

Access Accelerated in Action

KEY LEARNINGS IN PROGRAM DESIGN & IMPLEMENTATION

May 2019

About Access Accelerated

Access Accelerated is a unique cross-industry collaboration that seeks to reduce barriers to prevention, treatment, and care for non-communicable diseases (NCDs) in low- and middle-income countries (LMICs) through health systems strengthening and alignment with Universal Health Coverage (UHC) objectives and priorities. For the first time, 24 global biopharmaceutical companies have come together to bring their global reach and local expertise in partnership with countries, civil society, multilateral institutions, and non-government organizations (NGOs) to support cross-sectoral dialogue and drive on-the-ground implementation and action to address NCDs. Access Accelerated works towards a future where no one dies prematurely from treatable, preventable diseases and all people living with or at risk of NCDs have access to appropriate, quality, and affordable prevention, treatment, and care. This is in support of the United Nations’ (UN) Sustainable Development Goal 3.4 to reduce premature deaths related to NCDs by one-third by 2030. Access Accelerated recognizes that only by putting the needs of people living with NCDs first and acting in collaboration with partners can the global community make measurable and sustainable progress against NCDs in developing countries.

Visit <https://accessaccelerated.org> for more information.

Access Accelerated member companies include:

- Almirall
 - Astellas
 - Bayer
 - Bristol-Myers Squibb
 - Celgene
 - Chiesi
- Chugai
 - Daiichi Sankyo
 - Eisai
 - Eli Lilly and Company
 - Ipsen
 - Johnson & Johnson
- Menarini Group
 - Merck
 - MSD
 - Novartis
 - Pfizer
 - Roche
- Sanofi
 - Servier
 - Shionogi
 - Sumitomo Dainippon
 - Takeda
 - UCB

Access Accelerated in Action was developed in partnership with Rabin Martin. Rabin Martin is a mission-driven strategy consulting firm that works at the intersection of the private sector and unmet public health need to help our clients become leaders in global health. By designing innovative yet pragmatic solutions, we deliver both business and societal value and help our clients make a measurable impact on the health of people worldwide. Visit <http://rabinmartin.com> for more information.

Disclaimer: This report is provided for information only and is not intended to be relied upon by third parties for any purpose. The information contained herein is subject to change and does not represent opinions or views held by the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), the Access Accelerated initiative or their members.

Access Accelerated is a collaborative initiative, conducted subject to appropriate compliance processes and legal review and involving only publicly available or non-confidential information.

CONTENTS

2	ACKNOWLEDGEMENTS	28	PROGRAM CASE STUDIES
3	ACRONYMS AND ABBREVIATIONS	29	<i>Patient-Centered Approach</i>
5	WELCOME	30	Astellas: ACTION ON FISTULA™
6	FOREWORD	31	Shionogi: Mother to Mother
7	EXECUTIVE SUMMARY	32	Eisai: Remember I Love You
		33	MSD: SPARTA
8	OVERVIEW AND METHODOLOGY	34	<i>Strong Local Ownership and Engagement</i>
9	Introduction	35	Pfizer Foundation: Abundant Health
10	Content Overview	36	Sanofi: FAST (Fight Against STigma)
12	Methodology	37	Takeda: Integrated Cancer Curriculum
14	CROSS-CUTTING PRINCIPLES AND KEY LEARNINGS	38	<i>Substantive Partnerships</i>
15	Defining our Cross-Cutting Principles and Key Learnings	39	AMPATH: Academic Model Providing Access to Healthcare
19	Collated Key Learnings in Program Design, Implemenation and Monitoring & Evaluation	40	Bristol-Myers Squibb Foundation: Global HOPE
		41	Servier: Cuomo Pediatric Cardiology Centre
22	KEY TRENDS, OPPORTUNITIES AND CALL TO ACTION	42	<i>Sustainable, Equitable Solutions</i>
23	Key Trends Across Member Company NCD Programs	43	MSD Foundation: Project ECHO
26	Opportunities for Ongoing Program Improvement	44	Daiichi Sankyo: Cultivating Healthcare Workers in China
27	Member Company Call to Action	45	Sumitomo Dainippon Pharma: Promoting Sound Child Health Pilot Program
54	PROGRAM DEVELOPMENT GUIDE: APPLYING PRINCIPLES IN PRACTICE	46	Roche: Breast Cancer National Access Program, Kenya
55	Purpose & Use	47	<i>Innovation and Continuous Learning</i>
55	Key Considerations	48	Chiesi: Global Access to Spirometry Project (GASP)
56	Program Development Process Checklist	49	Eli Lilly: The HOPE Centre
57	Program Development Discussion Guide	50	Merck: Global Health Pharma Fund (GPHF)—Minilab
64	METHODOLOGY AND REFERENCES	51	<i>Rigorous Transparency and Measurement</i>
65	Appendix 1: Literature Review/Methodology Foundations	52	Novartis: Novartis Access
67	References	53	UCB: Health and Hope Fund

ACKNOWLEDGEMENTS

The Access Accelerated Secretariat would like to thank the following people and organizations for their contributions to this report.

All 24 Access Accelerated members for making a foundational commitment to listen, learn, and share experiences as a core component of their efforts to expand access to prevention, treatment, and care for non-communicable diseases in low- and middle-income countries.

The Access Accelerated Company Program Information Working Group for proposing, designing, and leading the development of this report, under the leadership of Yoshimi Ohno of Astellas Pharma Inc. and Rina Sakai of Takeda Pharmaceutical Company Ltd.

The team at Rabin Martin for conducting research, case study interviews, and drafting the report, with support from Yavier Rodriguez (Graduate Institute of International and Development Studies, Genève) in the development of the report methodology.

The team at Weber Shandwick for visual design and layout of the report.

And most of all, we are immensely grateful to our program teams, partner organizations, and communities for giving us the opportunity to learn from their work and dedication tackling the challenges of non-communicable diseases around the world.

Astellas	ACTION ON FISTULA™ partners and project teams
Celgene	AMPATH partners and project teams
Chiesi	Global Access to Spirometry Project (GASP)
Daiichi Sankyo	Cultivating Healthcare Workers in China partners and project teams
Eisai	Remember I Love You partners and project teams
Eli Lilly	The HOPE Centre and AMPATH partners and project teams
Merck	Global Health Pharma Fund (GPHF)-Minilab partners and project teams
MSD	SPARTA and AMPATH partners and project teams
The MSD Foundation	Project ECHO partners and project teams
Novartis	Novartis Access partners and project teams
Roche	Breast Cancer National Access Program, Kenya partners and project teams
Sanofi	FAST (Fight Against STigma) partners and project teams
Servier	Cuomo Pediatric Cardiology Center
Shionogi	Mother to Mother partners and project teams
Sumitomo Dainippon Pharma	Promoting Sound Child Health Pilot Program partners and project teams
Takeda	Integrated Cancer Management Training targeting Primary Healthcare Professionals (PHPs) and Community Healthcare Workers (CHWs)
The Bristol-Myers Squibb Foundation	Global HOPE and AMPATH partners and project teams
The Pfizer Foundation	Abundant Health and AMPATH partners and project teams
UCB	Health and Hope Fund partners and project teams

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMPATH	Academic Model Providing Access to Health
BMS	Bristol-Myers Squibb
CHS	Commune health stations
CHW	Community health workers
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular disease
FAST	Fight Against STigma
GPHF	Global Pharma Health Fund
HER2	Human epidermal growth factor receptor 2
IFPMA	International Federation of Pharmaceutical Manufacturers and Associations
LMICs	Low- and middle-income countries
M&E	Monitoring and evaluation
MSD	Merck Sharp & Dohme; known as Merck & Company, Inc. in the United States
NCDs	Non-communicable diseases
NGO	Non-governmental organization
PHO	Pediatric hematology-oncology
PHP	Primary health care professional
SDGs	Sustainable Development Goals
UHC	Universal health coverage
WHO	World Health Organization



Drawing on global insights for designing and implementing public health programs, we aim to challenge ourselves to uphold the highest standards in all that we do to address NCDs.

WELCOME

Non-communicable diseases (NCDs) are amongst the foremost health challenges of our time and the leading cause of death worldwide. Millions of people die each year from NCDs, many prematurely and often from preventable, treatable conditions. Today, 85 percent of these premature deaths occur in low- and middle-income countries (LMICs),¹ where communities will continue to struggle with the social and economic consequences of these losses for years to come.

In response, the global health community is working to develop solutions. Every day, we learn more about how to prevent, prepare, and respond to the challenges of NCDs. Access Accelerated is the biopharmaceutical industry's collective commitment to scale up action on NCDs with a focus on LMICs, as part of the global effort to achieve the Sustainable Development Goals (SDGs). We recognize the biopharmaceutical industry's role in advancing the SDGs as part of a proactive, collaborative global effort to strengthen health systems around the world. We are collaborating with a broad array of stakeholders—including people living with NCDs, healthcare providers, governments, academia, civil society, multilaterals, and the private sector—to support action on NCDs. We believe that by sharing experiences, learning from one another, and drawing on our complementary strengths, our collective action will be significantly greater than the sum of individual company efforts.

This report is intended to serve as a contribution to building and sharing the knowledge base and experiences of Access Accelerated member companies working on NCDs. It aims to articulate and illustrate a range of program approaches, program considerations, good practices, and challenges faced by Access Accelerated member companies. It defines some of the principles that guide Access Accelerated company programs as we work to meet patient needs, empower local leadership, strengthen partnerships, develop innovative sustainable solutions, and achieve concrete, measurable results. Drawing on global insights for designing and implementing public health programs, we aim to challenge ourselves to uphold the highest standards in all that we do to address NCDs.

NCDs cannot be tackled in isolation. Access Accelerated members and partners have a unique opportunity to come together and work collaboratively to advance health and NCD care in LMICs. While this report reflects our efforts to date, it also serves as a call to action to catalyze new, and scale up existing, solutions to tackle the global challenge of NCDs. We hope this will be a useful resource in helping to advance NCD programs and galvanize collaboration going forward.

We want to extend our sincere gratitude to all member companies and their partners that have contributed voluntarily to this report. Your input has been invaluable, and your programs improve the health of millions of people around the world. Thank you.

Rina Sakai

Takeda Pharmaceutical Company Ltd. and Access Accelerated Company Program Information Working Group Co-Lead

Yoshimi Ohno

Astellas Pharma Inc. and Access Accelerated Company Program Information Working Group Co-Lead

James Headen Pfitzer

Director, Access Accelerated

FOREWORD



Non-communicable diseases (NCDs) remain a growing threat to global health and development. As the largest cause of preventable morbidity and mortality worldwide, NCDs negatively influence the lives of millions of people every year. In 2018, the UN General Assembly High Level Meeting on NCDs brought the need for action on NCDs to the attention of the global community, specifically calling for multi-sectoral collaboration and integration of NCDs into the development of universal health coverage (UHC) systems around the world.

Despite this, meaningful gains in NCDs remain aspirational as many countries struggle to address the challenges of cancer, diabetes, heart disease, respiratory disease and other chronic conditions effectively. Ministries of Health in low- and middle-income countries (LMICs) lack the resources and capacity to advance NCD services at the pace we need to reach the billions of people around the world affected by NCDs, at all stages of the life course. It is urgent that we find ways to work together to bridge these gaps and support LMICs in developing robust, high-quality NCD service delivery as part of national health coverage.

Access Accelerated represents an opportunity as a common initiative uniting companies across the biopharmaceutical industry with multisector partners, including multilaterals, country governments in LMICs and NGOs. Through this collective platform, Access Accelerated enables its members and partners to enhance their work on NCDs, learning from each other to launch new, stronger, and more ambitious NCD collaborations in LMICs.

Access Accelerated in Action is an important resource in this effort, analyzing the experiences of 19 company-supported programs implemented in partnership with more than 50 organizations. This report shares key learnings as a way to improve global health program design, implementation and monitoring & evaluation. It highlights successes and, more notably, looks at the challenges faced and overcome by public-private partnerships on the ground, extracting lessons for future initiatives.

Understanding the road to forming effective public-private partnerships, through resources such as *Access Accelerated in Action*, provides a critical foundation to inform future programmatic decision-making. This publication can spark a broader dialogue on the opportunities for public-private partnerships to engage more deeply on NCDs in LMICs, driving much-needed action for people living with NCDs. By establishing a culture of knowledge sharing, Access Accelerated will continue to aid the development of novel and innovative approaches to advancing NCD prevention, treatment and care. I welcome its publication and encourage everyone interested in implementing new NCD initiatives – or thinking about how to improve the impact of existing programs – to study its lessons carefully.

Dr. Sania Nishtar

Co-Chair, WHO High-Level Commission on NCDs, and Chair, Poverty Alleviation Coordination Council, Pakistan



Over the past two years, we have seen Access Accelerated member companies demonstrate their commitment to measurement and transparent reporting by sharing program information in a standardized way. This has been done through the Access Observatory, a public repository that we have established at the Boston University School of Public Health. With the publication of *Access Accelerated in Action*, the Access Accelerated initiative has provided information on principles, best practices, case studies, and a very useful Program Development Guide. The program development guide is a particularly valuable resource as it offers practical, actionable steps for program design, implementation, and monitoring & evaluation. We believe this guide can serve as a framework for important discussions among biopharmaceutical companies, implementing partner organizations, and other stakeholders to support stronger collaborations for public health. The guide may well be useful for other organizations interested in addressing access to medicines and diagnostics in ways that facilitate transparent reporting and shared learning.

Dr. Richard Laing

Professor, Department of Global Health, Boston University School of Public Health

EXECUTIVE SUMMARY

Access Accelerated in Action was developed as part of Access Accelerated’s commitment to share learnings and continuously improve its approach to public health program design and implementation. It is the first collective effort from Access Accelerated companies to share information on the NCD programs they are supporting in LMICs and demonstrates their commitment to greater transparency and accountability to improving health outcomes, the global health community, and Sustainable Development Goals 3.4 and 17. It articulates and explores some of the core principles—patient-centered program design, rigorous measurement, local ownership, and more—that underpin the Access Accelerated commitment and examines how member companies have sought to incorporate these principles into their programmatic work. In doing so, we hope to support Access Accelerated member companies to learn from one another by identifying areas where programs have been successful and common challenges. The report also highlights opportunities to deepen the impact of public-private partnerships, along with providing a resource to strengthen collaborations among the public health community, in service of expanding access to NCD prevention, treatment, and care.

To capture how Access Accelerated member companies have approached program design, this report:

- 1. Articulates Access Accelerated’s commitment principles, identifying related key learnings and applying them in program design;
- 2. Reviews 19 case studies on NCD partnerships, each underscoring a different principle in action and collating information gathered from the Access Accelerated website and Open Platform, and the Boston University Observatory; and,
- 3. Translates collective member company insights into a practical resource guide to support programmatic teams as they design and develop new programs.

Overall, this report identifies and responds to the need to increase collaboration and sharing of learnings among NCD stakeholders, along with the need for more sharable NCD program design and implementation resources. By learning from the challenges and successes of the past, as well as understanding opportunities for the future, we hope *Access Accelerated in Action* can serve as key resource to support future action on NCDs.



Overview *and* Methodology

INTRODUCTION

Access Accelerated represents a shared commitment by the biopharmaceutical industry to scale up its work to expand access to prevention, treatment, and care for non-communicable disease (NCDs) in low- and middle-income countries (LMICs). This commitment, however, is not limited to individual action: one important way the industry can collaborate is by sharing our knowledge and experiences and developing a common pool of resources to help countries, stakeholders, and partners strengthen health systems to address the burden of NCDs. The following analysis represents a first step in this process, bringing together our experiences to date in designing, developing, and implementing NCD programs as an effort to contribute to Sustainable Development Goals (SDGs) 3.4 (by 2030, *reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing*) and 17, Partnerships for the Goals.

Our goals for this report are three-fold:

1. Articulate our commitment to developing strong, effective NCD-related programs, drawing on knowledge and resources from the global health community as well as our experience as the biopharmaceutical industry;
2. Learn from the work we have done so far, hearing from our member companies about how they are working to apply best practices in action and where they see opportunities to strengthen their work; and
3. Share our experiences with the public health community as a resource and starting point for future conversations, strengthening our collaborations to expand access to NCD prevention, treatment and care.

It is important to note that this analysis represents a starting point for Access Accelerated in sharing and learning about strong public health program design and development. The case studies that follow do not attempt an evaluation on individual Access Accelerated programs or the initiative as a whole; they are meant to illustrate the experiences of AA member companies as they design, develop, and implement public health programs. In speaking to our principles and learnings identified through our NCD programs, we are not presenting a definitive or final viewpoint on how programs should be designed; rather, we are presenting the opportunities that we have identified to enhance programs, with the understanding and aspiration to continue to learn and improve our approaches to program design and implementation. We hope to follow on this initial work by collaborating with partners and the broader global health community to broaden and deepen our collective knowledge. Ultimately, our aim is to support the efforts of all stakeholders to address the growing burden of NCDs globally and improve the lives of people living with NCDs and their communities.

CONTENT OVERVIEW

Cross-Cutting Principles: Articulating our Commitments

What do we seek to achieve in effective program design? What principles guide our work on NCDs?

This report begins by articulating a set of **six cross-cutting principles** that can inform effective design in public health programming. These principles capture the vision expressed in Access Accelerated’s **Commitment Letter**, calling on member companies to continuously improve the quality and effectiveness of their work.

- Patient-Centered Approach
- Strong Local Ownership and Engagement
- Substantive Partnerships
- Sustainable, Equitable Solutions
- Innovation and Continuous Learning
- Rigorous Transparency and Measurement

Key Learnings: Applying our principles in practice

What does it mean to apply these principles in practice? What have we learned from our experiences along the way?

We identify and define **key learnings in program design and implementation** associated with each of these principles, drawn from the **experiences and insights** of our member companies in implementing NCD programs. Input from our members is complemented by a **review of expert literature** (e.g., publications, position papers) from a variety of stakeholders (e.g., academia, multilaterals, civil society) to arrive at clear, shared terminology to describe our understanding of strong NCD initiatives.

PRINCIPLE	RELEVANT KEY LEARNINGS
PATIENT-CENTERED APPROACH	<ul style="list-style-type: none">Engaging communities, patients and their caregivers inform effective program design and governanceIdentifying opportunities to empower patients and advocates across program activities amplifies the patient voiceDeveloping privacy guidelines ahead of program implementation safeguards individuals, including staff and patientsSharing program progress and results with patients and communities drives local accountability and motivates sustained behavior change

Trends & Recommendations: Shared themes

What learnings arise across multiple NCD programs? In which areas are certain programs breaking new ground?

Looking across Access Accelerated member company experiences to date, we extract high-level **themes and recommendations** for current and future programs. We identify learnings shared across multiple programs, and highlight where new ideas could be applied more broadly to strengthen program effectiveness.

