



Access Accelerated is enhancing action for NCDs through collective impact in three key areas:

- Engaging national stakeholders to embed projects in national health systems, thereby increasing sustainability
- Providing flexible and adaptable funding that responds to emerging needs, driven by evidence and data
- Building and strengthening partnerships that create resilient and long-lasting improvements in health system functioning for NCDs

RTI International developed and applied a learning and adapting measurement framework to document Access Accelerated partner progress in these areas. From Q3 2021 to Q1 2022, the five implementing partners reported on the indicators that were most relevant to the activities they are undertaking. The breadth of their activities provides a complex picture of collective impact across countries and projects. To complement the indicator data, RTI's measurement framework invites partners to report qualitative narratives, including lessons, stories, and additional data. In addition, RTI interviewed partners to better capture the "connective tissue" created by the range of partner activities in their totality. We define connective tissue as the social capital,

knowledge creation and trust that—in the best case—arises when multiple efforts pulling in the same direction create unified progress. While less easily quantified than the impacts reflected in the indicators, connective tissue can have an enormous effect on the sustainability and scalability of projects. We have tried to measure the diverse impacts of Access Accelerated through these indicator data, narratives, and interviews.

In so doing, we have learned that grounded experiences documented in narratives and interviews are essential to better understand collective impact. We also confirm that although Access Accelerated is effectively achieving change on the ground in many countries, the initiative's structure and goal have not yet realized their full potential in terms of sustained increased access to NCD prevention and care. That achievement is within reach as additional coordination makes the connective tissue of collective action increasingly visible and measurable.

Importantly, activities undertaken through Access Accelerated are working toward improvements through an environmental, social and governance lens. Partners are developing environmental policies to align with wider social goals, and analyses are being conducted on how to invest funding for internal capacity-building and accountability. Similarly, partners are emphasizing equity in their engagements and striving for sustainability in their partnering.

This year's report captures these experiences and lessons and shows that stronger coordination can identify mutually reinforcing activities where multiple partners operate in the same geographies. Similarly, where partners engage with the same stakeholders, establishing shared agendas can ensure that roles and responsibilities are better defined, such that partners complement one another with their unique know-how. Meaningful engagement across partners and concerted action for NCDs are well within reach, and this year's report reveals where and how this can be achieved.

KEY ACHIEVEMENTS

In 2021, partner projects achieved the following:

Over 30,000 people reached with NCD services, and over 90,000 benefitted from improved access to services

136 policy changes

Engaging with PLWNCDs is rapidly advancing policy change, which in combination with evidence-based products leads to increased visibility and priority-setting of NCDs

42 new investment cases and 117 knowledge products

Tools and evidence-based products are informing local capacities and leveraging know-how to advance NCD action across multiple settings

Trust is facilitated through an evidence basis and engaging with multiple actors and stakeholders

105 new partnerships in 34 countries

- 13 governments
- 4 donors
- 27 implementing agencies
- 10 global stakeholders

National and subnational Ministries of Health in 23 countries

15 national technical bodies and non-state actors

Partners are adapting to evolving stakeholder landscapes and needs

PARTNERS

- Using RTI's measurement framework, Access
 Accelerated captures collective impact and
 instances of connective tissue, including by
 documenting the central role of equity in partner
 projects, the embeddedness of their projects in
 the lead up to sustainability and the low-hanging
 fruit that exist to create shared impact
 - The focus on equity shows the commitment of Access Accelerated and partners to work on agendas that favor collective impact
 - Project embeddedness demonstrates that the longevity of funds provided by Access Accelerates allows projects to evolve from the start-up phase and pool investments
 - Flexible funding from Access Accelerated also facilitates project embeddedness as partners can adapt to evolving needs
 - Opportunities for shared impact exist, especially where multiple partners operate in one country
- In 2021, the role that partnerships played in Access Accelerated projects showcase that whole-of-society approaches are crucial to address complex issues, particularly in the case of NCDs
- Engaging industry and private sector in concerted action for NCDs can facilitate a diversified common pool of skills and expertise, coordination, information, funding and technologies. To do this successfully, better coordination through a supporting structure is necessary











INTRODUCTION

Sustained efforts to create collaboration and coordination to reduce the burden of NCDs remain rare, especially with the private sector.



Successful prevention and control of noncommunicable diseases (NCDs) requires collaboration and active partnership engagement across sectors. Examples include planning and urban policies that create healthy living environments; tax and trade policies that reduce access to harmful products; and education, nutrition and agricultural policies that encourage and incentivize healthy choices. All of these require dialogue and coordination from diverse government agencies to pull in the same direction. Leadership from the private sector—both civil society and industry—is essential to support this whole-of-society effort to prevent and manage NCDs. Mechanisms that engage the private sector to create global and national dialogue and cooperation have existed for years for infectious diseases—the Global Fund for HIV/AIDS, Tuberculosis and Malaria is one example—and such structures allow stakeholders to set common goals and work together toward their achievement. Sustained efforts to create collaboration and coordination to reduce the burden of NCDs remain rare, especially with the private sector.

Access Accelerated is a collective of more than 20 biopharmaceutical companies working together since 2017 to advance action for NCDs. As an industry-led initiative, Access Accelerated provides a structure for cooperation across sectors and diverse actors including implementors, decision-makers and financers. The initiative involves five implementing partners: City Cancer Challenge (C/Can)¹, PATH², the NCD Alliance³, the World Bank⁴ and the World Heart Federation (WHF)⁵. With support from Access Accelerated, these partners implement a shared vision on which stakeholders partner and take joint action to increase access to NCD services in 44 low- and middle-income countries (LMICs).

In March 2021, Access Accelerated contracted with RTI International to design a measurement framework to capture the impact of its investments for collective action across sectors and through partner projects. Using its approach to monitoring, evaluation, research, learning and adapting approach, RTI is working with Access Accelerated to measure partner projects' individual and collective impact-that is the population and systems level change achieved by organizations learning together, aligning, and integrating their actions⁶ -, while adapting the measurement framework as needed to produce meaningful and novel results. As the second phase of Access Accelerated ends, RTI seeks to capture the totality of partner efforts undertaken by monitoring a streamlined set of indicators, establishing accompanying narratives and focusing on learning.

