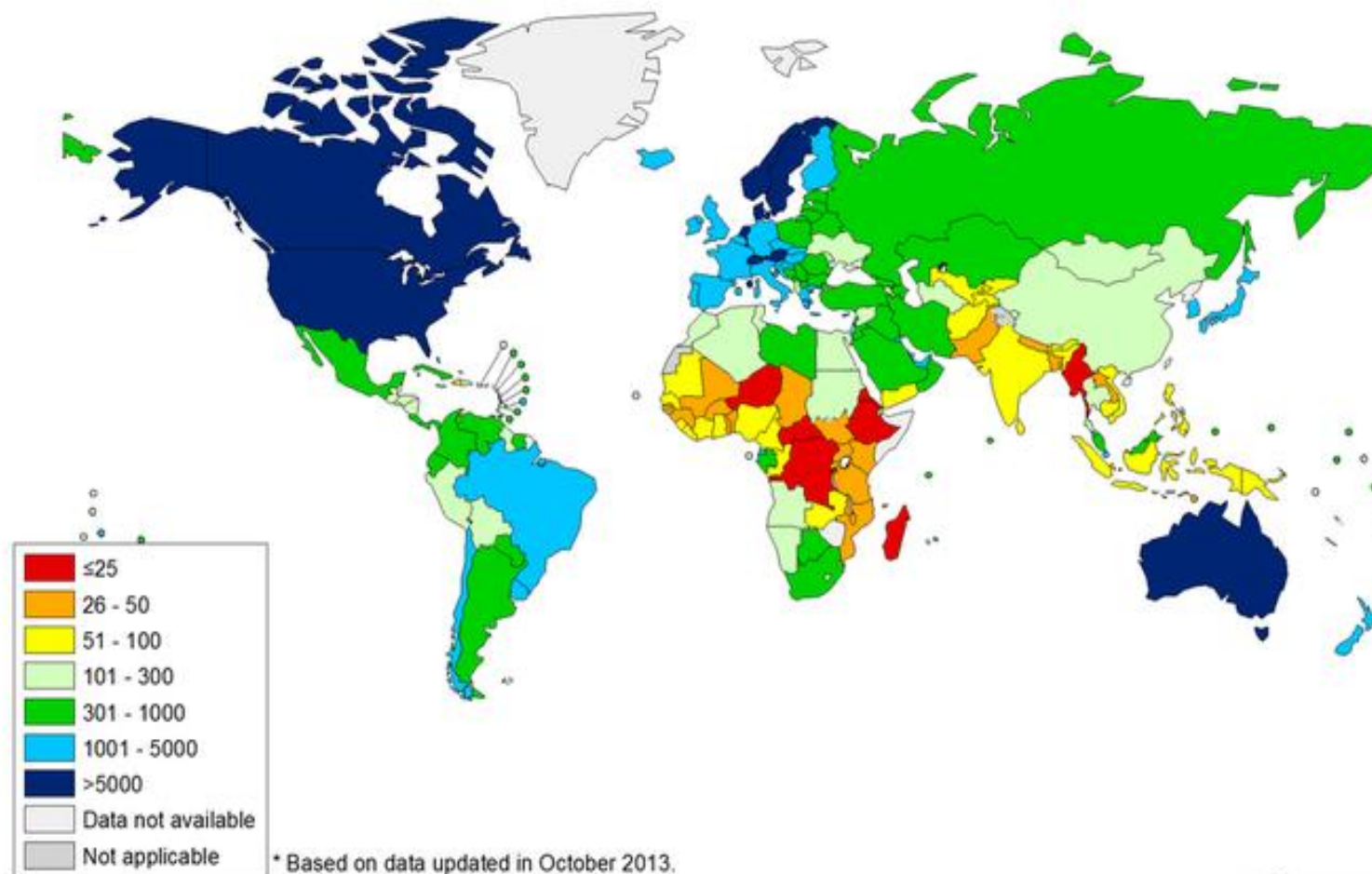
- **Domestic resources:** government budget allocations, social health insurance, private health insurance, out-of-pocket expenditures
- **External funding:** development assistance for health
- **Targeted revenue raising efforts:** innovative financing mechanisms (national/global levels)



60 Years

development

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.

