

ACCESS ACCELERATED: YEAR ONE REPORT 2017



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LETTER FROM THE CEOS

“We envision a future where no one dies prematurely from treatable, preventable diseases and that all people living with, or at risk of, non-communicable diseases have access to appropriate, quality, and affordable prevention, treatment and care.”

Last year, we came together as an industry to launch Access Accelerated – an initiative that aims to make a meaningful difference to people’s lives.

Our goal is to work in partnership to help address the enormous burden of non-communicable diseases (NCDs) in low- and middle-income countries (LMICs). In doing so, we aim to support progress on the United Nations Sustainable Development Goals (SDGs).

NCDs are now the leading cause of death and disability worldwide¹. Treatment and care for many of these diseases – like cancer and diabetes – is often complex and requires long-term monitoring. A staggering 80% of premature deaths from NCDs are in LMIC¹, and without adequate infrastructure, medical staff and resources, the consequences for patients suffering in these countries are devastating. The impact for global sustainable development is equally profound and therefore the United Nations outlined a specific goal to reduce premature deaths from NCDs by one-third by 2030.

By placing multi-sectoral collaboration at the heart of our approach, Access Accelerated has begun to establish a portfolio of integrated NCD care projects in LMICs. Working closely with the World Bank, 2017 saw provincial pilot programmes launched in Kenya, focused on early screening, diagnosis and basic treatment at community and primary healthcare levels. Further pilot programmes will begin in 2018 in El Salvador and Vietnam.



We are also working in close partnership with the Union for International Cancer Control's (UICC) City Cancer Challenge, a ground-breaking initiative to enhance quality cancer care at a city level. Four Key Learning Cities launched in this first year are up and running – Cali in Colombia, Asunción in Paraguay, Yangon in Myanmar and Kumasi in Ghana. We are now identifying gaps to develop sustainable solutions that can be scaled-up and applied to other cities.

As part of our commitment to increase our own individual company efforts, we launched or extended 27 company access programmes in 2017. These programmes span 15 LMICs and eight disease areas.

Critical to Access Accelerated is our ability to track progress and continuously adapt our approach. We have put independent measurement at our core by working with Boston University's School of Public Health to develop a framework that will rigorously measure and evaluate our programmes.

In 2018, we will build on the progress made in year one. To contribute to the achievement of SDG 3.4, which targets a reduction in the number of premature deaths from NCDs and the promotion of mental health and well-being, we must continue to listen, learn, work across silos and put the patient at the centre of all our efforts.

We will launch our remaining pilots, advance learnings across programmes, and expand local dialogues on how to advance NCD care in alignment and collaboration with country stakeholders.

As we reflect on 2017's activities and achievements in this report, we would like to thank all of our partners and colleagues, who have worked tirelessly to improve people's health.

ALMIRALL

ASTELLAS

BAYER

BRISTOL-MYERS SQUIBB

CELGENE

CHUGAI

DAIICHI SANKYO

EISAI

ELI LILLY & CO

GSK

JOHNSON & JOHNSON

MENARINI GROUP

MERCK

MSD

NOVARTIS

PFIZER

ROCHE

SANOFI

SHIONOGI

SHIRE

SUMITOMO DAINIPPON

TAKEDA

UCB



1

YEAR IN BRIEF





YEAR ONE IN BRIEF

A SNAPSHOT OF OUR FIRST
YEAR IN OPERATION

TWENTY SEVEN
NEW OR EXTENDED
COMPANY PROGRAMMES

AIMED AT IMPROVING ACCESS
TO PREVENTION, TREATMENT AND
CARE ACROSS NCD AREAS

THREE WORLD BANK
PILOTS DESIGNED

62 COMPANY PROGRAMMES
REGISTERED INTO THE
ACCESS OBSERVATORY



TWENTY THREE
MEMBER
COMPANIES

JOINED FORCES AS
ACCESS ACCELERATED



FOUR UICC C/CAN
2025 LEARNING
CITIES IDENTIFIED



ONE
DISEASE-SPECIFIC
PARTNERSHIP
PROJECT LAUNCHED
THE UICC'S
C/CAN 2025:
CITY CANCER
CHALLENGE





2

THE CHALLENGE





THE GROWING BURDEN OF NON- COMMUNICABLE DISEASES

Global average life expectancy has increased significantly over recent decades² and current predictions suggest it will continue to rise³. By 2025 it is estimated to be 73 years of age; an increase of eight years since 1995³. This is largely due to the progress that has been made in tackling infectious diseases and maternal and neonatal mortality⁴. However, whilst such diseases – specifically infectious ones like HIV/AIDS and malaria – have consumed international attention and global health resources, non-communicable diseases (NCDs) – like cancer and diabetes – have emerged as a significant public health threat, accounting for 40 million deaths a year and 70% of all deaths globally¹.

NCDs typically affect people for a longer period of time and are caused by a range of factors that have intensified over recent years, including unplanned urbanisation, population ageing and the globalisation of unhealthy lifestyles (such as the consumption of alcohol, tobacco and unhealthy foods)¹.

NCDs account for 40 million deaths a year.

The majority of deaths can be attributed to four main types of NCDs:¹

NCD	Deaths annually (millions)
Cardiovascular diseases	17.7
Cancers	8.8
Respiratory diseases	3.9
Diabetes	1.6

NCDs are inextricably linked with poverty. A change in behaviours, including alcohol abuse; the consumption of more processed foods; an increase in sedentary lifestyles; and high rates of urbanisation is resulting in a larger incidence of NCDs in low- and middle-income countries (LMICs)¹. This trend, coupled with the fact that healthcare systems in developing countries are often ill-equipped to cope with the growing burden of NCDs (due to lack of resources and expertise in these areas), means LMICs are disproportionately affected by chronic diseases. A staggering 80% of premature deaths from NCDs occur in LMIC¹ and in 2015, 3.8 million more lives were lost to NCDs in developing countries than 15 years ago⁵.

The high cost of NCD-related healthcare and the reduced productivity of patients leads to a loss of household income, generating a cycle of poverty and stifling development⁶. On a larger scale, it is estimated that NCDs will cost LMICs US\$21 trillion over the next three decades, posing a significant threat to the achievement of the Sustainable Development Goals (SDGs)⁷. Even despite recent progress made, LMICs also continue to suffer from high rates of infectious diseases and maternal and child mortality. This compounds the impact of NCDs and results in a double burden of disease.



“IF WE DON’T OVERCOME THE SCOURGE OF THE NCD EPIDEMIC, WE WILL NEVER BE ABLE TO ENSURE THAT TODAY’S CHILDREN HAVE A SAFE, FAIR, AND PROSPEROUS FUTURE.”⁸

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General



THE CHALLENGES OF ACCESS: A MULTI- DIMENSIONAL PROBLEM

Access to treatment and care for NCDs is a multidimensional challenge. The barriers can span the entire healthcare system from health literacy and education; screening and diagnosis; a lack of trained healthcare professionals and infrastructure; the provision and funding of care; and the usage of and adherence to treatment. In LMICs, these barriers are particularly profound and it is in these countries that patients most often have to pay for treatment themselves.

For efforts to identify and break down barriers to access, action must focus on strengthening the entire healthcare system.

The traditionally high rates of infectious diseases and maternal and child mortality in developing countries has largely shaped the evolution of their healthcare systems. The increasing burden of NCDs, however, requires these healthcare systems to invest significant resources to develop new and different strategies that are tailored to the prevention, management and financing of chronic diseases. This is extremely challenging as health systems in developing countries face significant

financing shortages. Only a fraction of development assistance on health is channelled to NCDs⁴. This is mirrored within countries with total national spending on healthcare in low-income countries amounting to less than 1% of the expenditure of high-income countries⁴.

For efforts to identify and break down barriers to access, action must focus on strengthening the entire healthcare system and tailoring to its individual needs, country by country; city by city. To help achieve this, Access Accelerated has grounded its strategy in strategic action areas, which together guide all work by member companies and partners towards achieving our collective goal of reducing premature deaths from NCDs by one-third, by 2030.



A STAGGERING 80% OF PREMATURE DEATHS FROM NCDs OCCUR IN LMICs AND IN 2015, 3.8 MILLION MORE LIVES WERE LOST TO NCDs IN DEVELOPING COUNTRIES THAN 15 YEARS AGO.¹



3 OUR STRATEGY





OUR STRATEGY

OUR STRATEGY IS CENTRED AROUND THE VARIETY AND COMPLEXITY OF THE CHALLENGES FACED BY COMMUNITIES DEALING WITH THE GROWING BURDEN OF NON-COMMUNICABLE DISEASES (NCDs).

By distilling our activities into core action areas, outlined on the right, we are able to focus our efforts to improve people's health and achieve our ultimate goal of contributing to reducing premature deaths from NCDs by one-third by 2030.

Underpinning all actions are the five core, cross-cutting principles that we believe are fundamental to our ability to make a positive difference to people's lives in low- and middle-income countries (LMICs).

We envision a future where no one dies prematurely from treatable, preventable NCDs.

VISION

A future where no one dies prematurely from treatable, preventable NCDs.

MISSION

Lead private sector engagement in driving access to NCD prevention, treatment and care for patients around the world.

ACTION AREAS

1. INDIVIDUAL COMPANY COMMITMENTS

Catalyse a scale-up of new and existing company programmes to increase access to NCD prevention, treatment, and care for underserved populations across the world.

2. TARGETED PILOTS TO ADDRESS BARRIERS TO ACCESS

Collaborate with the World Bank Group to accelerate access to care, medicines and technologies through sustainable, scalable solutions.

3. BROAD, DYNAMIC PARTNERSHIPS

Build partnerships to understand the full range of access barriers, adding value to current efforts and/or creating new initiatives where needed.

PRINCIPLES

Patient-centred accountability
Local ownership and engagement
Equitable, sustainable solutions
Substantive partnerships
Quality and continuous learning

GOAL: SUPPORT THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOAL 3.4 TO REDUCE DEATHS FROM NCDs BY ONE-THIRD BY 2030.

1. COMPANY COMMITMENTS

THROUGH CATALYSING NEW AND EXISTING COMPANY PROGRAMMES, WE ARE WORKING TO INCREASE ACCESS TO NCD PREVENTION, TREATMENT, AND CARE FOR LOW- AND MIDDLE-INCOME POPULATIONS.

These programmes, some of which are featured in more detail at www.accessaccelerated.org, span disease areas and geographies, and are focused on tackling a broad range of challenges to access in order to meet the specific needs of people at risk of, or suffering from, NCDs.

We have supported Boston University School of Public Health in their development of the *Access Observatory* and a metrics framework. We will be able to see and share what works, what does not, and the difference our efforts are having on people's lives. More on the metrics framework can be found at www.accessobservatory.org

2017 saw 27 programmes launched or extended. These, together with other ongoing company programmes, are testament to our collective, ongoing commitment to working closely with communities facing the growing burden of NCDs.



2. WORLD BANK GROUP PILOTS

WE ARE COLLABORATING WITH THE WORLD BANK GROUP TO ESTABLISH A PORTFOLIO OF INTEGRATED NCD CARE PILOT PROJECTS THAT CAN INFORM SCALE-UP AT NATIONAL LEVEL AND SERVE AS AN ENTRY POINT FOR INNOVATIVE FINANCING FOR NCDs.

