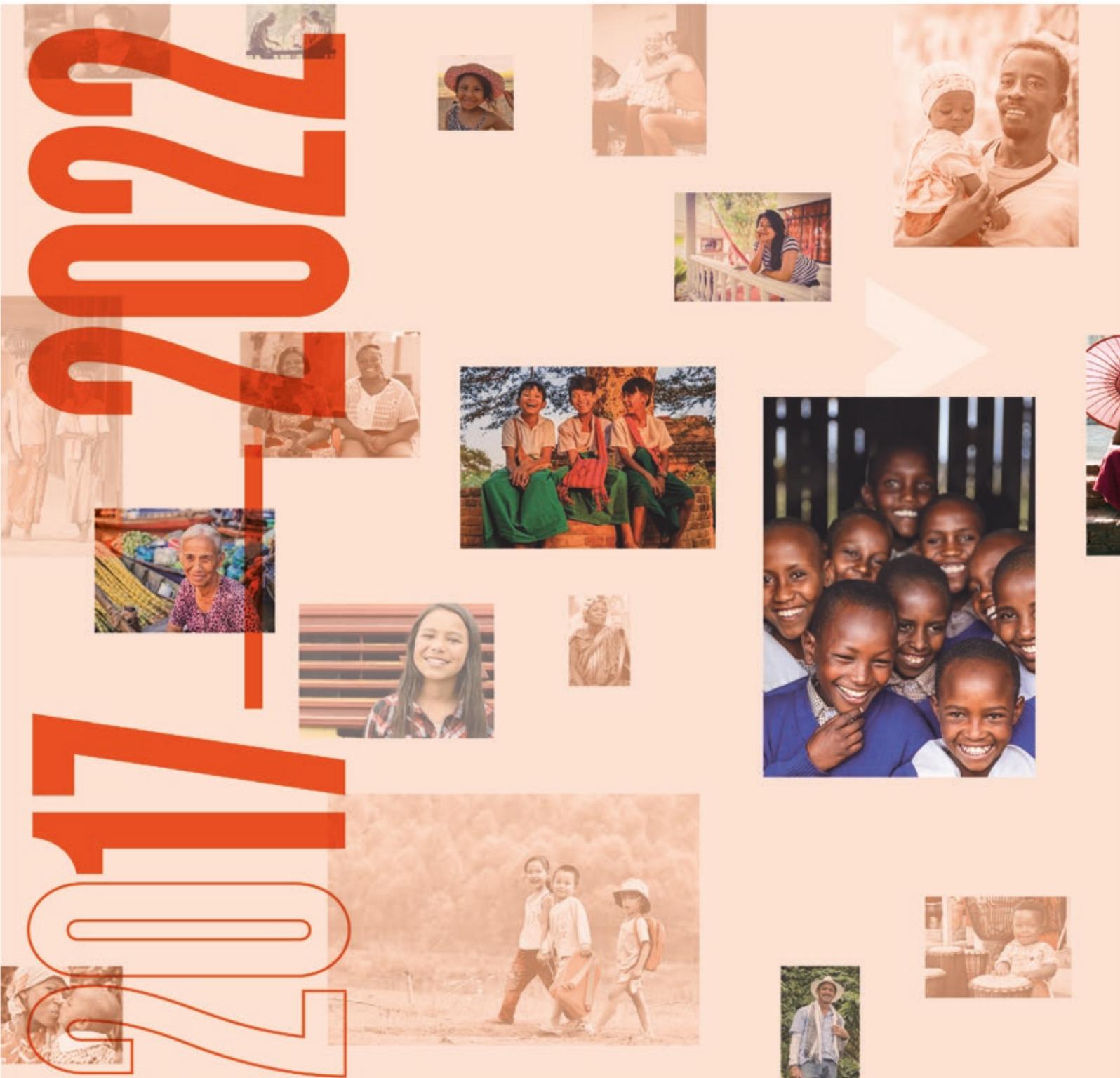


Key Lessons in Advancing Access to NCD Care:
Collaboration, Connectivity, Community





2017—2022

Key Lessons in Advancing Access to NCD Care:
Collaboration, Connectivity, Community





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WELCOME

Since its launch in 2017, Access Accelerated has been at the forefront of efforts to tackle the worldwide challenge posed by noncommunicable diseases (NCDs) and their impact on economic and social progress in low- and middle-income countries (LMICs) across the globe.

Our partnership, representing the global biopharmaceutical and life sciences industry, is unprecedented. Never before has the industry come together in such a concerted way to embark on a common mission designed to help realize the United Nations Sustainable Development Goals (SDGs), including the aim of reducing, by 2030, premature deaths from NCDs by one third and achieving Health for All.

To realize this vision, we have worked collectively — pooling our learnings, experience, knowledge, skills, and resources — to drive multisectoral partnerships that bring about real and lasting change in how we respond to NCDs. At the heart of this endeavor has been a recognition that no one organization or government can achieve this on its own.

That is why local engagement is central to our collaborations. Through support for governments, national stakeholders, and civil society in their efforts, countries are delivering scalable, sustainable solutions that are firmly embedded within national health agendas and systems. Such collective efforts have brought about fundamental policy changes, strengthened health care systems, generated vital funding and investment, and ultimately given those living with NCDs a better chance to live longer, fuller, healthier lives.



After all, people living with NCDs are at the heart of Access Accelerated. By investing in initiatives that help to empower them, we ensure that it is their experiences, needs, and hopes that inform the NCD response. Their voices are crucial for effective and sustainable change.

Access Accelerated stands as a testament to the effectiveness of collaboration in making a lasting difference to the health and lives of people living with NCDs and those who support them. It has been a formidable task and we understand that, even after six years of learning and progress, much remains to be done.

This report represents more than a celebration of our collective efforts: it is a powerful call to action to take all that we have learned over the past six years and use it to build momentum, leverage opportunities for impact, and strengthen action. Our present and future success depends on it.





A NOTE FROM OUR PARTNERS

The world is facing a cascade of global crises. Among them is the rising burden of noncommunicable diseases (NCDs), which is often not only overshadowed but exacerbated by other global challenges. Yet the reality is that NCDs pose a serious and growing threat to economies, health systems and health equity, particularly in LMICs, where people are twice as likely to die from these conditions.

Many governments have stepped up, recognizing the threat of NCDs to social and economic advancement and have made important progress. However, global action and funding have fallen short of what will be needed to meet the UN SDGs. Every investment matters, but these times call for even more sustained, coordinated collective action designed to strengthen health systems and support people living with NCDs.

