Assessing TBC for LMICs in a time of economic hardship

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While most developing countries put the global economic downturn behind them, by 2011 developed countries were still struggling with crisis related problems. This economic hardship has resulted in deep cuts in development assistance aimed at promoting economic, social, political and health development in low-income and middle-income countries (LMIC). Declines in government revenues have led many donor countries to reduce their development funding. The objective of this article was to assess how levels of tobacco control funding for LMICs changed following the 2008–2009 global economic downturn.

The amounts of tobacco control funding for LMIC economies have been estimated by the Development Assistance to Control Tobacco (DACT) database hosted by the American Cancer Society (ACS). This database includes data on funding from bilateral and multilateral donors, non-governmental organisations, private foundations and the corporate sector.

After nearly two decades of sustained growth, aid for health levelled off in 2010–2011. The general levelling-off in health aid since 2010 will soon have its toll in global health outcomes. For example, it is estimated that as an effect of the aid budget sequestration in the US in 2013 fiscal year alone, over 3000 more people will die due to malaria, and another 4200 more will die due to tuberculosis in developing countries.

- Little is known about how international tobacco control aid for LMICs changed following the 2008–2009 global economic downturn
- Declines in government revenues have led many donor countries to reduce their development funding.
Tobacco control funding declined only marginally from US$68.8 million (US$0.016 per adult) in 2009 to US$68.2 million (US$0.016 per adult) in 2011 (figure 1), but deviated significantly from its 2000 to 2009 trend. The sources of funding remain highly concentrated, with nearly a half of the money coming from the Bloomberg Initiative and the Bill & Melinda Gates Foundation in 2011. The relative importance of institutional and research grants has declined.

Our findings are consistent with the patterns in general levels of development assistance for health: after a decade of rapid growth, funding for tobacco control activities in LMICs has levelled off. Just as the tobacco control community is beginning to envision the endgame for tobacco, the funding remains erratic, inadequate, and highly vulnerable due to its level of concentration. Innovative financing mechanisms might help to increase the funding pool. Furthermore, the general level of tobacco control funding remains low relative to the health impact of tobacco use.

Despite the general levelling-off in DACT, there were regions where the assistance for tobacco control increased. Countries in sub-Saharan Africa were among those with the largest increase in PPP-adjusted DACT. Tobacco use is growing rapidly in the region, and various donors, including the Bill & Melinda Gates Foundation, and the International Development Research Centre, have realised that many deaths can be averted if action is taken at an early stage of the tobacco epidemic.

Innovative financing mechanisms might help to increase the pool of tobacco control funding for LMICs. Among the mechanisms are: special levies on large and profitable companies, levies on currency and other financial transactions, bonds, excise tax on unhealthy food, tourism taxes, and tobacco and alcohol excise taxes. Developed and developing countries are encouraged to explore new financing mechanisms.

Facts/Policy lessons

- Funding for tobacco control activities in LMICs have levelled off.
- Countries are encouraged to explore new financing mechanisms.

**Figure 1: Tobacco control aid for LMICs**

**Stoklosa, M. and Ross, H., 2014. Tobacco control funding for low-income and middle-income countries in a time of economic hardship. Tobacco control, 23(e2), pp.e122-e126.**