This report summarizes the results achieved by Access Accelerated partners in 2021. Some of the results are concrete and discrete indicators of progress toward improved access to NCD services. These are captured by the measurement framework approved by the Access Accelerated Steering Committee in July 2021. Other results are less easily defined but are equally or more valuable in generating sustainability⁷ and scale in access to NCD services. Access Accelerated is building "connective tissue" through consistent interactions among public and private partners across time and space that result in knowledgesharing, strengthened relationships based on a common goal and ultimately, trust. It is no small undertaking to invest in NCD prevention, management and control, and the diverse portfolio of actions captured in this report reflects the value placed on resolving complex health challenges.

BACKGROUND

Engaging in action for NCDs requires strong partnerships and opportunities for learning and adapting to evolving needs.



The pharmaceutical industry has played an important role in improving health systems across LMICs, particularly for infectious diseases. Cognizant of the growing burden of disease posed by NCDs, especially its disproportionate impact in LMICs, in 2017, more than 20 biopharmaceutical companies launched the Access Accelerated initiative, with the goal of reducing barriers to prevention, treatment and care for NCDs in LMICs.

Access Accelerated committed to achieving this goal by taking the following steps:

- Establishing targeted pilots to address barriers
- Expanding collaboration and partnerships
- Seeking strength outside of the individual member companies
- Partnering for disease-specific action
- Using rigorous measurement and full transparency⁸

This approach remains unprecedented for NCDs, and in its initial phase, the initiative saw great progress, as documented in Access Observatory, the online public repository of information on projects to improve access to medicines and Access Accelerated Open Platform 10.

Access Accelerated entered its second phase of implementation and reporting in 2020. A new focus for measurement in this phase is on the projects that are collectively funded and implemented by partners. Other changes have affected measurement in this phase of Access Accelerated. The coronavirus (COVID-19) pandemic and political challenges hindered some planned activities, as well as the reporting and learning that would have emerged from them. Most countries shifted national priorities and health resources to address the pandemic. Additionally, in Myanmar, projects have not seen progress or reporting because of the instability that developed after the government coup in early 2021.

In this light, RTI's measurement framework is aimed at capturing the collective investment of Access Accelerated along with individual results from key partner projects. The measurement framework focuses on nine major measurement domains assigned to three categories (Table 1).

Table 1. RTI's measurement framework

Measurement Area

Measurement Domain

Person-Centric





(I.B) Catchment area for better access to NCD prevention, treatment, or care

(I.C) Engagement with country stakeholders

Programs



(2.A) Monitoring of log frame deliverables and process indicators for each program

(2.B) Country presence and geographic expansion

(2.C) Contributions of funding or expertise from member companies

Partnerships



(3.A) Additional investments in NCD programs leveraged by Access Accelerated partner programs

(3.B) Partnerships between Access Accelerated partner programs and other entities

(3.C.) External outreach and engagement

These nine measurement domains quantify the unique impacts of the public and private sectors working together to advance access to NCD services. Thus, the measurement framework aims to capture how partners achieve scalable and sustainable solutions for NCDs in LMICs.

Methods

From the beginning of Access Accelerated, partners have committed to measuring the impact of their projects and reporting to the global health community. RTI introduced steps that requested partners to submit qualitative and quantitative data quarterly via Qualtrics forms. Interviews with partners were also conducted to ensure the impact perceived by partners was captured. In this way, data were collated from three sources: quantitative reporting via Qualtrics, narrative reporting via Qualtrics and follow-up interviews.

Data were provided to RTI unevenly, with partners reporting extensively via the narratives and sparsely on the indicators. As such, data completeness was achieved through the following:

- Partners provided RTI with a combination of supporting documentation, including annual reports, progress summaries, fact sheets, presentations, and websites. These sources and the narratives contained significant quantitative data, so RTI adapted the information to the measurement framework, in addition to and complementing the quantitative data reported.
- Where indicators did not match the narratives provided, RTI followed up with partners to corroborate information to ensure data completeness. This exercise varied across partners in terms of questions asked and information received.

- Where appropriate, reported data were shifted from the original indicators that partners chose to report, to better fit the true definition of each indicator. Partners and RTI had open conversations to discuss the interpretation of the data and to ensure that the adjustments maintained the integrity of the data partners were reporting. Partner validation was sought throughout the data collection process as well as for data analysis and interpretation.
- All information provided by partners was fully considered and analyzed, even when partner's specified reporting period differed.

Partners' responses varied in the level of detail provided in the narratives captured via Qualtrics. Similar to the quantitative data reported, additional information and interpretations were obtained via discussions and supplementary materials.

Occasionally, supplemental data were provided by partners after the reported period had ended, which posed a challenge to interpretation and analysis. Late reporting also made it difficult to capture the full picture of collective impact.

The process explained above documents the learning possible by means of the MERLA¹¹ approach used by RTI. This approach reveals how measurement can be adapted to better reflect partners' experiences.

WORKING TOWARD COLLECTIVE IMPACT—REPORTING HIGHLIGHTS

In the reporting period, partners engaged in a total of 48 projects across 44 countries (see Annex), as represented in Figure 1.



Figure 1. Partner projects' geographic distribution

Partners overlap in 13 countries: Kenya (5 partners), Ghana (4 partners), Vietnam (3 partners), Brazil (3 partners), Colombia, (3 partners), Malaysia (2 partners), Myanmar (2 partners), Peru (2 partners), Mexico (2 partners), Rwanda (2 partners), Cameroon (2 partners), Paraguay (2 partners), Bangladesh (2 partners).

The ways that partners engage in these countries vary. The scope of work represented by partners' projects, based on reported strategic objectives, is shown in Table 2.