That's why Access Accelerated was founded on the belief that collective action will enable all of us to go further in achieving the SDG target of reducing the NCD burden in LMICs. As strategic partners of Access Accelerated over these past six years — City Cancer

Challenge, NCD Alliance, PATH, the World Bank, and the World Heart Federation—we have leveraged decades of experience in NCDs to prioritize locally-owned, scalable solutions that allow us to realize our shared health goals.

Since 2017, we have worked in a spirit of proactive partnership, mutual trust, and continuous learning to build up health systems with the ultimate goal of achieving universal health coverage (UHC). We believe that meeting the challenges posed by NCDs requires solutions that combine the resources, expertise, and talents of relevant stakeholders, and we are committed to continuing to improve care around the world.

Support from Access Accelerated has facilitated investments that have strengthened the NCD response on many fronts, from global advocacy to patient wellbeing. It has fostered robust initiatives that are scalable and supportive of sustainable change in the countries where we work. Importantly, through flexible funding, our ability to respond to situations and transition in a nimble, timely manner has helped us shift gears amid major changes, such as a global pandemic.

Our collective endeavors have shown us what can be achieved when we all work together: healthcare policy can be advanced, the health of those affected by NCDs can be improved, and unnecessary deaths can be prevented. Through its support, Access Accelerated has built momentum that we hope will continue to highlight the power of investments in strengthening health systems and locally-owned initiatives. Together with countries and local stakeholders, we will continue to fight to improve the lives of people living with NCDs as we work toward 2030.

FOREWORD

Underlying our work at Access Accelerated is a commitment to supporting the goals set forth by the United Nations to promote global peace, prosperity, and progress. In particular, the target to reduce premature deaths from NCDs and to achieve Health for All by 2030. With less than seven years to go, this deadline is fast approaching.

As a global health community, we have made headway in responding to the challenges posed by NCDs. Yet, as healthcare systems around the world grapple with a soaring disease burden in the face of myriad global crises, progress against these goals is too often undermined or inconsistent. Addressing the NCD burden amid such complexities requires strong, cross-sectoral collaboration. It is through such collaboration with our strategic partners that Access Accelerated has supported the enabling environment and structure needed to facilitate such alignment and coordinated action.

As we look to the future, we have a unique opportunity to build on the collective insights and lessons gained over the last six years. We have a chance to leverage these insights to support countries to implement ever more sustainable and connected solutions – solutions that will prove capable of changing the landscape of NCDs and improving the lives of people living with such conditions in low- and middle-income countries around the world.

So, how is this new landscape to be realized? To begin with, we must adopt a more integrated approach to NCDs, capitalizing on stronger coordination, collective expertise and enhanced competencies of all relevant stakeholders. We also have a prime opportunity to develop a fit-for-purpose measurement and reporting framework for global health initiatives, enabling a deeper understanding of the value creation and impact of collective action. Governments, local stakeholders, and partners who work on the ground must also remain at the forefront of efforts to ensure that initiatives are more firmly embedded in national strategies and local communities. By embracing the lessons of embeddedness, connectivity, and community-centricity, we lay the groundwork for long-term success and sustainability.

Ultimately, achieving a vision of a future in which all those affected by NCDs have access to quality care—irrespective of who they are, where they live or how much they earn—requires deep cooperation based on a shared purpose, a common agenda, an openness to learn, and above all, trust. It is these qualities—the connective tissue—that Access Accelerated and our strategic partners are committed to fostering.

This report is a deep recognition of our partners' commitment and contribution to our shared ambition towards a better future for all those affected by NCDs. We have come a long way and—as this report highlights—we have achieved and learned much. These lessons should embolden us: we must dare to innovate solutions that can deliver meaningful change. It will take all of us.

MARTIN BERNHARDT

Director, Access Accelerated



EXECUTIVE SUMMARY

Noncommunicable diseases (NCDs) have been overlooked in global development for decades, benefitting from fewer specialized agencies and partnerships and lower funding in comparison to communicable diseases. Accounting for 41 million deaths annually and 74% of all deaths worldwide, NCDs pose a significant health challenge, particularly in low- and middle-income countries (LMICs) where populations are disproportionately affected, and inadequate healthcare systems contribute to poorer outcomes. The COVID-19 pandemic has further exacerbated these disparities, driving poverty and threatening the achievement of the UN Sustainable Development Goals (SDGs).

A systems approach is crucial for overcoming the many challenges of NCDs, requiring a shift away from siloed programming towards integrated health systems. Since its inception at the World Economic Forum in 2017, Access Accelerated has demonstrated the potential for NCD action to contribute to systems-level change and broader health goals, including universal health coverage (UHC) and primary care service provision. It delivers on its mission by fostering cross-sector collaboration, coordinated action, knowledge exchange and trust-building — the “connective tissue” that holds multisectoral partnerships in place — and moving beyond the traditional caritative approach.

Working alongside its five strategic partners — City Cancer Challenge, NCD Alliance, PATH, the World Bank and the World Heart Federation — Access Accelerated has consolidated the resources and expertise from biopharmaceutical and life science companies to support countries and local stakeholders in developing and implementing scalable and sustainable solutions that address barriers to NCD care. Today, with the deadline for the 2030 goals fast approaching, there is even greater impetus to strategically leverage the insights gained across six years of partnership in a bid to advance even greater progress towards these targets.



Quantified results gathered from 2022 and cumulatively throughout the second phase of Access Accelerated showcase the benefits of integrating NCD action as part of health system strengthening and achieving UHC. In 2022, Access Accelerated and its strategic partners succeeded in reaching over 700 million people through 54 projects in 37 countries. By the end of phase 2 (2020-2022), 13 projects had been scaled up at the national level evolving from pilot to locally-embedded solutions, and partner projects contributed to policy-making in 35 countries as well as producing over 200 knowledge products.

The report captures the impact beyond hard numbers, telling the story of sustained efforts through detailed case studies and stories from the ground, while emphasizing the need for reporting mechanisms to evolve so as to deliver both qualitative and quantitative evaluation. A harmonized framework for measuring the impact of collective action in global health partnerships is essential to driving system-level change, and will ensure alignment towards mutual goals, and a more robust and clear assessment of project impact.

In a dedicated chapter to learnings, the report highlights five key lessons accumulated since the initiative began:

1. *Open, transparent communication and measurement are essential to capture intangible impacts*
2. *Flexible, non-competing and long-term funding offers a unique opportunity to develop locally embedded solutions*
3. *New ways of addressing diseases are possible and necessary, especially to achieve broader health goals*
4. *Community- and patient-centric approaches are essential to sustainability*
5. *Change takes time*

Underpinning these five lessons is the concept of project sustainability and scalability. The Access Accelerated model provides the support mechanism necessary for lasting impact: flexible, non-competing, and long-term funding has allowed partners to develop locally embedded solutions; sustained, long-term support has given partners the opportunity to shape enabling environments, work with local stakeholders, and encourage embeddedness and scalability of projects; and community- and patient-centric and context-specific approach has made possible the alignment of multiple actors towards a shared goal.