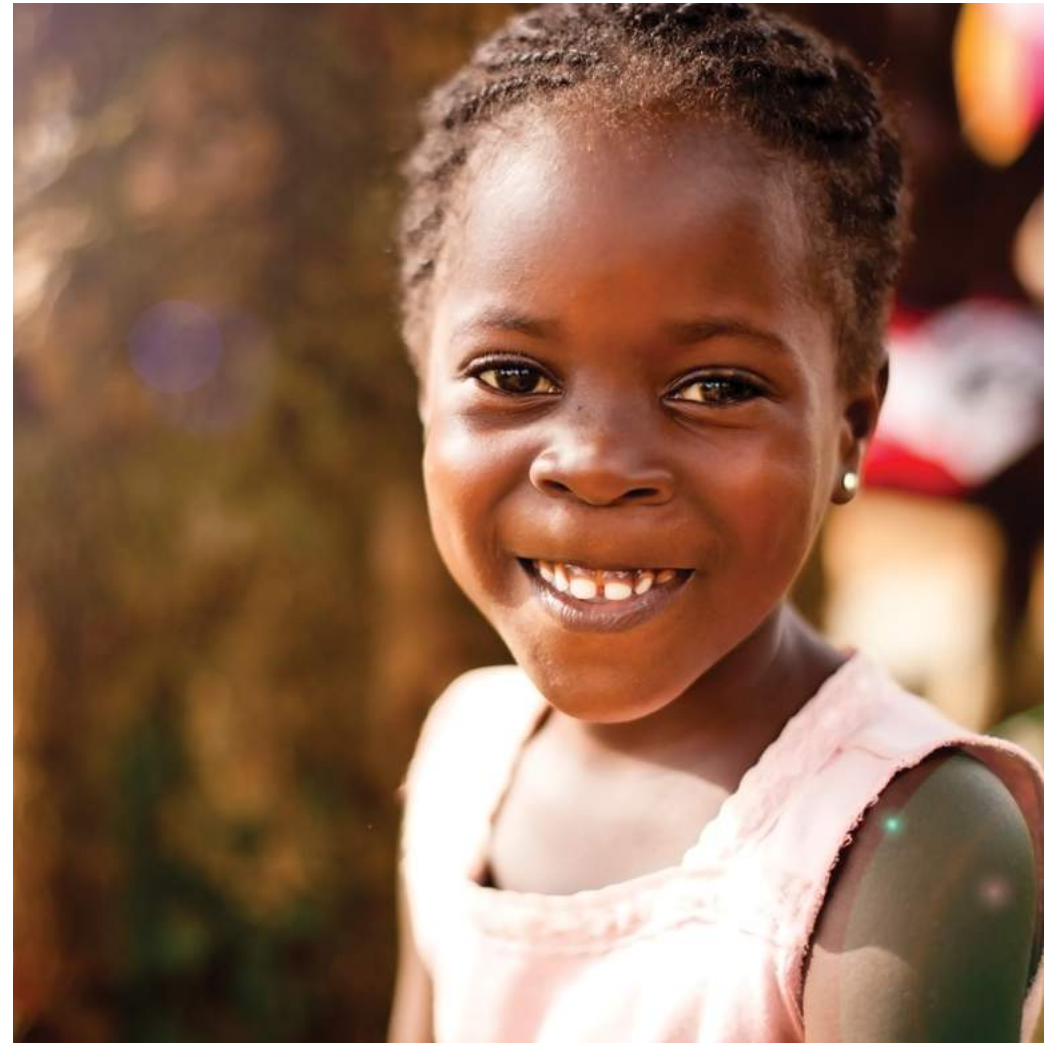
Through these pilot programmes we are testing ways to improve the treatment of NCDs and strengthen health systems in LMICs.

By focusing on deeper community engagement, testing point of care diagnostics, and trialling different screening strategies, we hope to improve early screening and referral for conditions including hypertension, diabetes, kidney disease, cervical and breast cancer.

By harnessing efforts to integrate NCD services at primary healthcare facilities, we aim to improve the provision of basic treatment for people suffering with the above diseases and strengthen the referral systems needed for further treatment.

We are taking a 'learning by doing' approach, supported by a strong operational research agenda to ensure we are learning – and sharing – what works. We will continue to work with the World Bank Group to extend these pilot programmes at a country-level through ongoing work with the government on financing, regulatory and other barriers to access.

More about the pilot programmes and progress made in 2017 can be found [here](#).





3. BROAD, DYNAMIC PARTNERSHIPS

OUR COMMITMENT TO PARTNERSHIPS, CENTRED AROUND LOCAL CONTEXT, NEEDS AND PRIORITIES, AIMS TO PROVIDE A MORE EFFECTIVE AND HOLISTIC NCD RESPONSE.

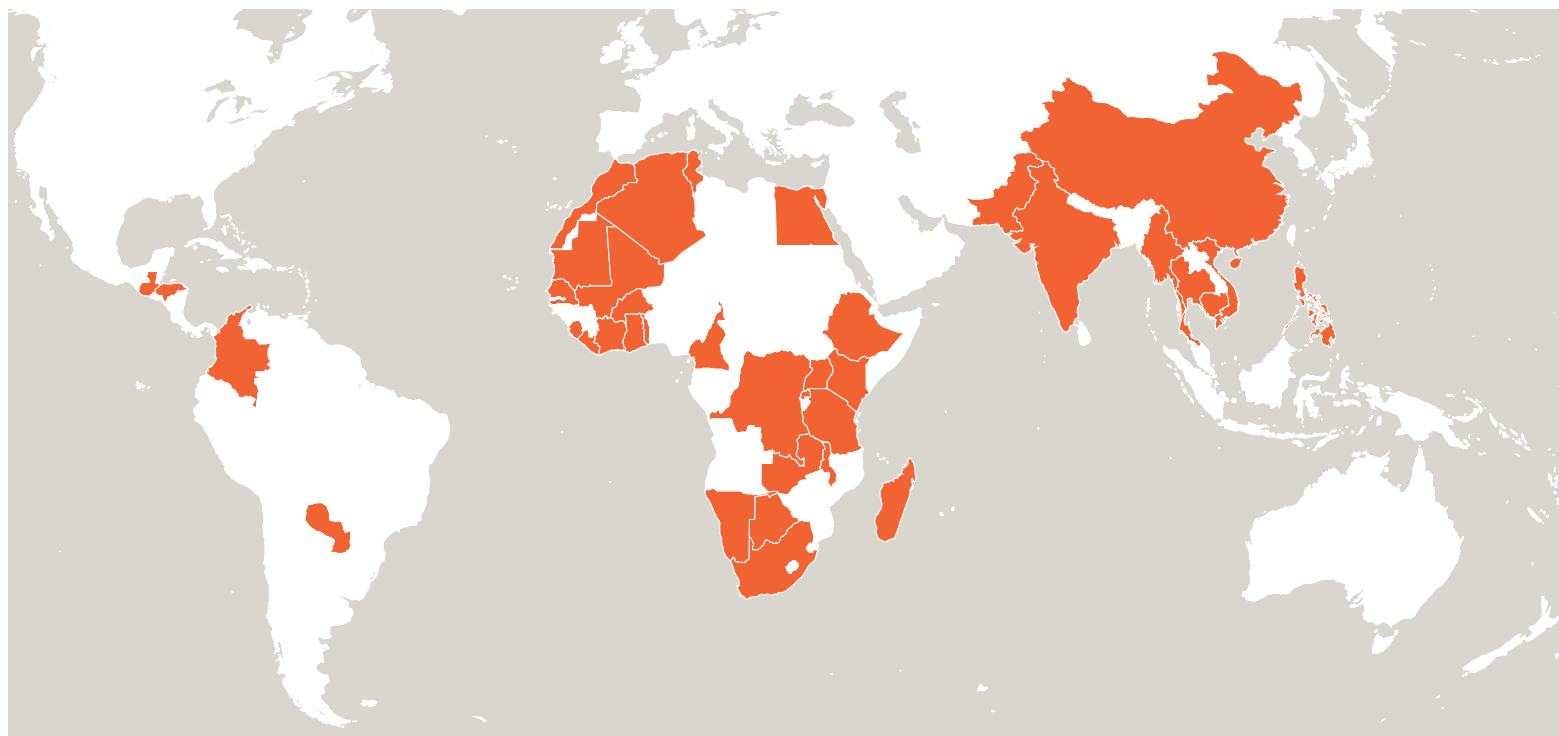
Fundamental to our strategy is the forging of partnerships with organisations specialising in each of the major NCD areas. In 2017, we kick-started this approach by focusing on an initial, specific disease – cancer – and partnering with the Union for International Cancer Control (UICC). As a founding member of the UICC's C/Can 2025: City Cancer Challenge, we are supporting the development of effective and sustainable cancer care delivery models in selected cities. More about C/Can 2025 and progress made in 2017 can be found [here](#).

Recognising the critical importance of identifying truly sustainable solutions, we place particular emphasis on capacity-building at a local level, and are working with country-level stakeholders, and implementers and partners, including **World Heart Federation, BIO Ventures for Global Health, NCD Alliance** and **PATH** in addition to **UICC**.



4 COMPANY PROGRAMMES

HIGHLIGHTS OF LAUNCHED, EXTENDED AND ONGOING COMPANY PROGRAMMES



Improving Access to Epilepsy Care in Rwanda



ASTELLAS

PROGRAMME: ACTION ON FISTULA PHASE II
COUNTRY FOCUS: KENYA
DATE: 2017 – ONGOING
DISEASE(S): OBSTETRIC FISTULA, OBSTETRICS,
SURGICAL CARE, WOMEN'S HEALTH

Challenge: Women with obstetric fistula are often stigmatised, denied access to education and employment, and live in isolation and poverty. Around one to two million women live with fistula in developing countries (UNFPA).

Aim: Astellas is supporting the Fistula Foundation in their aim to treat 4,500 women with obstetric fistula in Kenya by 2020 while continuing to build capacity to deliver more surgeries.

Action: Phase II will increase treatment capacity by extending its network up to eight facilities, training an additional six surgeons and ten fistula nurses and providing twenty support groups for recovering patients.

Results: By the end of 2017, the programme had enabled surgeries for 3,164 women with obstetric fistula, conducted 10,093 outreach activities, and reached 845,578 community members with fistula awareness messages. In addition, the programme has established a treatment network of six hospitals, built flagship Gynocare Women's and Fistula Hospital in Eldoret, and trained 6 fistula surgeons and 295 community health workers.

BAYER

PROGRAMME: WORKPLACE HEALTH
EDUCATION INITIATIVE
COUNTRY FOCUS: LOW-INCOME COUNTRIES
DATE: 2016 – ONGOING
DISEASE(S): AWARENESS OF CRITICAL HEALTH ISSUES
& IMPROVEMENT OF HEALTH-RELATED BEHAVIOURS

Challenge: Global supply chains provide valuable economic opportunities for women around the world, including 60 million women across the developing world who work in the garment industry. However, the lack of adequate access to health information and health services and products impedes women from achieving their full potential.

Aim: To create an education package focused on women's health issues as women increasingly make up a large portion of the formal workforce.