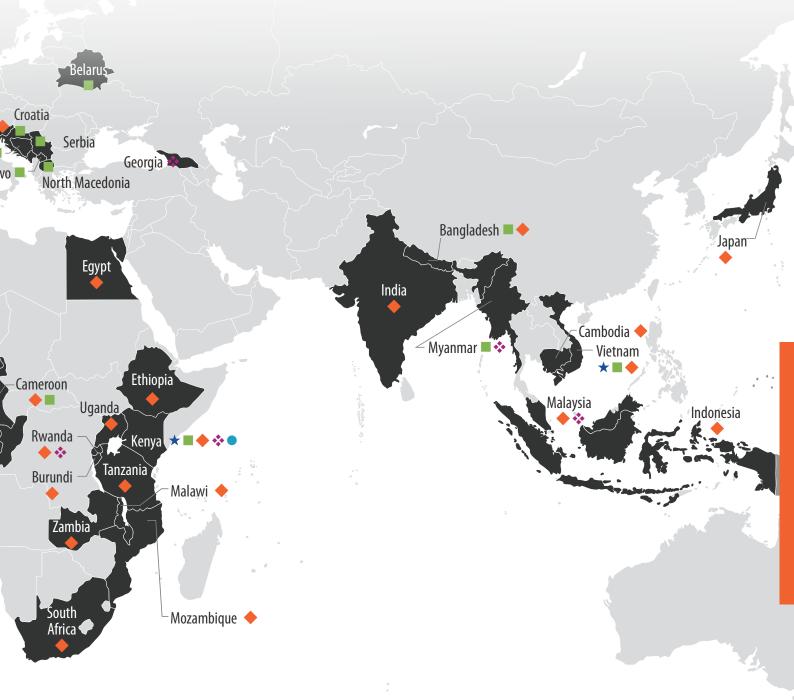
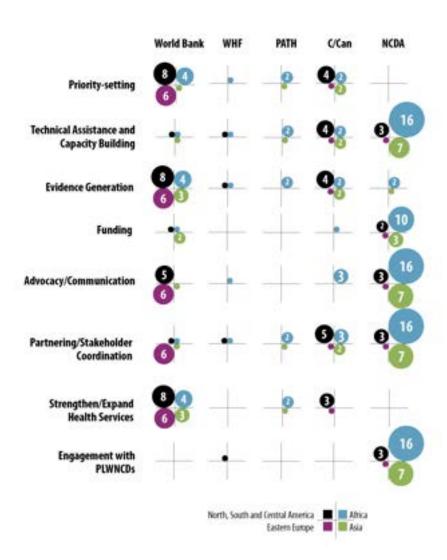


Table 2. Scope of work undertaken by partners' projects

Project Scope of Work	Partners	No. of Projects	
Capacity-building and providing technical assistance to improve quality of care	C/Can, NCD Alliance, WHF, World Bank, PATH	4 C/Can 4 NCD Alliance 2 WHF	4 World Bank 3 PATH
Monitoring, evaluation and learning for improved resource allocation	C/Can, WHF, World Bank	4 C/Can 2 WHF	(1) World Bank
Policymaking and strategy for action at national and local level	C/Can, NCD Alliance, World Bank, PATH	4 C/Can 5 NCD Alliance	5 PATH 2 World Bank
Mobilizing resources and providing funding to address emerging challenges	C/Can, NCD Alliance, World Bank, PATH	1 C/Can 6 NCD Alliance	1 World Bank 5 PATH
Partnering and stakeholder engagement for increased visibility of NCDs	C/Can, NCD Alliance, PATH, WHF	2 C/Can 9 NCD Alliance	5 PATH 2 WHF
Supporting local governments and implementors to advance NCD agenda	C/Can, NCD Alliance, World Bank, PATH, WHF	4 WHF 3 NCD Alliance 13 World Bank	3 PATH 8 C/Can
Raising awareness and communications for exchange of knowledge	C/Can, NCD Alliance, WHF, PATH	3 C/Can 5 NCD Alliance	2 WHF 5 PATH
Strengthening primary health care services to integrate NCDs	PATH, World Bank	6 PATH	2 World Bank
Generating evidence for priority-setting and financing	WHF, World Bank, NCDA, PATH	11 World Bank 2 WHF	2 NCD Alliance 4 PATH
Engaging with people living with NCDs for increased empowerment	NCD Alliance, WHF, World Bank , PATH, C/Can	8 NCD Alliance1 WHF2 World Bank	5 PATH 5 C/Can
Preventing risk factors and education for long-term, sustainable change	PATH, WHF, World Bank	6 PATH 1 WHF	4 World Bank





undertaken by partners through Access Accelerated funding demonstrates the complexity of addressing access to NCD services. No one partner can engage in all activities, yet together, there is space for efforts to align across partners with a view toward improving health functions for better access to NCD services. At the same time, partners have projects that touch on needs other partners are involved in, highlighting overlaps in the work that go beyond the geographic overlap of their projects.

Figure 2 represents the geographic scope and thematic areas of partner projects.

Numbers in circles represent the number of projects undertaken by partners in each thematic area. Partner projects may have more than one relevant thematic area, and these differ from the categorization in the scope of work presented in Table 2.

Quantitative Highlights¹²

Person-Centric

Person-centric data bring to the fore the needs of patients and health care providers, revealing information about local and global priorities to advance NCD action.

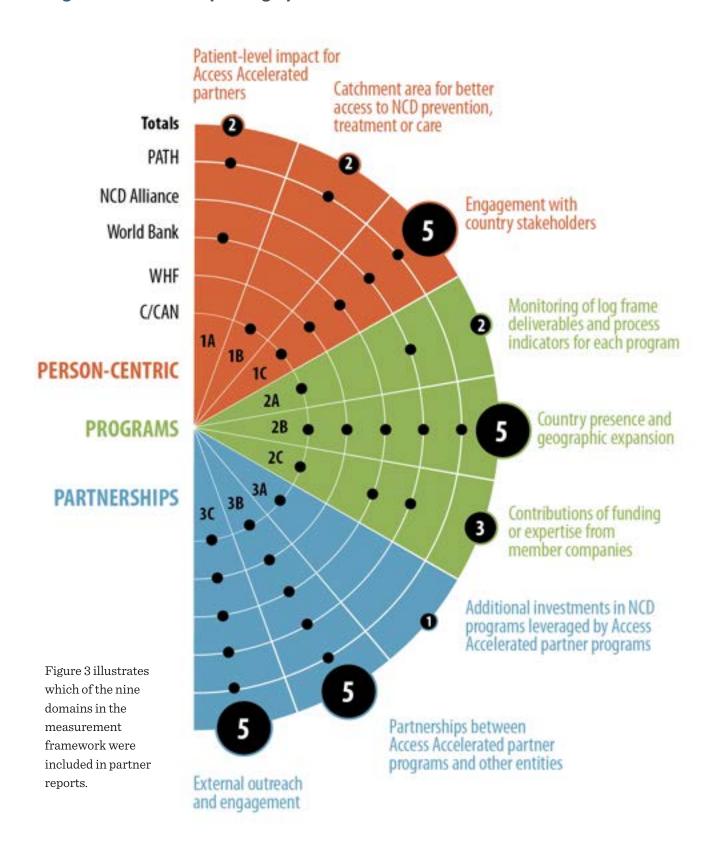
Partners reported that more than 30,000 people were reached with NCD services because of Access Accelerated funding, with another 30,770 benefitting from improved access to NCD medicines. Catchment areas are expanding to include entire cities and counties. Over 140,000 screenings were conducted in the reporting period, with close to 10,000 patients receiving a diagnosis. Over 90,000 patients benefited from improved access to services. Eight projects provided training to patients, equipping them with prevention know-how and guidance on how to self-advocate with the medical system and with decision-making authorities.