Accounting for 41 million deaths annually and 74% of all deaths worldwide, NCDs pose a significant health challenge, particularly in low- and middle-income countries (LMICs) where populations are disproportionately affected, and inadequate healthcare systems contribute to poorer outcomes.

The lessons presented in this report illustrate the potential for growth in expertise, competencies, and networks when actors work together. This sense of unity will be instrumental in achieving remarkable results similar to those seen through the initiative. By fostering a whole-of-society, locally-driven approach to NCDs, Access Accelerated serves as a powerful example for other global health initiatives, emphasizing the power of collaboration and long-term commitment in creating measurable, sustainable, scalable change.



INTRODUCTION

THE NCD CHALLENGE

NCDs are the leading cause of death and disability worldwide, accounting for 41 million deaths each year and 74% of all deaths globally.

The growing incidence of conditions such as cancer, diabetes, heart disease and respiratory disease currently constitutes one of the greatest threats to global health and development, particularly in LMICs, where 77% of premature deaths linked to NCDs occur and where healthcare systems are often ill-equipped to deal with the challenges they present. As a result, people with NCDs in low- and middle-income countries are not always able to access the timely and quality treatment and long-term care they require and are twice as likely to die from preventable, treatable conditions.

The challenge posed by NCDs has been heightened still further by the global COVID-19 pandemic which has increased existing disparities in resource availability as well as in health outcomes among those living with NCDs, while also expanding the access gap to quality and consistent medical care. Prior to the pandemic, people in LMICs already faced numerous barriers to access, such as poor availability of trained healthcare professionals, insufficient provision and funding of care, low prioritization of screening and diagnosis, and the lack of data vital for informed decision-making on health policies. Limited resources and complex, systemic barriers place a burden on policymakers, health workers, industry and, more importantly, people, to work together across sectors to strengthen the ability of health systems worldwide to support the long-term needs of those living with NCDs.

NCDs are also key drivers of poverty, often affecting people during their most economically productive years. Combined with the high cost of NCD-related healthcare, NCDs can contribute to a cycle of poverty, with a 2011 report by the World Economic Forum and the Harvard School of Public Health estimating that the global impact of NCDs could reach 47 trillion USD between 2011 and 2030 — posing significant challenge to the achievement of the SDGs. If the 2030 global goals are to be met, it is vital that nations unlock public and private funding and invest more across their health systems to provide effective NCD prevention, treatment and care for all who need it.





 *Access Accelerated has been instrumental — fundamental, even — in taking C/Can from an idea to something real. There has been a lot of trust placed in C/Can to develop something innovative, which maybe we couldn't have created otherwise. That mutual trust and co-creation with Access Accelerated, having them on that innovation journey with us, allowed us to do something which is new but also very practical.*

— Jade Chakowa

Head of Effectiveness and Impact,
City Cancer Challenge Foundation

ABOUT ACCESS ACCELERATED

Access Accelerated is a collective of leading biopharmaceutical and life science companies whose mission is to work collaboratively through collective, coordinated and catalytic action to address the many challenges posed by NCDs.

Through a portfolio of integrated care projects — and working together both as an industry and across sectors — we have set out to meet these challenges by informing health policies, accelerating public and private investment, and advancing meaningful partnerships at both national and local level designed to improve access to NCD prevention, treatment and care in LMICs around the world through embedding locally-owned solutions that can scale and have an enduring impact on future generations.

Over the past six years, we have worked to this end by adopting a data-driven and evidence-based approach to tackling the challenges of living with NCDs. We have sought to identify and address supply-chain issues and explore innovative approaches, such as the use of digital health tools, to improve the lives of those affected by these conditions, while seeking to embed NCD prevention and treatment at a primary care level. Access Accelerated has also worked with a range of stakeholders to provide innovative and flexible funding solutions tailored to local priorities that bolster the resiliency of health systems in LMICs.

SDGs

SDG 3.4

By 2030, reduce by one-third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing.



SDG 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

SDG 17

SDG 17 Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.



By taking such steps, we are helping to realize the United Nations Sustainable Development Goals (SDGs), and, in particular, the goal of reducing premature deaths from NCDs by one-third by 2030. Our vision is of a future in which no one dies prematurely from treatable, preventable NCDs and in which everyone has access to universal healthcare.

OUR JOURNEY ACROSS SIX YEARS

2017



Access Accelerated launches on January 17, 2017 at the World Economic Forum

Partnership with the World Bank establishes a portfolio of integrated NCD pilot projects in Kenya, Vietnam, and El Salvador



Access Observatory developed by Boston University's School of Public Health



The Economist Intelligence Unit examines the growing burden of NCDs in report supported by Access Accelerated



First disease-specific partnership begins with City Cancer Challenge

Access Accelerated and partners host panel discussion at the World Health Summit on 'Tackling Barriers to Cancer Treatment and Care'

The World Bank publishes report on the 'Economic and Social Consequences of Cancer in Kenya: Case Studies of Selected Households'

PATH launches NCD Navigator in Ghana and publishes report: 'Journey of the Pill', with recommendations to strengthen Ghana's NCD supply chain and launches digital health app in Vietnam allowing users to do a self-assessment for personal NCD risk factors



NCD Alliance launches Our Views, Our Voices a digital platform to consolidate the voices, experiences and expertise of people living with NCDs

2020

Access Accelerated and the World Bank host discussion on the role of public-private partnerships in strengthening primary care systems against the backdrop of a global pandemic



Access Accelerated and the World Bank expand partnership: launch of seven new projects in 20 countries in response to COVID-19



Access Accelerated launches documentary series 'Turning the Tide' with BBC Storyworks, NCD Alliance, PATH and World Heart Federation, focusing on lifting the perspective of people living with NCDs in Kenya, Ghana and Vietnam

2021



Access Accelerated publishes article, 'Where ESG and NCDs Intersect'

New update to the Open Platform offers a more robust and sustainable approach to data collection, visualization and analysis

World Heart Federation trains 400 women of African descent from Cartagena, Apartado and Monteria and female health professionals on how to prevent and manage heart disease



Access Accelerated launches the Accelerating Health podcast with BBC StoryWorks, taking a deep dive into the projects policies, and investments that are supporting and building resilient health systems

Access Observatory releases final annual report



NCD Alliance creates the 'Global Charter on Meaningful Involvement of People Living with NCDs'



2018

OPEN PLATFORM

Access Accelerated launches the **Open Platform**, to share information, resources and ongoing efforts to address NCDs and strengthen work at the country level



Access Accelerated initiates a partnership with **NCD Alliance** to meaningfully involve people living with NCDs