Action: Bayer and RAISE Health develop educational health materials for workplaces, which are used by Business for Social Responsibility's (BSR) women's health programme, HERproject. As RAISE Health has an existing partnership with BSR, these materials are distributed to the 200 supplier companies that work for the HERproject initiative. The partnership also works with the International Labor Organization's "Better Work program" (with the World Bank's International Finance Corporation) in eight countries where the organisation is monitoring workplace compliance.

Results: Through BSR and "Better Work", this partnership reaches more than 1 million workers. The materials are produced as open source so any brand, retailer, and supplier can use them.

BRISTOL-MYERS SQUIBB (BMS)

PROGRAMME: GLOBAL HOPE
COUNTRY FOCUS: BOTSWANA, MALAWI AND UGANDA
DATE: 2017 – ONGOING
DISEASE(S): PAEDIATRIC BLOOD DISORDERS,
PAEDIATRIC CANCERS

Challenge: In Sub-Saharan Africa, the mortality rate of children with cancer is as high as 90%, due to an inadequate healthcare infrastructure and lack of healthcare workers trained to treat children with cancer.

Aim: To build long-term capacity for treating and dramatically improving the prognosis of thousands of children with cancer and blood disorders in southern and eastern Africa.

Action: Global HOPE partners with local governments to build medical capacity for diagnosing and treating paediatric blood disorders and cancer. The BMS Foundation, Texas Children's Cancer and Hematology Centers (TXCH) and Baylor International Paediatric AIDS Initiative (BIPAI) are creating a paediatric haematology-oncology treatment network, funding the training of healthcare providers, and building clinical infrastructure and operations. The USD \$100 million programme is also creating significant clinical, educational and research capabilities.

Results: In its first year, Global HOPE cared for over 1,000 children with cancer and blood disorders in Botswana, Malawi and Uganda, and trained 369 healthcare professionals.

CELGENE

PROGRAMME: AMPATH ONCOLOGY PARTNERSHIP
COUNTRY FOCUS: KENYA
DATE: 2011 – ONGOING
DISEASE(S): CANCER, MULTIPLE MYELOMA

Challenge: Healthcare capacity, diagnostic support and comprehensive care to identify and treat cancer patients.

Aim: To support a sustainable and comprehensive cancer care programme in western Kenya.

Action: Since 2011, Academic Model Providing Access to Healthcare (AMPATH) and Celgene have partnered with the Government of Kenya to deliver healthcare services and community engagement for equity, research and leadership in healthcare. This includes multiple myeloma (MM) care, pharmacovigilance, patient education and pharmacy residency programmes.

Results: The MM programme, the first in Kenya, is now in 16 outreach sites increasing diagnosis from five new patients/year (2010) to 60/year (2017). The partnership includes education on MM for healthcare providers, patients and communities, and a new regional higher diploma training in Oncology for Physician extenders. The partnership has also extended anticoagulation care to 2,400 patients; developed a tablet-based electronic medical record system and implemented biopharmaceutical supply chain and inventory control mechanisms amongst other programmes.



DAIICHI SANKYO

PROGRAMME: **CULTIVATING HEALTHCARE WORKERS IN CHINA**
COUNTRY FOCUS: **CHINA**
DATE: **2015 – ONGOING**
DISEASE(S): **ANAEMIA, ANOMALOTROPHY**

Challenge: In China, child mortality rates in rural areas are up to five times higher than in urban areas, and approximately 40% of children under the age of five in rural regions are stunted.

Aim: To improve access to medical and nutritional services for children and their mothers in rural China.

Action: In partnership with Plan International, Daiichi Sankyo is implementing a project targeting approximately 60,000 households across six townships in Guangan County, Yunnan province; an area that has a particularly high number of children suffering from developmental disorders. The project is training community healthcare workers through a series of Integrated Management of Childhood Illness (IMCI) strategy training programmes. The initiative has also established a community centre to offer education on child health and nutrition to local people and improve the capability of community paediatric care.

Results: Since 2015, an estimated 260 healthcare professionals have taken part in the IMCI training and 200 people have taken part in the Essential Newborn Care training. In addition, approximately 9,900 local residents have taken part in educational programmes.

EISAI

PROGRAMME: **REMEMBER I LOVE YOU**
COUNTRY FOCUS: **CHINA**
DATE: **2015 – ONGOING**
DISEASE(S): **DEMENTIA**

Challenge: In China, there is low awareness around dementia and appropriate care. Only one in five dementia patients are formally diagnosed, and of those diagnosed, only 19.6% receive appropriate treatment.

Aim: To promote a better understanding and early diagnosis of dementia in China.

Action: Eisai launched a public awareness campaign with partners China Population Welfare Foundation and Alzheimer's Disease Chinese, to counter stereotypical views and misconceptions of dementia. The campaign, which ran throughout 2016 and 2017, features experts and healthcare providers in conversations around dementia diagnosis and care. Eisai also co-established a social media platform in partnership with the China Population Welfare Foundation, called "Yellow Wristband" to provide education on dementia, self-assessment and drug compliance. In addition, the programme coordinates community activities, which includes home visits to ageing residents and elderly nursing homes to understand the true needs of the ageing population and dementia patients.

Results: In 2017, the community activities reached more than 1,200 people, and 252 educational articles were published on Yellow Wristband. By the end of March 2018, 51,523 people had registered on the platform.

ELI LILLY & COMPANY

PROGRAMME: **COMMUNITY AND PRIMARY CARE RESPONSE TO NCDS**
COUNTRY FOCUS: **SOUTH AFRICA**
DATE: **2012 – ONGOING**
DISEASE(S): **DIABETES, HYPERTENSION**

Challenge: An estimated 60% of people with diabetes go undiagnosed in South Africa. Despite increased screening for diabetes and hypertension, there are no routine mechanisms to confirm diagnosis and link people to quality care.

Aim: To strengthen diagnosis, treatment and care at community and primary levels to improve outcomes for people with diabetes and/or hypertension.

Action: The Lilly Global Health Partnership works with Project HOPE, University of Pretoria and the Department of Health to improve awareness, screening and care for diabetes and hypertension in an informal settlement of 80,000 people. Efforts are underway to provide a replicable and scalable comprehensive model of care. This includes training healthcare workers, establishing referral and follow-up mechanisms and upskilling staff. Over the next five years, the model will be refined to identify barriers at the clinic and patient level, and pilot primary care facility insulin initiation and titration.

Results: By 2017, 14,000 community members received screening and education; over 2,600 community members received continuous care and 830 patients accessed medicine; 500 patients enrolled in community support groups; and 146 staff upskilled in management of diabetes and hypertension.

JOHNSON & JOHNSON

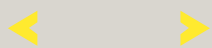
PROGRAMME: **MSSI SURGICAL SKILLS TRAINING PROGRAMME**
COUNTRY FOCUS: **WEST AFRICA**
DATE: **2005 – ONGOING**
DISEASE(S): **NON-COMMUNICABLE DISEASES**

Challenge: In view of the large projected increase in the incidence of cancer, cardiovascular and metabolic diseases in LMICs, the need for surgical services in these regions will continue to rise substantially from now until 2030.

Aim: To provide the best available medical and surgical training using modern equipment facilities and technology to advance healthcare in West Africa.

Action: In partnership with the West Africa College of Surgeons, Johnson & Johnson established The Medical and Surgical Skills Institute (MSSI). Johnson & Johnson provides strategic input, links to leading surgical experts and supplies for surgical training. Dedicated faculty from collaborating educational institutions and healthcare organisations provide practical, clinical and academic training in areas including diabetes management, basic surgical skills and management and leadership skills for physicians.

Results: The MSSI has become a centre of excellence for advanced healthcare training in West Africa. More than 16,000 healthcare providers have received critical skills training. MSSI also provides courses at regional and district hospitals in four cities in Ghana as well as in medical and educational facilities in Sierra Leone, Liberia, Nigeria and Congo.



MENARINI GROUP

PROGRAMME: MEDICINE DONATION PROGRAM (UNDER EVALUATION)
COUNTRY FOCUS: SUB-SAHARAN TERRITORY
DATE: END OF 2017-ONGOING
DISEASE(S): CARDIOVASCULAR DISEASES

Challenge: The Menarini Group's commitment is focused on patients affected by cardio-metabolic diseases, which is the main cause of deaths globally. In 2015, 75% of deaths resulting from cardiovascular diseases (CVDs) occurred in LMICs, where they were detected too late.

Aim: To increase patients' access to CVD treatments, which is often hindered due to the unaffordability of treatments for a large portion of the population in LMICs.

Action: The objective is to fill in the gaps in terms of medicine accessibility according to Menarini's portfolio, which includes antihypertensives, anti-diabetics and drugs for CVDs. By providing therapeutic solutions to patients, a real contribution can be given that improves their life expectancy.

Results: It is currently too premature to report results given the programme is in its early stages.

MERCK FOUNDATION

PROGRAMME: MERCK CANCER ACCESS PROGRAMME
COUNTRY FOCUS: SUB-SAHARAN AFRICA
DATE: 2015 – ONGOING
DISEASE(S): CANCER

Challenge: Many African countries suffer from a scarcity of trained healthcare workers capable of managing the prevention, early diagnosis and ongoing treatment of cancer.

Aim: To reduce the incidence of cancer and improve survival rates by building healthcare capacity, implementing specialised cancer care solutions, and running community prevention and early diagnosis awareness campaigns.

Action: Merck is collaborating with global oncology societies, academia and ministries of health to drive initiatives to increase the limited number of oncologists across Africa, especially in countries where they do not have even one oncologist such as, Gambia, Liberia and Guinea. Merck is also working on initiatives to empower female cancer survivors and share accurate cancer information through empowering programmes and social media campaigns to tackle myths, misconceptions and stigma surrounding the disease and to reintegrate survivors into society.

Results: To date, up to 30 healthcare providers from more than 15 African countries have enrolled in the one and two year Merck Africa Oncology Fellowship Programme.

MSD

PROGRAMME: PROJECT ECHO
COUNTRY FOCUS: INDIA AND VIETNAM
DATE: 2017 – ONGOING
DISEASE(S): CANCER, DIABETES, HEPATITIS C, HIV, MENTAL HEALTH, TB

Challenge: Primary care providers working in rural or remote settings often lack the specialist training to manage and treat patients with complex conditions.

Aim: To strengthen the capacity of local healthcare systems by improving the quality and performance of the health workforce and expanding access to specialty care for complex, chronic conditions within local communities.

Action: Project ECHO (Extension for Community Healthcare Outcomes) is enabling medical specialist teams to mentor primary care providers through virtual clinics and a community health worker programme. In collaboration with local partners, the company's Foundation is committing US\$7 million over five years to support the replication of Project ECHO in underserved communities in India and Vietnam.

Results: ECHO hubs in India have nearly doubled from 7 to 12. These hubs now run 23 teleECHO programmes across multiple chronic conditions.

NOVARTIS

PROGRAMME: NOVARTIS ACCESS
COUNTRY FOCUS: LOWER-INCOME COUNTRIES IN AFRICA AND ASIA
DATE: 2015 – ONGOING
DISEASE(S): BREAST CANCER, CARDIOVASCULAR DISEASES, TYPE 2 DIABETES, RESPIRATORY DISEASES

Challenge: Approximately 31 million people die annually from chronic diseases in developing countries, representing more than 80% of deaths from NCDs globally.