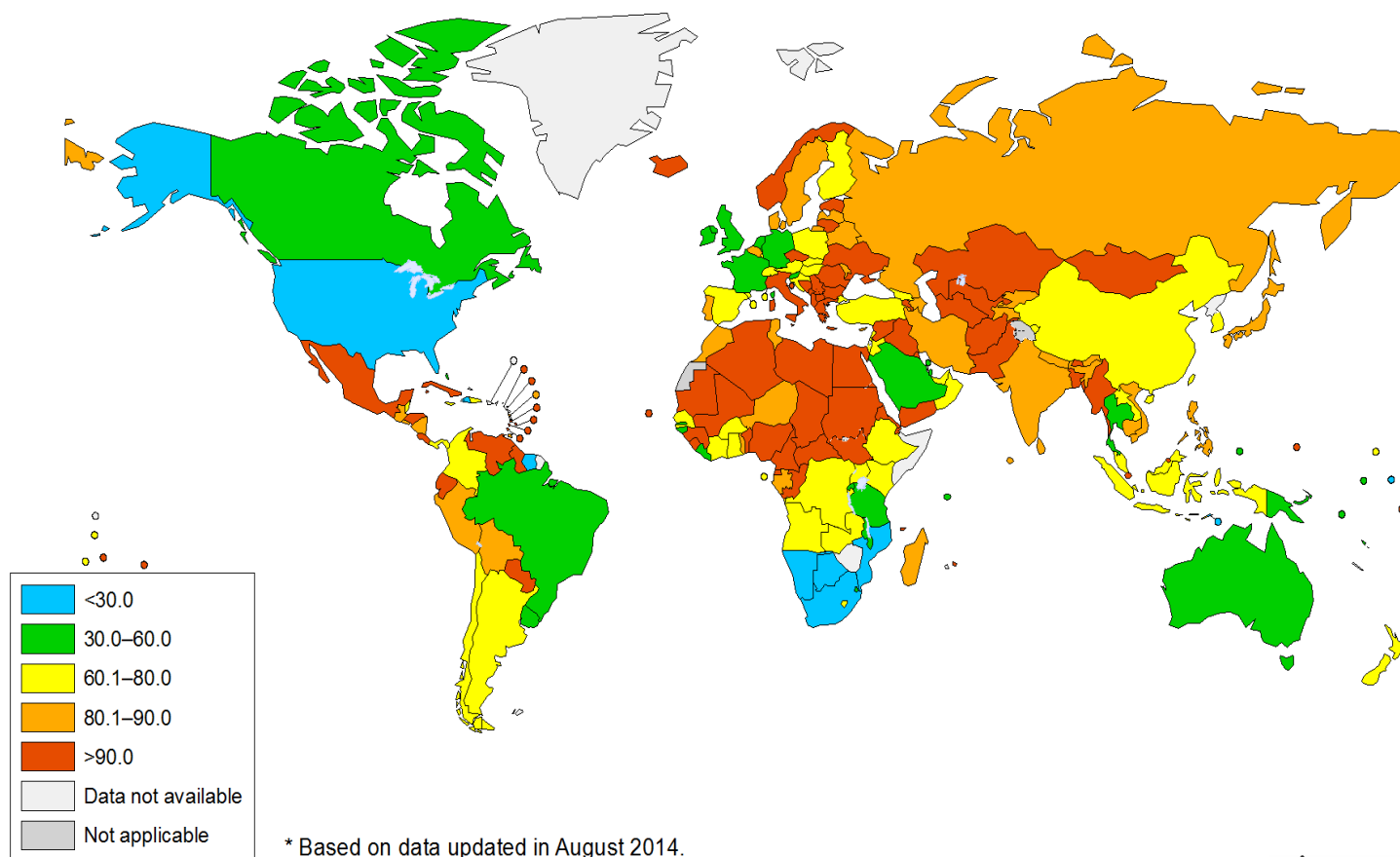
Data Source: Global Health Observatory, WHO
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization



World Health
Organization

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



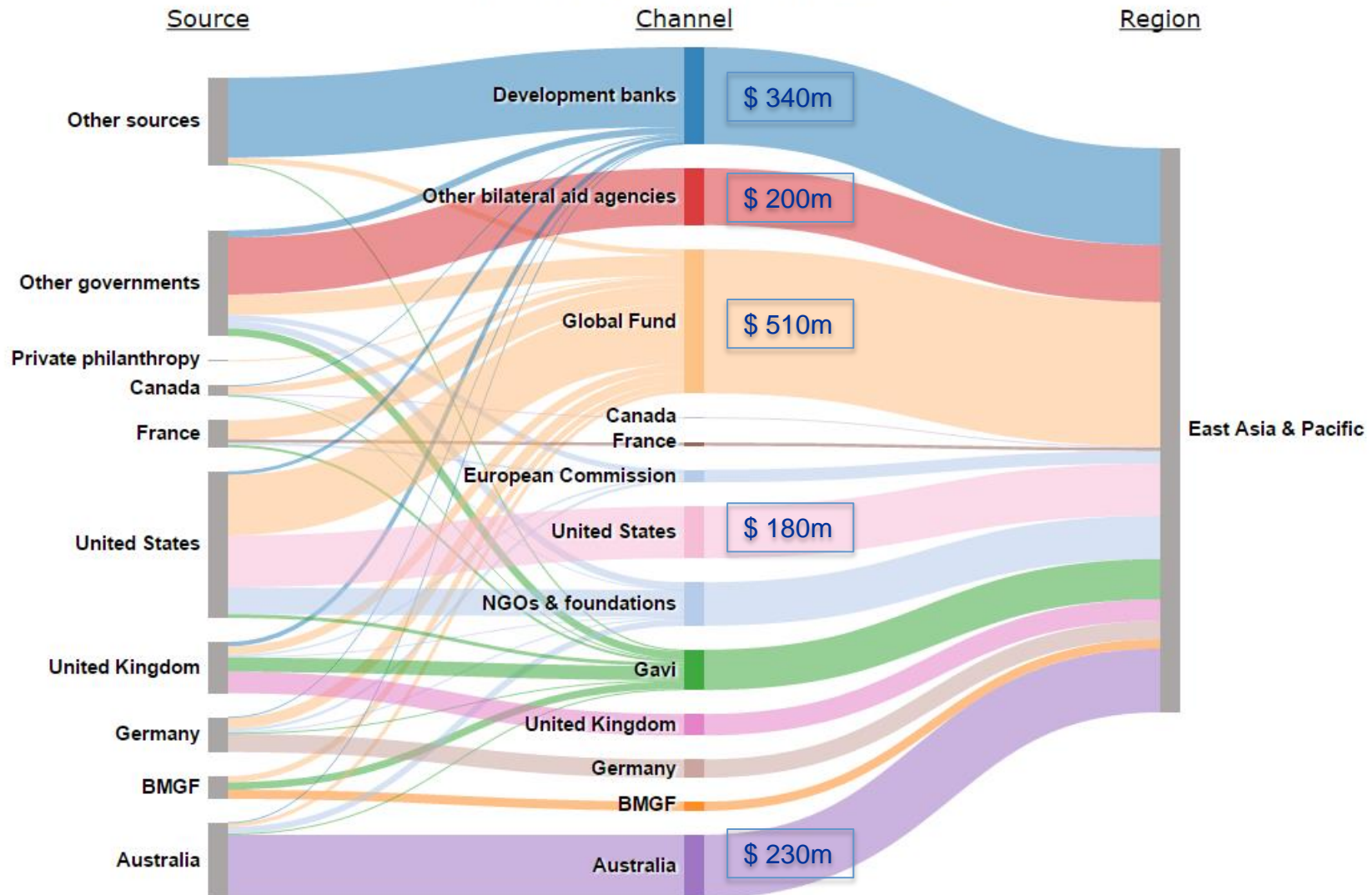
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Data Source: Global Health Observatory, WHO
Map Production: Health Statistics and
Information Systems (HSI)
World Health Organization