Access Accelerated works with **PATH** and the **Kenyan Ministry of Health** to build the **NCD Navigator** — a dynamic mapping tool to track NCD programs and provide real-time data to policymakers



Partnership begins with **World Heart Federation** to guide country-level priority-setting on cardiovascular disease

2019

PATH

Supply chain strengthening initiatives begin in Kenya and Ghana, while the **PATH** Vietnam team launches *Communities for Healthy Vietnam* program to bring NCD care closer to the community



At the **2019 United Nations General Assembly**, Access Accelerated convenes global stakeholders to examine the role of public-private partnerships in closing gaps in access to NCD services



Access Accelerated convenes meetings in Naivasha to engage national stakeholders on how to advance Kenya's NCD policy

C/Can city Cali, Colombia adopts a multi-sectoral cancer control plan and Asunción, Paraguay fosters new cancer policy

Access Accelerated releases white paper, 'Advancing Universal Health Coverage through NCD Care'



Access Accelerated advances the dialogue on prioritizing NCD prevention and control at the **Tokyo International Conference on African Development**



At the **72nd World Health Assembly**, Access Accelerated examines how to make partnership models more effective to support UHC



Access Accelerated publishes: 'Access Accelerated in Action: Key Learnings in Program Design & Implementation'



2022



Access Accelerated celebrates 5 years with its partners during the annual **75th World Health Assembly**

The **World Bank** convenes high-level policy makers at 'Smart investment in NCDs: the key to address future health challenges' event in Stockholm

PATH scales up **NCD Navigator** in other countries and completes assessment of Vietnam's NCD supply chain



Access Accelerated publishes first 'Measurement Framework Report' on partner projects



Access Accelerated and partners host **UNGA side event** in New York, exploring the measurement of collective impact



NCD Alliance celebrates 5 years of empowering patients through the 'Our Views, Our Voices' initiative

Access Accelerated and partners host **UHC event** in Tokyo



INVESTMENT AND REACH IN 2022

In 2022, with the support of Access Accelerated, partners engaged in 54 projects across 37 countries, covering all regions of the world. Among these projects, nine had a global scope, and eight focused on regional levels. The initiatives aimed at strengthening health systems, developing local capacities, and fostering new partnerships.

During this period, partners successfully catalyzed over 1.6 billion USD, which supported these and other vital projects to further amplify impact.



COLOMBIA

“Information is powerful. Through the Act with a Woman’s Heart project, women who were largely unaware of CVD risk factors were armed with knowledge and tools to help them make more informed decisions for their health and the health of their families.”

PROF. PABLO PEREL
SENIOR SCIENCE ADVISOR
WORLD HEART FEDERATION



GHANA

“The Ghana Advocacy Agenda of People Living with NCDs has formed the foundation for the Ghana NCD Alliance’s call for stronger NCD prevention and control in the country, higher taxes on unhealthy commodities to fund the National Health Insurance Scheme and the integration of NCDs in UHC frameworks.”

MR. CHRISTOPHER AGBEGA
PATIENT ADVOCATE
GHANA NCD ALLIANCE



EUROPE

“Successfully addressing the needs of patients requires shifting towards patient-centered care, facilitating integration between health and other sectors and developing local solutions to patient needs. We hope that by bringing together experts and practitioners that ministries across the region will be inspired by the innovations and ideas that they can adopt to support their populations.”

DR. ANNA KOZIEL
SENIOR HEALTH SPECIALIST AND
CO-TASK TEAM LEADER FOR THE
REGIONAL NCD PROGRAM IN ECA
THE WORLD BANK

Belarus ■
Ukraine ■
Bosnia and Herzegovina ■
North Macedonia ■

People’s Republic of China ■
Bangladesh ■
India ◊
Myanmar ■
Vietnam ◊▲■

Uganda ■
Kenya ◊▲■●
Rwanda ■
Zambia ■

Lesotho ■



KENYA

“For NCDs like cancer, you don’t see the benefit right away, so it’s important for everyone to have a common understanding and a shared vision and goal. It was important to work with organizations which are a critical part of the local community. By building up this trust and giving them room to implement the program, the pilot was embedded at the community level, and solutions could reflect the local needs and realities.”

DR. KENNETH MUNGE KABUBEI
HEALTH ECONOMIST
THE WORLD BANK



VIETNAM

“The Communities for Healthy Vietnam program is rooted in community engagement and patient empowerment. We are meeting people where they live and work for screening and utilizing innovative approaches to increase the availability and continuity of hypertension and diabetes care.”

DR. HIEN LE
NCD PROGRAM DIRECTOR
PATH

-  C/Can

-  NCD Alliance

-  PATH

-  WORLD BANK GROUP

-  WORLD HEART FEDERATION



Very often people want to make it look like it's a "you" issue. No. It's an "us" issue. Just because I get my medication, it doesn't mean everybody gets theirs.

— Christopher Agbega
Patient advocate

PATIENT-CENTRICITY IS KEY



— Christopher Agbega
Patient advocate

Though Chris was 16 when the first symptoms started to appear, it would take another nine years until he was formally diagnosed with Hereditary Motor Sensory Neuropathy, aged 25. The rare disease, also known as Charcot-Marie-Tooth Disease, is an inherited, progressive disease of the nerves resulting in sensory loss, muscle weakness, and atrophy.

Today, through the NCD Alliance and its program *Our Views, Our Voices*, Chris is a passionate advocate for young people living with hereditary conditions, channeling his lived experience towards empowering the patient community and demanding stronger action on NCDs. Below, Chris recounts his struggle with reaching diagnosis, the challenges of unaffordable healthcare, and finding inspiration and optimism in sharing his story.

My symptoms started when I was around 16. I could still walk around, but I was starting to get tired very quickly. As time went on, I began to get weaker, needing a walking stick, and then a Zimmer frame. It was a very challenging time, not just physically, but also mentally and emotionally; as a very active teenager with newfound independence, there was so much anger and confusion about what was happening to me. I went from one doctor to the next and none of them really understood what was going on, and that was incredibly frustrating. I remember at one point, after numerous inconclusive tests, I was told I needed an MRI scan. It was expensive, and finances were extremely tough. It was so disheartening to be one step away from finally knowing what is going on with me and not having the money to pay for the MRI scan that I needed. Instead, like so many others, I just had to figure out how to live my life with an unknown condition.

The turning point came in 2015, when a friend of the owner of the radio station where I worked took an interest in me and what I was going through. He took me to a private hospital here in Ghana, where I was introduced to a specialist who finally diagnosed me.