Aim: To increase availability and affordability of treatments for NCDs and strengthen health systems.

Action: Novartis Access offers a portfolio of 15 medicines to treat type 2 diabetes, cardiovascular diseases, respiratory illnesses, and breast cancer. These medicines are offered to governments, NGOs and other public-sector healthcare providers for USD 1 per treatment, per month (ex-factory). The goal is to extend the portfolio to 30 countries over the coming years. Novartis Access also works with partners to offer capacity-building activities.

Results: Novartis Access has signed memoranda of understanding in Kenya, Ethiopia, Rwanda, Pakistan, Uganda and Cameroon. Since launch, the programme has delivered more than 800,000 monthly treatments in four of these countries and signed 13 capacity-building agreements. In Kenya and Cameroon, the programme offers screening and diagnosis for diabetes and hypertension and in Ethiopia, Tanzania, Uganda and Rwanda it is helping to strengthen the continuum of care for cancer.



PFIZER

PROGRAMME: **HEALTHY COMMUNITIES**
COUNTRY FOCUS: **MYANMAR AND VIETNAM**
DATE: **2017 – ONGOING**
DISEASE(S): **HYPERTENSION, STROKE**

Challenge: Approximately 25% of all adults in Myanmar and Vietnam have hypertension, which can lead to strokes, a leading cause of mortality in both countries.

Aim: To reduce the barriers that limit hypertension detection, screening, and treatment adherence.

Action: In partnership with Population Services International (PSI), Pfizer is helping to improve the diagnosis and treatment of hypertension by providing sustainable and scalable models of hypertension management to underserved communities. The programme aims to screen up to 500,000 people and train up to 400 healthcare workers in 360 private sector health facilities. Activities include country-specific communication efforts to increase awareness and understanding of hypertension among adults age 40 and older. The initiative also includes delivery of health care provider training and tools to improve access to quality hypertension screening and treatment services in private clinics and pharmacies serving low-income communities.

Results: Through January 2018, the programme trained 485 healthcare providers and screened more than 313,000 patients.

ROCHE

PROGRAMME: **UNMOL (URDU FOR “PRECIOUS”), PAKISTAN**
COUNTRY FOCUS: **PAKISTAN**
DATE: **2017 – ONGOING**
DISEASE(S): **CANCER CARE**

Challenge: Pakistan's per capita income is as low as \$1629 per annum and health care expenditure is only 2.8% of GDP. This means that many patients in Pakistan are denied access to appropriate cancer care.

Aim: To address the lack of cancer care in Pakistan and make medicines affordable to more people.

Action: In partnership with the Federal Government of Pakistan, Roche launched 'UNMOL', a Patient Support Programme (PSP) to increase access to cancer medicines. It offers a sustainable financial solution for those in need of oncology treatment by supporting patients unable to complete their treatment and those that cannot afford even a single treatment cycle. Partially affording patients are supported with a number of treatment cycles based on their financial status. For completely non-affording patients, Roche and the Pakistan Federal Government cover the entire treatment free of cost.

Results: More than 1100 patients are already being treated as part of the programme.

SANOFI

PROGRAMME: **MY CHILD MATTERS**
COUNTRY FOCUS: **ACROSS 19 COUNTRIES**
DATE: **2006 – ONGOING**
DISEASE(S): **CANCER, CHILDHOOD CANCERS, CHILDREN'S HEALTH, PALLIATIVE CARE**

Challenge: Eight out of ten children and adolescents diagnosed with cancer live in countries with limited access to care resources, medical information and timely diagnosis.

Aim: To ensure children receive the same cancer care regardless of where they live by generating sustainable actions and bringing countries together to share experiences and ideas for tackling childhood cancer.

Action: The programme is providing financial support, collaboration with international experts, mentor/mentee initiatives and networking for project developers to share experiences and best practice. In addition, the programme is helping to build capacity in local communities by training healthcare professionals, creating and disseminating relevant information about childhood cancer, encouraging earlier detection, and improving access to treatment and care.

Results: Since 2006, 58 projects in 42 countries have helped train 20,000 healthcare professionals and treat over 75,000 children. In 2017, 18 projects are in progress, including 3 new ones.

SHIONOGI

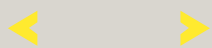
PROGRAMME: **MOTHER TO MOTHER PROJECT**
COUNTRY FOCUS: **KENYA**
DATE: **2015 – ONGOING**
DISEASE(S): **MATERNAL, NEWBORN AND CHILD HEALTH, MALNUTRITION**

Challenge: Kenya's Narok County is burdened by extremely low rates of prenatal care, few skilled medical workers and a lack of adequate health facilities, contributing to maternal mortality rates that are 77 times higher than in Japan.

Aim: To build self-sustainable communities and contribute to the reduction of maternal and child mortality by increasing access to maternal, newborn and child health services and reducing malnutrition.

Action: The project is funded in part through proceeds from sales of maternal care multivitamins in Japan. Shionogi is working in partnership with international NGO World Vision and in November 2016, they successfully reconstructed a health dispensary. Shionogi is also working with the Ministry of Health to promote community advocacy, train healthcare workers and implement educational campaigns. The ultimate goal for this five-year project is for the community, including the clinic and its services, to become self-sufficient.

Results: The number of patients is increasing yearly; as of September 2017, 515 pregnant women have received antenatal care and 471 children under the age of five have been immunised. In addition, 6,359 patients have visited the health dispensary.



SHIRE

PROGRAMME: INDIA HAEMOPHILIA HOME CARE
COUNTRY FOCUS: INDIA
DATE: 2015 – ONGOING
DISEASE(S): HAEMOPHILIA

Challenge: Haemophilia is a rare, chronic, lifelong condition. Given that the incidence of haemophilia is 1 in 10,000 births¹⁰, we estimate that haemophilia incidence in India is approximately 120,000 persons, of which only 15% are diagnosed¹¹. In developed economies, the standard of care is prophylactic (preventative) treatment at home to prevent and reduce bleeds and associated complications¹².

Aim: To reduce barriers to at-home prophylactic haemophilia care in India and strengthen this as the standard of care.

Action: In partnership with King Edward Medical College (KEM), Shire piloted a project in Mumbai to build capacity and generate evidence for an effective haemophilia home-care model¹³. The project enabled KEM to adopt a treatment protocol, set up infrastructure and empower caregivers and patients to self-administer treatment at home. Learnings of this pilot are being used to establish a “hub-and-spoke” system of high-standard haemophilia care in a number of Indian states.

Results: In 2017, about 50 children with haemophilia who took part in the programme in Mumbai, were on home prophylaxis, with a view to grow this number to 100 patients going forward. Initial measures of 18 patients of the pilot project showed an annual joint bleed rate reduction by 77%, and school absenteeism was reduced by 80%.

SUMITOMO DAINIPPON PHARMA

PROGRAMME: PROMOTING SOUND CHILD GROWTH PILOT PROJECT
COUNTRY FOCUS: CAMBODIA
DATE: 2015 – ONGOING
DISEASE(S): DIABETES, CARDIOVASCULAR DISEASES, CANCER, RESPIRATORY DISEASES, MENTAL & NEUROLOGICAL DISORDERS

Challenge: In rural areas of Cambodia, many children under two years old suffer from malnutrition, affecting their physical and mental development. Inequalities in healthcare have resulted from insufficient knowledge of caregivers and limited access to resources.

Aim: To promote sound and healthy growth of children under five years old, and strengthen health systems in Kampong Cham Province.

Action: The Promoting Sound Child Growth Pilot Project partners Sumitomo Dainippon with NGO PH-Japan, local governments, and health centres, to improve child health services. Through the project, Community Care volunteers for Mothers and New-borns (CCMN) are trained to conduct home visits and ensure that new-borns are up-to-date with vaccinations and growth monitoring. In addition, the CCMN are being trained to educate parents and caregivers on proper child nutrition and oral care.

Results: Since programme launch, 19 CCMNs have been trained and 241 home visits have been conducted, which included 119 postnatal women and 122 antenatal women. Antenatal, postnatal, nutrition and oral hygiene education have been provided through CCMN home visits.

TAKEDA

PROGRAMME: IMPROVING PALLIATIVE CARE FOR PATIENTS AND THEIR FAMILIES
COUNTRY FOCUS: KENYA
DATE: 2017 – ONGOING
DISEASE(S): CANCER

Challenge: Sub-Saharan Africa is facing a staggering NCD burden. There is an urgent need for high-quality, culturally-relevant palliative care services.

Aim: To equip healthcare professionals in Kenya with the systems, knowledge and skills needed to provide the best possible palliative care to patients and their families.

Action: Takeda is supporting the development and delivery of a Palliative Care Training Curriculum for cancer and other life-threatening illnesses. This includes updating the Kenyan national training curriculum, and converting it into digital learning content. The aim is to train at least 800 Healthcare Professionals (HCPs) and 500 Community Health Workers (CHWs), which will translate into improved care for over 100,000 patients and family members. Takeda is also supporting the development and maintenance of a digital platform for palliative care, which will enable the more accurate and efficient collection and management of patient data at the household, community and medical facility level.

Results: So far, over 800 HCPs and CHWs have been trained on the curriculum and content, following its development, alignment with government policy, and certification through relevant national and governmental procedures.

UCB

PROGRAMME: IMPROVING ACCESS TO EPILEPSY CARE IN RWANDA
COUNTRY FOCUS: RWANDA
DATE: 2015 – ONGOING
DISEASE(S): EPILEPSY

Challenge: People living with epilepsy in Rwanda are often stigmatised and shunned by local communities. Healthcare professionals lack specialist knowledge and access to neurological equipment in order to diagnose, treat and manage the condition for patients.

Aim: To improve the quality of life and access to neurological care for persons living with epilepsy in Rwanda by building local healthcare capacity.

Action: UCB is partnering with international NGO Fracarita Belgium, local NGO OneFamilyHealth and the Rwandan Organisation Against Epilepsy to increase awareness about epilepsy amongst the general population, health care workers and health authorities. The partnerships also aims to encourage acceptance of people living with the disease, and increase the medical and scientific knowledge of health care workers to help manage the condition.

Results: In 2017, 1,283 agents from 432 villages participated in one-day epilepsy training and 143 healthcare professionals received a four-day training in epilepsy disease management, adherence to treatment and early diagnosis. In addition, the UCB Societal Responsibility Fund provided two mobile EEG equipment to a health centre and neuropsychiatric hospital.

5 WORLD BANK GROUP PARTNERSHIP



WORLD BANK GROUP PARTNERSHIP

Our partnership with the World Bank was founded on our common belief that to advance non-communicable disease (NCDs) care in low- and middle-income countries (LMICs) and contribute to the Sustainable Development Goals, we must take a holistic approach that brings to bear the expertise and capacities of diverse partners.

This approach is working – with strong strides made towards our partnership objective to establish a portfolio of integrated NCD care pilot programmes in focus countries, to inform scale-up at a national level. We have seen the development and launch of county-level pilot programmes in Kenya and the essential groundwork laid for further pilots in Vietnam and El Salvador, which launch in 2018.