International assistance for Health

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

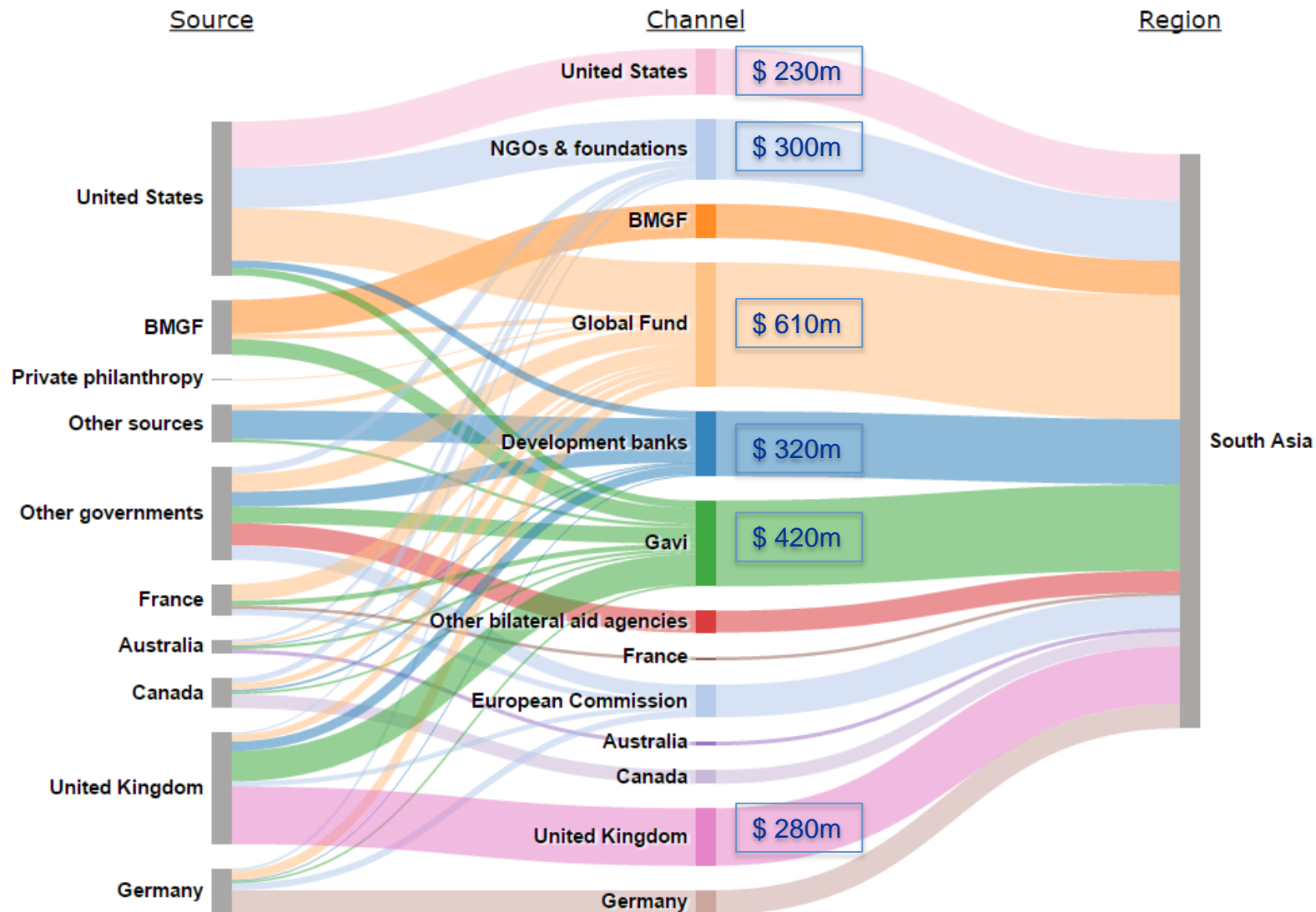
Flows of Global Health Financing



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, IFFM)

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)
- **African Medical Credit Fund** is a public-private partnership that secures capital finance loans for private health care providers, boosting capacity in this sector (medical clinics).

Process for Developing a Targeted Resource Mobilization Strategy (1)

- **1. Involving key partners in the planning process**
- ☐ Ensuring government leadership
- ☐ Community participation
- ☐ Involving major international development agencies, charitable foundations, other donors
- **2. Maximizing available resources**
- ☐ Is the current response relevant, effective, cost-efficient?
- ☐ Are there opportunities and/or imperatives for reallocation and reprogramming of resources? Where are the priorities now?
- ☐ Setting priorities

Process for Developing a Targeted Resource Mobilization Strategy (2)

- **3. Mobilizing additional resources**
- ☐ Identifying and mobilizing new partnerships
- ☐ Developing technical resource networks
- ☐ Raising funds from donors, funding partners
 - Packaging proposals
 - Knowing your donors
 - Sustaining interest and commitment of new resource partners



IAEA

60 Years

Atoms for Peace and Development



*Looking forward to
working with you.*

cancer.iaea.org
#CancerCare4All