Person-centric data highlights how partner projects are serving both individuals and populations with emphasis on patient experience and empowerment. NCD Alliance provides one example of meaningfully involving people with lived experiences of NCDs to facilitate change. As part of its emphasis on putting people first, NCD Alliance has supported national NCD alliances and their networks of people living with NCDs in a number of geographies including Kenya on engaging with government through a people-centred lens. Following from training opportunities and advocacy prioritisation experiences and leveraging NCD Alliance Kenya's role as Co-Chair of the Kenyan Ministry of Health's Intersectoral Coordination Committee on NCDs, lived experience representatives shared their experiences with decision-makers and gained a permanent seat in the Technical Working Group¹³ for the development of the National Strategic Plan for Prevention and Control of NCDs 2020/21-2025/26. As a result, this government document launched in July 2021 explicitly considers patients'

experiences and priorities. Including this success in Kenya, Access Accelerated partner projects documented close to 20 interactions between PLWNCDs and high-level decision-making authorities, and a total of 136 policy changes.

Partners also reported the delivery of 80 trainings for health care providers across 8 projects, reaching close to 4,000 health care professionals. The scope and focus of these trainings varied in accordance with contextual needs and partner focus. For example, C/Can provided training on palliative care, PATH on commodity management and reporting for more reliable medicine availability and screening and care for volunteers and health workers, the World Bank on strategies and the formation of self-help groups, and NCD Alliance trained, through peer-led approach, people living with NCDs from seven countries to share publicly their lived experiences linked to calls to action on NCDs. Partners developed over 190 tools for NCD care in support of these trainings. C/Can worked on standardized guidelines adapted to cities' conditions for the management of breast cancer and cervical cancer as well as a plan to operationalize multidisciplinary treatment teams in Kumasi, Ghana, with 46 other localized cancer care solutions in development. In Vietnam, PATH developed guidance for scaling the Communities for Healthy Vietnam program to all provinces, including training curricula to help health care providers and volunteers provide better NCD care, as well as digital applications to guide clinical decision making. In 2021, NCD Alliance initiated an extensive global consultation involving 500 NCD stakeholder voices, half of those with lived experiences of NCDs to create the Global Charter on Meaningful Involvement of People Living with NCDs launched in September, which calls on governments, international institutions, civil society, and private sector to embed meaningful involvement of people living with NCDs in their organisational practices. The Global Charter,

Figure 3. Partner reporting by measurement domains



already endorsed by over 55 organisations, resides on the Our Views, Our Voices digital platform. The World Bank focused on standard operational guidelines for hypertension, diabetes, and chronic kidney disease, in addition to dialysis therapy guidelines and non-pharmacological treatments. Lastly, WHF worked on educational and data tools and job aids for cardiovascular disease and diabetes prevention and management. Throughout these projects, partners developed 117 knowledge products, guidelines and tools for capacity-building and improved treatment and quality of care.

Access Accelerated partners' commitment to capacity-building through training and tool development represents an important avenue for leveraging technical know-how. Overall, these activities that build capacity to address and support NCD care are creating an ecosystem of tools and networks leading to sustainable impact. This highlights the concerted thinking on how best to improve access to health through investments in local capacities, giving space for partners to reflect on how to come together and work on mutually reinforcing activities in this category.

Programs

The programs measurement category captures deliverables, investments, and funding to identify ways to accelerate public and private investment in NCD prevention, treatment, and control. To do this, the measurement of this category tracks the types of partner projects and their related deliverables.

In total, partners reported data for 48 projects in 44 countries, with engagement across different levels of society—patients, the health system and its functions and governments and international platforms.

Narrative reporting on programs revealed that in 2021, partners expanded their project scopes of work to include additional diseases and risk factors, such as diabetes and dyslipidemias. Partner projects grew in 2021 to include two additional countries (Peru and Kenya; all five partners now have projects in Kenya) and 14 $new\,subnational\,units.\,The\,remit\,of\,work\,is$ also growing, and equity now features more prominently as part of provider trainings and needs assessments. This progress showcases the relevance and scalability of Access Accelerated partner projects. Narrative reporting also highlighted that additional financing is being leveraged in four projects and that, in total, 42 new investment cases to strengthen health systems for NCDs were developed in this reporting period.

An example of how partners use evidence to develop investment cases for health system strengthening for NCDs is the model C/Can uses for its needs assessment. C/Can collects city-level systems data to identify strengths and weaknesses related in cancer care. C/Can applies its needs assessment through a digital questionnaire disseminated to a range of stakeholders involved in the provision of cancer care including public and private facilities and civil society. Working with multiple stakeholders provides C/Can with a better understanding of benchmarks and gaps, which are then communicated to city leaders and local experts to guide priority-setting. In

conjunction with the needs assessment, C/
Can maps and involves a wide range of local
cancer care experts and decision-makers from
the public and private sectors. They play a key
role in the interpretation of insights generated
through the needs assessment, ensuring that the
evidence used to develop investment cases for
NCDs remains relevant and sensitive to context.
Using, generating, and communicating evidence
across projects enables trust, which contributes
to strengthening partnerships and collective
impact. C/Can's involvement of stakeholders in
the evidence processes is one way of building
connective tissue that may benefit other
NCD actions.

The World Bank uses evidence for effective programming as a cornerstone of its Access Accelerated-supported activities, and all of its projects begin with systematic data collection. For example, in its Healthy Longevity Initiative, the World Bank is developing 17 evidence-based knowledge products in the form of conceptual frameworks, economic analysis and background papers, etc. which provide a foundational for priority-setting. Through the initiative the World Bank connects data analysis with data use for operations. Country-level dashboards established through the Healthy Longevity Initiative further encourage data collection and use throughout the project's life. By using evidence across their project cycles, the World Bank's approach strengthens trust between stakeholders involved, encouraging their buy-in and commitment.

Figure 4. Stakeholder engagement across projects



Figure 4 summarizes the stakeholders that partners engaged across their projects.

Partnerships

Data on partnerships document the impact of Access Accelerated and set the standard for the impact that can be achieved through publicprivate partnerships.