The current pilots centre on two types of interventions – prevention and basic care – and have been developed to directly address the particular challenges of the chosen countries. We are confident that by reflecting on what has worked to improve NCD care around the world, championing sustainable solutions and ensuring country needs are kept at the heart of our approach, our pilots will deliver significant improvements to the communities that need them the most. The pilots will also allow us to learn as we go and develop solutions that are both transferable and scalable.



“OUR PARTNERSHIP WITH ACCESS ACCELERATED IS CRITICAL TO UNDERSTANDING MORE ABOUT WHAT WORKS IN NON-COMMUNICABLE DISEASE PREVENTION AND CARE – AND HOW THESE LESSONS CAN BE LEVERAGED TO IMPROVE EVEN MORE PEOPLE’S LIVES.”

Dr. Timothy Evans,
Senior Director of Health, Nutrition
and Population, World Bank Group

SPOTLIGHT ON: KENYA

THE BURDEN OF DISEASE IN KENYA IS CHANGING SWIFTLY, FROM INFECTIOUS DISEASES TO NCDs, RESULTING IN THE DOUBLE BURDEN OF DISEASE.

Context

NCDs now account for 30% of total deaths and over 50% of hospital admissions¹⁵, with the burden being exacerbated by ageing populations, unhealthy lifestyles and rapid urbanisation. NCDs are a major public health concern throughout the country, with cardiovascular diseases, cancer, respiratory diseases and diabetes being the leading causes of morbidity and deaths from this category of disease¹⁵. Knowledge and health seeking behaviour related to chronic diseases is generally poor with large socio-economic and gender disparities.

For example, nearly 75% of the poorest have never been measured for blood pressure; about 74% of Kenyans above 45 years of age have never been screened for raised blood sugar; and only 11% of Kenyan women have ever been screened for cervical cancer which is one of the leading cancers affecting women in the region. With 80% of reported cancer cases diagnosed in the latter stages of the disease and the prevalence of hypertension increasing over the last two decades¹⁵, our pilot programmes aim to meet the urgent need for earlier health screening, improved diagnostic capacity and quality care.

The pilot

Together with the World Bank, we are working with the Kenyan Ministry of Health (MOH) to support the expansion of a Chronic Care Model supported by the Academic Model Providing Access to Healthcare (AMPATH)¹⁶ to two counties in Kenya. We are also establishing a national learning platform to share experiences and lessons. Busia county, with a poverty rate of over 64% and a life expectancy of only 47 years and Trans-Nzoia county, with a poverty rate of over 50%, were selected based on the following criteria: (i) commitment and support of county governments; (ii) high poverty rates; and (iii) disease burden.

Building on a successful model of care for HIV/AIDS, AMPATH has joined forces with the MOH since 2010 to develop a unique Chronic Care Model that seeks to deliver quality and cost-effective services and serves as a platform for training and clinical research. The population-based, primary care model which operates at the community and health facility level has three key pillars: (i) chronic disease management (e.g. diabetes, hypertension, cervical and breast cancers, mental illness, HIV); (ii) maternal, neonatal and child health care; and (iii) food and income security support (e.g. microfinance groups and farmer groups/co-ops).

Our pilot NCD programmes focus on expanding services while strengthening the referral system across different levels of care, with a focus on hypertension, diabetes, cervical and breast cancer. Our objectives include; (i) assessing the effectiveness of the Chronic Care Model; (ii) exploring the feasibility of an expanded Chronic Care Model that includes community empowerment activities; (iii) encouraging early screening; and (iv) facilitating knowledge sharing both among counties in Kenya and between participating countries in the Access Accelerated initiative, in consultation with stakeholders involved in the Union for International Cancer Control (UICC) City Cancer Challenge initiative.

16. AMPATH is a consortium made up of Moi University, Moi Teaching and Referral Hospital and a consortium of North American academic health centres led by Indiana University working in partnership with the Government of Kenya.

SPOTLIGHT ON: VIETNAM

AS WITH MOST EMERGING ECONOMIES, VIETNAM IS GRAPPLING WITH A DOUBLE BURDEN OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES.

Context

The proportion of Vietnam's disease burden attributable to NCDs has increased from 46% (measured in disability-adjusted life years or DALYs) in 1990 to 73% in 2015. In 2015, cervical cancer accounted for 8.5 times more deaths than maternal causes. Vietnam also faces the challenge that due to regulations governing prescriptions and a lack of experience among health workers, NCD screening and management is carried out only in hospitals and not at the 'commune/health centre' level.

In 2015, cervical cancer accounted for 8.5 times more deaths than maternal causes.

The pilot

Our pilot in Vietnam, launching in 2018, will be a large-scale programme covering at least 10 provinces, implemented within the context of a World Bank project (loan). Structured into three core components, the pilot directly speaks to both local access challenges and systemic issues. The intervention aims to improve the quality and efficiency with which grassroots-level care is delivered by (i) ensuring the availability of health facility infrastructure, especially in poor and remote provinces; (ii) enabling community health facilities to play a new role in detecting and managing NCDs, while strengthening their existing role in delivering maternal and child health services; and (iii) undertaking necessary financing and regulatory reforms and piloting innovations to strengthen the delivery of grassroots care.

The project's components will be implemented by the Government of Vietnam, with the World Bank in a supervisory capacity. The financing of Access Accelerated will contribute mainly on the costs of training health workers in NCD screening and management, quality management, and policy development. The latter would include ensuring that appropriate diagnosis and treatment protocols and health insurance payment mechanisms are in place, enabling health workers to better screen for and manage NCDs.

SPOTLIGHT ON: EL SALVADOR

**NCDS ARE CONTRIBUTING TO
SKYROCKETING HEALTHCARE
COSTS IN EL SALVADOR.**

Context

Chief among them is cervical cancer, a disease that is easily preventable, slow growing and treatable—but only in the early stages. Between 1990 and 2015 cervical cancer mortality increased by a staggering 123%. In 2015, cervical cancer was the leading cause of cancer deaths in women between the ages of 30 and 59 years; third only with respect to total cancer mortality¹⁷. The government has demonstrated its commitment to tackling NCDs, including but not limited to cervical cancer, with the establishment of a National Division for Chronic Diseases and the release of a new national NCD strategy. As such, the focus of our pilot will be to support this strategy, raise awareness of NCDs and promote prevention, early detection and treatment.

**Between 1990 and 2015
cervical cancer mortality
increased by a staggering 123%.**

The pilot

The Year 2 El Salvador pilot will focus on an integrated service delivery model to increase capacity to detect and treat cervical cancer, diabetes and kidney disease in 3 Regions of El Salvador: Central, Oriental and Paracentral.

The pilot project expects to test the development of the health service delivery model for NCDs fostering the design and implementation of an integrated service delivery model for the prevention, early detection, and treatment of NCDs (e.g. cervical cancer, diabetes, and kidney disease). In addition, the pilot will test innovative mechanisms/technologies for the country in the prevention of risk factors, including HPV vaccination and targeting mechanisms. It is expected that the proposed pilots will help to identify better ways to: (i) avert high levels of morbidity and mortality; (ii) pre-empt an escalation of health care costs associated with delayed health care seeking behaviour; and (iii) provide a basis for a comprehensive approach to NCD management (i.e. patients need to be aware of their conditions to seek care).

Identifying NCD patients early on will save lives, improve patients' quality of life, and curtail the impoverishing effects of high out-of-pocket spending due to catastrophic illnesses (i.e. complications of NCDs). Finally, the pilot will facilitate knowledge sharing between those responsible for the implementation of health system reform in El Salvador and their counterparts in the region. Key indicators include: percentage of women between 30 and 59 years of age with positive HPV screening or cancer who received treatment; percentage of people with risk factors that have been diagnosed with Chronic Kidney Disease (CKD) for the first time; number of 9-year-old girls vaccinated against HPV in the Department of Chalatenango and La Libertad; and the number of people from 30 to 69 years old in the prioritized areas of the project diagnosed for the first time with NCDs (Dyslipidemias and Diabetes Mellitus).



A WORD FROM THE WORLD BANK GROUP

The Access Accelerated partnership has been instrumental in engaging national stakeholders to focus urgently needed attention on the emerging burden of NCDs in LMICs and in supporting participating countries to design and implement innovative, cost effective models of prevention and care. NCDs are silent killers with insidious, debilitating complications and premature deaths. Most LMICs are ill prepared to deal with the rapidly growing burden of disease. The Access Accelerated pilots will contribute to raising awareness and knowledge of NCDs, bolstering health seeking behaviour, and building capacity to conduct early screening, detection and initial treatment at the community and primary health care levels.

The pilots are country-driven, empowering local stakeholders to take leadership in their design and implementation, which is ultimately critical to success. The World Bank is supporting countries to put in place platforms for learning from the pilots and generating lessons for national scale up. The partnership is playing a vital role in providing funding and building capacity to tackle the rapidly growing NCD burden. Working together and sharing experiences and lessons is positioning NCD stakeholders to engage on broader health reforms towards universal health coverage, as seen during the recent Kenya launch workshop.

[Miriam Schneidman,](#)
[Lead Health Specialist, World Bank Group.](#)



LOOKING AHEAD TO YEAR TWO

Alongside continuing to work together with the World Bank on the development and implementation of key pilot programmes, we will be deepening our existing relationships to focus on capacity building in low-income countries, sharing best practices and facilitating the conversations critical to tackling NCDs head on.



6

UNION FOR INTERNATIONAL CANCER CONTROL PARTNERSHIP





UICC PARTNERSHIP

COLLABORATIVE PARTNERSHIPS WITH ORGANISATIONS SPECIALISING IN THE MAJOR NON-COMMUNICABLE DISEASE (NCD) AREAS ARE CRITICAL TO OUR STRATEGY TO DEVELOP SOLUTIONS AT THE LOCAL LEVEL TO ADDRESS DISPARITIES IN ACCESS TO TREATMENT AND CARE.

Our partnership with the Union for International Cancer Control (UICC) is a founding Access Accelerated partnership. It centres around their initiative, C/Can 2025: City Cancer Challenge (C/Can 2025), which aims to increase the number of people with access to quality cancer treatment and care in cities with populations greater than one million.

More than half of the world's population live in urban areas, with 95% of urban expansion in the next decades predicted to take place in the developing world¹⁴. Despite the considerable challenges this will bring, it is cities that are paving the way for innovations in the design and delivery of health services, including best practices in treatment and care.

C/Can 2025 is the first multi-sectoral cancer initiative to bring together city leaders, NGOs, UN agencies, governments and domestic and international companies. In its first year, C/Can 2025 launched in four Key Learning Cities – Asunción, Paraguay; Cali, Colombia; Kumasi, Ghana; and Yangon, Myanmar. These cities were selected based on comprehensive criteria including political commitment to cancer control, readiness to strengthen care services and the potential to provide insights into how multi-sectoral collaboration can facilitate real improvements in treatment and care.

Since January 2017, we have been working closely with the C/Can 2025 team as they undertake comprehensive needs assessments to identify gaps in the delivery of cancer care, so they can be addressed and, ultimately, serve as models of progress for other cities around the world.