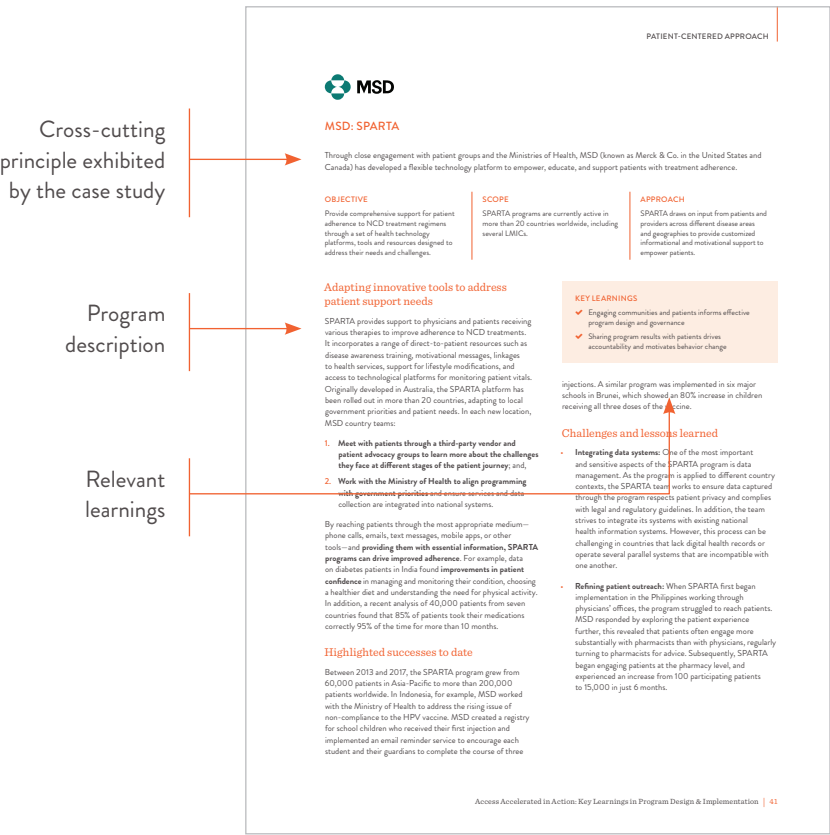
Key Learnings identified and applied by multiple programs

Opportunities for learnings to be applied more broadly across programs to strengthen work

Program Case Studies: Experiences to date

How have Access Accelerated member companies applied cross-cutting principles in specific NCD programs?

A series of program case studies details current NCD initiatives that bring a strong focus to each of our cross-cutting principles. These case studies serve to illustrate how Access Accelerated member companies have applied key learnings to specific challenges and contexts.



Program Development Guide: Resources to inform and strengthen new and existing programs

Moving forward, how can learnings be applied most effectively across all stages of program design and implementation?

To translate our principles and key learnings into a practical, actionable resource for Access Accelerated member company program teams, partners and other stakeholders, we outline the **basic logistical steps** of program development alongside a **discussion guide** that prompts users to integrate relevant key learnings at each stage.

Identify Parameters	<ul style="list-style-type: none">Define the public health issueIdentify the target population
Assess Need	<ul style="list-style-type: none">Assess the population health needIdentify social determinants of healthConsult partners and key stakeholders
Define Goals & Objectives	<ul style="list-style-type: none">Develop a visionDefine program goals and objectivesIdentify program contribution to global health
Design Activities	<ul style="list-style-type: none">Research intervention options and assess contextCreate a sustainability planCreate a measurement framework and set targetsCreate an evaluation framework
Mobilize Partners & Resources	<ul style="list-style-type: none">Identify and allocate internal resourcesDefine partner criteriaSelect partnersEngage partners and outline terms of engagement
Anticipate & Respond to Challenges	<ul style="list-style-type: none">Identify and prepare for challengesEnsure regular monitoring to respond to challengesTurn challenges into opportunities
Share Learnings	<ul style="list-style-type: none">Assess and reflect on program outcomesPlan and communicate program internally and externallyShare learnings and best practices

Checklist to guide users through the logistical steps of program design

The Guide below walks through basic logistical steps in program design, development and implementation, applying Access Accelerated’s **cross-cutting principles** at each step. As the user advances, guiding questions prompt consideration of relevant learnings in the form of practical, actionable suggestions. Overall, the guide provides users with a practical step-by-step resource in expanding or launching programs.

Discussion guide for program teams to address and integrate learnings

Step 1: Identify initial parameters

As a first step developing a program concept, aligning on the initial scope is essential. A program may arise to address treatment gaps in a particular disease area,

METHODOLOGY

In order to better understand the experiences of Access Accelerated member companies in developing programs and partnerships to advance access to NCD prevention, treatment, and care, a three-step research process was developed. An overview of this process is below; please also reference the *Appendix* on page 64 for a more detailed discussion of our methodological foundations and process.

Step 1: Definition of Access Accelerated commitment principles

The first objective of this report was to establish a shared, working definition of the Access Accelerated commitment in terms of specific principles for strong program design and implementation. Building from the original Access Accelerated Commitment Letter, Access Accelerated member companies developed and ratified a set of central, cross-cutting principles that define the initiative's collective aspirations and values for programmatic work. A starting definition was developed for each of these principles, based on consultations with the Company Program Information Working Group, consisting of strategic and programmatic leads from Access Accelerated member companies, and a review of expert literature addressing the subject of each commitment principle.

Step 2: Identification of biopharmaceutical industry partnership examples

The second objective of this report was to identify a range of examples of biopharmaceutical industry partnerships expanding access to NCD prevention, treatment, and care in LMICs. Access Accelerated launched an open crowd-sourcing call for members to nominate programs for inclusion in the report as illustrative examples of each cross-cutting principle in action. Over the course of a year, 18 out of 24 Access Accelerated member companies nominated a total of 26 potential programs, from which an initial set of 19 programs were selected to illustrate diverse program profiles (i.e. programs in different geographic regions; of different scopes and sizes; employing a variety of program strategies and activities; operating via different partnerships models).

Step 3: Descriptive case research

The third objective of this report was to better understand the experiences of Access Accelerated member companies applying these principles in practice in the process of designing and implementing programs to expand access to NCD care in LMICs. Descriptive and exploratory case study research was identified as the most appropriate methodology to deepen our understanding of these experiences and share these learnings. As expressed by the World Health Organization (WHO), case studies are an important tool to capture the unique experience of a given program in context, as well as to “foster the dissemination of inclusive and creative approaches” and “lead to a better understanding of what works and why.”²

Case Framework

A case framework was developed and structured according to the previously defined Access Accelerated principles. For each program case study, the analysis focused on (1) key learnings associated with the primary cross-cutting principle and how these learnings informed the process of program development and implementation; (2) highlighted successes the program has achieved to date through this approach; and (3) challenges encountered and how lessons learned were applied over the course of program implementation.

Data Collection

For each case study, an initial scan identified and compiled all publicly available information, including the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)'s Global Health Progress resource, the Boston University Access Observatory, the Access Accelerated Open Platform, and other sources such as company and partner websites, reports, and press releases. In-depth interviews were conducted with program leads, with supplementary information provided by some broader program teams and partners as required between April 2018 through March 2019.

Collation of Key Learnings

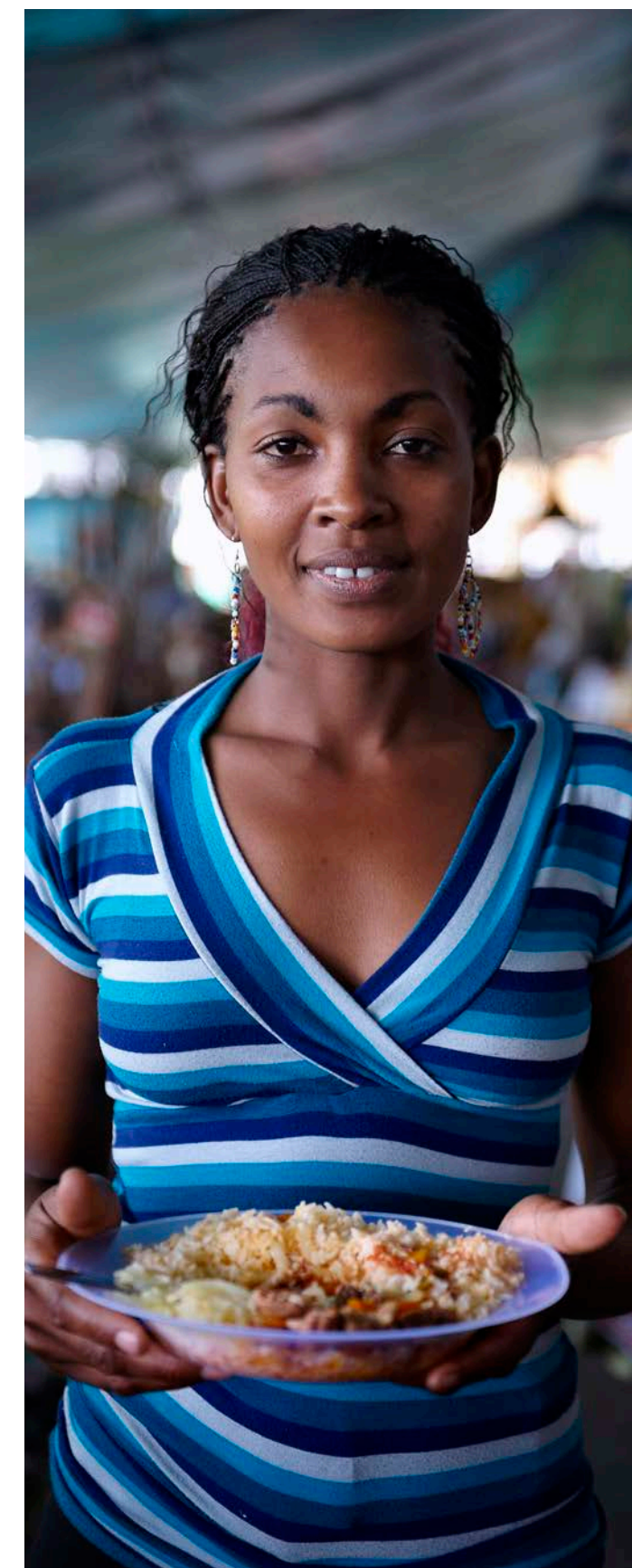
Through further consultation with the Company Program Information Working Group, and the strategic and programmatic leads of the 19 short-listed programs, a consolidation of key learnings was developed under the auspice of each initially outlined principle. These key learnings reflect the overarching outcomes emerging from efforts by Access Accelerated member companies to: (1) retrospectively implement workstreams to support program enhancement; and, (2) implement solutions to tackle challenges faced in program design, implementation, and monitoring & evaluation.

The Cross-cutting principles & key learnings section on page 14 provides an overview of the key elements of this framework.

Data Analysis

Information gathered on each program was compiled into case studies, with the case framework serving to structure and guide the analysis. Following the compilation of individual case studies, a preliminary cross-case analysis was undertaken to identify key insights into how member companies have applied Access Accelerated principles in practice to strengthen the effectiveness of programs to enhance access to NCD prevention, treatment and care in LMICs.

The Key trends, opportunities, and call to action section on page 22 provides an overview of these insights.



Cross-Cutting Principles and Key Learnings

DEFINING OUR CROSS-CUTTING PRINCIPLES AND KEY LEARNINGS

This manual begins by articulating a set of six cross-cutting principles to consider for strong design in public health programming. These principles encapsulate the vision expressed in the original Access Accelerated Commitment Letter, which called on members to continuously improve the quality and effectiveness of their work in alignment with these values.

For each principle, we begin by developing a **shared definition**, based on a review of expert literature on the theory and application of each principle, including research and position papers published by key stakeholders (e.g., multilateral institutions, prominent non-governmental organizations, and academia). We follow by speaking to **our experiences**, as the biopharmaceutical industry, and why this principle is central to our vision for Access Accelerated. Finally, we consolidate a list of **frequently identified key learnings** applicable to each principle to support more effective future programming and drive sustained improvements in NCD care. These key learnings are drawn from the input of Access Accelerated program teams and expert stakeholders, and supplemented with insights from evidence from reviews of available literature.

CROSS-CUTTING PRINCIPLE #1

Patient-Centered Approach

1

Definition

A patient-centered approach refers to **an approach that responds to and respects patients' expressed values, preferences, and desired health outcomes, meaningfully engaging people living with NCDs to become active participants in their health and wellbeing**. Patient-centered approaches are informed by, and designed to meet the needs of, individuals and communities. WHO has enshrined patient-centeredness in its *Framework on Integrated People-Centered Health Services*³ and re-iterated its importance in the recent *Tokyo Declaration on Universal Health Coverage*.⁴ Furthermore, research demonstrates the value of this approach in LMICs, finding that introducing patient-centered approaches to care improves patient satisfaction and confidence in self-management.⁵⁻⁷

Our Experience

For Access Accelerated member companies, a patient-centered approach is at the core of their strategies because it allows them to **engage with patients to gather insights to inform the design of effective health solutions**.⁸ In designing NCD programs in LMICs, a patient-centered approach not only helps maximize the reach and health impact of interventions, but also helps in understanding barriers to care and the social and economic burden often linked to chronic diseases. Tools are available to support designing innovative, patient-centered interventions, for example rapid testing methods, such as 'Plan-Do-Study-Act', and help to develop effective, sustainable, patient-centered solutions.⁹ Companies design **patient-centered programs that foster open communication and information-sharing** among patients, their broader communities, and member company employees—supporting individual empowerment and education.

Relevant Key Learnings

- Engaging communities, patients and their caregivers informs effective program design and governance
- Identifying opportunities to empower patients and advocates across program activities amplifies the patient voice
- Developing privacy guidelines ahead of program implementation safeguards individuals, including staff and patients
- Sharing program progress and results with patients and communities drives local accountability and motivates sustained behavior change

CROSS-CUTTING PRINCIPLE #2

Strong Local Ownership and Engagement

2

Definition

Strong local ownership and engagement, which has been a tenet of bilateral and multilateral aid for several decades, entails **collaboration and open communication with local stakeholders at all stages of program development**, execution, and evaluation. A good example of this principle in practice is the Global Fund to Fight AIDS, Tuberculosis and Malaria's *Country Coordination Mechanisms*, which serve as an active means of fostering stakeholder collaboration and

participatory decision making in development activities.¹⁰ Ensuring local ownership also means that programs **align with existing systems rather than being developed in parallel and include capacity-building components** to empower local governments and partners. These elements are emphasized in important multilateral policy declarations, including the Organization for Economic Co-operation and Development's *Paris Declaration on Aid Effectiveness*, signed in 2005, and the *Accra Agenda for Action*, endorsed in 2008.¹¹

Our Experience

For the biopharmaceutical industry, local ownership and engagement typically involves partnering with governments through their ministries, particularly Ministries of Health, and is a means of **ensuring accountability, long-term sustainability, and a plan for eventual transition**.^{12,13} Locally-tailored approaches based on initial **needs assessments conducted in partnership with in-country institutions** are an extension of patient-centeredness and have a high likelihood of acceptability (and ultimately, success) since they best **reflect the needs of the population**.^{14,15} Local support and alignment to existing government structures is one important way companies can ensure that their programs are as efficient and effective as possible, providing the most benefit and value for people living with NCDs in LMICs.

Relevant Key Learnings

- Aligning program approaches with national laws, policies, and public health strategies strengthens focus on local priorities
- Partnering with local leadership to assess needs prior to program development strengthens program design and implementation
- Co-creating programs with local stakeholders aids successful design and implementation
- Regularly and pro-actively engaging government stakeholders sustains in-country program ownership and commitment
- Integrating local stakeholders into governance structures increases accountability (e.g., program management structures include local stakeholders)
- Adapting program results and quality monitoring processes to the local context helps to strengthen local capacity and collaboration towards program goals
- Ensuring programs are aligned with, and integrated into, local health systems avoids the development of unsustainable, parallel infrastructures
- Strengthening the capacity and leadership of local institutions helps sustain interventions

CROSS-CUTTING PRINCIPLE #3

Substantive Partnerships

3

Definition

The UN Sustainable Development Goals (SDGs)—and specifically SDG 17, which is devoted entirely to partnerships—has underscored the importance of substantive cross-sector collaboration in achieving sustainable development.¹⁴ Substantive partnerships are those in which the **talents, expertise, and resources of each partner are drawn upon effectively** to both foster trust between partners and enable increased impact on population health. Such partnerships are characterized by collaboration models that **clearly define each partner's role and integrate coordination mechanisms for optimal success**. Open communication, which can be aided by formalized structures like regular governance meetings or working groups, is a key feature of substantive partnerships and helps to **establish accountability measures, manage expectations, and build mutual understanding** among partners.¹⁷

Our Experience

Biopharmaceutical companies employ varying models of substantive partnership, including grants-based collaborations, coalitions or networks, strategic alliances, or long-term transformational partnerships that seek to initiate system-level change.¹⁸ Whichever model is pursued, companies are increasingly entering into partnerships in which all parties have a **shared vision and goals**, as these form a foundation of trust, respect, accountability, and transparency among partners. As well, a common mission has been shown to build long-term partnerships where collaboration continues beyond the initial project remit. As a first step in the process towards building such partnerships, companies are **selecting their partners** utilizing external partnership tools, for example the World Bank's *PPP Infrastructure Toolkit*.¹⁹ These tools help to identify partners with similar values and a demonstrated effectiveness and credibility with the populations and in the settings in which the partnership will operate. From there, companies and their partners are defining organizational structures, instituting clear strategies, establishing measurable objectives, and implementing feedback mechanisms that help to enable effective partnerships that can achieve ambitious goals.

Relevant Key Learnings

- Building trust and establishing strong, ongoing relationships with local governments, implementers and communities strengthens partnership
- Seeking diverse partners (e.g., partnerships across sectors) brings in complementary expertise
- Seeking partners with access to different networks (e.g., professional networks and distribution networks) can expand program reach and streamline implementation
- Co-designing program objectives and activities with key partners strengthens alignment and coordinated implementation
- Identifying potential partners based on relevant experience and demonstrated expertise strengthens program quality
- Identifying internal areas of expertise to support programs, such as strategic planning and technical knowledge, can strengthen collaboration and communication
- Sharing data and reporting information among all partners encourages accountability and transparency

CROSS-CUTTING PRINCIPLE #4

Sustainable, Equitable Solutions

4

Definition

Sustainable, equitable solutions aim to **meet the health needs of LMIC populations**, while **considering long-term viability** from program initiation. Such programs are often **intended to be scaled-up to settings beyond the initial pilot location** for widespread benefit and specifically target **reductions in health disparities**.²⁰ Unsustainable programs which jeopardize positive health outcomes are major concerns for donors, partners, and scholars alike; thus, there is robust literature analyzing factors and approaches that make programs sustainable.^{21–26} For example, a policy brief published by the WHO's Department of Essential Medicines and Health Products identified the **development of clear transition plans** as one way to ensure long-term sustainability of public-private partnerships in health.¹² Equity is also a concern identified in program design literature, though many scholars have acknowledged the difficulty of measuring it in the distribution of products and services.²⁷

Our Experience

For biopharmaceutical companies, the sustainability of their investments is of the utmost importance, as most programs have a finite time horizon and resources threshold.