In 2021, Access Accelerated partners established over 100 new partnerships in 34 countries. These new partnerships involved 13 governments, seven donors, 27 implementing agencies, 18 national technical bodies and non-state actors, 15 global stakeholders and Ministries of Health at national and/or subnational levels in 26 countries. Partners also established and deepened their partnerships with one another. Access Accelerated partners PATH, NCD Alliance and the World Bank all worked to encourage policy change in Kenya, where they contributed to the same outcomethe Kenya NCD Strategy 2021-2025—through different methods and engagements with government. Partners reported the development and use of 97 communications materials, including 23 blog posts and online materials, 32 news articles and 18 reports or studies.

Importantly, the narrative reporting for partnerships showcased the evolution of partnerships over time, with partners emphasizing the sustainability of their projects, engagement with local actors and increasing uptake of their projects to international scale. One such example is PATH's NCD Navigator in Kenya, which was developed in 2018 in collaboration with the Kenya Ministry of Health and Access Accelerated. The Navigator is a first-of-its-kind, locally managed, NCD digital information system that provides information on NCD programming in a country. It also provides information on the stakeholders and funders in the NCD space, the geographic distribution of active NCD initiatives within the country and alignment of these

initiatives with national strategy. Overlaying NCD Navigator information on national and subnational prevalence data helps establish a common understanding of gaps and opportunities to better meet the needs of PLWNCDs. In 2020, the Kenyan Ministry of Health took ownership of the NCD Navigator with PATH's ongoing technical support for long term sustainability and scale. The Navigator recently provided insights into underachieving areas and gaps through its geographic overlay, which supported the Kenya NCD Strategy 2021-2025. The Navigator was designed to be globally relevant and is being used by national and local governments in Ghana and Kenya. PATH is now working with the World Health Organization (WHO) on a high-level mapping in additional countries, showcasing the tool's utility for global stakeholder mapping and coordination. It is a prime example of the connective tissue of knowledge and networkbuilding led by partners and showcases how connective tissue supports project scalability.

A key part of providing better NCD care is ensuring medicine and product availability and PATH demonstrates how this can be achieved through partnerships. After completion of the Journey of the Pill assessments in Kenya and Ghana, national supply chain technical working groups were established to implement recommendations from the report. Access Accelerated and PATH's partnership enabled the first five-year budget for the cost of NCD medicines in Kenya using the NCD forecasting algorithm developed with the support of the Access Accelerated partnership and the Coalition for Access to NCD Medicines and Products. In addition, a pilot program in Makueni county is bringing NCD medicines to the primary care level for hundreds of patients, and a stock tracker was developed that provides visibility of more

than 60% of NCD supplies in Kenya and supports more equitable distribution of these medicines to avoid stockouts. In Ghana, cold chain integration guidelines and standard operating procedures were developed with several stakeholders, including the Ministry of Health and UNICEF prepares to leverage excess cold chain capacity for insulin. A Journey of the Pill assessment was completed for Vietnam and will be released in 2022, leading to a road map to greater access to medicines.

Of note, partner narratives also highlight the whole-of-society approaches partners used in their projects. For example, NCDA held a regional dialogue with 130 stakeholders across Africa, including Access Accelerated member companies, representatives from the WHO Regional Office for Africa, African Development Bank, the Kenyan Ministry of Health, PATH Africa, NCD Alliances (Cameroon, Ghana, and Tanzania), Roche Nigeria and Ecobank. This dialogue engaged various sectors, including the public and private sectors, and focused on discussing how to build a more equitable, people-centred health system that represents and considers multi-stakeholder perspectives. Whole-of-society approaches are a key practice for NCD action and show that partners are working in response to evolving stakeholder landscapes and adapting their projects to respond to changing needs, expertise and learning through funding from Access Accelerated. In this way, partners are working toward collective impact within their projects, while starting to interact with one another for synergies across projects.

Figure 5 lists the 44 countries where Access Accelerated supports partner work, including the number of partners reporting by measurement area in each country. Zero indicates countries included in projects for which no specific reporting was received.

Figure 5.
Heat map of reported metrics by country

meat map of	reported n	netrics by c	ountry
Country	Person-Centric	Programs	Partnerships
Bangladesh	2	1	2
Belarus	1	1	0
Benin	1	1	1
Bosnia and Herzegovina	1	1	0
Brazil	1	3	2
Burundi	1	0	1
Cambodia	1	0	1
Cameroon	1	2	1
Colombia	3	3	3
Costa Rica	0	0	0
Croatia	1	1	0
Ecuador	0	0	1
Egypt	1	0	1
El Salvador	1	0	1
Ethiopia	1	0	0
Gabon	0	1	1
Georgia	1	1	1
Ghana	4	2	3
India	1	0	1
Indonesia	1	0	1
Japan	1	0	1
Kenya	4	1	5
Kosovo	1	1	0
North Macedonia	1	1	0
Malawi	1	0	1
Malaysia	1	1	3
Mexico	2	1	2
Mozambique	1	0	1
Myanmar	1	1	1
Nigeria	1	0	1
Paraguay	1	1	2
Peru	0	0	2
Republic of Congo	0	1	1
Rwanda	2	1	2
Serbia	1	1	0
Slovenia	1	0	1
South Africa	1	0	1
Tanzania	1	0	1
Togo	1	0	1
Trinidad and Tobago	1	0	1
Uganda	1	0	1
Uruguay	0	0	1
Vietnam	3	0	3
Zambia	1	0	1

Insights into Connective Tissue

The narratives and data reported by partners through Qualtrics create strength in the measurement framework, while allowing partners to present stories from grounded experiences and in their own terms. To better capture connective tissue not measured through this reporting, RTI held interviews with partners to further understand their priorities and processes. From these conversations, three themes emerged: equity, project embeddedness and opportunities for shared impact.

Equity

Successful prevention, treatment, and control of NCDs require actors to work toward equity. Members of socially disadvantaged groups tend to be more exposed to harmful products, to suffer from poorer health, and to die at earlier ages than others.14 NCDs affect social groups differently; for example, women are often neglected in screening, diagnosis and data counting.¹⁵ While data highlighting the importance of equity in health are widely available, to date, no high-level agendas including the Sustainable Development Goals and the Global Action Plan for the Prevention and Control of NCDs 2013-2020-provide concrete guidance on how to take concerted action for equity in access to NCD services. 16 To help fill this gap, Access Accelerated has supported partners to work toward equity goals across projects. For example, WHF has been empowering women with knowledge on heart health and prevention in Colombia. In partnership with Access Accelerated, the Colombian Society of Cardiology and the Colombian Heart Foundation, WHF is working to address the large burden of cardiovascular disease faced by women of African descent in the country. 17 WHF has trained 400 women of African descent from Cartagena, Apartado and Montería and female health professionals on how to prevent and manage heart disease. The project aims to empower women for their own health, adopting care as a lifestyle, learning to talk with their physicians and choosing healthy behaviors.