As a strategic partner, our role over the past year has been to work in lock-step with C/Can 2025 and its partners to focus on these Key Learning Cities, to collectively reflect on what we hear from the city's leaders, health workers and other partners and to illustrate through example the critical role of the private sector in collaborating to improve health systems.

More than half of the world's population live in urban areas, with 95% of urban expansion in the next decades predicted to take place in the developing world.



“WE ARE DELIGHTED TO WORK WITH ACCESS ACCELERATED ON THE C/CAN 2025 JOURNEY TOWARDS IMPROVED ACCESS TO QUALITY CANCER TREATMENT AND CARE IN CITIES AROUND THE WORLD.”

Cary Adams,
Chief Executive Officer at UICC

KEY LEARNING CITY: ASUNCIÓN, PARAGUAY

ASUNCIÓN, THE REPUBLIC OF PARAGUAY'S CAPITAL CITY, IS THE COUNTRY'S INDUSTRIAL AND CULTURAL CENTRE, WITH MORE THAN 2.1 MILLION INHABITANTS.

Each year, Paraguay is seeing approximately eight thousand new cases of cancer, and five thousand deaths from cancer – with the disease being the leading cause of death among those under seventy. Whilst Asunción's healthcare system is particularly complex and fragmented, the Ministry of Public Health and Social Welfare has launched a National Plan of Action for the Prevention and Control of NCDs, demonstrating the commitment to tackling disease burden.

This Plan outlines four strategic areas to focus efforts on; (i) prevention and control of modifiable risk factors; (ii) health systems response; (iii) actions to address cancer risk factors, early detection of the disease, treatment and surveillance.

Each year, Paraguay is seeing approximately 8,000 new cases of cancer.

CITY PROGRESS

Thanks to effective collaboration, Asunción has made significant progress since it began the C/Can 2025 process in May 2017:

- We have seen full stakeholder engagement with the memorandum of understanding being signed, the Executive Committee and multi-disciplinary Technical Committee being established, and the appointment of a City Manager and a Regional Director.
- With input from over two hundred stakeholders, a comprehensive needs assessment has been finalised and key gaps identified. These include an absence of standard protocols, lack of access to essential oncology medicines, and the need for external quality assurance programmes for diagnostic and treatment services.



- In December 2017, a draft law to create a National Cancer Control Programme in Paraguay was accepted by the Senate, and is now being reviewed and considered for adoption by a series of Commissions. The C/Can 2025 Executive Committee of Asunción played an instrumental role in this process, collaborating closely to position cancer on the national political agenda.

► HRH Princess Dina Mired visited Paraguay to support the City Executive Committee to position Cancer at the heart of the political agenda in line with the Presidential Elections. She met with President Horacio Manuel Cartes and Minister of Health Dr. Carlos Morinigo to present and discuss C/Can 2025 in Asunción. HRH Princess Dina also met with the two presidential candidates, Mr Mario Abdo Benitez and Mr Efraim Alegre. The draft Cancer Law was also discussed during the meetings with HRH Princess Dina emphasising its importance for the country with regards to the provision and access of comprehensive services for cancer control. HRH Princess Dina also met with the legislators that developed the draft law and with the President of the Health Commission at Congress. A first of its kind for the country, the scope of the Cancer Law will cover public and private institutions dedicated to the prevention, early detection, diagnosis, treatment, rehabilitation and palliative care of cancer patients.

► Priority actions to address the needs identified have been defined and agreed upon by the Executive Committee, with the activity plan being elaborated and planned to be ready in April 2017. A draft version was shared with all the companies in December 2017, who provided feedback to redefine ten final activity plans.

► Likewise, a limited number of needs identified by the city and that require access to new and innovative financing solutions will be discussed at the Montevideo Meeting in April. This is under the framework of the City Health Financing Lab to support cities in low- and middle-income countries (LMICs) with the technical assistance required to access those new and innovative financing solutions for their cancer priorities.

The experience in Asunción represents another step forward in the learning process for the successful realisation of C/Can 2025 in other Key Learning Cities. Lessons learnt in Cali and in Asunción are already being adopted in Yangon and Kumasi. The assessment tool is being revised based on feedback collected here.

KEY LEARNING CITY: CALI, COLOMBIA

CALI IS THE MOST POPULOUS CITY IN SOUTHWEST COLOMBIA WITH 2.4 MILLION INHABITANTS AND ACTS AS THE CENTRE OF REFERENCE FOR ALL PATIENTS IN THE REGION REQUIRING HIGHER COMPLEX HEALTHCARE.

In this role, Cali's health system serves approximately nine million people. Through its Cancer Registry, the city has access to accurate, real-time information on its cancer burden. The registry, the first and longest-running population-based cancer registry in Latin America, was an important factor in the selection of Cali as a C/Can 2025 Key Learning City.

Three specific challenges have been identified for the Valle de Cauca department (where Cali is the capital); (i) high rates of prostate cancer deaths; (ii) high incidence of childhood cancer in one to four year olds; and (iii) an increase in cervical cancer deaths. The Development Plan for the department outlines strategies to address these challenges, including risk factor reduction, reduced waiting times for consultations and the development of a procurement model that can guarantee affordable access to cancer medicines.

Through its Cancer Registry, the city has access to accurate, real-time information on its cancer burden.

CITY PROGRESS

As the first city to begin the C/Can 2025 process it is encouraging to see significant progress being made, including the following developments:

- ▶ A multi-sectoral City Executive Committee, bringing together a diverse range of stakeholders, including representatives from the Ministry of Health, the Mayor of Cali, delegates from the Cali Cancer Registry and health insurance providers, has been established to oversee the process.
- ▶ Following a comprehensive needs assessment, key gaps have been identified, including a lack of opportunities for specialised training, scarcity of radiotherapy equipment and the omission of some essential oncology medicines from health insurance coverage plans.
- ▶ An activity plan, designed to address these and other needs is to be made available to C/Can 2025 partners in April 2017. A draft version was shared with all the companies in December 2017, who provided feedback to help further refine the activity plan and respond to the needs of the cities.
- ▶ Like in Asunción, a limited number of priorities and how to address them through new and innovative financing solutions will be discussed at a high level meeting this year.

- ▶ The first support responding to an identified need has been provided and a training for laboratory professionals on quality control was held in Cali at the end of March 2017 in partnership with the American Society for Clinical Pathology (ASCP).

Knowledge sharing is critical to C/Can 2025's success and we are excited that as Cali advances through the process the city is already sharing lessons learnt with its fellow Key Learning Cities and ultimately shaping the way that C/Can 2025 operates in other cities. Specifically, Colombia's expertise has been shared with the Executive Committee in Paraguay to review their cancer law and further collaboration will include sharing Cali's expertise in data collection and management for the needs assessment of the cities and support in capacity building.



KEY LEARNING CITY: KUMASI, GHANA

KUMASI, GHANA'S SECOND BIGGEST CITY, HAS BEEN SELECTED AS THE FOURTH KEY LEARNING CITY AND THE FIRST IN AFRICA.

Kumasi, the capital of the Ashanti region, with its population of more than two million, also serves as a hub for cancer care and treatment for those living in the north and central areas of the country. This, along with the commitment of the government and city's health providers, was central to Kumasi's selection as a Key Learning City. Breast, cervical, and liver cancer are the most commonly diagnosed cancers in Kumasi, with 16,000 new cases of cancer seen every year. It is believed, however, that there is a large undiagnosed burden of disease. A particular concern – and priority for Kumasi's healthcare providers – is the prevalence of late stage diagnosis.

Breast, cervical, and liver cancer are the most commonly diagnosed cancers in Kumasi, with 16,000 new cases of cancer seen every year.

In 2015, the Government launched a new five-year National Strategy for Cancer Control in Ghana, with the ultimate aim of reducing cancer mortality by 30% through prevention, early detection and improved treatment.

CITY PROGRESS

The C/Can 2025 process in Kumasi began in February this year, with 2017 seeing partners lay the essential groundwork:

- ▶ A memorandum of understanding between the Ghanaian Ministry of Health, Ashanti Regional Government and Kumasi Metropolitan Assembly was signed in November 2017.
- ▶ A delegation from Kumasi participated in the C/Can 2025 Technical Forum in Mexico City on the sidelines of the 2017 World Cancer Leaders' Summit, in order to connect with and learn from other Key Learning Cities.
- ▶ A multi-sectoral City Executive Committee, bringing together a diverse range of stakeholders, including representatives from the Ashanti Kingdom, Ministry of Health of Ghana, Regional Minister of Health, and Metropolitan Chief Executive of the Kumasi Metropolitan Assembly, has been established to oversee the process.
- ▶ A stakeholder mapping of all cancer actors in Kumasi – and in Ghana as a whole – is being elaborated.
- ▶ In March 2017, Kumasi's technical groups initiated the work to carry out the comprehensive needs assessment.



KEY LEARNING CITY: YANGON, MYANMAR

MYANMAR'S LARGEST CITY, YANGON, IS EXPECTED TO EXPERIENCE SIGNIFICANT URBAN GROWTH OVER THE COMING YEARS, WITH AN EXPECTED POPULATION INCREASE FROM FIVE MILLION INHABITANTS TO TEN MILLION BY 2040.

In 2014, 59% of deaths in Myanmar were attributed to NCDs, including 11% to cancer. The government of Myanmar has demonstrated its commitment to addressing the global cancer burden, with the launch of its National Comprehensive Cancer Control Plan – a key driver in the selection of Yangon as a C/Can 2025 Key Learning City.

The objectives of the plan are to reduce incidence, prolong survival and ensure the best quality of life possible for cancer patients through prevention and the provision of high-quality, equitable cancer services for all patients.

In 2014, 59% of deaths in Myanmar were attributed to NCDs, including 11% to cancer.

CITY PROGRESS

Yangon began the C/Can 2025 process in July 2017 and has advanced significantly, in part due to the application of lessons learned in Cali and Asunción to work in the city. Key activities include:

- ▶ The establishment of the City Executive Committee and Technical Committee.
- ▶ Engagement with all stakeholders, with the memorandum of understanding signed by the Ministry of Health and Sports and Yangon Region Government.
- ▶ The completion of a stakeholder mapping exercise, which identified nineteen public and private cancer care providers to contribute to the needs assessment process.
- ▶ The first preliminary reporting on the needs assessment has uncovered several common issues related to health care professional capacity due to a lack of training opportunities, a lack of national, resource-appropriate treatment guidelines and needed improvements in data collection and management.

- ▶ In January 2017, the Executive Committee discussed the findings from the comprehensive needs assessment process and agreed on the emerging priorities for improving access to quality cancer treatment and care. The situation analysis report will be available in April 2017. In the meantime, in March the groups met in order to move forward with the activity planning to prepare the implementation plan.





A WORD FROM UICC

**A GUIDING PRINCIPLE OF C/CAN 2025
IS TO WORK WITH BOTH THE PUBLIC
AND PRIVATE SECTORS.**

C/Can 2025 is embedding the principle of working with both the public and private sectors in all aspects of its work, placing inclusive and impactful multisectoral partnerships at the heart of its approach. In practice this means at global, national and local levels working hand-in-hand with all relevant industry sectors to deliver transformational change in access to quality cancer care.