Of key importance is **sustaining gains while minimizing interruptions in the provision of care once the initiative ends**. Companies have used strategies such as local ownership and engagement, integration of programs within existing health infrastructure, and alignment with national health priorities as ways of ensuring enduring programs. Moreover, in the face of inequities and disparities in healthcare, some companies have begun to develop comprehensive approaches to reaching the underserved, such as segmenting patients by income and **providing products and services targeted towards patients' needs and ability to pay in each segment**,²⁸ as well as using technological solutions to increase the reach of initiatives and which can be integrated into national systems.

Relevant Key Learnings

- Designing activities that strengthen and use local infrastructure helps to sustain and scale programs
- Assessing need across different populations (e.g., low-income populations, rural inhabitants, women, and children) supports equitable program implementation
- Developing program transition plans and scale-up blueprints helps ensure gains achieved through the program are sustained and minimizes interruptions in the provision of care and treatment once an initiative ends
- Measuring outcomes and the long-term impact of program activities generates evidence needed to sustain and scale-up interventions
- Analyzing outcomes across different populations helps to ensure program reach is inclusive

CROSS-CUTTING PRINCIPLE #5

Innovation and Continuous Learning

5

Definition

Programs that prioritize innovation and continuous learning are **flexible and creative in the face of pressing challenges** and frequently **review their results to identify opportunities for improvement**. Innovation in program design has been defined by Dr. Thomas Frieden, the former director of the U.S. Centers for Disease Control and Prevention, as one of the “*six components necessary for effective public health program implementation*.” In his paper on the topic, Dr. Frieden argues that innovation feeds continuous learning and “*can further build the evidence base for interventions by better identifying those that are not working as expected and those*

that are effective and ripe for scale up.”²⁹ Programs exhibiting innovation and continuous learning engage end-users to better understand their needs and challenges and can **adjust as conditions change through course-correction**.

Our Experience

The biopharmaceutical industry fosters innovation in the research and development of medicines; this innovation can also carry over into program development. For example, companies’ desire to incorporate patient-centricity through human-centered design has led to new innovations in health solutions as companies **seek to learn from the knowledge and expertise** of patients.^{28, 30} Programs exhibiting innovation and continuous learning also **share insights from their experiences regularly**, as well as **apply increased understanding to their own solutions to improve the initiative or program**. As companies strive to build the evidence base around their global health programs, companies are partnering with academic institutions to evaluate initiatives and share their knowledge—about both successes and challenges—to enable the application of similar approaches in other geographies and populations, though more can be done.³¹

Relevant Key Learnings

- Testing and evaluating new approaches (e.g., services, treatments, program strategies, data systems, etc.) can help overcome current challenges
- Continuously engaging people living with NCDs and analyzing the program helps to identify if objectives are being met and activities require course-correction
- Designing program evaluations to fill specific data gaps provides a lasting contribution to the evidence base of effective public health programs
- Sharing knowledge and results locally, nationally, regionally, and globally helps others adapt and scale solutions to different settings

CROSS-CUTTING PRINCIPLE #6

Rigorous Measurement and Transparency

6

Definition

Rigorous measurement and transparency enables programs to **track progress, demonstrate impact**, and quickly **identify and address challenges** as they arise (and is thus

often accompanied by an openness to innovation and continuous learning). Transparency facilitated by rigorous measurement is often hailed as a “gold standard” in public-private partnerships. Stakeholders like the World Bank have worked to make transparency a top priority in development partnerships by publishing tools for data collection, disclosure, and application in real-world contexts.³² Additionally, academics and advocates have called for rigorous measurement of global health initiatives by neutral evaluators both as **an accountability mechanism and a way of broadening the evidence base on public-private partnerships**.^{33, 34}

Our Experience

Rigorous measurement often entails the **development of a set of key performance indicators that are publicly reported against during predetermined intervals**, having been outlined at program initiation. Biopharmaceutical companies report on their global health programs and **disclose progress against targets** in Corporate Social Responsibility reports and voluntary indices like the Access to Medicines Index and the Dow Jones Sustainability Index. Individual companies and multi-company initiatives like Access Accelerated, which is partnering with Boston University to develop its monitoring and evaluation (M&E) framework, are **working with third-party academic evaluators to better understand the performance of their programs**, identify how their programs are contributing towards global targets, and share learnings from successes and challenges. Highlighting tangible results that emerge from the application of a stringent M&E process can help build trust and credibility between partners and among the wider public.

Relevant Key Learnings

- Developing clear objectives from the start helps track progress, measure success, and improve alignment across partners and external stakeholders
- Using frameworks to design strategies and activities (e.g., logic models, results frameworks, and theories of change) helps create more clear, cohesive, and robust programs
- Conducting program evaluations increases internal and external understanding of interventions successes, failures, and lessons learned
- Working closely with third-party evaluators and implementing partners can lead to more robust and feasible measurement mechanisms
- Consistently measuring and sharing program approaches and results improves accountability and builds public awareness, knowledge and engagement

COLLATED KEY LEARNINGS IN PROGRAM DESIGN, IMPLEMENTATION, AND MONITORING & EVALUATION

The table below consolidates the relevant key learnings in program design, implementation, and monitoring & evaluation associated with each of the Access Accelerated cross-cutting principles, for quick reference.

PRINCIPLE	RELEVANT KEY LEARNINGS
PATIENT-CENTERED APPROACH	<ul style="list-style-type: none">• Engaging communities, patients and their caregivers informs effective program design and governance• Identifying opportunities to empower patients and advocates across program activities amplifies the patient voice• Developing privacy guidelines ahead of program implementation safeguards individuals, including staff and patients• Sharing program progress and results with patients and communities drives local accountability and motivates sustained behavior change
STRONG LOCAL OWNERSHIP AND ENGAGEMENT	<ul style="list-style-type: none">• Aligning program approaches with national laws, policies and public health strategies strengthens focus on local priorities• Partnering with local leadership to assess needs prior to program development strengthens program design and implementation• Co-creating programs with local stakeholders aids successful design and implementation• Regularly and pro-actively engaging government stakeholders sustains in-country program ownership and commitment• Integrating local stakeholders into governance structures increases accountability (e.g., program management structures include local stakeholders)• Adapting program results and quality monitoring processes to the local context helps to strengthen local capacity and collaboration towards program goals• Ensuring programs are aligned with, and integrated into, local health systems avoids the development of unsustainable, parallel infrastructures• Strengthening the capacity and leadership of local institutions helps sustain interventions

PRINCIPLE	RELEVANT KEY LEARNINGS
SUBSTANTIVE PARTNERSHIPS	<ul style="list-style-type: none">• Building trust and establishing strong, ongoing relationships with local governments, implementers and communities strengthens partnership• Seeking diverse partners (e.g., partnerships across sectors) brings in complementary expertise• Seeking partners with access to different networks (e.g., professional networks and distribution networks) can expand program reach and streamline implementation• Co-designing program objectives and activities with key partners strengthens alignment and coordinated implementation• Identifying potential partners based on relevant experience and demonstrated expertise strengthens program quality• Identifying internal areas of expertise to support programs, such as strategic planning and technical knowledge, can strengthen collaboration and communication• Sharing data and reporting information among all partners encourages accountability and transparency
SUSTAINABLE, EQUITABLE SOLUTIONS	<ul style="list-style-type: none">• Designing activities that strengthen and use local infrastructure helps to sustain and scale programs• Assessing need across different populations (e.g., low-income populations, rural inhabitants, women, and children) supports equitable program implementation• Developing program transition plans and scale-up blueprints helps ensure gains achieved through the program are sustained and minimizes interruptions in the provision of care and treatment once an initiative ends• Measuring outcomes and the long-term impact of program activities generates evidence needed to sustain and scale-up interventions• Analyzing outcomes across different populations helps to ensure program reach is inclusive

PRINCIPLE	RELEVANT KEY LEARNINGS
INNOVATION AND CONTINUOUS LEARNING	<ul style="list-style-type: none">• Testing and evaluating new approaches (e.g., services, treatments, program strategies, data systems, etc.) can help overcome current challenges• Continuously engaging people living with NCDs and analyzing the program helps to identify if objectives are being met and activities require course-correction• Designing program evaluations to fill specific data gaps provides a lasting contribution to the evidence base of effective public health programs• Sharing knowledge and results locally, nationally, regionally, and globally helps others adapt and scale solutions to different settings
RIGOROUS MEASUREMENT AND TRANSPARENCY	<ul style="list-style-type: none">• Developing clear objectives from the start helps track progress, measure success, and improve alignment across partners and external stakeholders• Using frameworks to design strategies and activities (e.g., logic models, results frameworks, and theories of change) helps create more clear, cohesive, and robust programs• Conducting program evaluations increases internal and external understanding of interventions successes, failures, and lessons learned• Working closely with third-party evaluators and implementing partners can lead to more robust and feasible measurement mechanisms• Consistently measuring and sharing program approaches and results improves accountability and builds public awareness, knowledge and engagement

Key Trends, Opportunities, *and* Call to Action

KEY TRENDS ACROSS MEMBER COMPANY NCD PROGRAMS

The following case studies demonstrate a wide range of strategies Access Accelerated member companies and their partners have developed and implemented to tackle NCDs in LMICs. Across these diverse interventions, however, there are shared trends in how initiatives apply cross-cutting principles and best practices. Identifying trends that programs are adopting on-the-ground offers opportunities to apply the key learnings to other existing or new programs. This supports stronger NCD programs, demonstrates the value member companies bring to tackling NCDs in LMICs, and highlights why companies should continue to develop and implement NCD programs.

PRINCIPLE	RELEVANT KEY LEARNINGS
PATIENT-CENTERED APPROACH	<p>Understanding the patient experience as a starting point for program design</p> <p>In designing new programs, initiatives that begin by engaging directly with local communities, families, and patients are able to learn more about the populations specific needs and challenges and identify the most appropriate, evidence-based program strategy.</p> <p>Highlighted examples:</p> <ul style="list-style-type: none">Each time MSD’s SPARTA program enters a new country or region, it interfaces directly with patients through a third party vendor and patient advocacy groups to learn more about their experiences as part of efforts to tailor local application of its technology platform to improve treatment adherence and retention.Eisai’s Remember I Love You program grew out of face-to-face engagement between company employees with dementia patients and their caregivers in China, addressing the challenges identified in those conversations.
STRONG LOCAL OWNERSHIP AND ENGAGEMENT	<p>Collaborating more directly with governments and local communities to address national priorities</p> <p>Companies are developing strong, long-term partnerships with national governments and working closely with local communities to ensure their programs support and align with government strategies and are locally relevant. Regular engagement with key Ministry of Health stakeholders and community groups helps to integrate programs with existing interventions, bringing a holistic, health system strengthening approach to ensure programs do not duplicate efforts or build parallel infrastructure.</p> <p>Highlighted examples:</p> <ul style="list-style-type: none">In addition to formal alignment via a memorandum of understanding with the national government, Sanofi’s FAST program directly implements programs in partnership with local Ministry of Health staff in Madagascar.Roche’s breast cancer initiative in Kenya and BMS’s Global Hope program in Botswana coordinates with the local government to co-fund program activities.

PRINCIPLE	RELEVANT KEY LEARNINGS
SUBSTANTIVE PARTNERSHIPS	<p>Exploring broader cross-sector partnerships</p> <p>Aligned with global efforts to achieve SDG 17 (Partnerships for the Goals), Access Accelerated member companies are embarking on new, broader cross-sectoral and cross-disciplinary partnerships.</p> <p>Highlighted examples:</p> <ul style="list-style-type: none">• The AMPATH program in Kenya showcases a distinctively broad collaboration, bringing together a network of academic institutions with diverse partners from supply chain, pharmaceutical, and logistics industries to drive integrated program results in a targeted region.
SUSTAINABLE, EQUITABLE SOLUTIONS	<p>Exploring broader cross-sector partnerships</p> <p>Aligned with global efforts to achieve SDG 17, Partnerships for the Goals, Access Accelerated member companies are embarking on new, broader cross-sectoral and cross-disciplinary partnerships.</p> <p>Highlighted examples:</p> <ul style="list-style-type: none">• MSD’s partnership with Project ECHO leverages an efficient telemedicine platform to quickly scale access to quality health services and reduce health disparities between urban and rural areas of India.

PRINCIPLE	RELEVANT KEY LEARNINGS
INNOVATION AND CONTINUOUS LEARNING	<p>Using dynamic, real-time data to inform program design</p> <p>Companies, together with implementation and evaluation partners, are embracing the use of real-time data to inform program decisions. Close monitoring of programs and implementation science can demonstrate how and why programs succeed or fail to inform operational decisions, potential course-corrections, opportunities to scale up existing programs, and future program strategies.</p> <p>Highlighted examples:</p> <ul style="list-style-type: none">• In South Africa, Eli Lilly’s Project Hope initiative has identified and addressed gaps in their capacity-building trainings for nurses based on observations from a local academic partner.
RIGOROUS MEASUREMENT AND TRANSPARENCY	<p>Incorporating monitoring & evaluation at program outset</p> <p>Companies are increasingly interested in measuring the results of their efforts for greater accountability to program objectives, partners, and the broader global health community. Initiatives build in M&E frameworks from program start to support rigorous data collection, continued internal buy-in, and alignment among stakeholders.</p> <p>Highlighted examples:</p> <ul style="list-style-type: none">• In Kenya, Novartis Access has analyzed the results of its access strategy for NCD medicines through a cluster-randomized, controlled trial; this study has been published in <i>The Lancet</i> and enables the program to quantify its impact on its target low-income populations.³¹

“By establishing a culture of knowledge sharing, Access Accelerated will continue to aid the development of novel and innovative approaches to advancing NCD prevention, treatment and care.”

DR. SANIA NISHTAR

OPPORTUNITIES FOR ONGOING PROGRAM IMPROVEMENT

In examining the case studies alongside the review of expert literature on the theory and application of each cross-cutting principle, we can also see areas where Access Accelerated member companies have an opportunity to build on lessons learned from previous program experiences. By learning from the challenges and successes of the past, new and developing programs can continuously strengthen their design for efficient and effective health impact. Based on the case study analysis, we have drawn the following key recommendations.

Proactively address challenges

Across all the Access Accelerated member company programs examined as part of this analysis, two key issues were cited as common implementation challenges. To avoid pitfalls in the future, member companies and partners developing a new NCD health program can plan to address these concerns proactively.

- **Proactive engagement of local government stakeholders to support integration of program services and/or sustainability:** Alignment with local authorities is paramount to ensuring program activities are integrated into existing health systems, thereby streamlining efforts and supporting long-term sustainability. Government absorption is often a long-term sustainability goal for programs but can be challenging in countries with restricted domestic budgets. Discussion of sustainability options and the development of accompanying plans at program start can help to ensure program activities are sustained beyond member company involvement.
- **Improve coordination and trust among partners:** Aligning on common values and goals between partners helps to build strong partnerships and improve program delivery. Trusted partnerships amongst in-country stakeholders (e.g., member companies, governments, NGOs, and academic institutions) helps to ensure partner expertise is utilized, efforts are not duplicated, and programs are aligned with government frameworks so that initiatives are not operating in parallel systems. Improved coordination mechanisms, such as donor meetings and representation at technical working groups, support effective collaboration and build trust. Collaboration between member companies can produce significant benefits, without jeopardizing healthy competition.

Build on identified success factors

As well, several programs across the analysis highlighted similar program characteristics as key success factors in supporting program implementation. New and developing programs may be able to draw on these established, successful strategies to help secure a strong path forward on NCDs.

- **Move beyond pilot interventions:** Programs seeking to catalyze change often support pilot interventions, which design and test innovative care models for eventual scale-up through other avenues such as governments or development agencies. In many cases, limited capacity and resources can limit opportunities to scale up pilots, limiting program impact. Programs that take on other roles—such as technical support for governments in bringing a program model to national scale—may provide critical opportunities for deeper company involvement and program sustainability.
- **Increase sharing program learnings:** Information sharing—both within a program and externally—on key program activities and successes presents a tremendous opportunity for a company to build programmatic expertise over time, secure internal buy-in, and contribute to global learning. Existing Access Accelerated information repositories (e.g., Boston University Access Observatory, Global Health Progress, and the Access Accelerated Open Platform) can be used to support information sharing among Access Accelerated members as well as the broader global health community.

Apply under-utilized key learnings

Finally, in examining programs for key learnings across case studies, several of the learnings were present in only a few existing member company programs. New and developing programs have an opportunity to test out these strategies in more depth, and learn from existing examples.

- **Target specific populations through improved program analysis:** Programs such as Novartis Access develop strategies and methodologies to target specific segments of local populations, addressing social and structural inequalities in access to quality health care. Refining these approaches can be critical to driving greater impact, in particular, with programs focused on populations with unmet need in higher-income settings.³⁵

- **Use streamlined monitoring & evaluation (M&E) for iterative learning:** Some NCD programs have been slow to incorporate rigorous M&E, due to the potential burden on program resources. However, a thoughtful approach to M&E can make these processes less of a burden and add value to program operations. Important evaluation questions can often be answered through rapid, rigorous yet pragmatic techniques that feed data into programmatic and strategy decision-making. Access Accelerated is establishing its M&E framework with Boston University through the development of the Access Observatory; this resource helps to collect program data and foster sharing between programs.

MEMBER COMPANY CALL TO ACTION

The case studies in this analysis highlight the work of Access Accelerated member companies and partners in tackling the growing burden of NCDs in LMICs, demonstrating strong results in improving access for patients and strengthening healthcare systems for the long term. As the biopharmaceutical industry builds upon its experience and expertise in programmatic work, it can deepen and broaden impact to reach more patients, families, and communities with effective solutions. By leveraging the collective expertise of all stakeholders, collaborating to increase scale, and learning from shared experiences, Access Accelerated member companies will be positioned to deliver and share best-in-class care, treatment, and support to the people living with NCDs in LMICs.

In addition, this analysis is a step towards developing a shared understanding of our values and principles as an industry, and as partners in global health. Through Access Accelerated, our member companies have an opportunity to support one another in taking important, positive steps forward in how we approach our work on NCDs and the standards we set for ourselves. As a collaborative initiative with stakeholders, we seek to listen closely to patients, communities, our partners, and our peers. This analysis brings together examples of the lessons learned on how to be thoughtful, responsive, effective, and accountable partners in advancing global health. We hope to continue this conversation, sharing our perspective on principled program design, implementation and monitoring & evaluation, and learning in turn from the valuable perspective and expertise of other stakeholders. This is a living document and an initial contribution to the global public health community. Over time we hope to include more experiences from both partners and

stakeholders in alignment with our principles to develop and share key learnings as we gather more robust evidence.

This report and Access Accelerated's broader work hopes to spur on member companies to:

- **Share learnings and key successes:** Seek ways that member companies and stakeholders launching, adapting, and expanding stronger NCD programs, can draw on the successes and lessons learned exchanged by our members and partners;
- **Increase collaboration among member companies:** Discover new opportunities for member companies and partners to collaborate directly with one another (e.g., to jointly develop programs), working together towards our common goal of expanded access to NCD prevention, treatment and care;
- **Engage the global health community:** Continue dialogue with global health stakeholders on our principles and key learnings, demonstrating and sharing the biopharmaceutical industry work on NCDs and opportunities for collaboration and exchange of knowledge/expertise; and
- **Improve NCD programming by developing resources:** Develop further shared resources to support stakeholders in developing effective NCD programs in LMICs, (e.g., M&E framework templates and partner identification and engagement tools).

