| **Taken from the NCD Roadmap- see full report here:  http://documents.worldbank.org/curated/en/2014/07/19778739/non-communicable-disease-ncd-roadmap-report** | | | | | | |
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| **Ministry or stakeholder responsible.** | **Proposed action** | **Expected benefit in reducing NCD** | **Specific indicator to verify progress** | **Likely cost / revenue implications** | **Feasibility and obstacles to implementation** | **Political implications (including winners and losers)** |
| **Ministries of Finance and Economic Planning** | Support establishment of overarching principles for allocating scarce health resources and achieving value for money in the Ministry of Health (and if necessary other Ministries). Would include clearer and more explicit requirements for determining value for money purchases, and minimum thresholds for undertaking cost-effectiveness analysis in larger procurement packages.  Increase excise duty on tobacco to reach 70% of the retail price of domestic and imported tobacco.  Apply the excise duty on all tobacco products, and not just imported products, to increase revenue, reduce consumption, and be compatible with WTO rules and obligations.  Employ additional inspectors to ensure excise duties are being paid and cigarettes not sold individually at markets or to children.  Consider, with other Ministries such as Health, and Industry and Commerce, plain packaging of cigarettes after current disputes between Australia and tobacco companies are resolved.  Increase taxes on other products linked to NCD risk factors including alcohol. | Improves strategic allocation of existing scarce resources. Helps Ministries make best use of what resources they have. Reallocates scarce resources from high cost / low impact programs to low – medium cost / high impact programs.  Reduces existing consumption new uptake of a major source of NCDs.  Compliance ensures the intended health and revenue benefits are achieved.  Reduces the attractiveness and affordability of cigarettes to the young and the poor.  Reduced consumption.  Reduced consumption of alcohol, especially at harmful levels. Reduction in domestic violence and traffic accidents | Existence, and implementation, of clearer guidelines for allocating scarce resources, especially within the health sector.  Government excise duties increased progressively over coming 3 years to reach 70% of retail price.  Initially, the number of additional compliance inspectors hired. In short to medium term, number of violations recorded, and in medium to longer term evidence that excise revenue increasing / illegal sales decreasing.  If implemented, reduction in use of tobacco.  Increases in additional revenue and reduction over time in alcohol related NCDs (especially liver cancer etc) and alcohol related violence | Some financial and management costs in setting up and then regularly implementing more rigorous resource allocation criteria. If done properly, and implemented, potential for very large savings and freeing up of existing resources that can be reallocated to higher priorities / higher impact goods and services.  Increased Revenue  Employment of additional inspectors should be revenue generating over the short to medium term as they improve compliance with the increased excise duties.  Potentially high cost if litigation is involved.  Will depend upon price elasticities of individual products and income elasticities of individual consumers. | Some financial and management costs in setting up and then regularly implementing more rigorous resource allocation criteria. If done properly, and implemented, potential for very large savings and freeing up of existing resources that can be reallocated to higher priorities / higher impact goods and services.  Administratively easy to increase the excise duty. Strong resistance can be expected from tobacco industry. Need to ensure local smallholders do not increase growing of local tobacco leaf. Need to ensure compliance of new excise rates at customs borders and in small local trade stores.  Administratively easy to employ additional inspectors and improve compliance. Some risk of bribery.  Feasibility should be assessed after current dispute between Australia and tobacco companies resolved.  Increasing excise duties on alcohol is relatively straightforward from an administrative point of view. | Possible resistance and inertia from Ministry of Health officials initially. But if improved resource allocation criteria convinces Ministry of Finance, and development partners, that MOH has better management of scarce resources, the business case for seeking additional funding is stronger.  Significant and measurable reduction in NCDs over the medium to longer term. Reduction in wasted expenditure on cigarettes by the poor and the young as price increases take effect. Increased revenue for Ministry of Finance (depending upon price elasticities and compliance). Tobacco companies lose production and sales over the medium term.  Government revenue a winner. Local traders breaking the law a loser.  Credibility and authority of Government increased. Some unhappiness from consumers and traders currently breaking the law.  Reduction in tobacco users and therefore NCDs. Risk of litigation from tobacco companies who see branding as a key device to promote their products.  Resistance from industry, support from women’s groups and churches. |
| **Ministries of Customs and Excise** | Strengthen the collection of excise duties on tobacco, alcohol and unhealthy food products (eg strengthen compliance of existing laws to reduce the sale of single stick cigarettes at markets).  Collect – and publish – statistics on excise revenue collection of unhealthy products in collaboration with National Statistics Office, MOH and Ministry of Finance | Reduces disregard of government regulations  Improves the statistical and evidence base for policy making and future revenue collection | Rise in the total value of revenue collected from unhealthy products.  Map showing ‘hot spots’ where unhealthy products are widely known to be sold, but where excise duties are inexplicably low | Will increase government revenue collection | Administratively feasible. But needs to be well supervised to ensure compliance officers are not subject to threats or bribes. | Resistance from small trade store owners and others currently not paying the correct amount of excise revenue. Criticism from general public unless the reasons for the tighter compliance are explained well in advance.  Support from National Statistics Office, PMs office etc for generating a better statistical evidence base for policy. |
| **Ministries of Trade** | Pacific Islands take a ‘whole of government’ approach, preferably led by the Prime Minister’s Office, and specifically involve Ministries of Health, in the development of a country’s position on trade and taxation issues | Promote policy coherence in the response to a nationwide and regional NCD crisis. Avoid key health issues (eg import of unhealthy products) being overlooked in policy discussions. | Initially, evidence that Ministry of Health is involved in the formulation of trade policy positions. Over the medium to longer term, evidence that a country’s trade policy position reflects a balancing of health priorities with trade objectives. | Mixed. Excise duties on some unhealthy imports will increase (eg tobacco, alcohol, sugar-sweetened drinks and unhealthy foods) while excise duties on some other products (fresh fruit and vegetables) decrease. | Administratively simple to involve MOH officials in policy formulation of trade. But some initial resistance likely from Ministry of Trade personnel. (Having Prime Minister’s Office emphasising the NCD crisis rationale for MOH involvement would help reduce institutional resistance). | More coherent ‘whole of government’ approach to trade and economic policy. May be some resistance from Ministry of Trade officials, and opposition from manufacturers and importers of unhealthy products. |