Non-communicable diseases are defined as conditions that are not transmissible from person to person; NCDs are chronic diseases, and behaviors like smoking and overuse of alcohol can increase the chance of developing one. NCDs include cardiovascular diseases, chronic respiratory diseases, and cancers.

As a group, NCDs were the leading cause of health loss globally in 2019, causing nearly three times as many deaths (more than 42 million) as communicable, maternal, neonatal, and nutritional diseases, plus injuries, combined. The leading types of NCDs include ischemic heart disease, stroke, and chronic obstructive pulmonary disease; NCD risk can be mitigated by modifying certain risk factors, like smoking. Globally, NCD burden is highest in many middle-income countries. For example, 31.5% of 2019 deaths in the Russian Federation were attributable to ischemic heart disease, and 18.3% to stroke. Moreover, the past 30 years have been marked by a shift away from communicable diseases (COVID-19 notwithstanding) and toward non-communicable disease burden.

Meanwhile, while NCD-related development assistance for health has grown over the past 30 years, spending on NCDs has not necessarily kept pace with the burden the group of conditions cause. A total of $887.0 million was directed toward NCD DAH in 2020, an increase of 4.7% from 2019. Between 1990 and 2020, total NCD DAH grew 1,560.6%, while overall DAH grew 574.0%. Meanwhile, as a portion of total DALYs, NCDs grew 20.7%. In 2019, NCDs caused 74.4% of global deaths (compared to communicable diseases and injuries), while in 1990 they caused 31.0% of global DALYs.

Figure A shows non-communicable disease DAH by channel of assistance between 1990 and 2020; WHO and NGOs remain the largest channels of non-communicable disease DAH. And Figure B shows non-communicable disease DAH received by program area in 2020. Excepting the “other” category, mental health and HSS were the top two NCD program areas by DAH received in 2020. By source, as shown in Figure C, private philanthropy (such as the Bloomberg Philanthropies) has grown as a source of non-communicable disease DAH.
**GLOBAL HEALTH FINANCING PROFILE: NON-COMMUNICABLE DISEASES**

**Figure B**

*2019 and 2020 estimates are preliminary.*

*“Other” captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.*

**Figure C**

*2019 and 2020 estimates are preliminary.*

“Other governments” include Armenia, Azerbaijan, Bangladesh, Belgium, Bhutan, Bolivia, Bulgaria, Cambodia, Cameroon, Central African Republic, Chad, Colombia, Costa Rica, Democratic Republic of the Congo, Denmark, Egypt, Estonia, Ethiopia, Finland, Gabon, Guinea, Hungary, Ireland, India, Indonesia, Iraq, Iran, Israel, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Madagascar, Maldives, Mali, Moldova, Myanmar, New Zealand, Nigeria, Oman, Pakistan, Palestine, Peru, Poland, Portugal, Qatar, Romania, Russia, São Tomé and Príncipe, Saudi Arabia, Senegal, Singapore, Slovakia, Slovenia, South Africa, South Korea, South Sudan, Sudan, Sweden, Switzerland, Syria, Taiwan (province of China), Thailand, Turkey, Ukraine, United Arab Emirates, Yemen, and Zimbabwe. “Other sources” captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed. Health assistance for which we have no source information is designated as “Unidentified.”

---

**FIGURE B Development assistance for non-communicable diseases by program area, 1990–2020**

- **Other**
- **Human resources**
- **Health systems strengthening**
- **Mental health**
- **Tobacco**

**FIGURE C Development assistance for non-communicable diseases by source of funding, 1990–2020**

- **Unidentified**
- **Japan**
- **Netherlands**
- **Norway**
- **Spain**
- **France**
- **Germany**
- **United Kingdom**
- **United States**

Source: IHME

©2021 Institute for Health Metrics and Evaluation (IHME), University of Washington.