Program Case Studies

CROSS-CUTTING PRINCIPLES

- Patient-Centered Approach
- Strong Local Ownership and Engagement
- Substantive Partnerships
- Sustainable, Equitable Solutions
- Innovation and Continuous Learning
- Rigorous Transparency and Measurement

Patient-Centered Approach

*Understanding the patient experience as a starting point
for program design*

In designing new programs, initiatives that begin by engaging directly with local communities, families, and patients are able to learn more about the populations specific needs and challenges and identify the most appropriate, evidence-based program strategy.

Addressing a shared challenge: Women’s access to information and health services

These two community-based health promotion programs seek to meet the needs of vulnerable mothers and women with obstetric fistula by reducing barriers to health systems information, preventative services, treatment, and care.

Around the world, women face unique barriers in accessing health care. In LMICs, underlying conditions such as low literacy, socio-economic, and political status can limit women’s knowledge and ability to protect themselves against NCDs.²⁷ Health education and promotion programs are crucial to educate women about healthy behaviors and connect them to health systems.



ASTELLAS: ACTION ON FISTULA™

OBJECTIVE

Identify and support women with obstetric fistula to improve treatment and care, along with reducing the social stigma associated with the condition.

SCOPE

The program operates in Kenya over a period of six years (May 2014–April 2020).

APPROACH

The program supports community mobilizers to deliver community activities and screening to identify women with fistula. Once identified, the women are linked to formal healthcare settings

For women in LMICs, obstetric fistula is a cause of stigmatization and long-term disability. Astellas supports the Fistula Foundation’s program in Kenya to promote awareness of fistula at the community level and help women with fistula access treatment, including provision of reconstructive surgery. Activities include broadcasting informational messages on local radio stations and **training community health workers and volunteers to become ‘county mobilisers’**. Aside from providing peer education, community mobilisers are also trained to identify the first signs of fistula. By taking activities to the community, **the program breaks down access and social stigma barriers that prevent women from receiving care.**

Highlighted successes to date

Highlighted successes to date: The programme’s aim is to help more than 4,500 individual women to access fistula treatment by 2020. The programme is set to exceed this target, with 4559 surgeries carried out to date.*

*As of January 2019



SHIONOGI: MOTHER TO MOTHER

OBJECTIVE

Enhance women’s health seeking behaviors and self-care abilities by supporting mothers.

SCOPE

Mother to Mother targets a community in Narok County, Kenya from October 2015–September 2020.

APPROACH

The program supports community health workers to establish mother-to-mother support groups to deliver peer education, strengthen income generating activities and promote health care services.

In Kenya, Shionogi works with World Vision, an international humanitarian aid organization, to connect with women in Osupuko Division in Narok County, a region which lags behind the rest of the country in women’s access to health care services.²⁸ This program aims to sustainably enhance women’s health seeking behaviors and self-care abilities by supporting community health workers who train mothers to establish their own support groups. The program has also supported building a maternal ward and a general ward to provide in-patient care to mothers.

In addition, Mother to Mother addresses gender inequality as a barrier to accessing healthcare, by providing education for men on the importance of women visiting health clinics for key health services, helping to create supportive environments for women.

Highlighted successes to date

Between 2017 and 2018 the program supported 3,507 women and 2,440 children under 5. Between 2015 and 2018, the number of women receiving antenatal care from skilled providers increased from 94 to540.

Challenges and lessons learned

In many communities, traditional practices discourage women from visiting health facilities, creating a challenge for health workers. Mother to Mother program provides education and incentives, including income generation activities, to motivate health workers and encourage mothers to visit health facilities on an ongoing basis. The development of strategic partnerships has also helped to strengthen local involvement in planning, implementation and monitoring of project activities.

KEY LEARNINGS

- ✓ Empowering patients across program activities amplifies the patient voice
- ✓ Assessing need across different populations supports equitable program implementation



EISAI: REMEMBER I LOVE YOU

Eisai’s patient-centered corporate philosophy and direct, ongoing engagement with patients and their families has guided the development of Remember I Love You, a program focused on empowering, educating and reducing social burden for the growing population of dementia patients in China.

OBJECTIVE

Increase dementia awareness among patients and care givers in China to facilitate early diagnosis and improve treatment of dementia.

SCOPE

Remember I Love You operates in major cities of China.

APPROACH

The Eisai Foundation works with NGOs and academic partners to create awareness-raising and educational content delivered through social media platforms, communities and care home activities, and public seminars.

Engaging directly with patients and families to understand challenges

As a core component of its corporate philosophy of *human health care*, Eisai encourages all employees to spend 1% of their working time **with patients and their families, learning from their experiences to better understand patient’s needs**. Through engagement with dementia patients and their families, Eisai learned that healthcare providers and family members play an important role in reducing common misunderstandings about dementia and that raising awareness of dementia helps facilitate early diagnosis and treatment. Remember I Love You aims to: *1) provide patients and their families with educational information about dementia; 2) raise awareness about dementia; and, 3) reduce the social stigma of dementia.*

In addition to promoting the integration of cognitive assessment into health services offered to the elderly, Remember I Love You has developed several supporting tools to empower patients and caregivers. Patients are engaged through a social media platform which provides visually stimulating and interactive content on dementia, related disease risks, and healthy lifestyles, including simple **cognitive self-assessment tools and a list of local screening centers**. Patients can also apply for a GPS-enabled wristband (Yellow Wristband) through the platform, enabling families to track dementia patients for their safety. **Community lectures and booths** share caregiver experiences and dementia treatment best practices to further help raise awareness.

As an easily scalable digital platform, Remember I Love You uses existing networks to reach large numbers of patients. The program is delivered in partnership with the China Population Welfare Foundation and Alzheimer’s Disease Chinese (ADC).

Highlighted successes to date

The multi-platform digital approach allows the program to be scaled to reach China’s large population. Since the program began in 2015, over 60,000 people have registered on the Yellow Wristband platform.

KEY LEARNINGS

- ✔ Engaging communities and patients inform effective program design and governance
- ✔ Sharing program results with patients drives accountability and motivates behavior change
- ✔ Empowering patients across program activities amplifies the patient voice

Challenges and lessons learned

- **Target key populations with content:** Despite high registrations on the Yellow Wristband platform, reaching patients, care givers and high-risk individuals remains a challenge. Better analytics are required to understand user needs and direct information to the appropriate audiences.
- **Ensure activities increase dementia awareness:** Much of the program’s content consists of static, one-way communication, creating difficulties in assessing whether it improves user understanding or promotes behavior change. Follow-up with patients and additional off-line activities are needed to measure increased awareness.



MSD: SPARTA

Through close engagement with patient groups and the Ministries of Health, MSD (known as Merck & Co. in the United States and Canada) has developed a flexible technology platform to empower, educate, and support patients with treatment adherence.

OBJECTIVE

Provide comprehensive support for patient adherence to NCD treatment regimens through a set of health technology platforms, tools and resources designed to address their needs and challenges.

SCOPE

SPARTA programs are currently active in more than 20 countries worldwide, including several LMICs.

APPROACH

SPARTA draws on input from patients and providers across different disease areas and geographies to provide customized informational and motivational support to empower patients.

Adapting innovative tools to address patient support needs

SPARTA provides support to physicians and patients receiving various therapies to improve adherence to NCD treatments. It incorporates a range of direct-to-patient resources such as disease awareness training, motivational messages, linkages to health services, support for lifestyle modifications, and access to technological platforms for monitoring patient vitals. Originally developed in Australia, the SPARTA platform has been rolled out in more than 20 countries, adapting to local government priorities and patient needs. In each new location, MSD country teams:

1. **Meet with patients through a third-party vendor and patient advocacy groups to learn more about the challenges they face at different stages of the patient journey;** and,
2. **Work with the Ministry of Health to align programming with government priorities** and ensure services and data collection are integrated into national systems.

By reaching patients through the most appropriate medium—phone calls, emails, text messages, mobile apps, or other tools—and **providing them with essential information, SPARTA programs can drive improved adherence**. For example, data on diabetes patients in India found **improvements in patient confidence** in managing and monitoring their condition, choosing a healthier diet and understanding the need for physical activity. In addition, a recent analysis of 40,000 patients from seven countries found that 85% of patients took their medications correctly 95% of the time for more than 10 months.

Highlighted successes to date

Between 2013 and 2017, the SPARTA program grew from 60,000 patients in Asia-Pacific to more than 200,000 patients worldwide. In Indonesia, for example, MSD worked with the Ministry of Health to address the rising issue of non-compliance to the HPV vaccine. MSD created a registry for school children who received their first injection and implemented an email reminder service to encourage each student and their guardians to complete the course of three

KEY LEARNINGS

- ✔ Engaging communities and patients informs effective program design and governance
- ✔ Sharing program results with patients drives accountability and motivates behavior change

injections. A similar program was implemented in six major schools in Brunei, which showed an 80% increase in children receiving all three doses of the vaccine.

Challenges and lessons learned

- **Integrating data systems:** One of the most important and sensitive aspects of the SPARTA program is data management. As the program is applied to different country contexts, the SPARTA team works to ensure data captured through the program respects patient privacy and complies with legal and regulatory guidelines. In addition, the team strives to integrate its systems with existing national health information systems. However, this process can be challenging in countries that lack digital health records or operate several parallel systems that are incompatible with one another.
- **Refining patient outreach:** When SPARTA first began implementation in the Philippines working through physicians’ offices, the program struggled to reach patients. MSD responded by exploring the patient experience further, this revealed that patients often engage more substantially with pharmacists than with physicians, regularly turning to pharmacists for advice. Subsequently, SPARTA began engaging patients at the pharmacy level, and experienced an increase from 100 participating patients to 15,000 in just 6 months.



PFIZER FOUNDATION: ABUNDANT HEALTH

To strengthen access to quality care for diabetes and hypertension in Ho Chi Minh City, Vietnam, the Pfizer Foundation* through a technical assistance grant to FHI 360, supported FHI 360 and the Ho Chi Minh City Department of Health (DoH) in piloting a capacity building program to integrate improved NCD services into community-level health facilities.

OBJECTIVE

Integrate educational information and screening into diagnosis and treatment services for diabetes and hypertension at community level health facilities in Ho Chi Minh City.

SCOPE

In 2016–18, Abundant Health was active in public commune health stations (CHS) in Tan Phu District, Ho Chi Minh City, Vietnam; plans are underway to scale services to all 319 CHS across the city by mid-2020, prioritizing those that provide health insurance.

APPROACH

Abundant Health uses a collaborative approach to integrate hypertension and diabetes prevention, screening, treatment and management into community outreach and services offered at CHSs.

Strong Local Ownership and Engagement

Collaborating more directly with governments and local communities to address national priorities

Companies are developing strong, long-term partnerships with national governments and working closely with local communities to ensure their programs support and align with government strategies and are contextually, locally relevant. Regular engagement with key Ministry of Health stakeholders and community groups helps to integrate programs with existing interventions, bringing a holistic, health system strengthening approach to ensure programs do not duplicate efforts or build parallel infrastructure.

Supporting national momentum to integrate NCDs in community-level care

In Vietnam, a growing burden of **NCDs is an urgent public health priority**; as part of its 2015–2025 NCD strategy, the Ministry of Health has been working to integrate basic NCD information and services at the community level in commune health stations (CHS). **Responding to this need**, the Pfizer Foundation launched a collaboration with FHI 360 and the Department of Health of Ho Chi Minh City to improve the access, quality and coordination of diabetes and hypertension services at the community level.

The Abundant Health program is designed to **strengthen the capacity of existing health facilities** and health workers, under the direction and supervision of the local Tan Phu District Medicine Center and the citywide Department of Health. Abundant Health provides trainings for healthcare workers using a methodology known as the Collaborative Improvement Model, designed to support teams of health workers to **integrate quality improvements as part of their everyday workflow**. In addition, Abundant Health has designed and implemented a digital data management system for hypertension and diabetes screening, overseen by health officials at the district and city level.

Following a successful initial phase of the project from 2016–2018, FHI 360 and the Ho Chi Minh City Department of Health have **begun plans to extend** the Abundant Health model to each of the city’s 24 districts. From 2018 to 2019, the model will be integrated into 50% of the commune health stations in the city; from 2019 to 2020, the model will be introduced into the remaining 50%.

Highlighted successes to date

In May 2016, the program launched with five initial CHS sites in the Tan Phu district; six additional sites were added in July 2017 to reach all CHSs in the district. With 11 CHS sites, Abundant Health demonstrated significant improvements in patient services. Compared to the baseline, there was a 187% increase in community members screened for hypertension and/or diabetes.

KEY LEARNINGS

- ✓ Aligning program approaches with national policies and strategies strengthens focus on local priorities
- ✓ Partnering with local leadership to assess needs strengthens program design and implementation
- ✓ Aligning programs with local health systems avoids the development of unsustainable, parallel infrastructures
- ✓ Engaging government stakeholders sustains in-country program ownership and commitment

In addition, new patients managed at the CHS increased by 193% for hypertension and 183% for diabetes. Additionally, the number of insured visits increased considerably following the implementation of Abundant Health. For example, the number of insured visits in 2018 increased by over 4,000% compared to 2015. Building on this success, plans are now in place to expand the program citywide.

Challenges & lessons learned

- **Collaboration across programs:** Over time, the Abundant Health team has become aware of a number of similar NCD programs run simultaneously within Ho Chi Minh City; the team is now exploring opportunities for collaboration to increase efficiency and reduce duplications of effort.
- **Approach to community awareness:** In its initial days, Abundant Health focused on large-scale community awareness activities; however, over time they found that the impact of community awareness activities could be amplified through more specific and interactive sessions. The team subsequently reduced group sizes for community awareness sessions, such as through NCD clubs, and regularly sourced feedback from community members to continually increase the efficiency of the programs’ community-based activities.

*The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions.



SANOFI: FAST (FIGHT AGAINST STIGMA)

Through strong, supportive engagement with government and local stakeholders, Sanofi implement programs in LMICs to strengthen national leadership capacity to address mental health and epilepsy challenges.

OBJECTIVE

Improve access to key services, strengthen capacity of healthcare providers and raise public awareness around mental health and epilepsy.

SCOPE

14 FAST (Fight Against STigma) programs have been initiated in Africa, Asia and South America since 2008.

APPROACH

Sanofi works closely with local leadership, co-designing and implementing programs with Ministries of Health, professional associations, and NGOs.

FAST in Madagascar

Sanofi’s FAST programs, developed together with the World Association of Social Psychiatry (WASP), prioritize a locally-driven partnership approach to ensure program activities are finely tailored to address local needs and fully integrated into national health services. In Madagascar, Sanofi works **directly in partnership with the local government** as the main implementer and project owner, with strong supportive engagement from WASP and the local stakeholder community. Together with a team of local specialists, the **Ministry of Health’s NCD Department collaborated with Sanofi, beginning in 2013 to co-design the Madagascar FAST program 5-year pilot from its early stages, committing capacity and human resources to manage the program** and ensuring the program is aligned with WHO recommendations. The Ministry of Health’s dedicated team has since expanded from two to five staff members.

Sanofi has worked closely with the Ministry of Health team, demonstrating a commitment to sustained, responsive partnership through consistent, open communication and strong support services. Over the years, Sanofi has **responded to needs and gaps identified by the Ministry of Health team** during weekly teleconference calls, providing technical assistance, administrative capacity building, and cross-learning opportunities. Members from the Madagascar project team joined other FAST country teams and key stakeholders in the **annual IMPACT (Interactive Meetings Promoting Access to Care and Treatment) Forum**, sharing progress to date, learning from their peers, and bringing back lessons from other country experiences.

Highlighted successes to date

In addition to strong, integrated program implementation, the success of the FAST approach can be seen in strengthened national government leadership and ongoing commitment in mental health. In Madagascar, the pilot program has trained and mentored 102 general practitioners and reached an estimated 1.8 million people through awareness initiatives. Independent surveys and audits are due to start in May 2019 to evaluate impact and decide on scale-up plans.

KEY LEARNINGS

- ✓ Engaging government stakeholders sustains in-country program ownership and commitment
- ✓ Partnering with local leadership to assess needs strengthens program design and implementation
- ✓ Aligning programs with local health systems avoids the development of unsustainable, parallel infrastructures
- ✓ Sharing knowledge and results helps others adapt and scale solutions to different settings

Challenges and lessons learned

- **Understanding and navigating the local stakeholder landscape:** Sanofi faced initial challenges in convening the disparate existing network of mental health stakeholders who are managed through the Ministry of Health project team to unite around a common purpose,. Ongoing support, administrative capacity building, and thorough project management have proved essential to establishing a robust initiative with broad buy-in and participative support.
- **Continued communication among partners:** Ongoing engagement and open communication between partners helps to build trust and collaboration. Regular communication was fostered through weekly calls between partners and has helped the program to remain on track and ensure program continuity when unforeseen circumstances arise, such as changes in leadership personnel.



TAKEDA: INTEGRATED CANCER CURRICULUM

Working with government and civil society organizations, Takeda is equipping healthcare professionals in sub-Saharan Africa with the systems, knowledge and skills to provide the best possible cancer care to patients.

OBJECTIVE

To improve early cancer diagnosis and the quality and impact of cancer care for patients in sub-Saharan Africa.

SCOPE

The program commenced in Kenya in September 2018, with the ambition to adapt, expand and sustain over the long term across sub-Saharan Africa.

APPROACH

Takeda is working closely with local partners on a holistic approach to improve the quality and impact of cancer care training for health care professionals.

Building local capacity in cancer care

Cancer is the third largest cause of death in Kenya. With few cancer-specific health care professionals, there is a substantial need for effective and accessible training for PHPs and CHWs to assist in care delivery under supervision. Recognizing the need to develop **sustainable, locally-owned and integrated solutions**, in 2018 Takeda Pharmaceuticals consolidated its existing cancer education and training initiatives into a single, comprehensive program, developed in collaboration with local government and other key stakeholders.

As an initial step, Takeda engaged with the National Cancer Institute of Kenya and an existing consortium of cross-sector partners, the Cancer Alliance, to **identify gaps and opportunities in cancer care training in Kenya**, including urgent priorities in diagnosis, treatment and patient support. To address these needs, the initiative **joined with additional key stakeholders**, including government agencies, civil society, patient groups, local hospitals, professional associations, academia and NGOs, to establish an Integrated Cancer Management Training program.

The program aims to build health workforce capacity to diagnose and treat cancer, thereby improving the quality and impact of cancer care services. It applies innovative training courses and delivery methods, combining in-person interaction with mobile and online learning solutions for both primary health care professionals and community health workers. Takeda hopes that the Integrated Cancer Management Training program as piloted in Kenya can eventually serve as a model to improve access to cancer care by strengthening the quality and impact of services for patients throughout sub-Saharan Africa.