Related to equity is partners' furthering of environmental, social and governance goals. Partners are ensuring that their stakeholder engagements are neither health-harming nor inequitable. For example, C/Can is working with all its key stakeholders and external audiences to provide training on its Constructive Engagement Framework and ensure alignment with its unique vision, mission and culture, which is based on transparency, entrepreneurship and collaboration. Through utilization of the NCD Navigator, PATH is working with ministries of health to ensure implementing partners work toward sustainable engagements. By supporting partner coordination, alignment with national strategy, and an understanding of disease burden vis-à-vis where activities are being implemented, partners can also align their equity goals with wider health system strengthening. Emphasizing equity in addition to the shared vision of improved access to NCD services demonstrates the willingness of partners to work on agendas that favor collective impact.



For projects to become sustainable, they first need to become embedded at the local level. This requires buy-in from governments and diverse local stakeholders. Local partner engagement helps projects to respond effectively to needs and adapt to changing landscapes. It also ensures that local know-how and local solutions are part of the programming, laying groundwork for long-term sustainability.

Progress in this regard is visible in Vietnam, where PATH has followed a community-based primary health care strengthening approach since 2016 building it from a provincial program to full national scale. To support patients, and in partnership with the Ministry of Health, PATH expanded access points to screening through innovative partnerships including one of the largest private sector supermarket chains in the country. To further support patients in Vietnam, PATH implemented two mobile applications: the NCD community application, which is targeted at individuals, and an application for health care workers. These applications will link with each other and connect to the community health information system to allow community users to self-screen and register virtually for examination services at selected community health stations. Health care workers will access self-screen

Partners have been reflecting on how their projects are increasingly relevant and locally owned after 5 years of collaboration. They underscored that several of their projects are becoming embedded in their respective geographies for two main reasons:

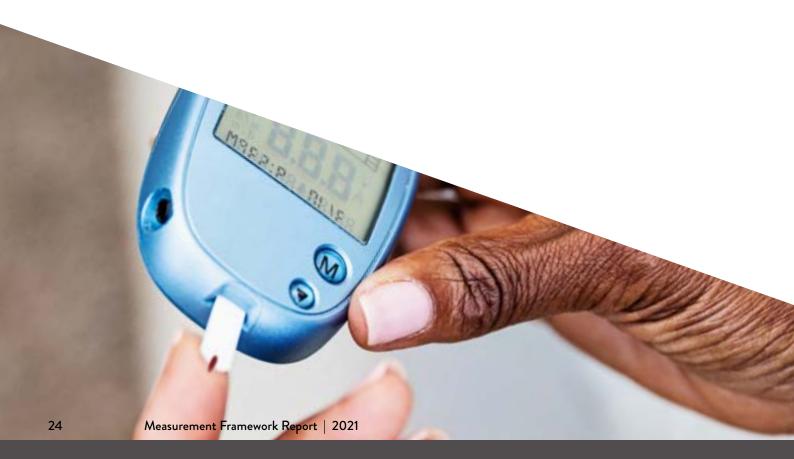
- The strength of the partnerships formed
- The sustainability and flexibility of funding from Access Accelerated

results and contact individuals for confirmation while also accessing patients' treatment and management information. The program's success led to continued growth – with national scale up and Ministry of Health ownership set to complete in 2023 – reaching millions living with hypertension and diabetes in Vietnam with greater access to better care. The funding from Access Accelerated supported long-term project planning by allowing them to traverse the start-up phase and pool investments.

C/Can provides another example of the flexibility possible with Access Accelerated funding. This funding helped C/Can develop the ability to adapt to cities' needs with agility. For example, C/Can responded to interest shared by various cities to invest in digital technologies by using funds provided by Access Accelerated to develop the C/Can Learning Hub online platform. This platform supports C/Can cities' ability to develop

project plans and identify ways to improve quality and adherence to implementation timelines. In turn, by committing to implement projects within specific timeframes, C/Can can work toward embeddedness. C/Can has leveraged this reputation for agility and adaptability to attract interest from other donors.

Collective impact requires significant financial investments. It also requires agreements on common agendas so that partners can ensure efforts remain aligned. Without the former, the amount of time dedicated to projects and to capturing and monitoring successes is determined by individual partner capacity. Without the latter, collective processes cannot be sustained, and the needle shifts toward individual partner programming. As such, the project embeddedness achieved through partnerships and flexible funding strengthens the collective impact of Access Accelerated while also inviting further funding to sustain long-term processes of social change.



Opportunities for Shared Impact

Partners have learned a great deal through their experiences and offered insights into what is working well and how activities can be streamlined to further drive improved collective action.

Partners reflected on the geographic overlap of their projects. While recognizing that partners operate in distinct ways, they suggested that there are opportunities for learning from one another, communicating successes and pitfalls of their projects and looking for areas of collaboration. One such example is the work undertaken in Kenya, where all five partners have projects. Partners suggested that strengthening communication with one another would increase understanding and trust—both among partners and with stakeholders at the national level. At the same time, this has the potential to improve the sustainability and embeddedness of projects through collaborative work and to increase the efficiency of projects that engage the same national-level stakeholders. Collective impact does not require partners to engage in similar activities; instead, it encourages them to work in a way that supports the actions of others and to adapt as needed based on learnings.

In addition, partners highlighted the importance of engaging industry in action for NCDs. They recognize that whole-of-society approaches are crucial to address complex issues, particularly in the case of NCDs, where prevention and control often involve sectors beyond health. Partners also noted that engaging both the private sector and industry can lead to a diversified pool of skills and expertise. They observed that the private sector can coordinate and provide information, funding, and technologies that, in collaboration with stakeholders across public sectors, non-state actors and international organizations, further collective impact. This increases trust while ensuring alignment toward shared objectives.

Through the information captured in additional conversations with partners, it is possible to discern further collective impact not captured in the measurement framework. This fuller picture better demonstrates the collective impact of Access Accelerated and showcases the value of using different types of data collection methods.

LOOKING FORWARD

RTI's measurement framework and the approach used to measure the connective tissue built across partner projects were implemented to highlight the collective impact Access Accelerated is having on improving access to NCD services. Capturing these two components—quantitative indicator reporting and connective tissue beyond simple metrics—reflects RTI's focus on learning and adapting. In the next phase of RTI's engagement with Access Accelerated, highlighting the added value of the measurement framework and approach used will be crucial to ensure that partners share their experiences and lessons learned. With these tactics, opportunities to engage in mutually reinforcing activities and avenues for collaboration can be identified. Similarly, it will be possible to better capture collective impact, giving partners and Access Accelerated a unique opportunity to document their contributions to NCD action.