Since the launch of C/Can 2025 in January 2017, our partners' support has been instrumental at every step of the process. Depending on their profile and areas of interest, partners have contributed technical expertise and oversight, joining workshop discussions and consultation processes, providing training opportunities, and fostering collaboration across local and global stakeholders.

As cities advance through the C/Can 2025 process and we enter the implementation phase, our partners will continue to play a crucial role at the city level by:

- ▶ Addressing some of the cities' biggest challenges in their areas of expertise
- ▶ Assisting in the development of the implementation plans
- ▶ Identifying potential areas of involvement such as providing capacity building or providing direct support to implementation efforts
- ▶ Providing input into the costing of city implementation plans and the identification of viable financing solutions.

Ultimately, C/Can 2025 is creating a collective movement of partners that can deliver sustainable, robust cancer treatment solutions in the majority of the world's cities.

Dr Susan Henshall,
Director of C/Can 2025, Union for
International Cancer Control.



LOOKING AHEAD TO YEAR TWO

The next phase of C/Can 2025 activity will be to scale-up support to a wider network of cities beyond the Key Learning Cities. These 'Challenge Cities' must be committed to leveraging multi-sectoral approaches to improve access to quality cancer treatment and care. They will be supported to design and implement sustainable cancer care solutions, and will be expected to learn from and contribute to a global knowledge-sharing hub and contribute to the development of a robust evidence-base to inform further investment in cancer care in cities.



7

MEASURING RESULTS



MEASURING RESULTS

A COMMITMENT TO INDEPENDENT, ROBUST METRICS AND EVALUATION HAS BEEN CENTRAL TO ACCESS ACCELERATED FROM ITS INCEPTION. TO THIS END, ACCESS ACCELERATED ENGAGED BOSTON UNIVERSITY TO DEVELOP A COMMON APPROACH TO ALLOW US TO MEASURE RESULTS AND AGGREGATE IMPACT ACROSS OUR INITIATIVES, AS WELL AS TO LEARN FROM CROSS-PROGRAMME EXPERIENCES.

Boston University School of Public Health has designed a measurement framework with a taxonomy of 11 programme strategies, a logic model for each strategy that standardised programmes by inputs, outputs, outcomes and impact, and a starter set of measurement indicators. Companies also registered 62 individual company programmes meeting the Access Accelerated criteria (addressing barriers to appropriate non-communicable disease (NCD) care and treatment in low- and middle-income countries) into the *Access Observatory*. The registration included information describing each programme, its objectives, focus and activities, as well as information and data on the metrics used to evaluate programme performance. Whilst this is not a complete list of programmes our member companies have undertaken to advance NCD care in lower-income countries, those registered have served as a strong starting point for the Observatory.

The 62 programmes registered in the Observatory support patients in 88 low- and middle-income countries (LMICs) across Africa, the Middle East, Latin America, and Asia. 94% of programmes employ more than one strategy to achieve their goals of advancing care.

Over 80% of programmes are focused on the critical issue of health system strengthening through supplementing healthcare professional training or community disease awareness and patient educational programmes. Almost 60% of programmes also focused on Health Service Delivery and patient screening, diagnosis, treatment or retention on appropriate care. Additional programmes registered also covered pricing schemes and donations. 37% of programmes aim to help people with low incomes and 26% support appropriate care for rural populations.

37% of programmes aim to specifically help people with low incomes and 26% support appropriate care for rural populations.

Companies do not design and deliver these programmes alone: 94% of the programmes were delivered through partnerships with either public or voluntary sector partnerships. In fact the typical programme represents the collaborative efforts of 3.8 partners on average.

In working with Boston University to develop and test the measurement framework with our programmes, we have seen great diversity in the programmes and organisational approaches that exist. For example, many larger programmes have extensive investment in formal metrics and reporting, with the intent to publish the results, whereas smaller local programmes may have more focused metrics capture that informs learnings at the local level. Some companies have invested in centralised programme design and data reporting capabilities, with others having decentralised programme responsibility. Many rely on implementing partners for design and monitoring.

We anticipate additional company programmes will be registered over time and are excited to continue to analyse the programmes registered in the *Access Observatory*. As our efforts with the World Bank and Union for International Cancer Control (UICC) continue to drive impact, we also look forward to incorporating their results into a common framework for Access Accelerated. We will share more on this in our second year.



PROGRAMME DATA

The following data provides a snapshot of the breadth of strategy employed, the spread of programmes per disease category, the number of programmes by beneficiary population and the number of programmes by region.

The full data set can be found online, accessobservatory.org.

Number of Programmes by Strategy Employed

Strategy	Count	Percentage of total (N=62)
Community Awareness & Linkage to Care	50	80.6%
Health Service Strengthening	51	82.3%
Health Service Delivery	36	58.1%
Supply Chain	3	4.8%
Financing	1	1.6%
Regulation & Legislation	1	1.6%
Manufacturing	0	0.0%
Product Development Research	0	0.0%
Licensing Agreement	0	0.0%
Price Scheme	8	12.9%
Medicine Donation	3	4.8%
Multiple strategies	58	93.5%

Number of Programmes by Disease Categories

Disease category	Count	Percentage (N=62)
Diabetes	10	16.1%
Cardiovascular Disease	10	16.1%
Cancer	41	66.1%
Respiratory Disease	3	4.8%
Mental & Neurological Disorders	5	8.1%
General NCD Care (Health System)	6	9.7%
Other NCD	9	14.5%
Other non-NCD	3	4.8%

Number of Programmes by Regions

World Bank Regions	Count	Percentage (N=62)
East Asia & Pacific	17	27.4%
Europe & Central Asia	5	8.1%
Latin America & Caribbean	9	14.5%
Middle East & North Africa	4	6.5%
South Asia	14	22.6%
Sub-Saharan Africa	38	61.3%

Number of Programmes by Beneficiary Population

Beneficiary population	Count	Percentage (N=62)
Children (under 5 years)	11	17.7%
Youth (5-18 years)	13	21.0%
Women	20	32.3%
Men	5	8.1%
Elderly (above 65 years)	3	4.8%
General population	32	51.6%
People with low income	23	37.1%
Marginalised / indigenous population	6	9.7%
Rural populations	16	25.8%
Other (see below)	10	16.1%

A WORD FROM BOSTON UNIVERSITY

A NEW COMMITMENT TO MEASUREMENT AND REPORTING

RICHARD O. LAING

Professor
Boston University
School of Public Health

PETER C. ROCKERS

Assistant Professor
Boston University
School of Public Health

Measurement and reporting play a key role in Access Accelerated. Measures developed to describe and evaluate Access Accelerated provide a basis for tracking progress against the goals set out at the start of the initiative. Reporting on these measures serves to communicate clearly to the public and key stakeholders the ongoing efforts of the initiative globally. Over time, measurement and reporting will generate key lessons and a new body of evidence that should inform the design of future programmes and the improvement of existing programmes. Our team has developed a new measurement framework for Access Accelerated that serves all of these purposes. During the first year of the initiative, 62 company programmes have applied the framework. The products of these efforts are described in this report and can be viewed in their entirety at the *Access Observatory*, a new public repository that we have established.

Our approach is rooted in four core principles. First, we operate with complete independence from the pharmaceutical industry. This is recognised by the members of Access Accelerated and is fundamental to the legitimacy of our work. Second, a primary purpose of our work is to ensure transparency around programmes, including to the public and key stakeholders. The *Access Observatory* does not accept confidential information

and all submitted information is made available on the public website. Third, we aim to facilitate rigor in all measurement activities. We employ a standard theory-of-change approach and recommend indicators that balance high construct and content validity with the potential for high quality data collection. Fourth, we prioritise public health goals. We recommend measures of impact that align with the World Health Organization's ultimate goals of a health system: population health, financial risk protection, and responsiveness.

The first year of Access Accelerated has been marked by major achievements with respect to measurement and reporting. Companies and partners have generated a wealth of information describing their programmes, which they have made available to the public in one place. This includes, among other key aspects, local need for the programme, strategies used to improve access, beneficiaries targeted, and dimensions of equity addressed. They have also adopted a consistent set of measurement indicators that convey the scope of their programmes and their potential social impact. Throughout the process of applying the framework, companies navigated complex legal challenges related to confidentiality and anti-trust concerns while maintaining their commitment to transparency.

They also often had to work with their implementing partners to secure detailed information maintained at the partner or local level. They did all of this despite having limited internal resources designated for these efforts prior to the start of the initiative. Their achievements reflect considerable commitments, led by their CEOs.

The first year of Access Accelerated has been marked by major achievements with respect to measurement and reporting.

Access Accelerated's collaborative commitment to measurement is itself an important achievement. In general, across industries the private sector has not invested in measurement and transparent reporting as an integral component of their social programmes. The biopharmaceutical industry has now established itself as a leader in this area. Given the important role of the private sector in efforts to achieve the Sustainable Development Goals, other industries should make similar commitments to measurement, and the experience of Access Accelerated could serve as an important guide.



The work of building systems for measurement within Access Accelerated is only just beginning. In the coming years, these efforts should be strengthened and expanded. The global health community and governments have a key role to play and should seize this opportunity to work with the pharmaceutical industry to strengthen institutions and systems for measurement and transparent reporting. Greater investments in measurement are a necessary condition to generate evidence on social impact. The potential returns on such investments are large: effort and time spent measuring impact and developing evidence about what works will help direct future investments toward more effective programmes, to the benefit of both industry and society.





8 LOOKING AHEAD: YEAR TWO



LOOKING AHEAD TO YEAR TWO

IN OUR SECOND YEAR, OUR FOCUS
WILL BE TO CONTINUE TO BUILD
EFFECTIVE PARTNERSHIPS.

We are delighted to be kick-starting our work with the World Heart Federation, the NCD Alliance, BIO Ventures for Global Health and PATH.

We look forward to the further World Bank pilots launching and seeing progress being made in the UICC C/Can 2025 Key Learning Cities.

We will continue to work closely with Boston University and look forward to the evolution of the *Access Observatory* to include more company programmes – and our projects with the World Bank and UICC.

We are also delighted to welcome our newest member company, Chiesi, to Access Accelerated.