Highlighted successes to date

The program aims to reach 10,000 healthcare workers by the end of 2019. Two workshops were conducted in 2018 to finalize training content and develop the dissemination strategy: *National Integrated Cancer Curriculum & Content Development for Primary Health Care Providers* in Naivasha, Kenya and the *National Cancer Management Mentorship Program Resource Package* in Machakos, Kenya. All program activities will be evaluated on an ongoing basis to assess impact, and data will be collected and shared using LEAP and Mjali platforms.

KEY LEARNINGS

- ✓ Engaging government stakeholders sustains in-country program ownership and commitment
- ✓ Aligning programs with local health systems avoids the development of unsustainable, parallel infrastructures
- ✓ Strengthening the capacity and leadership of local institutions sustains interventions
- ✓ Sharing data and reporting information among partners encourages accountability and transparency
- ✓ Testing and evaluating new approaches can help overcome challenges

Challenges and lessons learned

- **Challenges in tackling comprehensive access barriers:** In Kenya and other parts of sub-Saharan Africa, significant barriers prevent patient access to cancer diagnosis and care, including a lack of trained professionals, the distance to clinics from patients’ homes, and the general public’s lack of knowledge about options available to them and the importance of regular check-ups. The initiative is working to address these challenges, but fundamental health systems strengthening will be required over the long term to provide full patient access.
- **A multi-faceted approach is needed to sustain activities:** Local government engagement is key to sustaining CHWs and this has been supported by program administration sitting with the National Cancer Institute under the National Ministry of Health of Kenya. Sustainability is also fostered by introducing a small fee to the PHP continued professional development training and using a train the trainer model to ensure skill building can continue beyond the program.

Substantive Partnerships

Exploring broader cross-sector partnerships

Aligned with global efforts to achieve SDG 17, Partnerships for the Goals, Access Accelerated member companies are embarking on new, broader cross-sectoral and cross-disciplinary partnerships.



AMPATH: ACADEMIC MODEL PROVIDING ACCESS TO HEALTHCARE

In Kenya, AMPATH (Academic Model Providing Access to Healthcare) is a model of excellence in providing a broad range of public health services to rural populations. Because of the high quality of its services, AMPATH has become a hub for several member company programs.

OBJECTIVE

Establish a regional center of excellence to provide comprehensive clinical care, prevention, health promotion, research, and healthcare worker training in Western Kenya.

SCOPE

The AMPATH Oncology Institute and the Moi University and Moi Teaching and Referral Hospital centers of excellence operate in the western region of Kenya.

APPROACH

AMPATH brings together a consortium of partners, including government, universities, medical centers and industry, to develop the AMPATH Oncology Institute as a center of excellence operating within a public teaching hospital.

Partners convene around a model of excellence

AMPATH has been a **respected initiative in global health for nearly three decades**, convening academic expertise to address the challenges of delivering healthcare in low-income settings. Multiple North American academic institutions comprise the AMPATH consortium alongside Moi University and the Moi Teaching and Referral Hospital in western Kenya.

AMPATH was established with a focus on HIV/AIDS and its long history and commitment to excellence has enabled the collaborative partnership model to pivot its focus towards oncology and NCDs, along with broader public health concerns. AMPATH's proven track record has made it a **partner of choice for institutions aiming to expand access to NCD services in Kenya**. The consortium has supported the Kenyan Ministry of Health to develop a vision for national health care by developing a population health model, offering integrated primary care services through a network of health clinics. AMPATH also continues to support and inform the ongoing development of Kenya's national health insurance program and national NCD policy.

Overall, AMPATH is a significant hub for Access Accelerated collaboration, currently working with six-member company partners on NCD projects. Each brings a distinct contribution: Celgene has supported the development of a multiple myeloma program as part of the AMPATH Oncology Institute; Lilly supports treatment for diabetes, cancer, and mental health patients; the Pfizer Foundation has provided support for the development of a telemedicine program; Takeda focuses on healthcare capacity-building efforts to improve the quality of care for cancer patients; the BMS Foundation provides optimization of the lung cancer patient journey and capacity building and MSD provides additional funding, in-kind support, and expertise.

KEY LEARNINGS

- ✓ Identifying potential partners based on relevant experience strengthens program quality
- ✓ Assessing need across different populations supports equitable program implementation
- ✓ Designing activities that strengthen and use local infrastructure helps to sustain and scale programs
- ✓ Developing program transition plans helps ensure gains achieved through the program are sustained

Highlighted successes to date

AMPATH has trained over 2,400 community health workers who, in turn, have screened over 340,000 people for chronic diseases such as diabetes, hypertension, breast cancer, cervical cancers, and mental illness, and enrolled an excess of 34,000 patients in chronic disease care. Annually over 8,000 new cancer cases are identified and over 2,000 new cancer patients are seen through treatment.

Challenges and lessons learned

- **Coordination and communication among partners:** As a large, multisector consortium, it is critical for AMPATH to maintain strong communication across partners to ensure coordination of efforts. Likewise, is it important for AMPATH to connect different partners to the work in Kenya in order to facilitate funder buy-in and commitment to change.
- **Managing rapid scale-up:** AMPATH's success has increased demand and stretched the capacity of Moi Teaching Hospital. To adapt, AMPATH has found that innovative approaches to health care delivery and training can help manage resources. For example, the introduction of telemedicine has significantly reduced the cost of travel and logistics while maintaining mentorship contact with remote sites.



BRISTOL-MYERS SQUIBB FOUNDATION: GLOBAL HOPE

The BMS Foundation’s demonstrated commitment and long-term partnerships in Africa have paved the way for an ambitious and collaborative regional capacity-building initiative to address critical gaps in care for pediatric oncology patients.

OBJECTIVE	SCOPE	APPROACH
Build a network of academic excellence to support improved diagnosis and treatment of pediatric blood disorders and cancers in southern and East Africa.	Initial activities underway in Botswana, Malawi, and Uganda to build Centers of Excellence as regional training and treatment hubs. Global HOPE aims to train 4,800 healthcare professionals and treat thousands of children with cancer/blood disorders from 2017-2022.	BMS Foundation works through its established HIV partnership with the Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children’s Hospital (BIPAI) and the national governments to expand activities to pediatric hematology-oncology care, reducing duplication of efforts and maximizing patient reach.

New opportunities from long-standing partnerships

Following the success of the BMS Foundation and BIPAI collaboration that created a network of excellence in pediatric HIV/AIDS in Africa, BMS Foundation and BIPAI are embarking on a new program of work together. As part of the Secure the Future initiative they have jointly funded the Global Hematology-Oncology Pediatric Excellence (HOPE) program to expand Centers of Excellence in southern and east Africa to address pediatric hematology-oncology (PHO). Since 2003, the Secure the Future-funded pediatric HIV care project has trained 52,000 healthcare professionals and provides care for ~300,000 children with HIV and their families in sub-Saharan Africa. This footprint enables Global HOPE to **use existing experience, infrastructure, stakeholder relationships, and patient networks** toward a different pediatric health challenge.

BIPAI manages partnerships with governments to facilitate alignment with national priorities and ensure on-the-ground implementation and integration of the Centers of Excellence into national health systems. Additional partners are brought in to provide technical expertise. The Texas Children’s Hospital, for example, recruits international doctors, nurses, and ancillary professionals to deliver best practice PHO care training. The Botswana and Uganda hubs offer regional PHO training, **using existing cross-country networks to expand training** beyond the initial three implementation countries. The BMS Foundation leads coordination between partners through a rigorous monitoring process where partners complete training and provide activity reports every six months. **In-country collaboration is fostered through technical working groups** where partners come together to share plans, progress updates, and coordinate activities.

KEY LEARNINGS

- ✓ Establishing strong relationships with local stakeholders builds trust and strengthens partnership
- ✓ Co-designing programs with key partners strengthens alignment and coordinated implementation
- ✓ Identifying potential partners based on relevant experience strengthens program quality
- ✓ Sharing data and reporting information among partners encourages accountability and transparency

Highlighted successes to date

In the first 18 months of the program, 553 healthcare workers were trained in PHO treatment and care was provided to over 2,000 children. In Botswana, the government demonstrates its commitment to Global HOPE through a \$6 million annual contribution.

Challenges and lessons learned

- **Coordination and communication among partners:** The BMS Foundation coordinates multiple partners through open channels of communication and technical working groups. Partner coordination helps to streamline approval processes and ensure timely delivery of activities.
- **Treatment standards vary between countries:** Global HOPE is helping to establish pediatric hematology-oncology treatment protocols in countries that do not have protocols in place. As understanding of country-specific disease profiles and healthcare systems increase, the information can be used to inform national best practices and policies.
- **Need to increase community education:** Capacity building activities need to be combined with community outreach and education to foster early detection and facilitate greater understanding of available PHO services.



SERVIER: CUOMO PEDIATRIC CARDIOLOGY CENTRE

Servier uses a strategic partnership approach to identify and engage partners based on their expertise in support of building local, long-term capacity in pediatric cardiac care and treatment.

OBJECTIVE	SCOPE	APPROACH
Establish a pediatric cardiac care Center of Excellence in West Africa to improve heart disease care and treatment for children.	3-year engagement in Senegal to develop a pediatric cardiology center at the Fann Hospital in Dakar, with a focus on training the surgical team.	Servier’s support to the Cuomo Center involves two core components: (1) Training practitioners in cardiac surgery; (2) Providing funding for the care management of children who do not have the means.

Using a strategic partnership approach to build and sustain pediatric cardiac care

To address the growing prevalence of complex heart disease in children in West Africa, Servier established a long-term, trusted partnership to help increase access to quality, specialized pediatric cardiac care. Servier built on a successful collaboration with La Chaîne de l’Espoir, a children’s health and education NGO, in Cambodia where the partners supported a cardiology department at Phnom Penh Hospital. This partnership was expanded to launch the Cuomo Centre in Senegal in 2016 - a pediatric cardiac care Centre of Excellence in the West African region for the provision of diagnostic consultations and open-heart surgery.

The Cuomo Centre is the result of a **diverse network of organizations partnering together** who each bring unique experience and value to the project. The consortium of partners’ expertise includes: Servier providing financial support and training; La Chaîne de l’Espoir administering funds; Fann Hospital housing the center; the Cuomo Foundation funding the construction of the center; the Heart Institute providing training; and Engie, an energy production organization, supporting housing for patients and parents.

Servier coordinates tasks between partners to **develop and implement a cardiac care model and a results framework**. A flexible partnership approach accommodates each partner’s expertise. Long-term capacity was built by integrating the Cuomo Centre into Fann Hospital so activities can be sustained, and training was provided to hospital staff through a 6-month training program in Vietnam. By training service delivery and hospital management staff cadres, ranging from physicians to administrative staff, **the program runs autonomously using a train the trainer model**.

Servier adopts a holistic approach to cardiac care and the partnership extends beyond care provision at the Cuomo Centre. Partners work to **recognize and solve other access barriers**, for example Engie has founded a children’s home, Maison des Enfants de Dakar, for patients traveling significant distances. Servier also covers the cost of surgeries and consultations for children who could otherwise not afford them, reducing affordability access barriers.

KEY LEARNINGS

- ✓ Co-designing programs with key partners strengthens alignment and coordinated implementation
- ✓ Identifying potential partners based on relevant experience, strengthens program quality
- ✓ Seeking diverse partners brings in complementary expertise
- ✓ Seeking partners with access to different networks expands program reach and streamlines implementation
- ✓ Sharing data and reporting information among partners encourages accountability and transparency

Highlighted successes to date

Between 2017 and 2018, the Cuomo Centre has provided 3,660 consultations and performed 285 surgeries on children.

Challenges and lessons learned

- **Co-ordinating activities between partners:** Co-ordination mechanisms are used between partners to manage activities, including adapting monitoring and evaluation measures for each partner to develop long-lasting, trusted partnerships and supporting metrics. For example, a quadripartite agreement was used to co-ordinate the four partners activities in the program.
- **Integrating the care model into the hospital to support sustainability:** By designing the Cuomo Centre to be integrated within Fann Hospital, the partners aim to reduce the resource requirements for the program to be transitioned to local ownership, helping the center to be sustained beyond the partners’ involvement.



MSD FOUNDATION: PROJECT ECHO

The MSD Foundation catalyzed rapid expansion of access to NCD services in underserved areas in India by leveraging Project ECHO (Extension for Community Healthcare Outcomes), a tele-mentoring model.

OBJECTIVE	SCOPE	APPROACH
Improve access to specialized care for NCDs in underserved populations, particularly rural areas.	The MSD Foundation supports use of the Project ECHO model in India over a 5-year period (2017-2021) and plans to expand operations to Vietnam in 2019.	Project ECHO's tele-mentoring solution allows expert specialist teams to mentor local healthcare providers through "virtual clinics," enabling them to treat patients with complicated conditions in their own communities.

Sustainable,
Equitable Solutions

Exploring broader cross-sector partnerships

Aligned with global efforts to achieve SDG 17, Partnerships for the Goals, Access Accelerated member companies are embarking on new, broader cross-sectoral and cross-disciplinary partnerships.

Scaling up a sustainable network for equitable access to care

In many countries, specialized NCD services are only available in major hospitals. With a limited number of specialists, patients face extended waiting times before receiving treatment, often after traveling long distances to access care for chronic conditions. The ECHO model, a solution developed to increase access to services for hepatitis C patients, has **expanded equitable access to specialized NCD services, reducing disparities in health outcomes**. The ECHO model is currently being **implemented in 25 countries, leveraging the expertise of more than 200 academic and tertiary care centers** to mentor local health care providers and expand the range of services they can provide to patients.

In India, the MSD Foundation saw an opportunity not only to partner with the Project ECHO team to scale up access to key services, but also to **catalyze a sustainable support network for NCD treatment**. As part of the collaboration, Project ECHO partners with **governments at the state and national level** to launch networks in regional academic hospitals. Once the tele-mentoring network is in place, the Project ECHO team provides initial technical support and guidance to ensure successful implementation. As the project matures and demonstrates effectiveness, Project ECHO **transitions staffing and implementation to local stakeholders** through:

1. State-level funding for state-led priorities (e.g., mental health programs);
2. National support driven by policymakers (e.g., funding community health workers); and,
3. Alternative funding sources to support areas where government funding is restricted (e.g., from development agencies or other institutions).

KEY LEARNINGS

- ✓ Assessing need across different populations supports equitable program implementation
- ✓ Analyzing outcomes across populations helps to ensure program reach is inclusive
- ✓ Design activities considering feasibility for activities to be sustained and/or scaled-up by local stakeholders
- ✓ Developing program transition plans helps ensure gains achieved through the program are sustained

Highlighted successes to date

The MSD Foundation's investment of USD \$7 million in Project ECHO over 5 years is facilitating the scale-up of operations from one hub in New Delhi to 21 hubs across India. The program plans to further develop ECHO training sites in India to provide technical assistance for Project ECHO scale-up throughout Southeast and Southern Asia.

Challenges and lessons learned

- **Dependence on technological infrastructure:** The Project ECHO platform depends on broadband internet networks, which were slow and unreliable at the beginning of the project in India, severely limiting scalability. However, in recent years, broadband services have improved significantly and facilitated broader application of the Project ECHO model.
- **Engaging policymakers:** The Project ECHO team initially faced difficulties engaging policymakers for input and support. In the first year, the team invested considerable time meeting with central government officials to explain the model and its value, gaining little traction. However, following the MSD Foundation's investment in the India program, Project ECHO had the resources to implement projects that were rapidly adopted by leading healthcare institutions and demonstrated practical results. Successful deployment of Project ECHO at the local level has had a transformative effect on engagement with national policymakers.

Addressing a shared challenge: Underserved children at risk of lifelong health challenges

These two programs deliver comprehensive health services for children in underserved communities, laying a strong foundation for future health by preventing early setbacks and promoting healthy behaviors.

Early prevention and promoting healthy lifestyles to reduce risk factors is critical to addressing the growing burden of NCDs in LMICs. Childhood illnesses and poor nutrition can stunt growth for children in remote, underserved areas, and increase the risk of poor health, low productivity, diabetes and other NCDs.³⁰ To overcome this challenge, programs are targeting at-risk children with holistic health programs to ensure they thrive in childhood and beyond.



DAIICHI SANKYO: CULTIVATING HEALTHCARE WORKERS IN CHINA

OBJECTIVE	SCOPE	APPROACH
Improve the health and nutrition for children aged 5 years or less.	Mother to Mother groups are operating in 6 townships in China from 2015–2019.	Supporting community healthcare workers in communities to establish Mother to Mother support groups.

In China, Daiichi Sankyo collaborates with Plan International **to improve the health of children in impoverished, ethnic minority communities** in Guangnan County, Yunnan province. Children in this rural, remote region have a mortality rate that is two-to-five times higher than children in urban areas, and 20% display stunted growth due to poor nutrition.³¹ This program trains community health workers (CHWs) in an evidence-based curriculum and **targets parents and caregivers through peer support groups in community centers, educational materials and promoting access to education programs** to prevent major childhood health risks from disease and poor nutrition. In addition, the project team have developed a platform to support CHW management and facilitate information sharing.

- KEY LEARNINGS**
- ✓ Empowering patients across program activities amplifies the patient voice
 - ✓ Assessing need across different populations supports equitable program implementation

Highlighted successes to date

By the end of 2017, 257 pediatricians, maternal and child health doctors, and village health workers were trained, and by the end of 2018, 14,783 local residents have taken part in education programs.

Challenges and lessons learned

- **Developing transition plans:** Daiichi Sankyo is considering how CHWs can be sustained once the program ends and are developing transition plans to support this. By increasing CHWs responsibilities, they are encouraging them to become embedded in communities and self-sustained. Further, medical students provide voluntary support to village health workers, leading to an increased awareness of capacity challenges in rural health care systems among students, helping to increase future human resource support.



SUMITOMO DAINIPPON PHARMA: PROMOTING SOUND CHILD HEALTH PILOT PROGRAM

OBJECTIVE	SCOPE	APPROACH
Promote healthy development in children under age 2.	Training is being provided in Kampong Chan district in Cambodia for 2 years, from July 2016-June 2018.	Training community health volunteers to deliver best practice home visits to mothers and children.

Sumitomo Dainippon Pharma’s Promoting Sound Child Health Pilot Program partners with People’s Hope Japan, local governments and health centers to improve the health of mothers and children through community health volunteer training. It **trains volunteers to conduct home visits**, provide childhood vaccinations, monitor growth and link children to local health centers. The program **provides parents with education on pediatric nutrition and oral care and promotes self-care**, child health, and growth.

- KEY LEARNINGS**
- ✓ Empowering patients across program activities amplifies the patient voice
 - ✓ Assessing need across different populations supports equitable program implementation

Highlighted successes to date

By end of 2018, 19 local volunteers were trained and conducted home visits to 63 postnatal women and 91 antenatal women.

Challenges and lessons learned

- **Volunteers understand the local context:** Community health volunteers are local mothers who often have competing demands on their time. However, their local knowledge is invaluable to empowering and engaging with individual patients.
- **Adapting to unforeseen circumstances:** The activity site was affected by heavy floods over the summer months, slowing the initiative’s progress. Sumitomo Dainippon has ensured the program resumes by prioritizing support for reconstruction.