RTI highlights four key considerations to consider in the next phase:



Funding from Access Accelerated is flexible, which allows for a diverse portfolio of projects and supports project scalability. Leveraging this flexibility, partners are employing innovation in their projects and adapting to evolving needs. Several projects prioritize local partner activities, improving their embeddedness and potential for sustainability. This in turn increases trust from stakeholders as projects work on agendas that are driven by local needs rather than industry. At the same time, the lack of coordination challenges partner's ability to achieve collective impact as there is no common agenda or mutually reinforcing activities.

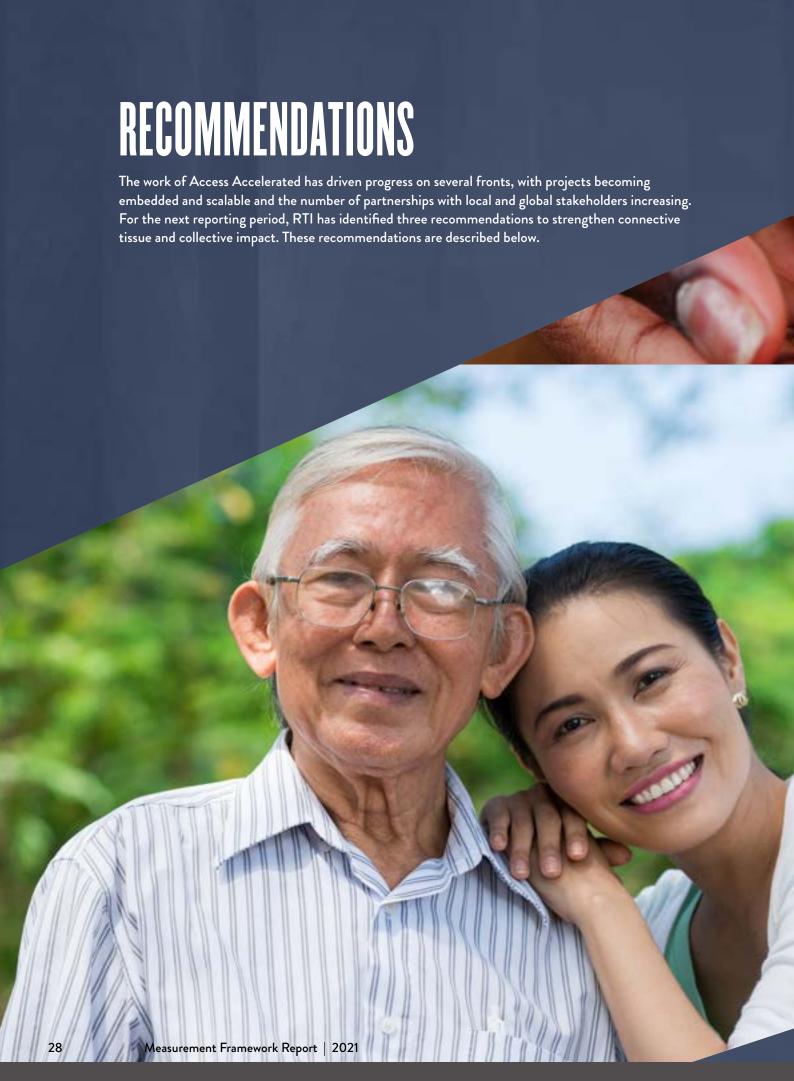
Funding goes in different directions because partners have different goals and ways of operating. They also work with different local partners and prioritize different populations, outcomes, and goals. One way of working toward collective impact is to encourage partners to openly share their progress and lessons learned so that their various skills and know-how can be leveraged to solve challenges in NCD action.

Partners use data and evidence to set priorities to strengthen programmatic activities. However, open communication across partners may not occur because mutual objectives and common motivations are yet to be defined. As a result, collective impact is difficult to achieve because stakeholders lack opportunities to build trust.

RTI's measurement framework offers an opportunity for shared measurement to help understand collective impact and build trust. Partners report inconsistently across the different measurement domains, highlighting specific areas of strength in their projects. Recognizing areas for growth, including in terms of reporting capacity or data, is essential to transparency and will allow partners to support one another in areas of comparative strength.

4

The convening power needed to create a culture and spirit of collaboration is missing from the group of AA partners, demonstrating that a coordinating structure for support of a common agenda is needed.





- Coordinating structures must be strengthened to ensure common, shared agendas for concerted action with the possibility of coordinating stakeholder engagement and communications and identifying opportunities for mutually reinforcing activities.
- Defining a common, shared agenda can facilitate a cascade of improvements in programming, capitalizing on the flexibility of Access Accelerated funding. Defining a shared agenda is an easy win for Access Accelerated at this stage, as improving access to NCD services can be

the foundation for setting common goals.

Encouraging partners to work on mutually reinforcing activities or joint programs is a step toward building trust and open communication. Using independent reporting and monitoring supports this aim in principle, but the lack of accountability for shared measurement challenges partners' ability to learn from each other.

CONCLUSION Concerted action for NCDs requires a deep understanding of the complex social issues at play that limit access to NCD services. Stakeholders operating in isolation may not be able to bring about necessary social change because the answers and solutions to the question of access are not clear. As such, effective NCD action requires that stakeholders learn while doing and adapt their programming, processes and approaches to evolving lessons learned and emerging needs. Measurement Framework Report | 2021



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ANNEX

Project List

Table A-1. Project list by partner

Partner	Project	Total Number of Projects
City Cancer Challenge (C/CAN)	Finalize city project plans and implement of technical assistance and capacity-building to address key gaps in access to quality cancer care.	11
	Development and implementation of sustainability strategies in four key learning cities.	
	Document city process learnings and best practices from the key learning cities in updated guidance documents.	
	Document learning and best practices related to the delivery of technical assistance to address key gaps in cancer care.	
	Develop a series of technical assistance packages that can be tailored and adapted to C/CAN cities.	
	Scale up implementation of the monitoring, evaluation and learning framework to collect data and learnings on the progress and impact of interventions to address cancer care gaps.	
	Based on the needs assessment process and prioritization conducted in the first key learning cities, map and document emerging trends and actionable insights and develop a strategy to present and share for impact.	
	C/Can Health Financing will support the development of innovative financing solutions for the most challenging cancer priorities in C/Can cities and translate learnings into case studies for other C/Can cities.	
	Continue to engage diverse partners at different levels of the initiative and encourage greater stakeholder engagement at the city, regional and global levels. C/Can will continue to work closely with the various United Nations agencies that can provide technical support to cities. We will also continue to work strategically with International Atomic Energy Agency and strengthen our relationship with the World Health Organization and International Agency for Research on Cancer at both the global and regional levels.	
	Raise awareness of the C/Can Foundation, city-led projects and their impact by scaling up C/Can's communications activities and reach.	