Even after my diagnosis, the question was “Right, what now? What next?” I have a name for my condition and know what treatment I need, but don’t have the funds. It felt like my life was in a loop. I got in touch with a few organizations, including the NCD Alliance, and that’s where it all started. I got involved with the *Our Views, Our Voices* initiative, which seeks to meaningfully involve people living with NCDs in the NCD response, supporting and enabling people like me to share our views to take action and drive change. They helped me understand that there’s more to what I was going through than the loop I found myself in, and that sharing my experience could help others.

Standing up and speaking out takes a lot of guts. In certain communities, it can be heavily frowned upon. Sitting in a room with doctors and experts, who, based on education, know so much more than you do, can be very intimidating. Some people don’t want to listen to you, or people try to downplay your condition. That’s very difficult. Very often people want to make it look like it’s a “you” issue. No. It’s an “us” issue. Just because I get my medication, it doesn’t mean everybody gets theirs.

The *Our Views, Our Voices* initiative equipped me with the skills, knowledge and opportunities to be an active player in the NCD movement, and the confidence to speak out. I realized I had an opportunity with my platform to speak not just for myself, but for a whole community, the source of the power of my voice comes

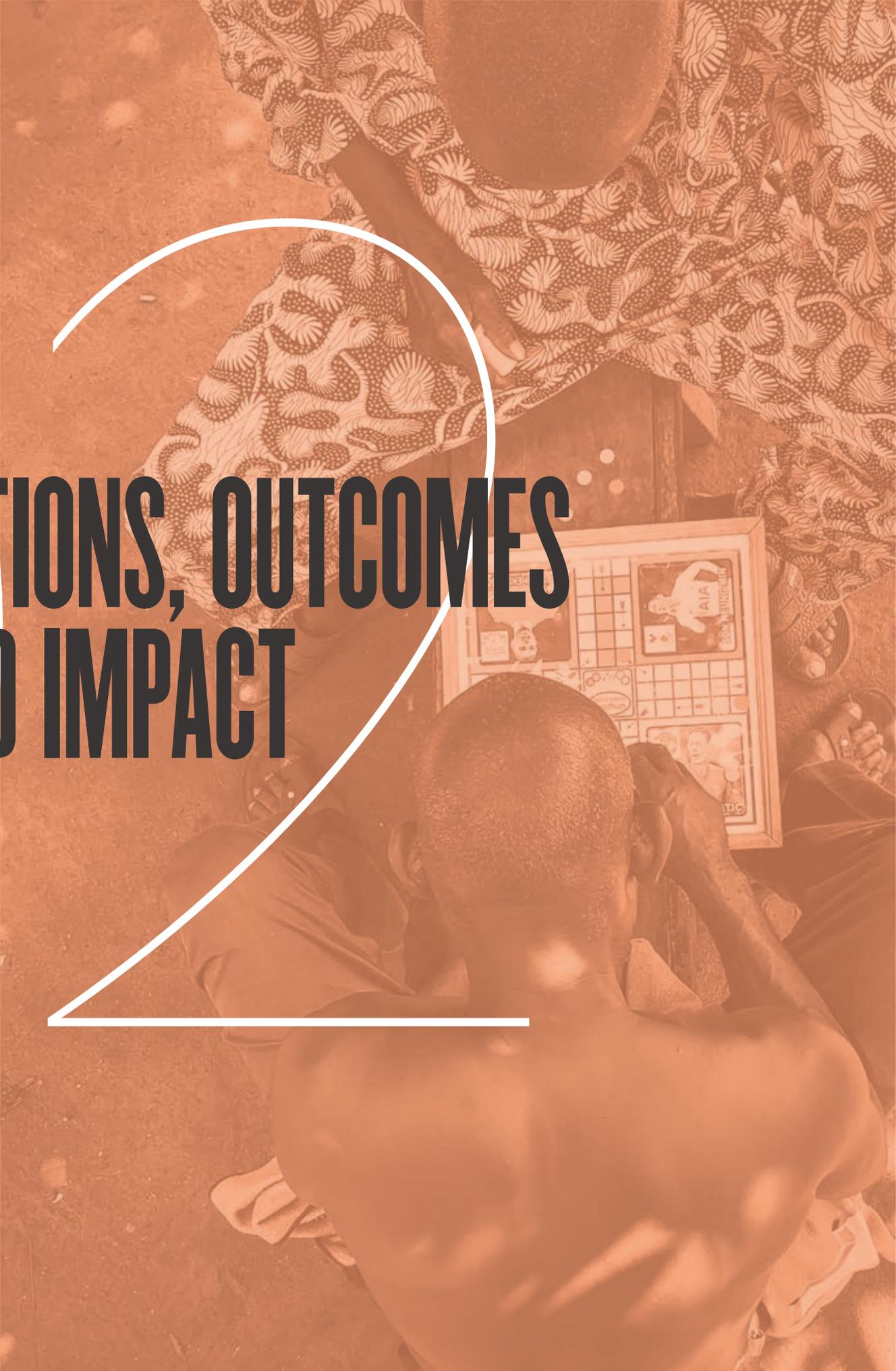
from the community I represent. When I speak in front of dignitaries, government ministers, and healthcare decision-makers, I want to paint a picture of our lived experience and make them understand that people living with NCDs have the resources, information and experience that policymakers need to take the right step and have the right impact. It’s so important that we are heard and listened to. If you are trying to serve a patient and meet their needs, then they have to be at the center of the whole conversation. You don’t come up with your solution and think it’s going to work without consulting the patients. Involving patients is the key to making the right impact where it’s needed most.

The fact that more people living with diseases are speaking up fills me with optimism. The more voices we add to the conversation, and the louder we are, the more we are going to get through to the people who can make a change. And I am hopeful because I am seeing a lot more political commitment in Ghana. As a patient advocate, I’m always looking for avenues to sustain the conversation, to represent my community, and to elevate the patient voice as much as possible in these conversations.

*Christopher Agbega lives with Hereditary Motor Sensory Neuropathy and is an advocate and peer trainer for the Ghana NCD Alliance and a project officer of the Ghana Federation of Disability Organizations. He sits on the Global Advisory Committee of the *Our Views, Our Voices* initiative.*



**How I lost and found my strength.
Listen to the two-part podcast
with Christopher Agbega.**



ACTIONS, OUTCOMES AND IMPACT

SUMMARY OF OUTCOMES AND IMPACT

In 2022, Access Accelerated partners pursued 54 projects in 37 countries, covering all regions around the world. Nine projects had a global scope and eight projects worked at regional level. These projects reached over 700 million people. In 2022 over 21 million people were screened for a risk factor related to NCDs, over 11 million people were diagnosed, and over 3.5 million people received treatments.

These numbers show remarkable increases compared to 2021 figures: the number of people diagnosed increased by a factor of 1178, while the number of people screened and receiving treatment respectively increased by 1505% and 1140%.