ROCHE: BREAST CANCER NATIONAL ACCESS PROGRAM, KENYA

Roche collaborates with the Ministry of Health in Kenya to ensure the latest standards in breast cancer treatment are available and affordable for all patients, reducing patient out-of-pocket expenses and bolstering the health systems needed to enhance diagnosis and care.

OBJECTIVE

Strengthen the Kenyan healthcare system to provide greater access to high quality breast cancer treatment while protecting patients from high out-of-pocket costs.

SCOPE

Part of Roche’s Africa Strategy to address hepatitis and women’s cancers via targeted programs in Nigeria, Ghana, Kenya, Côte d’Ivoire, Angola, Ethiopia and Gabon from 2015–2021.

APPROACH

Roche works with local government to co-fund reimbursement of its breast cancer treatment and support a broader health system strengthening program to address gaps in diagnosis and care.

Delivering high quality care to all patients

Despite Kenya’s high breast cancer rate, patient access to early diagnosis and treatment in public facilities is limited by systemic issues, such as limited diagnostic capacity, inadequate provider training, lack of infrastructure, and restricted funding.²⁹ To provide patients with access to an innovative biologic treatment for HER2+ breast cancer, Roche **partnered with the Kenyan Ministry of Health to develop a financing mechanism** to provide free treatment through public facilities, strengthen infrastructure and healthcare worker capacity to provide the highest quality of care.

Today, HER2+ breast cancer patients in Kenya can access free treatment in public facilities, financed through a 50:50 cost sharing arrangement between Roche and the Ministry of Health. Furthermore, the program strengthens breast cancer diagnosis and care in Kenya by training healthcare workers and oncologists in biopsy techniques and providing diagnostic machines to regional hospitals. The program also works with national initiatives, such as the First Lady’s breast cancer awareness program promoting early detection. This comprehensive approach to health systems strengthening builds local capacity to provide quality breast cancer care, transforming outcomes for patients.

Efforts are being made to position the program to continue beyond Roche’s involvement by engaging stakeholders who could continue to support the program (e.g., the Ministry of Health, other funders, and hospitals) as well as by **the development of a blueprint to increase treatment availability through the National Hospital Insurance Fund** through a direct distribution agreement to optimize supply chain distribution and reduce costs.

KEY LEARNINGS

- ✓ Assessing need across different populations supports equitable program implementation
- ✓ Developing program transition plans helps ensure gains achieved through the program are sustained
- ✓ Measuring outcomes and the impact of program activities generates evidence to sustain interventions

Highlighted successes to date

As of May 2018, Roche and the Ministry of Health have co-funded treatment for 81 breast cancer patients in public hospitals. Additionally, Roche has funded the training of five oncology nurses and provided over 80 surgeons with surgical preceptorships to improve biopsy techniques. Roche has also provided two diagnostic machines to Kenyatta National Hospital (KNH) and Moi Teaching Referral Hospital (MTRH) to allow improved adherence to screening and diagnostic protocols and standardization of HER2+ testing.

Challenges and lessons learned

- **Changes in government leadership requiring continual stakeholder engagement:** National elections introduced new government stakeholders who required education and engagement on the program’s value and the continued championing of key opinion leaders to advocate for the program to be sustained.
- **Restricted domestic funding could jeopardize sustainability:** Program continuation can be hampered by restricted domestic budgets. Therefore, cost sharing agreements should include transition plans that consider stakeholders whom enable governments and/or other funders or payers to continue to support programs

Innovation and Continuous Learning

Using dynamic, real-time data to inform program design

Companies, together with implementation and evaluation partners, are embracing the use of real-time data to inform program decisions. Close monitoring of programs and implementation science can demonstrate how and why programs succeed or fail to inform operational decisions, potential course-corrections, opportunities to scale up existing programs, and future program strategies.



CHIESI: GLOBAL ACCESS TO SPIROMETRY PROJECT (GASP)

The Chiesi Foundation is helping to develop a model for the diagnosis and management of chronic respiratory diseases in low-income settings through the GASP program which builds capacity for diagnostic services and asthma education.

OBJECTIVE	SCOPE	APPROACH
<ol style="list-style-type: none">1. Improve diagnosis and management of chronic respiratory diseases in resource-limited settings where a lack of services and information often results in acute episodes, hospitalizations and a cost to society.2. Develop a self-sustaining spirometry training model with capacity to train future practitioners and trainers.	GASP has supported an initial pilot in Guyana since 2014. Following strong pilot results, the Chiesi Foundation is exploring opportunities to scale to other countries and, in 2018, a second pilot was activated in Cusco, Peru.	GASP is working with a large hospital in Guyana to establish first-time access to spirometry diagnostic services, while educating providers, patients and families to improve self-management of respiratory conditions.

Incorporating learnings and adapting interventions to address a gap in health care provision

The Chiesi Foundation partners with the British Columbia Lung Association, the Guyanese Ministry of Health and Guyana’s largest public hospital, the Georgetown Public Hospital Corporation (GPHC), on the Global Access to Spirometry Project (GASP). The program was established in response to a recognized absence of skilled respiratory health care professionals, lack of access to critical services and the opportunity to integrate respiratory health into Guyana’s newly launched National Strategy for the integrated management of NCDs. Through this pilot, **GASP has introduced spirometry—a critical diagnostic tool for respiratory conditions—into GPHC services for the first time, alongside integrated education and capacity building for healthcare professionals on managing respiratory health.**

In introducing a new set of health services, GASP sought to rigorously document and evaluate the process to ensure the program was achieving its desired results, learning in the process. As an initial assessment, **GASP tracked the quality of spirometry services offered by providers, to ensure training programs were effective in generating the required capacity.** In the process, GASP adjusted and refined its training protocols to optimize efficiency, supporting the **scalability and sustainability of its capacity building model** while maintaining strong results.

Building on these results in diagnostic quality, **GASP is also tracking broader qualitative and quantitative outcomes**, including reduced hospitalization for patients successfully managing chronic conditions. Based on the strong service quality and patient health results, learnings and experience from implementing the GASP program in Guyana are being used by the Chiesi Foundation to scale to other hospitals in the country as well as additional countries and a second pilot was activated in Cusco, Peru, in 2018.

KEY LEARNINGS

✓

Testing and evaluating new approaches can help overcome current challenges

✓

Continuously analyzing the program helps to identify if objectives are being met and activities requiring course-correction

✓

Sharing knowledge and results locally, nationally, regionally, and globally helps to adapt and scale solutions to different settings

Highlighted successes to date

Prior to GASP’s introduction, specialist respiratory services were unavailable in Guyanan public hospitals. An initial evaluation of the program services from 2013–2015 found more than 80% of spirometry tests performed by GASP-trained providers met internationally accepted quality criteria, comparable to proportions achieved in high income countries (approx. 71–92%). More than 8,500 patients have been through the program in Guyana since 2014.

Challenges and lessons learned

- **Refining training models:** GASP has trialed different training models, from training all staff in spirometry to only training a sub-set of dedicated staff. Following the evaluation of these different models, a train-the-trainer approach was found to be most effective and efficient to ensure quality results while permitting the project to be sustained and scale.
- **Expanding the model to other contexts:** Learnings and experience gained from implementing the GASP program in Guyana are being used by the Chiesi Foundation to adapt and scale the program model. The program team recognizes a uniform approach is not feasible and is adapting the program to different countries and settings. For example, the absence of dedicated respiratory health rooms in some hospitals means other settings for testing need to be considered.



ELI LILLY: THE HOPE CENTRE

The HOPE Centre in South Africa combines a deep community connection with a willingness to innovate and iterate, developing new outreach strategies to enhance peer education and health promotion.

OBJECTIVE	SCOPE	APPROACH
Delay onset and prevent complications from diabetes and hypertension through community engagement, health promotion, screening, and care.	The HOPE Centre is a clinic providing primary care services to the township of Zandspruit, South Africa.	Developing community-based models for effective and cost-efficient NCD prevention and care by combining health promotion and screening activities, delivering quality primary health care, and supporting programs that promote patient self-care and prevention.

Developing comprehensive community-based care

Eli Lilly partners with Project HOPE to support the HOPE Centre which is run by nurses and supported by community health workers. Community health workers have been trained to conduct screening and educate local communities about NCDs and support community peer education programs, and nurses provide clinical services and treatment for diabetes and hypertension. It is estimated that between 60 to 80% of patients in South Africa consult a traditional healer about their condition before engaging with the formal healthcare system. In response, the HOPE Centre **tested several approaches to community outreach** including educating local traditional healers about NCDs to improve health outcomes and link patients to care.

In addition, Eli Lilly and Project Hope partnered with the University of Pretoria to provide **quality monitoring oversight of the program.** These observations identified a gap in healthcare worker training which resulted in nurses’ discomfort in adjusting treatment regimens. Eli Lilly provided additional capacity building and mentorship to address this gap.

The HOPE Centre is now **sharing its knowledge and experiences** by working with the City of Johannesburg on standard screening operating procedure for diabetes and hypertension. It is also working with provincial and district Departments of Health on capacity building and mentorship of healthcare workers and community health workers to ensure sustainability for improved NCD screening, diagnosis, and linkage to care.

Highlighted successes to date

The HOPE Centre has trained 146 staff in diabetes and hypertension management and has screened and educated more than 14,000 people for diabetes and hypertension since 2013. Continuous care is being provided to 2,626 community members, including 826 who have been diagnosed with diabetes or hypertension and are now on treatment, and 509 patients are enrolled in community support groups. The HOPE Centre has implemented an appointment system which has drastically reduced waiting times.

KEY LEARNINGS

✓

Testing and evaluating new approaches can help overcome challenges

✓

Continuously engaging end users and analyzing the program helps to identify if objectives are being met

✓

Sharing knowledge and results helps others adapt and scale solutions to different settings

Challenges and lessons learned

- **Holistic approaches to engagement:** The HOPE Centre, in the spirit of innovation, has tested and adopted a range of engagement strategies to reach NCD patients including community gardens and innovative community finance programs. The HOPE Centre’s initiatives are varied and address multiple factors that contribute to patient results and outcomes in diabetes and hypertension.
- **Challenges with staff turnover:** The program has experienced high staff turnover and the loss of necessary oversight for effective data collection and reporting. By establishing a structured approach to data sharing responsibilities between Project HOPE and Eli Lilly the program was able to work more seamlessly and collaboratively.



MERCK: GLOBAL HEALTH PHARMA FUND (GPHF)-MINILAB

Merck supports an innovative tool, the GPHF-Minilab, to provide a low-cost solution to identifying counterfeit medicines in LMICs.

OBJECTIVE

Reduce the proliferation of counterfeit medicines in LMICs by providing a low-cost screening tool to detect falsified medicines

SCOPE

The GPHF-Minilab is available in 97 countries and can be used to assess 90 compounds, including treatment for high blood pressure, asthma and COPD, heart failure, hypertension, and type II diabetes.

APPROACH

Merck funds the GPHF, who develop and manufacture GPHF-Minilabs. The tool is provided to countries via donations or at cost, along with training to partner organizations and healthcare professionals.

Case study: An innovative, low-cost and portable medicine authenticator

The GPHF-Minilab is an innovative and scalable tool which can be used in resource-limited settings to fight counterfeit medications. Falsified medicines are an issue in LMICs owing to weak regulatory and enforcement systems and capacity gaps in regular drug quality monitoring. The WHO estimates that 1 in 10 medical products circulating in resource-limited countries is substandard or falsified. **The portable laboratory seeks to address the proliferation of substandard medicines through its innovative design;** the suitcase-sized mobile laboratory is compact and can be operated in the absence of electricity. It is **distributed and utilized in resource-limited settings to provide a robust medication assessment** through a three-stage verification process.

The labs are distributed through local health authorities and Merck works to ensure the initiative complies with local regulatory requirements and supports public health priorities; the mobile laboratory assesses essential medicine compounds for priority diseases within LMICs including 9 compounds which treat NCDs. For example, the lab was expanded to test diabetes medication as a proliferation of counterfeit versions was observed in Nigeria.

Merck operates a **principle of continuous improvement** by working to go beyond the 90 compounds currently assessable using GPHF-Minilab and regularly extending the tools drug list. The program engages external research and evaluation partners to help identify opportunities to enhance the tool, expand the programs reach and develop activities to increase utilization of the laboratory. For example, user manuals and one-week training courses on the GPHF-Minilab's operation procedures support healthcare professionals to use the tool, building local capacity to effectively manage drug quality. The simplicity of the tool has meant its use has rapidly expanded since the initiative began in 1999. The kit inexpensively authenticates medicines, supporting regions most affected by medicines that contain incorrect levels of active pharmaceutical ingredients to analyze drugs.

KEY LEARNINGS

- ✓ Testing and evaluating new approaches can help overcome challenges
- ✓ Continuously engaging end users and analyzing the program helps to identify if objectives are being met
- ✓ Designing program evaluations to fill specific data gaps contributes to the public health evidence base

Highlighted successes to date

The GPHF has provided more than 800 low-cost, mobile laboratories to 97 countries, accompanied with training for healthcare professionals to support roll-out in-country.

Challenges and lessons learned

- **Navigating the in-country medicine supply chain:** Medicine supply chains and regulations vary from country to country. GPHF-Minilabs implementation requires a different approach in each country. By using a multi-sector partnership approach, from local partners to compound experts, the program successfully disseminates and operationalizes GPHF-Minilabs, leveraging local know-how to navigate different supply chains.

Rigorous Transparency and Measurement

Incorporating monitoring & evaluation at program outset

Companies are increasingly interested in measuring the results of their efforts for greater accountability to program objectives, partners, and to the global health community. Initiatives build in M&E frameworks from program start to support rigorous data collection, continued internal buy-in, and alignment among stakeholders.



NOVARTIS: NOVARTIS ACCESS

As part of an ambitious business model to support access to medicines in lower-income settings, Novartis has invested in a robust monitoring and evaluation (M&E) strategy. This enables Novartis to not only better analyze and learn from program results, but also to improve the approach along the way.

OBJECTIVE

Increase availability and affordability of treatments for cardiovascular diseases, diabetes, respiratory illnesses, and breast cancer in LMICs.

SCOPE

Novartis Access is currently running in 5 countries: Cameroon, Ethiopia, Kenya, Rwanda and Uganda. The program aims to provide access to NCD treatment to 30 countries over the coming years.

APPROACH

Novartis Access provides a portfolio of 15 medicines at US\$1 per treatment, per month to the public sector, accompanied by capacity-building activities to address key access barriers. The program is part of Novartis Social Business which supports global public health through novel, sustainable business models.

Evaluating program impact in Kenya

Novartis intends to bring a new access model to 30 LMICs. To do so, Novartis Access is gathering evidence to demonstrate that this approach **improves availability and affordability of NCD treatments**. An ongoing impact evaluation by Boston University (BU) in Kenya, the first country being evaluated, uses a cluster-randomized controlled trial, enabling evaluators to **demonstrate progress** against a baseline in targeted regions and compare to a control group. In addition, the collection of household-level data enables Novartis to understand if the program is driving the desired healthcare outcomes for its **intended beneficiaries** (lower-income segments of the population).

Critically, this commitment to measurement is accompanied by a willingness to regularly **analyze findings and adjust program design accordingly**. Based on findings from the baseline study in Kenya, Novartis identified a need to improve access for patients paying for treatment in for-profit, private sector facilities and subsequently offered products through the private sector.

Furthermore, Novartis and BU are **sharing the findings and insights**. Since its launch in 2015, Novartis Access has issued comprehensive annual reports detailing **progress against defined project key performance indicators** as well as project challenges, learnings, and course-corrections. A Lancet publication shared mid-line results and provided commentary on the importance of this standard of evaluation for private sector access initiatives. As part of BU's impact evaluation all methods, protocols, instruments, and results are publicly available on its website as a resource for public health experts, global donors, academe and other companies aiming to launch similar programs.

Highlighted successes to date

Since 2015, Novartis Access has reached over 1.5 million patients with more than 3 million monthly treatments across 5 countries (Cameroon, Ethiopia, Kenya, Rwanda, Uganda).

KEY LEARNINGS

- ✓ Developing clear objectives helps track progress, measure success, and improves alignment across partners
- ✓ Measuring outcomes and the impact of program activities generates evidence to sustain interventions
- ✓ Assessing need across different populations supports equitable program implementation
- ✓ Continuously engaging end users and analyzing the program helps to identify if objectives are being met
- ✓ Sharing knowledge and results helps others adapt and scale solutions to different settings

Formal agreements have been signed with Colombia, EL Salvador, Pakistan and Nigeria for 2019 implementation and 13 partnerships have been formed with capacity building institutions.

Challenges and lessons learned

- **Adapting to country requirements:** In the first few years of Novartis Access, expansion to new countries was slower than anticipated due to strict regulatory requirements at the country level and screening, diagnosis, and linkage to care barriers. In response, Novartis Access introduced a more flexible offering in 2018 that includes capacity building activities to support improved community education, healthcare delivery, and implementation of national NCD guidelines.
- **Addressing other access challenges:** Price is only one of many barriers' patients face in accessing NCD treatments. To provide a more comprehensive approach, Novartis continually seeks to expand its capacity-building partnerships to address health system gaps and priorities (refer to Novartis 2018 Social Business Annual Report for examples).



UCB: HEALTH AND HOPE FUND

UCB incorporates rigorous monitoring & evaluation (M&E) methods into its training program for village doctors to demonstrate progress and make evidence-based changes to improve program outcomes.

OBJECTIVE

Improve village doctor knowledge and applied practices for selected severe diseases in general medicine, immunology, and neurology, with a focus on epilepsy in rural China. This work is furthermore combined with a training update in traditional Chinese medicine.

SCOPE

The Health and Hope Fund has been running for over six years through a partnership between the Red Cross Society of China and UCB.

APPROACH

In partnership with the Business Development Centre of the Red Cross Society of China, the Health and Hope Fund provides specialized training for village doctors from resource-limited provinces.

Evaluating program impact in China

The Health and Hope Fund, a partnership between Red Cross Society of China and UCB offers training to village doctors in rural China on treatment for selected severe diseases, with a focus on epilepsy. The program has built evaluation measures into the program to support **evidence-based decision-making to refine program design and demonstrate tangible results**. Peking University, ShaanXi Norm University and Stanford University conducted a blinded, randomized control study to evaluate the efficacy and effectiveness of the training with a standardized patient tool; the tool chosen is endorsed by the World Bank. The assessment also included a survey to understand **villager's perceptions of the impact** that the training had on the quality of health services offered. This data will be used to demonstrate how the program has improved service delivery against a baseline control group.

The quantitative evaluation is combined with qualitative data, collected through pre-training and post-training engagement with programs recipients, **allowing for the expressed needs, gaps, and feedback of village doctors to be incorporated into the training**.

The program adopts a continuous learning ethos, **applying the evaluation findings on contextual differences between provinces to the program**. For example, UCB recognized a need for integrated epilepsy care and together with the Zigong City health authorities and vocational school implemented a new care model. Further, the process engages local health and administrative authorities to improve the journey of those living with epilepsy in their communities.