Partner	Project	Total Number of Projects
City Cancer Challenge (C/CAN), continued	Develop a city network for cities that have completed the six-phase engagement process. As part of the city network, cities would be supported to do the following:	
	• Exchange knowledge, experience and good practices with other cities, with opportunities for city-to-city exchange and mentoring	
	Collaborate with C/Can and its network of partners on the development of case studies and good practices	
	Participate in regional and global cancer events to showcase C/ Can and city initiatives to improve access to quality cancer care	
	Digital health: prioritize the most impactful digital health solutions (e.g., capacity-building and training, remote planning and treatment, patient navigation) with scalable potential for cities seeking to improve cancer care for patients based on identified needs.	
PATH	Ghana: Supply Chain Strengthening	6
	Kenya: Primary Health Care Model	
	Kenya: NCD Navigator	
	Communities for Healthy Vietnam	
	Kenya: Supply Chain Strengthening	
	Ghana: NCD Navigator	
World Bank	World Bank: Access Accelerated Partnership	13
	El Salvador: Country Pilot Project NCDs 2019–2021 Component 1— Health service delivery model for the prevention, early detection and treatment of noncommunicable diseases (NCDs)	
	El Salvador: Country Pilot Project NCDs 2019–2021 Component 2— Innovations in the prevention of risk factors	
	El Salvador: Country Pilot Project NCDs 2019–2021 Component 3— Monitoring and management	
	Bangladesh Urban Health Nutrition and Population Project	
	Europe and Central Asia Region and NCDs	
	Addressing mental health in five countries in Latin America and the Caribbean: Ecuador, El Salvador, Paraguay, Peru and Uruguay	
	Improving the management of health care services for patients with multiple chronic conditions in three Latin American Countries	
	Management of NCDs for human capital development in lower middle-income countries (including countries experiencing fragility, conflict, and violence)	
	Myanmar NCD analytics, policy dialogue and technical assistance toward achieving universal health care	

Partner	Project	Total Number of Projects
World Bank, continued	Tackling NCD challenges in Kenya	
	Healthy Longevity Initiative: Healthy Longevity, NCDs and Human Capital	
	Government of Norway's support for NCD prevention and control interventions in Ghana	
NCD Alliance	NCD Alliance/Access Accelerated Partnership	14
	Seed grant to Vietnam NCD Alliance	
	Seed grant to Malaysia NCD Alliance	
	Our Views, Our Voices virtual training to equip up to 20 people living with NCDs (PLWNCDs) with skills to share their lived experiences publicly to drive change on NCDs	
	Global Charter Grant Program	
	NCD Alliance Civil Society Solidarity Fund on NCDs and COVID-19	
	Seed grant to Ghana NCD Alliance	
	Seed grant to Kenya NCD Alliance	
	Media briefing to support communication efforts and regional outreach to media supported by national NCD Alliances in disseminating the Global Charter	
	Global Week for Action: amplify the voices of PLWNCDs and cultivate champions	
	Regional NCD advocacy meetings and multisectoral dialogues on the subject of 'putting people first' in the NCD response. PLWNCDs, NCD alliances, key regional stakeholders to discuss regional progress on NCDs and UHC	
	Development of Our Views, Our Voices digital platform	
	Universal health care advocacy institute accelerator training	
	Seed grant to Healthy India Alliance	
World Heart Federation	6th World Heart Summit on the theme of "Time to Act on Obesity"	4
	Act with a Woman's Heart—Community Screening and Management of Hypertension	
	Evaluation—An integrated cardiovascular disease and diabetes guidelines dissemination and implementation project in Kenya	
	An integrated cardiovascular disease and diabetes guidelines dissemination and implementation project in four counties in Kenya	

Key Performance Indicator List and Reporting*

Table A-2. Indicator data reported

Measurement Area	Reported Indicator Data
(I) Person-Centric	# of patients diagnosed: 9,561
	# of patients enrolled in patient support programs: 3,493
	# of people reached with NCD services as a result of an Access Accelerated partner program: 33,100
	# of people benefiting from improved access to NCD medicines: 30,770
	# of screenings: 140,899
	# of patients who benefited from quality/access: 93,515
	# of patients who could benefit from quality/access (in the catchment area): 78,939,055
	# of initiatives to improve NCD resource allocation: 128
	# of people trained: 4,624
	# of tools and approaches developed for NCD treatment, care, and prevention by partner programs: 195
	# of decision-making entities adopting changes to NCD policy: 136
(II) Programs	# of countries where Access Accelerated and partners have contributed to better access to NCD prevention/treatment/care: 15
	# of investment cases developed that contribute to strengthening the rationale for government, non-governmental and private sector to invest in health system strengthening: 42
	Sum of funding contributions: \$304,423,000
	# of deliverables completed: 38
	# of deliverables on track: 1
	# of deliverables delayed: 1
	# of funding contributions: 22
(III) Partnerships	# of new implementing partnerships: 102
	# of new funding partnerships: 3
	# of communications materials in use: 97
	# of global events attended by partners: 28
	Sum of investments leveraged (from government, private sector, non-governmental partners, WB/regional banks or direct government investments): €1,350,000
	# of people reached by communications materials: 25,479,378
	# of knowledge products produced by partners: 117

Table A-2 shows the indicators where data was reported for via the narratives, Qualtrics or through additional conversations.Indicators with no reported data include: no. of patients on treatment, no. of patients diagnosed early, no. of patients reached with $pricing\ scheme,\ no.\ of\ people\ accessing\ NCD\ medicines\ at\ lower\ levels\ of\ care,\ no.\ of\ patients\ to\ be\ screened/treated,\ health\ provider$ knowledge, no. of deliverables produced, no. of projects informed by the deliverable, staff time and funds leveraged. Indicators that are not reported on the table but where partners provided qualitative reporting include: quality of engagement with country stakeholders, examples of engagement of people living with NCDs in public facing advocacy opportunities and quality of partnerships.

MEMBER COMPANIES















































TRADE ASSOCIATIONS