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COMPANY MEMBERS



OUR PARTNERS



TRADE ASSOCIATION MEMBERS





GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Astellas	ACTION ON FISTULA	Obstetric Fistula Obstetrics Surgical Care Women's Health	Kenya
Astellas	IMPROVING ACCESS TO OUR ANTICANCER PRODUCT IN INDIA	Cancer	India
Bristol-Myers Squibb	SECURE THE FUTURE - KENYA	Human Papillomavirus (HPV)	Kenya
Bristol-Myers Squibb	SECURE THE FUTURE - SENEGAL	Paediatric Cancers	Senegal
Bristol-Myers Squibb	PROJECT ECHO FOR CANCER CARE - US AND SOUTH AFRICA	Cancer	South Africa
Bristol-Myers Squibb	SECURE THE FUTURE - MULTINATIONAL LUNG CANCER CONTROL PROGRAM (MLCCP)	Lung Cancer	Kenya South Africa Swaziland Tanzania
Bristol-Myers Squibb	SECURE THE FUTURE - SWAZILAND	Lung Cancer	Swaziland
Bristol-Myers Squibb	SECURE THE FUTURE - SOUTH AFRICA - UTHUKELA DISTRICT	Breast Cancer Cervical Cancer Lung Cancer	South Africa
Bristol-Myers Squibb	SECURE THE FUTURE - KENYA - ELDORET	Lung Cancer	Kenya
Bristol-Myers Squibb	SECURE THE FUTURE - SOUTH AFRICA - NORTHERN CAPE	Breast Cancer Cervical Cancer Lung Cancer	South Africa
Bristol-Myers Squibb	SECURE THE FUTURE - TANZANIA - LAKE ZONE REGION	Lung Cancer	Tanzania
Bristol-Myers Squibb	SECURE THE FUTURE - SOUTH AFRICA - GAUTENG PROVINCE	Lung Cancer	South Africa



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Bristol-Myers Squibb	SECURE THE FUTURE - SOUTH AFRICA - KWAZULU - NATAL	Lung Cancer	South Africa
Bristol-Myers Squibb	GLOBAL HOPE	Paediatric Blood Disorders Paediatric Cancers	Botswana Malawi Uganda India
Bristol-Myers Squibb	PINK RIBBON RED RIBBON	Cervical Cancer	Ethiopia Tanzania
Celgene Corporation	CELGENE CANCER CARE LINKS	Cancer	Africa Asia Latin America
Celgene Corporation	CELGENE AMPATH ONCOLOGY PARTNERSHIP	Cancer Multiple Myeloma	Kenya
Daiichi Sankyo Co. LTD	CULTIVATING HEALTHCARE WORKERS IN CHINA	Anaemia Anomalotrophy	China
Daiichi Sankyo Co. LTD	MOBILE HEALTHCARE FIELD CLINIC SERVICES	Children's Health Family Planning HIV/AIDS Malnutrition Measles Polio Rubella Sexual & Reproductive Health Women's Health	Tanzania
Eisai	REMEMBER I LOVE YOU	Dementia	China
Eisai	HOPE TO HER	Breast Cancer	India Indonesia Myanmar Philippines Thailand



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Eli Lilly and Company	LILLY GLOBAL HEALTH PARTNERSHIP	Non-Communicable Diseases	Brazil China India Kenya Mexico Russian Federation South Africa United States of America
GlaxoSmithKline	AFRICAN NCD OPEN TO LAB	Cancer Cardiovascular Diseases Chronic Kidney Disease Diabetes Respiratory Diseases	Cameroon Côte d'Ivoire Ethiopia Ghana Kenya Malawi Nigeria Senegal Tanzania The Gambia Uganda
Johnson & Johnson	BORN ON TIME	Neonatal Mortality Preterm Birth	Bangladesh Ethiopia Mali
Johnson & Johnson	MEDICAL AND SURGICAL SKILLS INSTITUTE (MSSI)	Non-Communicable Diseases	Congo Ghana Liberia Nigeria Sierra Leone



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Johnson & Johnson	HELPING BABIES BREATHE	Birth Asphyxia Neonatal Mortality	Malawi Uganda
Merck	MERCK CAPACITY ADVANCEMENT PROGRAM	Diabetes Fertility and Cancer Hypertension	Angola Bangladesh Burkina Fuso Burundi Cameroon Central African Republic Chad Cambodia Congo Côte d'Ivoire Equatorial Guinea Ethiopia Gambia Ghana India and Indonesia Kenya Liberia Malawi Mali Myanmar Morocco Mozambique Nepal Niger Nigeria Rwanda Senegal Sierra Leone South Africa Sri Lanka Sudan Tanzania Tunisia United Arab Emirates Uganda Zambia Zimbabwe



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Merck	MERCK COMMUNITY AWARENESS PROGRAM	Cancer Diabetes Fertility	Angola Ethiopia Ghana India Indonesia Kenya Mozambique South Africa Tanzania Uganda
Merck	MERCK STEM PROGRAM FOR WOMEN AND YOUTH	Cancer Ebola Women's Health HIV Infectious Diseases Relevant Research-Related Disease Areas - Emerging Infectious Diseases Vaccine Development	Angola Benin Botswana Ethiopia Burkina Faso Burundi Cameroon Congo Egypt Gabon Gambia Ghana Kenya Liberia Malawi Morocco Mozambique Namibia Niger Nigeria Rwanda Senegal Sierra Leone South Africa Tanzania Uganda Zambia Zimbabwe



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
MSD	PROJECT ECHO	Diabetes Hepatitis C HIV Mental Health Tuberculosis	India Vietnam
Novartis	ACCESS AND AFFORDABILITY INITIATIVE (AAI)	Cardiovascular Conditions Childhood Pneumonia Hypertension Pre-eclampsia Type 2 Diabetes	Ghana Philippines
Novartis	BETTER HEARTS BETTER CITIES	Cardiovascular Disease Hypertension	Brazil Mongolia Senegal
Novartis	NOVARTIS ACCESS	Breast Cancer Cardiovascular Diseases Diabetes Respiratory Diseases	Cameroon Ethiopia Kenya Pakistan Rwanda Sub-Saharan Africa Uganda
Novartis	SANDOZ PARTNERSHIP WITH WORLD CHILD CANCER	Childhood Cancer	Ghana Mexico Myanmar Philippines



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Novartis	NOVARTIS ONCOLOGY ACCESS PROGRAMS	Rare Cancers Chronic Myeloid Leukaemia	Armenia Azerbaijan Bahamas Bangladesh Belarus Benin Bhutan Burkina Faso Cambodia Cameroon Central African Republic Chile China Congo Côte d'Ivoire Cuba Democratic Republic of the Congo Dominican Republic Ecuador El Salvador Ethiopia Fiji Gabon Georgia Ghana Haiti Honduras India Indonesia Jamaica Kazakhstan Kenya Kyrgyzstan Madagascar



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Novartis	NOVARTIS ONCOLOGY ACCESS PROGRAMS	Rare Cancers Chronic Myeloid Leukemia	Malawi Malaysia Mali Mauritania Mauritius Mexico Moldova Mongolia Morocco Mozambique Nepal Niger Pakistan Panama Papua New Guinea Paraguay Peru Philippines Rwanda Senegal Seychelles Sierra Leone Solomon Islands Sudan Suriname Tajikistan Thailand Timor-Leste Togo Uganda Vietnam Zambia Zimbabwe



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Pfizer	INCREASED ACCESS TO CANCER TREATMENTS IN AFRICA	Cancer	Ethiopia Kenya Nigeria Rwanda Tanzania Uganda
Pfizer	SCALING UP BREAST CANCER CARE	Breast Cancer Cervical Cancer	Brazil Kenya Peru Rwanda
Pfizer	IMPROVING HEALTHY AGING THROUGH A LIFE COURSE APPROACH	Non-Communicable Diseases	Bolivia Colombia Ethiopia India Mozambique Philippines Tanzania Uganda Zimbabwe
Pfizer	HEALTHY COMMUNITIES	Hypertension Stroke	South East Asia
Pfizer	ACCESS AND AFFORDABILITY INITIATIVE	Cardiovascular Conditions Childhood Pneumonia Hypertension Pre-eclampsia Type 2 Diabetes	Ghana Philippines
Roche	COMBATING CANCER IN KENYA	Cancer Children's Health Women's Health	Kenya
Roche	DEVELOPING CANCER HEALTHCARE INSURANCE	Breast Cancer Cancer Cervical Cancer Childhood Cancers Women's Health	China



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Roche	SPHERE	Breast Cancer Cancer Women's Health	Bangladesh China Hong Kong India Indonesia Malaysia Myanmar Philippines South Korea Taiwan Thailand Vietnam
Roche	BREAST CANCER NATIONAL ACCESS PROGRAMME, KENYA	Breast Cancer	Kenya
Roche	BREAST CANCER PATIENT SUPPORT PROGRAMME	Breast Cancer	Egypt
Roche	UNMOL (URDU FOR "PRECIOUS"), PAKISTAN	Cancer Care	Pakistan
Roche	THE BLUE TREE	Breast Cancer Cervical Cancer Chronic Lymphocytic Leukaemia Metastatic Colorectal Cancer Non-Small Cell Lung Cancer Ovarian Cancer Recurrent Glioblastoma Renal Cell Cancer Metastatic Urothelial Bladder Cancer	India
Sanofi	ACCESS AND AFFORDABILITY INITIATIVE (AAI)	Cardiovascular Conditions Childhood Pneumonia Hypertension Pre-eclampsia Type 2 Diabetes	Ghana Philippines



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Sanofi	FAST (FIGHT AGAINST STIGMA)	Mental Disorders	Armenia Bolivia Cameroon Madagascar Mauritania Morocco Myanmar
Sanofi	KIDS AND DIABETES IN SCHOOLS (KIDS)	Diabetes	Brazil India Pakistan United Arab Emirates Worldwide
Sanofi	MY CHILD MATTERS	Cancer Childhood Cancers Children's Health Palliative Care	Algeria Burkina Faso Cameroon Colombia Côte d'Ivoire Democratic Republic of the Congo Guatemala Honduras Madagascar Mali Mauritania Morocco Pakistan Paraguay Philippines Senegal Thailand Togo Tunisia



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Shionogi	MOTHER TO MOTHER SHIONOGI PROJECT	Maternal Health Newborn and Child Health Malnutrition	Kenya
Shire	INDIA HEMOPHILIA HOME CARE	Haemophilia	India
Sumitomo Dainippon	PROMOTING SOUND CHILD GROWTH PILOT PROJECT	Diabetes Cardiovascular Diseases Cancer Respiratory Diseases Mental & Neurological Disorders	Cambodia
Takeda	BEYOND MEDICINES: STRENGTHENING DIAGNOSIS AND TREATMENT OF LYMPHOMA IN UKRAINE	Cancer	Ukraine
Takeda	CANCER EDUCATION FOR PRIMARY HEALTHCARE PROFESSIONALS IN KENYA	Cancer	Kenya
Takeda	HERHEALTH	Non-Communicable Diseases General Non-NCDs	China Ethiopia India Kenya
Takeda	MOBILE ACCESS TO CHRONIC CARE PROGRAM	Hypertension and Diabetes	Kenya
Takeda	ONCOLOGY FELLOWSHIP PROGRAM IN SUB-SAHARAN AFRICA	Cancer	Kenya
Takeda	CANCER ALLIANCE FOR SUB- SAHARAN AFRICA	Cancer	Kenya
Takeda	ONCOLOGY NURSING EDUCATION IN SUB-SAHARAN AFRICA	Cancer	Kenya
Takeda	PALLIATIVE CARE TRAINING IN SUB-SAHARAN AFRICA	Cancer	Kenya



GLOSSARY OF COMPANY PROGRAMMES

COMPANY	PROGRAMME	DISEASE(S)	COUNTRIES
Takeda	PATIENT ASSISTANCE PROGRAM FOR ADCETRIS® IN MALAYSIA	Cancer	Malaysia
UCB	IMPROVING ACCESS TO EPILEPSY CARE IN RURAL CHINA	Epilepsy	China
UCB	IMPROVING ACCESS TO EPILEPSY CARE IN RWANDA	Epilepsy	Rwanda

More information on these programmes can be found at accessaccelerated.org/initiatives



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accessaccelerated.org