Highlighted successes to date

To date, over 1,200 village doctors have participated in the trainings. It is estimated that over 500,000 villagers benefitted from the training. A further 20,000 doctors who care for 10 million villagers have benefited from the township learning program where doctors share their training materials in the train-the-trainer approach.

KEY LEARNINGS

- ✓ Developing clear objectives helps track progress, measure success, and improves alignment across partners
- ✓ Measuring outcomes and the impact of program activities generates evidence to sustain interventions
- ✓ Using frameworks to design strategies and activities helps create more clear, cohesive, and robust programs

Challenges and lessons learned

- **Managing priorities between partners:** The program faces challenges in aligning the perspectives of some local partners. This is addressed through continuous engagement and education with local partners and conducting regular field visits.
- **Managing differences in culture:** The evaluation highlighted the need to adapt training material to local contexts. Some of these changes were last-minute, which required flexibility from partners to ensure culturally appropriate content was included.
- **Standardized measurement of impact and outcome:** Obtaining endorsement from the local partner to perform an independent review of the impact and outcomes of the training courses was initially received with suspicion and required diplomacy and continuous communication to ensure local partners supported the evaluation.

Note: This program, while it showcases a strong focus on M&E, is not currently registered as part of Boston University's Access Observatory, an M&E platform created to share information on Access Accelerated programs.

Program Development Guide

Applying Principles in Practice

PURPOSE & USE

As a complement to the above exploration of Access Accelerated's commitment to its key principles, this guide offers a practical actionable resource to support member companies as they seek to develop stronger NCD programs in alignment with cross-cutting principles and key learnings.

Below, are two resources that can be used to guide and strengthen program development:

1. **The Program Development Process Checklist** outlines a set of basic logistical steps in program design, development and implementation, framing the process for ease of use.
2. **The Program Development Discussion Guide** walks through each of these steps in more detail, applying our cross-cutting principles at each stage. As the user moves through each step, guiding questions prompt consideration of all relevant key learnings, in the form of practical, actionable suggestions.

We hope these resources can support our member companies as they work with their partners to (1) develop a new program, identifying and incorporating critical steps to improve program design; (2) to refine an existing program, identifying opportunities to improve current operations and advance progress; and (3) to review a past program, identifying areas to strengthen in future efforts.

KEY CONSIDERATIONS

In applying the **Program Development Guide**, we suggest that Access Accelerated member companies and stakeholders keep the following considerations in mind:

- **This resource is a starting point.** This guide is not meant to serve as a definitive guide to best practices in public health program development. Rather, it is meant to stimulate conversation and thinking, potentially leading to further exploration of these themes by Access Accelerated member companies and stakeholders as they advance their work. The resource was developed based on interviews and written input from the companies and partner organizations involved in program case studies, as well as a review of expert literature related to each of the cross-cutting principles. (See section on *Cross-cutting principles and key learnings* for specific findings and relevant sources.)
- **Program design is a collaborative process.** In applying the guide below, Access Accelerated companies and their programmatic teams should aim to work closely with partner organizations, governments, patients, local communities, and other key stakeholders.
- **Program development should be flexible and iterative.** This guide may help streamline program development conversations but is not meant to be followed strictly or in an exact, sequential order.
- **Success—and strong program design—will look different for each individual program.** It is important to recognize that there is no one right way to go about developing a program to address NCDs. What is right in one context may not be appropriate for another, and evidence of positive impact can be collected in many ways beyond specific health outcomes, including measuring increased knowledge, empowered communities, strengthened collaboration, and improved quality of life.⁴²

PROGRAM DEVELOPMENT PROCESS CHECKLIST

This checklist outlines basic logistical steps in the program development process, to guide users as they move through the more detailed discussion guide below.

Identify Parameters	<div><input type="checkbox"/> Define the public health issue</div> <div><input type="checkbox"/> Identify the target population</div>
Assess Need	<div><input type="checkbox"/> Assess the population health need</div> <div><input type="checkbox"/> Identify social determinants of health</div> <div><input type="checkbox"/> Consult partners and key stakeholders</div>
Define Goals & Objectives	<div><input type="checkbox"/> Develop a vision</div> <div><input type="checkbox"/> Define program goals and objectives</div> <div><input type="checkbox"/> Identify program contribution to global health</div>
Design Activities	<div><input type="checkbox"/> Research intervention options and assess in context</div> <div><input type="checkbox"/> Create a sustainability plan</div> <div><input type="checkbox"/> Develop a theory of change</div> <div><input type="checkbox"/> Create a measurement framework and set targets</div> <div><input type="checkbox"/> Create an evaluation framework</div>
Mobilize Partners & Resources	<div><input type="checkbox"/> Identify and allocate internal resources</div> <div><input type="checkbox"/> Define partner criteria</div> <div><input type="checkbox"/> Select partners</div> <div><input type="checkbox"/> Engage partners and outline terms of engagement</div>
Anticipate & Respond to Challenges	<div><input type="checkbox"/> Identify and prepare for challenges</div> <div><input type="checkbox"/> Ensure regular monitoring to respond to challenges</div> <div><input type="checkbox"/> Respond to challenges using course-correction</div>
Share Learnings	<div><input type="checkbox"/> Regularly report on key performance indicators</div> <div><input type="checkbox"/> Assess & reflect on program outcomes</div> <div><input type="checkbox"/> Plan and communicate program internally & externally</div> <div><input type="checkbox"/> Share learnings and best practices</div>

PROGRAM DEVELOPMENT DISCUSSION GUIDE

The following guide provides users with a practical step-by-step resource in expanding or launching programs. It walks through basic logistical steps in program design, development and implementation, applying Access Accelerated’s **cross-cutting principles at each step**. As the user advances, guiding questions prompt consideration of relevant **learnings** in the form of practical, actionable suggestions.

Step 1: Identify initial parameters

An essential first step in developing a program concept entails aligning on the initial scope. A program may arise to address treatment gaps in a particular disease area, or to meet the needs of patients in a specific region or country. Identifying these parameters where they exist—and defining them where they do not—is critical at the outset.

1. **What is the public health goal we are best positioned to address with a public health program?** I.e., improving outcomes in a certain disease area; expanding access to a certain health service or technology; or overcoming a specific health systems barrier. If we have yet to identify an issue, some considerations may include:
- **Internal strengths:** Identify products, services, or other areas of expertise within our institution that the program could use and support. Alignment with institutional objectives is important for internal buy-in, resource allocation, expertise and overall program continuation.
 - **Consult stakeholders:** Engage directly with partner organizations, patient advocacy groups, academic or research experts, internal stakeholders, and other stakeholders to identify priority areas to address.
 - **Landscape analysis:** Identify other institutions and actors working in public health; identify “whitespace” where a specific disease area or need is not being met.

2. **What is the population we are best positioned to reach with a public health program?** I.e. targeting a geographic region or country; reaching a specific social group, such as women or people living in rural areas. If we have yet to identify a population, some considerations may include:
- **Company presence:** Across countries, assess where our company and partners have a more significant presence (e.g., commercial presence; history of health programing work); identify strong relationships, in particular with regional and national government, with potential to support program development and implementation.
 - **Governance and stability:** Across countries, assess good governance practices; determine potential to ensure a stable environment for program implementation and glean insights to help identify and prepare for roadblocks early in program development (e.g., civil conflict, economic resilience, etc.).
- Once the **health issue** we seek to address has been identified, reviewing the following areas can narrow geographic and population focus:
- **Country-level need:** Assess the burden of disease and specific areas of unmet need.
 - **Underserved regions:** Within a country, identify potential geographic focus areas based on unmet need (e.g., urban vs. rural areas, specific regions or districts vs. a national level focus).
 - **Underserved groups:** Within or across countries, identify underserved segments of the population with the greatest unmet needs (e.g., youth, women, refugees, those living in extreme poverty and other marginalized populations, workforce, etc.).
 - **Alignment with government priority areas:** Assess whether the health issue we seek to address is a current priority for local government, based on national health strategies and other policy documents, as well as in implementation (e.g., health workforce training on NCDs, appointment of a ministry-level NCD coordinator, etc.).
 - **Existing capabilities and infrastructure:** Assess overall availability of resources for NCD prevention, treatment and care, including infrastructure, health workforce, and presence of potential implementing partners.

Step 2: Conduct a needs assessment

Before beginning program design, a thorough needs assessment focused on the target population will provide much-needed, nuanced information on the specific local context and the status of current health challenges. A needs assessment draws not only on hard data and evidence but on comprehensive feedback from key stakeholder groups within the geographic context in question.

3. Based on analysis of data, what can we understand about this population and its health needs?

- **Population profile:** Scope the potential target population to understand its base characteristics, including population size, demographics, ethnic groups, and geographic distribution.
- **Health status:** Gather and analyze data on population health, including mortality/morbidity statistics and use of health services.
- **Social determinants:** Gather information on broader community characteristics, such as income distribution, major sources of employment, literacy, social/political unrest, and gender inequalities.

4. Based on input from key stakeholder groups, what can we understand about this population and its health needs?

- **Health care provider viewpoint:** Consult with local health care providers to understand health needs and access barriers from their perspective.
- **Patient and community viewpoint:** Consult with patients, caregivers, families, and communities to understand health needs and access barriers from their perspective.
- **NGO/civil society viewpoint:** Consult with advocacy groups, implementing partners, and other civil society organizations active on the issue to understand their perspective on health needs and access barriers.
- **Local and national priorities:** Consult with members of national, regional, and local government to understand current relevant priorities and health needs, including areas where they need support.
- **Media viewpoint:** Review local publications including radio, television and social media to identify NCD issues of visible concern.

Step 3: Set goals and objectives

A clear sense of purpose—rooted in a deep understanding of a demonstrated local health need—is the driving force behind an effective program. Before diving into designing specific program strategies and activities, it is critical to establish clear over-arching objectives connected and aligned with the priorities of patients, communities, and local governments as identified in the needs assessment.

5. How can we set clear targets and objectives for program success, based on our understanding of the context?

- **Program vision:** Articulate overarching program vision; define the anticipated future state the program aims to achieve.
- **Patient objectives:** Determine what success looks like from the patient perspective, in consultation with patients and patient advocates.
- **Public health objectives:** Define what success looks like from a public health perspective, including health outcomes, knowledge gained and social return on investment.
- **Company objectives:** Define what success will look like from the company perspective.

Step 4: Design activities

With a clear vision and goals, a program can begin to take shape. Now we can begin designing the specific strategies and tactics the program will deploy to meet its objectives and address the health needs identified in the needs assessment.

6. What kind of intervention should we design, implement, and/or support as part of this program, to meet our goals and objectives?

- **Evidence:** Based on research, evidence and existing program outcomes, determine what types of interventions and program design are most effective in achieving the desired outcomes.
- **Scope:** Determine what type(s) of program(s) would have the greatest impact to the target population based on the resources available. A program pilot or proof-of-concept phase, that incorporates monitoring and evaluation mechanisms, can help to assess this.

- **Develop strategies:** Develop a comprehensive program strategy, demonstrating how each anticipated activity will drive progress toward program objectives; apply frameworks such as a logic model or a theory of change.

7. How can we ensure our intervention strategies and activities are fully adapted to the local context?

- **Infrastructure:** Understand and align program design with strengths and weaknesses of country infrastructure (e.g., transportation), identifying gaps that could affect program success and areas the program can support.
- **Health system gaps:** Understand and align program design with strengths and weaknesses of local health system (e.g., cold chain, health records), identifying critical gaps that could affect program success.
- **Cultural/contextual fit:** Understand and align program design with local culture, identifying areas that could affect program success (e.g., religion, stigma etc.); consult with patients, providers, and communities for input.
- **Legal and policy frameworks:** Understand and align program design with local legal and policy frameworks (e.g., standard treatment guidelines, essential medicines lists, human resource training manuals, registration of new medicines and technologies, etc.).

8. How can we align the program to support governance/ leadership in health?

- **Global:** Determine how the program will work with/ through multilateral institutions to support governance and align with global health priorities (e.g., SDGs).
- **National:** Determine how the program will work with/ through national leadership structures to support governance and align with national priorities (e.g., opportunities to support Ministries of Health).
- **Local/sub-national:** Design the program to work with/ through local/district leadership and structures to support governance, local priorities and strategies.
- **Civil society stakeholders:** Design the program to work with/through local institutions and stakeholders, such as NGOs, healthcare providers, professional associations, advocacy groups, and other civil society organizations, to ensure contextual fit.

9. How do we plan for long-term sustainability?

- **Define short-term and long-term goals:** Define how the program will drive objectives in the short-term (immediate program scope) and long-term (beyond immediate scope), either through sustained program activities or by catalyzing activity.
- **Maximize feasibility of program scale-up/sustainability:** Tailor program interventions to local context, maximizing pathways for sustainability via lean, cost-effective operations and integration with existing resources.
- **Sustainability plan:** Scope potential opportunities for long-term program impact (e.g., outline proof of concept results in integration into national/local health systems or transition to other funders); as appropriate, engage local partners and develop transition plans for program activities, including transitioning program responsibilities and funding.

10. How do we measure and evaluate success/impact?

A key principle of Access Accelerated is its commitments to rigorous program measurement and transparent reporting of results. Before outlining how to measure and report on programs it is important to define the differences between program monitoring and program evaluation:

- **Program monitoring** refers to the systematic and routine collection of information related to program activities. It tracks progress against plans and ensures compliance to established standards. Monitoring is usually undertaken by people implementing the program and results can be used to course-correct activities in real-time.
- **Program evaluation** refers to the analysis of collected data which assesses the results of the program. Evaluations aim to capture program effects on health systems and beneficiary populations (both intended and unintended). Results from a program evaluation assist in drawing conclusions about the program’s relevance, effectiveness, efficiency, impact and sustainability. Evaluations can be completed by internal or external teams, but not usually the teams implementing programs so as to reduce bias.

- **Develop a Theory of Change:** Use a program logic model to identify key performance indicators (KPIs), including outputs, outcomes and impacts on population health and society. Where possible, use existing KPIs used in other global health programs to facilitate communication of program achievements with external audiences and facilitate comparisons for shared learning.
- **Monitoring & evaluation plan:** Based on previously established targets and objectives for program success, develop comprehensive plans to monitor and evaluate the program (e.g., develop measurement timelines and milestones, conduct consultations with stakeholders to assess impact, etc.).
- **Monitoring tools:** Identify or develop tools for program monitoring, to ensure streamlined and non-biased collection of reliable data; coordinate with partners to align on protocols for data collection and reporting.
- **Evaluation methodology and tools:** Develop a methodology to study program effects. Determine the scope of the evaluation. Evaluating new programs in a small scale pilot phase can provide valuable information for program improvement prior to scale-up and can be more efficient than evaluating large, established programs.
- **Conduct a baseline measurement prior to program start:** Baseline measurements are critical for the most rigorous evaluation methods. Retrospective program evaluations without a baseline restrict the ability to evaluate a program.
- **Set concrete performance targets:** Operationalize all program objectives by setting concrete performance targets and milestones over specific timeframes.
- **Register the program in the Access Observatory:** As part of Access Accelerated, programs should be registered in the Access Observatory. Feedback and support are provided by the Access Observatory team.

Step 5: Mobilize partners & resources

Once program interventions and strategies have been fully developed, it is critical to identify and mobilize the full set of partners that can bring their expertise to execute a program effectively.

11. How do we optimally use internal resources for program execution?

- **Resource requirements:** Outline the personnel and expertise necessary to develop and implement the program, including in-country and global resources (e.g., physicians, behavior change specialists, M&E, grant officers, etc.) and identify resources gaps that will need to be supported by partners.
- **Internal resources:** Determine where human resource needs and/or expertise can be met within the company (e.g., finance and legal), including if other departments within the company can provide expertise.
- **Strategy and program management:** Outline a project management plan, including resource requirements for overarching strategic guidance, coordination mechanisms and day-to-day management of the program.

12. How do we engage appropriate external partners and technical assistance?

- **Partnership selection criteria:** Outline criteria for selecting partners (e.g., authority and reputation, point of view, scale and impact, etc.); carry out a landscape analysis or audit of potential partners that can be refined. This may build on and begin to align with your needs assessment.
- **Implementation partners:** Identify implementing partner(s), based on an evaluation of 1) success in implementing NCD programs in target geographies; 2) financial stability; 3) good governance; and, 4) relationship fit/trust; 5) program monitoring and reporting capacity.
- **Monitoring & evaluation partner:** Identify a partner, based on credibility/rigor and experience working with companies to develop/implement M&E frameworks for NCD programs in LMICs.
- **Government partner:** Identify opportunities to collaborate with government, to align activities to existing health system structures and strategic priorities, and to map key government officials and contact people.
- **Technical assistance partners:** Identify partners that can provide technical assistance (e.g., subject matter expertise, strategic analysis, landscaping, research, academic expertise, etc.).

- **Funding partners:** As appropriate, identify partners (corporate, foundation, bilateral, multilateral donors) to support initial program implementation, expansion and continuation of services or scale-up to other countries.
- **Engagement timing:** Identify and plan the best time to engage different partners, including coordination mechanisms to bring partners together and ongoing engagement points with the partners.
- **Data sharing agreement:** Outline an agreement to establish and mutually agree on how data will be used, to protect the interests of all parties

Step 6: Anticipate potential challenges and opportunities

A program should aim to anticipate potential challenges along the way, building in feedback mechanisms to learn from experience, course-correct and ensure all operations lead to successful execution of program objectives.

13. What are the most significant challenges that can cause our program to fail in the implementation stage?

- **Unforeseen circumstances:** Map potential unforeseen challenges that are outside the sphere of influence of the program, and develop timelines and potential strategies to mitigate/overcome these risks (e.g., political unrest, natural disasters).
- **Major programmatic challenges:** Identify potential challenges directly associated with the program and ways to mitigate these risks, including key actions (e.g., bottlenecks, implementation delays, resource issues, regulatory delays).
- **Partnership challenges:** Identify potential partnership challenges for each partner and opportunities to improve relationships and overcome these issues (e.g., increased communication or coordination).

14. How do we prepare for and respond to challenges when they arise, to minimize negative impact on program objectives?

- **Coordination and communication:** Transparency and communication among partners can help to identify challenges early and ensure partners are working together to mitigate risks, and leverage individual expertise.

- **Stakeholder engagement:** Continued engagement with key stakeholders, especially during times of leadership change, helps to ensure continued buy-in and support if the program experiences challenges or changes.
- **Plans and roadmaps:** Project plans and roadmaps can be used to steer strategy at key decision points, keep the project on track through transparent communication and hold partners accountable.
- **Good governance:** Develop and agree on clear norms and standards; ensure all partners understand and know their roles and responsibilities (e.g., using terms of reference or memorandums of understanding).

15. How do we prepare for and make the most of unforeseen opportunities to enhance a program?

- **Data analysis:** Throughout implementation, data can be used to identify program improvement and opportunities to refine program strategies (e.g., refine target populations, adapt service delivery processes).
- **Course-correction:** Flexible program design and regular review of the program strategy and plan helps to identify opportunities for programs to use unforeseen circumstances to make program improvements and course-corrections.