In 2022 partners leveraged over 1.6 billion USD, totalling nearly 3.7 billion USD through the second phase of Access Accelerated (2020-2022). Moreover, partners developed over 200 knowledge products in 2022, with 121 working to support increased investment in NCDs, 85 increasing knowledge and awareness in the general public, and 150 supporting local capacity strengthening.¹ These knowledge products supported the training of 5,644 people in 2022 on various topics including social accountability, quality service provision, and policy-making.

¹ Several products had more than one audience/purpose.

2022 Partner projects achieved the following:



REACH

- Access Accelerated partners pursued 54 projects in 37 countries
- Nine projects had a global scope and eight projects worked at regional levels
- Over 700 million people were reached
- Over 21 million people were screened for a risk factor related to NCDs
- Over 11 million people were diagnosed
- Over 3.5 million people received treatments



PROGRESS

Compared to 2021

- The number of people diagnosed increased by a factor of 1178
- The number of people screened and receiving treatment respectively increased by 1505% and 1140%

Reaching underserved populations

- Partner projects reached more women than men in 2022 across all person-centric indicators
- Project catchment areas included 2.5 million more women than men

National impact

- By the end of phase 2, thirteen projects were scaled up at national level, moving away from pilots to locally-embedded projects
- Partner projects contributed to policy-making across 35 countries

Investments leveraged

- In 2022 partners leveraged over 1.6 billion USD, totalling nearly 3.7 billion USD through the second phase of Access Accelerated (2020–2022)



KNOWLEDGE PRODUCTS

Partners developed 204 knowledge products, with:

- 121 working to support increased investment in NCDs
- 85 increasing knowledge and awareness in the general public
- 150 supporting local capacity strengthening

These knowledge products supported the training of 5,644 people in 2022 on various topics including social accountability, quality service provision, and policy-making.



MEASURING COLLECTIVE OUTCOMES AND IMPACT OF AA PARTNERSHIPS

Access Accelerated is an unprecedented effort in the global health field, where public-private partnerships and collective action traditionally emphasize infectious diseases. By pooling funds and contributing with expertise from biopharmaceutical and life science companies, Access Accelerated has profoundly transformed the fight against NCDs, highlighting the diverse benefits of stakeholder collaboration.

To measure these impacts, Access Accelerated measurement partner RTI International developed a framework with 11 measurement domains categorized into four areas:²



1. Person-Centric

- A) Patient-level impacts through Access Accelerated partners
- B) Catchment population receiving improved access to NCD prevention, treatment, or care
- C) Engagement with country stakeholders



2. Programs

- A) Monitoring log frame deliverables and process indicators for each program
- B) Country and geographic presence and expansion



3. Partnerships

- A) Additional investments in NCD programs leveraged by Access Accelerated partner programs
- B) Partnerships between Access Accelerated programs and other entities
- C) External outreach and engagement



4. Connective Tissue

- A) Outputs of connective tissue
- B) Outcomes of connective tissue
- C) Impacts of connective tissue

² The definitions of each of the measurement domains as well as associated indicators can be found in the Appendix.



Ovejas, Sucre, Colombia

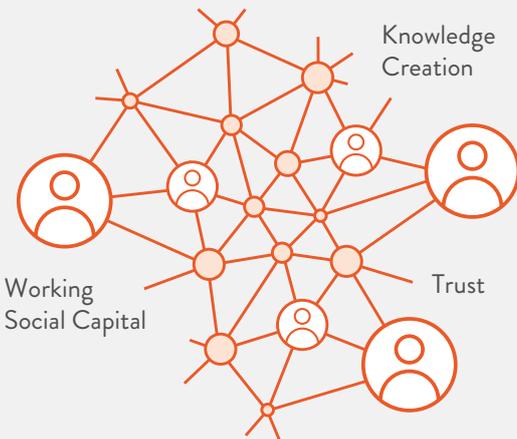
IMPACT STORIES FROM PARTNERS

Quantified results from both 2022 and cumulatively through the second phase of Access Accelerated tell the story of sustained efforts across six years of partnership. No impact would be possible without the strategic partner organizations' commitments to working hand in hand with local governments and stakeholders, nor without their dedication in developing programs that are sensitive and responsive to people's and countries' needs. The national reach of 13 programs required partners' emphasis on strengthening health systems, building local capacities, and creating new partnerships. *Intangible impacts accrued over six years of partnership as connective tissue, which is the social capital, knowledge creation and trust that arise when multiple partner efforts are directed toward unified goals.* The story of 2022 and phase 2 achievements testify to partners' creation of connective tissue in their zeal to see improved NCD outcomes for all.

Access Accelerated partners achieved tangible and important contributions to the initiative's goals. The stories that follow highlight how these have been made possible.



CONNECTIVE TISSUE: INTANGIBLE IMPACTS OF PARTNERSHIPS





Nha Trang, Khánh Hòa Province, Vietnam



CITY CANCER CHALLENGE

Access Accelerated and City Cancer Challenge (C/Can) have partnered since 2017 to develop locally relevant solutions to improve access to equitable, quality cancer care in cities.

Cities play a central role in achieving the Sustainable Development Goals (SDGs). In 13 cities, C/Can supports a stakeholder-driven process that develops guidelines and tools for improved cancer care. For the past six years, C/Can has pioneered a decentralized approach to identifying cancer needs and developing responses in which local actors come up with city-wide solutions. Flexible and long-term financial support from Access Accelerated enabled C/Can to grow from four to 13 cities with diverse priorities, ranging from early diagnostics to treatment and palliative care. By 2022, C/Can had reached over 59.6 million people, supported over 1,000 service providers, trained over 600 healthcare professionals, and developed nearly 100 tools for improved cancer treatment. C/Can's projects have attracted additional investments, including 38 million USD of funding secured, and 69.8 million USD mobilized through the end of 2022 to support cancer care.

City Cancer Challenge's approach offers important lessons for initiatives addressing NCDs. The first step of C/Can's city engagement process is a comprehensive stakeholder mapping to engage all relevant multisectoral local stakeholders. A multisectoral governance body is then created to drive and lead the initiative in the city.