Step 7: Assess and share experiences and learnings

Finally, a program must plan to evaluate and process information about key program milestones, results and learnings, proactively engaging and communicating with all relevant stakeholders.

16. How can we assess program results and key learnings?

- **Complete final evaluation:** Use the evaluation methodology and tools to collect and collate quantitative and qualitative program evaluation data for analysis, in partnership with a third-party evaluator as necessary.
- **Assess evaluation results & learnings:** Plan to gather and analyze findings from the program evaluation, including input from all stakeholder groups, extracting key lessons learned.

- **Report results:** Use external platforms to publish program reports and evaluations, promoting transparent reporting and shared learning across partners. For example, the Access Observatory is a key resource for stakeholders interested in learning about program results and understanding the collective achievements of Access Accelerated.
- **Reflect on experiences and program successes:** Garner insights and perspectives from partners and stakeholders regarding key questions on the program's strengths and weaknesses (e.g. did the program achieve its desired results? How could the program be improved? Are there alternative approaches which should have been considered? Were there any unintended outcomes?).
- **Use evidence to inform future program design:** Consider how the results and evidence generated from the program evaluation can feed into planning for future activities.

17. How do we communicate internally and externally about our program?

- **Internal stakeholders:** Develop a robust internal stakeholder engagement plan, ensuring budget and key decision points are mapped to ensure thoughtful engagement. Identify critical communications channels (e.g., email, in-person meetings, internal communication, etc.) and content to be delivered to internal groups; connect with key internal functions, like Human Resources, Regional Groups/Councils, and communications functions.
- **Global stakeholders:** Develop a robust external stakeholder engagement plan to build champions and allies, with clear objectives for engagement. Define critical communications channels (e.g., new reports, social media, program reports, contributions at global health events, etc.) and content to be delivered to external groups.
- **Local stakeholders:** Develop a comprehensive plan to share all relevant program milestones and results with stakeholders directly impacted by the program at the local-level (e.g., patients, families, community leaders, and governments); establish channels for clear communication and transparency (e.g., new reports with local media, townhalls, social media, contributions at global health events, etc.).

- **Report program progress externally:** Access Accelerated programs should report their progress using external platforms to capture their collective progress, for example the Access Observatory.
- **Timeline:** Determine a timeline for communicating program launch, intermediate milestones, and on-going impact and results, including an internal soft launch to inform key stakeholders.

18. How can we share program results and key learnings?

- **Internal knowledge-sharing:** Support sharing across different functions and implementing partners where the program is active, or expertise has been identified. Sharing and codifying learnings identifies where programs have been successful, overall health impact and areas of internal capacity which need to be strengthened for future programs.
- **External knowledge-sharing:** Develop a strategy to disseminate cross-cutting principles and lessons learned from the program to highlight program successes and challenges, including where local infrastructure needs to be strengthened (e.g., for example through publication and/or partner workshops). This will help others design successful interventions and support continued collaboration among partners.
- **Publication/dissemination strategy:** Develop a strategy to disseminate evidence built from program monitoring & evaluation via media, social channels, academic publications and conference presentations; anticipate and be prepared for significant reporting milestones and provide this information to the targeted beneficiaries so they can also cascade learnings.

“With the publication of Access Accelerated in Action, the Access Accelerated initiative has provided information on principles, best practices, case studies, and a very useful Program Development Guide.”

DR. RICHARD LAING



Methodology and References

APPENDIX 1: LITERATURE REVIEW/METHODOLOGICAL FOUNDATIONS

Evidence syntheses to inform public health programming

The objective of this report is to compile and share information as an accessible evidence synthesis on the experiences of Access Accelerated member companies in designing and implementing programs to address NCDs in LMICs. This effort aligns with the Access Accelerated Commitment to “share best practices and advance solutions... collaborating systematically and thinking beyond any one organization’s capabilities,” as well as responding to a global need for greater knowledge-sharing on practical experiences in public health. As stated by the WHO’s Alliance for Health Policy and Systems Research, the world has seen major achievements in public health over the last two decades, but progress remains uneven between and within different countries. To tackle persistent health systems challenges, the WHO has called on public health stakeholders to gather information that is “synthesized, accessible and contextualized, to enhance its applicability in different health systems.”^{42, p.xi} As noted in the 2018 WHO publication, *Evidence synthesis for health policy and systems: a methods guide*:

Policy-makers and health system stakeholders... require access to key insights stemming from a large body of literature that speaks to the realities of different health system settings. Systematic reviews and other types of evidence synthesis are increasingly recognized as having a key role in collating and assessing this knowledge, to inform policy decisions and produce guidance for health systems in various settings.^{42, p.2}

WHO also notes that health systems strengthening presents “complex questions that require consideration from multiple perspectives and that must draw on evidence from more than only effectiveness reviews.”^{42, p.xvi} With this report, we hope to bring an additional perspective by collecting the experiences of biopharmaceutical companies engaging in public health partnerships to address NCDs and synthesizing this information in an accessible format.

Descriptive case studies as an evidence synthesis methodology

We identified descriptive and exploratory case study research as the most appropriate methodology for an evidence synthesis on the experiences of Access Accelerated member companies in designing and implementing NCD programs. As expressed by the WHO, case studies are an important

tool capturing the unique experience of a given program in context, as well as to “foster the dissemination of inclusive and creative approaches” and “lead to a better understanding of what works and why.”² As a research strategy that “comprises an all-encompassing method,”^{43, p.13} the case study approach presents a strong methodological design to understand unique initiatives such as Access Accelerated member company partnerships on NCDs. Another main feature of the case study method is its holistic constitution; “the case study’s unique strength is its ability to deal with a full variety of evidence—documents, artifacts, interviews, and observations.”^{43, p.8} All these characteristics demonstrate the suitability of the case study as a strong method in capturing the approach taken by Access Accelerated member companies in implementing NCD programs.

Relevant examples of case study use in evidence synthesis

Our literature review indicates that the descriptive case study is broadly applied as a strong method in implementation analysis, as seen in recent research works framed by the evidence synthesis/systemic review approach. The following four recent guides and manuals are strong examples of a qualitative, descriptive case study approach as a preferred method to discuss and describe best practices in implementing public health initiatives:

WHO; “**A guide to implementation research in the prevention and control of noncommunicable diseases**” (2016). This guide uses six descriptive case studies to “explore the way in which the interplay between a policy or intervention and its local contexts... can affect implementation.”^{44, p. 2}

WHO; “**Best practices in child and adolescent tuberculosis**” (2018); This manual of best practices outlines 36 descriptive cases from 24 countries from all the six WHO regions were selected to inform progress and up to date achievements resulting from the implementations of the 2013 Roadmap towards ending TB in children and adolescents.⁴⁵

WHO; (TDR); “**Social Innovation In Health: Case studies and lessons learned from low- and middle-income countries**” (2017). This publication delineates 23 descriptive case studies to present, analyze, and discuss programs bringing social innovations to healthcare delivery in LMICs.²

WHO; “**Crowdsourcing in health and health research: a practical guide**” (2018). Two descriptive case studies are used in this guide to “provide practical advice on designing, implementing, and evaluating crowdsourcing activities for health. In some settings, a group of diverse individuals can solve problems that individuals alone are unable to solve.”^{46, p.6} This research team launched a global challenge contest to solicit descriptions of crowdsourcing innovation in health. The received data was used to build a guide by assessing the implementation of best practices across two descriptive case studies.⁴⁶

Framework for data collection and analysis

As noted in WHO’s *Evidence synthesis for health policy and systems: a methods guide*, evidence synthesis can be conducted in a variety of ways and to serve a variety of purposes, including to “aggregate information; explain or interpret processes, perceptions, beliefs and values; identify gaps in the literature or the need for future research; or describe frameworks, guidelines, models, measures, scales or programs.”^{42, p.28} For this report, our objective was to (1) aggregate information on company experiences and (2) describe the framework of the Access Accelerated member company commitment in terms of specific principles for program design and implementation.

To serve this objective, we followed a methodology close to that used by the WHO in its publication, *Social Innovation In Health: Case studies and lessons learned from low- and middle-income countries*,² following the following process:

- **Case framework development:** As a first step, we established a shared, working definition of the Access Accelerated commitment in terms of specific principles for strong program design and implementation. Building from the original Access Accelerated Commitment Letter, Access Accelerated member companies developed and ratified a set of central, cross-cutting principles that define the initiative’s collective aspirations and values for programmatic work. A starting definition was developed for each of these principles, based on a review of relevant expert literature and consultation with the Company Program Information Working Group consisting of strategic and programmatic leads from each Access Accelerated company. Subsequently, a case framework was developed and structured according to the previously defined Access Accelerated principles.

- **Case identification:** As a second step, we identified a range of examples of biopharmaceutical industry partnerships expanding access to NCD prevention, treatment, and care in LMICs for consideration. Access Accelerated launched an open crowd-sourcing call for members to nominate programs for inclusion in the report as illustrative examples of each cross-cutting principle in action, identifying key learnings from each program. 18 out of 24 Access Accelerated member companies nominated at total of 24 potential programs, from which an initial set of 19 programs were selected to illustrate diverse program profiles (e.g., programs in different geographic regions; of different scopes and sizes; employing a variety of program strategies and activities; operating via different partnerships models).
- **Data collection:** For each case study, an initial scan identified and compiled all publicly available information, including Global Health Progress, the Boston University Access Observatory, the Access Accelerated Open Platform, and other sources such as company and partner websites, reports, and press releases. Semi-structured, in-depth interviews were conducted with program leads, with supplementary information provided by broader program teams and partners as needed.
- **Data analysis:** Information gathered on each program was compiled into case studies, with the case framework serving to structure and guide the analysis. Following the compilation of individual case studies, a preliminary cross-case analysis was undertaken to identify key learnings into how pharmaceutical companies have applied Access Accelerated principles in practice to strengthen the effectiveness of programs to enhance access to NCD prevention, treatment, and care in LMICs.

REFERENCES

1. World Health Organization. 2018. Noncommunicable diseases: Key facts. [Online]. <http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.
2. World Health Organization. 2017. Social Innovation In Health: Case studies and lessons learned from low- and middle-income countries. [Online]. <http://www.who.int/tdr/publications/year/2017/tdr-sihi-publication-2017.pdf>.
3. World Health Organization (2017) Reforming health service delivery for UHC. Geneva: World Health Organization [online]. <http://apps.who.int/iris/bitstream/handle/10665/255311/WHO-HIS-SDS-2017.9-eng.pdf;jsessionid=01BB516358C088D0DC89B0C8B112599D?sequence=1>
4. World Health Organization, Government of Japan, The World Bank et al. (2017) Tokyo Declaration on Universal Health Coverage: All together to accelerate progress towards UHC. [Online]. http://www.who.int/universal_health_coverage/tokyo-declaration-uhc.pdf?ua=1
5. See, for example: Siddharthan T, Rabin T, Canavan ME, et al. (2016) Implementation of patient-centered education for chronic-disease management in Uganda: An effectiveness study. PLoS One 11(11): e0166411. [Online]. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5112982/>
6. Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. (2000) The impact of patient-centered care on outcomes. J Fam Pract. 49(9):796–804.
7. Wagner EH, Bennett SM, Austin BT, Greene SM, Schaefer JK, Vonkorff M. (2005) Finding common ground: patient-centeredness and evidence-based chronic illness care. J Altern Complement Med. 11 Suppl 1:S7-15.
8. See, for example: Sanofi (2017) Patient Solutions. Paris: Sanofi. [Online]. <https://patientcentricity.sanofi.com/>
9. The Institute of Healthcare Improvement (2018) Plan-Do-Study-Act (PDSA) Worksheet. [Online]. <http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>
10. The Global Fund Office of the Inspector General (2016) Audit report: The Global Fund Country Coordinating Mechanism. Geneva: The Global Fund for AIDS, Tuberculosis, and Malaria. [Online]. https://www.theglobalfund.org/media/2645/oig_gf-oig-16-004_report_en.pdf?u=636603528510000000
11. Organization for Economic Co-operation and Development (2008) The Paris Declaration on Aid Effectiveness and Accra Agenda for Action. Paris: Organization for Economic Co-operation and Development. [Online]. <http://www.oecd.org/dac/effectiveness/34428351.pdf>
12. World Health Organization Department of Essential Medicines and Health Products (2017) Responding to industry initiatives to increase access to medicines and other health technologies in countries. Geneva: World Health Organization.
13. See also: Balabanova D, McKee M, Mills A, Walt G, Haines A. (2010) What can global health institutions do to help strengthen health systems in low income countries? Health Research Policy and Systems. 8(1) [online]. <http://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-8-22>
14. Bhan A, Singh JA, Upshur REG, Singer PA, Daar AS. (2007) Grand Challenges in Global Health: Engaging Civil Society Organizations in Biomedical Research in Developing Countries. PLoS Medicine. 11;4(9):e272.
15. See also: Wright, J., & Walley, J. (1998). Assessing health needs in developing countries. BMJ (Clinical research ed.), 316(7147), 1819–1823. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113324/>
16. United Nations (2016) Sustainable Development Goals: 17 goals to transform our world. New York: United Nations [online]. <https://www.un.org/sustainabledevelopment/globalpartnerships/>
17. See also: Reich, M. R. (2018). The Core Roles of Transparency and Accountability in the Governance of Global Health Public–Private Partnerships. Health Systems & Reform, 4(3), 239–248.
18. IFPMA (2015) 50 Years of Global Health Progress. Geneva: International Federation of Pharmaceutical Manufacturers and Associations [online]. <https://50years.ifpma.org/wp-content/uploads/2018/06/IFPMA50.pdf>
19. The World Bank (2016) Public Private Partnership (PPPs)—Tools. [Online]. <http://www.worldbank.org/en/topic/publicprivatepartnerships/brief/ppp-tools>
20. Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & English, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet Global Health, 6(11), e1196–e1252.
21. See, for example, a review of this literature: Schell SF, Luke DA, Schooley MW, et al. (2013) Public health program capacity for sustainability: A new framework. Implementation Science 8(15) [Online]. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3599102/>
22. World Health Organization. (2018). Draft thirteenth general programme of work 2019–2023. Geneva: World Health Organization.
23. World Health Organization. (2017) Rehabilitation in health systems. Geneva: <https://apps.who.int/iris/bitstream/handle/10665/254506/9789241549974-eng.pdf?sequence=8>
24. World Health Organization. (2017). Tracking universal health coverage: 2017 global monitoring report.
25. Braithwaite, J., Testa, L., Lamprell, G., Herkes, J., Ludlow, K., McPherson, E., ... & Holt, J. (2017). Built to last? The sustainability of health system improvements, interventions and change strategies: a study protocol for a systematic review. BMJ open, 7(11), e018568.

26. Shelton, R. C., Cooper, B. R., & Stirman, S. W. (2018). The sustainability of evidence-based interventions and practices in public health and health care. *Annual review of public health*, 39, 55–76.
27. Raine R, Or Z, Prady S, et al. Evaluating health-care equity. In: Raine R, Fitzpatrick R, Barratt H, et al. (2016) Challenges, solutions and future directions in the evaluation of service innovations in health care and public health. Southampton, UK: NIHR Journals Library; (Health Services and Delivery Research, No. 4.16.) Essay 5 [online]. <https://www.ncbi.nlm.nih.gov/books/NBK361257/doi:10.3310/hsdr04160-69>
28. See, for example: Novartis AG (2018) Taking action to improve access to healthcare: Novartis Social Business. Basel, Switzerland: Novartis AG [online]. <https://www.novartis.com/our-company/corporate-responsibility/expanding-access-healthcare/novartis-social-business>
29. Frieden TR (2014) Six components necessary for effective public health program implementation. *American Journal of Public Health* 104(1). <https://www.ncbi.nlm.nih.gov/pubmed/24228653>
30. IFPMA (2015) Framework for action for the prevention and control of non-communicable diseases. Geneva: International Federation of Pharmaceutical Manufacturers and Associations [online]. <https://www.ifpma.org/resource-centre/framework-for-action-for-the-prevention-and-control-of-non-communicable-diseases/>
31. Rockers, P. C., Laing, R. O., Ashigbie, P. G., Onyango, M. A., Mukiira, C. K., & Wirtz, V. J. (2019). Effect of Novartis Access on availability and price of non-communicable disease medicines in Kenya: a cluster-randomised controlled trial. *The Lancet Global Health*, 7(4), e492–e502.
32. Fabregas, A (2017) Public private partnerships transparency and accountability: Where is my data? Washington, DC: World Bank [online]. <http://blogs.worldbank.org/governance/public-private-partnerships-transparency-and-accountability-where-my-data>
33. Horton, R. (2018). Offline: Global health and the private sector. *The Lancet*, 391(10136), 2196. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31253-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31253-4/fulltext)
34. Boston University (2018) Access Observatory 2018 Report. Results and Reflections on Year One. Boston, US: Boston University [online]. https://docs.wixstatic.com/ugd/37a51e_1e172ad778e0407cafc5f79abcc4bbae.pdf
35. World Bank. 2019. World Bank Country and Lending Groups. [Online]. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
36. NCD Alliance (2015) A Call to Action: Women and non-communicable diseases. [Online]. <https://www.womenandncds.org/content/dam/microsites/taskforce-on-women-and-non-communicable-diseases-ncds/resources/a-call-to-action-women-and-non-communicable-diseases.pdf>
37. Central Bureau of Statistics, Kenya (2014) Kenya Demographic and Health Survey. Nairobi, Kenya: Ministry of Health.
38. Louise K. Makau-Barasa, Sandra B. Greene, Nicholas A. Othieno-Abinya, Stephanie Wheeler, Asheley Skinner, and Antonia V. Bennett (2018). Improving Access to Cancer Testing and Treatment in Kenya. *Journal of Global Oncology* 2018 :4, 1-8.
39. Baird J, Jacob C, Barker M, Fall CH, Hanson M, Harvey NC, et al. (2017) Developmental Origins of Health and Disease: A Lifecourse Approach to the Prevention of Non-Communicable Diseases. *Healthcare* 5(1) [online]. <https://www.ncbi.nlm.nih.gov/pubmed/28282852>
40. Zong, X.-N., & Li, H. (2014) Physical growth of children and adolescents in China over the past 35 years. *Bulletin of the World Health Organization*, 92(8), 555–564 [online]. <https://doi.org/10.2471/BLT.13.126243>
41. WHO (2017) 1 in 10 medical products in developing countries is substandard or falsified. Online New Release, November 28, World Health Organization [online]. <http://www.who.int/news-room/detail/28-11-2017-1-in-10-medical-products-in-developing-countries-is-substandard-or-falsified>
42. Langlois EV, Daniels K, Akl EA, editors. (2018) “Evidence synthesis for health policy and systems: a method guide”. Geneva: World Health Organization.
43. Yin, Robert K. (1994) “Case Study Research: Design and Methods, Second Edition.” SAGE Publications.
44. World Health Organization; (2016), “A guide to implementation research in the prevention and control of noncommunicable diseases”. Geneva, Switzerland.
45. World Health Organization; (2018), “Best practices in child and adolescent tuberculosis”. Geneva, Switzerland.
46. World Health Organization; (2018). “Crowdsourcing in health and health research: a practical guide”. Geneva, Switzerland.