A critical next step is a needs assessment led by local stakeholders. This results in an in-depth understanding of the cancer care ecosystem in each city. By gathering local data, civil society organizations, patients, physicians, nurses, pharmacists, social workers, technicians, and administrators across the city work together to identify and prioritize relevant gaps.^{3,4} Through consensus-building meetings, working groups develop priority actions and document these in a situational analysis report that supports baseline measurements. Engaging multisectoral stakeholders in gathering data and working together to identify solutions and create projects to develop those solutions enables a culture of evidence-based communication and trust. Throughout project cycles, C/Can documents achievements and lessons learned through knowledge products including "how to" guidelines, journal articles, podcasts, and webinars. C/Can partners reflect on and share their lessons learned through the micro-podcast "Cities Can" and on the blog post on how digital strategies are transforming care.⁵

Needs-responsive projects are able to embed equity considerations for priority groups, such as women or marginalized people receiving cancer care in a city. C/Can encourages female participation in the City Executive Committees (CEC), which are the decision-making groups in each city. CECs include civil society organizations that are responsible for ensuring equitable access among the most vulnerable, including a patient survey capturing their perspectives on service accessibility. In 2022, C/Can initiated the *Leadership Program for Women in Oncology* to prepare 10 mid-career women oncologists in LMICs to lead change in the cancer care sector.

C/Can also established a range of partnerships: with the International Finance Corporation (IFC) to develop market and pre-feasibility studies for cancer interventions to implement scalable cancer projects in LMICs; with the Barcelona-based SJD Pediatric Cancer Center to strengthen access to quality childhood cancer care; and with RAD-AID International to improve radiology service for cancer patients. C/Can is working with Direct Relief to implement the *Readiness for Access to Breast Cancer Medicines Program* in Paraguay. It is also

3 https://ascopubs.org/doi/10.1200/GO.20.00606?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

4 <https://ascopubs.org/doi/full/10.1200/GO.22.00149>
Special Series: Driving Innovation to Advance Cancer Equity

5 <https://citycancerchallenge.org/how-policy-can-accelerate-successful-digital-transformation/>

collaborating with the WHO to assist select countries in strengthening their cancer control programs with a view toward achieving the SDGs and the WHO Global Plan on NCDs. These multi-level collaborations allow for different cancer needs to be met across the cascade of care, from diagnosis to palliative care.

C/Can serves as a pioneering effort to drive locally-led implementation through carefully crafted public-private partnerships for cancer control. Its multi-disciplinary team approach creates ownership and interest. Going beyond traditional health financing support and leveraging the potential of multi-stakeholder partnerships raises awareness of the urgent need for sufficient resource allocation to cancer care and more broadly, to tackling NCDs. Partnerships foster a culture of engagement and collaboration, enabling sustainable, scalable, and equitable cancer solutions.

Access Accelerated enabled C/Can to grow from four to 13 cities with diverse priorities, ranging from early diagnostics to treatment and palliative care. By 2022, C/Can had reached over 59.6 million people, supported over 1,000 service providers, trained over 600 healthcare professionals.

ACTIONS, OUTCOMES AND IMPACT IN 2022

C/Can's achievements in 2022 and through the consortium are a result of its unique model of engagement and focus on ensuring that programming responds to people's needs. The first step of C/Can's process is a comprehensive stakeholder mapping to identify the key players in cancer care, who can do what, and the different sectors that might not be talking to each other. This stakeholder mapping considers all relevant local stakeholders from public, private, and civil society sectors, including city health leadership, regional/national government, cancer care providers, health insurers, academia, scientific societies, and patient organizations. Recognizing that these groups might not be used to working together, C/Can creates a City Executive Committee (CEC), which is a leadership body that brings together representatives from different organizations.

This step of the process is essential in driving things forward as it gives equal representation and voice to all stakeholders at a collective level that they may not have had before. This process of engagement harnesses the willingness of stakeholders and openness to engage, thus allowing for communication, trust and collaboration as multiple partners work together towards a unified goal of equitable access to quality cancer care.

C/Can engages multiple stakeholders to identify and prioritize gaps through a needs assessment, which provides in-depth information on potential challenges in the health system, infrastructure, quality, and human resources. Stakeholders across the city work together to develop consensus on priority actions and document their needs in a situational analysis report. Once projects are planned, C/Can facilitates needs-based technical cooperation and capacity development from local and global experts to support teams of local cancer care experts to develop localized solutions.

The entire process is evidence-based and results-oriented to foster sustainable collaborations at very local levels. The impact of having local stakeholders actively involved in prioritizing gaps and collaborating to develop solutions allows C/Can's projects to become locally embedded. In 2022, members of C/Can's CEC became formal government advisors in Paraguay and Colombia.

C/Can's commitments and models for strengthening cancer care resonate with many cities. The last round of applications in 2022 had over 90 cities, which is a ten-fold increase from the first round of applications. C/Can's model also produces impactful results for equity. By 2022, 36% of CEC members were female: substantially better representation than women's average of 5% in leading positions in healthcare in LMICs. Moreover, through capacity-building exercises in 2022, a remarkable 89% of trainees reported improved skills and knowledge through pre- and post-training surveys.

C/Can's work originated through funding from Access Accelerated in 2017.

Over six years the success of its city-based model has catalyzed investment in local cancer care. C/Can raised over 3 million USD in 2021, and over 2 million USD in 2022.



CASE STUDY

Raising investments for local cancer care: Lessons from City Cancer Challenge's work in health financing

Cities are complex — they have enormous potential to generate health, yet they require effective governance to meet this potential and ensure equitable access to quality health services. Cancer care offers a case in point. Many countries state a political commitment for action on cancer and (NCDs) yet national health authorities may struggle to build enabling environments for effective implementation of NCD strategies. The reasons for this stem from health systems building blocks to governance. C/Can brings a unique approach to this challenge by convening major decision makers in cities' cancer care ecosystems to drive locally led, multi-stakeholder and multisectoral approaches for equitable, accessible, and quality cancer services.

C/Can's work originated through funding from Access Accelerated in 2017. Over six years the success of its city-based model has catalyzed investment in local cancer care. C/Can raised over 3 million USD in 2021, and over 2 million USD in 2022.

How is C/Can raising investments to advance their work to improve local cancer care? With the organization's nimble structure and expertise in health financing, it serves as a facilitator of last mile implementation by connecting global experts, knowledge, and funding to local stakeholders with the determination to address local needs and demands in cancer care. C/Can convenes local actors and works with them to identify key areas of growth and improvement for cancer service provision based on local evidence. C/Can then strengthens the technical capacity and global visibility of local partners' work, making them central in developing innovative financing structures.

C/Can's convening power plays a key role in facilitating catalyzed investments, offering a lesson on how organizations can address complex problems by leveraging different types of stakeholders. In this way, C/Can's work also creates connective tissue, enabling the exchange of opportunities and resources from one end to the other. C/Can's approach to health financing is not unnoticed. Global actors are increasingly paying attention. The International Finance Corporation

joined forces with C/Can to identify up to four pilot cities to implement scalable cancer care projects. This partnership develops and co-funds market and pre-feasibility studies for cancer care interventions which can extend private sector investment beyond C/Can's project cycles. New partnerships with global institutions and the private sector augment the pool of global resources that C/Can makes accessible to cities in its network. A whole-of-society approach that advances cancer care through collaboration, partnership, and local ownership is the cornerstone of the uniquely effective and sustainable model for which C/Can has earned global recognition.

CASE STUDY

Strengthening Capacity for improved cancer care: Lessons from City Cancer Challenge's approach to address city needs

City-wide health workforces are at the forefront of effective and equitable service provision and management. Recognizing the challenges that complex diseases like cancer imply for health workers, C/Can works with local stakeholders to strengthen the skills, instincts, abilities, processes and resources that cities need to deliver quality cancer care. C/Can does this in multiple ways, ranging from training to global partnerships to knowledge sharing.

By using digital technologies, C/Can enables knowledge transfer among cancer care professionals. The partnership with Project ECHO demonopolizes knowledge through a series of virtual sessions on a range of cancer care topics. These sessions allow participants to share strategies they have implemented to tackle challenges at local levels. A distance education program with contact sessions based on principles of adult learning supports local cancer care workers in Yangon (Myanmar), Kumasi (Ghana) and Kigali (Rwanda) to enhance palliative care. In partnership with the American Society of Clinical Oncology, mid-career female oncologists in LMICs partake in virtual and in-person sessions to strengthen their skills as change-makers to become impact leaders and create lasting change for future generations of women in the cancer field.

C/Can also leverages the power of networks within and between cities to build effective and sustainable

models to strengthen capacities for improved cancer care. This city-based approach drives global innovation through local channels and brings state-of-the-art cancer solutions to coalitions of stakeholders who are positioned to have the greatest impact. Such knowledge exchange facilitates the implementation of consensus-based, city-wide practice guidelines across the continuum of care, and then building know-how for the implementation of those guidelines among a multisectoral coalition of cancer care providers from the public and private sectors. For example, in Asunción, Paraguay, C/Can worked with the Ministry of Public Health and Social Welfare, the Faculty of Medical Sciences of the National University of Asunción, the Social Security Institute, and the San Roque Group to develop guidelines for the diagnosis and treatment of breast and cervical cancer, both of which are now adopted at a national scale. The groundwork for this policy innovation was laid by C/Can's city engagement process, which produced a needs assessment identifying cancer care priorities.

C/Can's city networks including in Paraguay support the implementation of newly adopted cancer care guidelines by targeting key health systems capacities with tailored trainings driven by local stakeholders. To do this, C/Can takes a holistic and city driven approach whereby local professionals develop and carry out the workshops, thus ensuring responsiveness to local needs and capacities.

Across the cities in which C/Can works, city's capacity needs are also met by leveraging local and global cancer networks, which often become embedded within local health systems. For example, members working closely with C/Can serve as formal government advisers in Asunción and at the department level in Cali, Colombia. Globally, technical support from partnerships with the American Society of Clinical Oncology and the International Agency on Research on Cancer pave the way for improved capacities at local levels. Strategic engagements with key stakeholders in cities and globally, enable C/Can to help to strengthen local capacities to provide high-quality, equitable, and sustainable cancer care.

C/Can's multi-pronged approach to strengthening the capacity of local workforces for the delivery of equitable and quality cancer care reveals that diversifying entry points for NCD needs is essential. Moreover, it is critical that these varied approaches are oriented towards embeddedness as this enables long-term sustainability.



*I am a big believer in dialogue.
And knowing that policy makers
are listening and understanding
is crucial.*

— Dr. Catherine Karekezi
Executive Director
Noncommunicable Diseases Alliance Kenya

INVOLVING PEOPLE LIVING WITH NCDs



— Dr. Catherine Karekezi

Executive Director

Noncommunicable Diseases Alliance Kenya
KENYA

The Noncommunicable Diseases Alliance Kenya (NCDAK) unites organizations led by persons living with noncommunicable diseases (NCDs), NGOs, and professional associations to advocate for and support individuals living with or at risk of NCDs in Kenya. Dr. Catherine Karekezi, the organization's Executive Director, is passionate about involving individuals living with NCDs in advocacy efforts across the country, as well as partnering with the Ministry of Health to create a greater ripple effect and to continually push the NCD agenda forward.

A DIALOGUE-BASED ADVOCACY EFFORT

As a firm believer in the power of dialogue, one of our first major projects was a dialogue-based advocacy initiative as part of NCDAK's contribution to the Global Advocacy Agenda of People Living with NCDs. Through support from NCD Alliance, the Advocacy Agenda of People Living with NCDs in Kenya was also developed through this initiative. Through a number of forums, the Advocacy Agenda of People Living with NCDs in Kenya has provided persons living with NCDs with a platform to share their views and experiences with healthcare providers, policymakers, and the public, allowing them to articulate their advocacy requests in their own words. It has been an enormously transformative experience, not only for people living with NCDs, it has given policymakers a rare and unique opportunity to gain a firsthand understanding of the lived experience and challenges faced by people living with NCDs.

PUTTING PEOPLE AT THE HEART OF ADVOCACY

One of the initial hurdles that we faced was the reluctance of many people living with NCDs to share their personal experiences. Much of it was to do with the prevalent stigma associated with NCDs. In many cases, the individuals that we invited to speak had not discussed their condition with their family members and friends. However, through this project, we are starting to see that change. People living with NCDs are recognizing that their voices could not only help others struggling with similar issues, but by sharing their stories with policymakers, they can help improve the prioritization and delivery of NCD care throughout the country.

For me, one of the biggest takeaways from the project is the power of giving a voice to people living with NCDs. Being patient-focused has made a huge difference to the level of awareness and understanding of how we deliver care and support.

BUILDING CAPACITY TO DRIVE CHANGE

At the same time, the project has provided advocacy training to ensure that advocates have the skills to communicate and collaborate with policymakers. The training has equipped them with knowledge of critical areas such as public expenditure management, public participation, and social accountability, and has enabled them to draft policy requests and proposals. This has led to the allocation of healthcare budgets to NCDs at the county level in some areas, which is a remarkable achievement.

STRENGTHENING PARTNERSHIPS

Today, NCDAK enjoys an open-door policy with the Kenyan Ministry of Health. Our relationship has continued to strengthen, allowing for continued support on various initiatives. For example, through hosting joint-initiative stakeholder forums, we have been able to engage with policymakers. In 2022, four years after the first forum that we held, the National Ministry of Health endorsed the Global Charter of the Meaningful Involvement of Persons Living with NCDs. This was an incredible milestone and is helping us to expand our impact and drive our advocacy efforts forward.

LOOKING FORWARD

One way that we are expanding our work and its impact is through those who have completed the advocacy training. They are committed to helping and training others, which has allowed us to empower additional lived experience advocates and ensure the longevity of our commitment.

In the future, we want to continue this work and make advocacy for people living with NCDs a standard practice in our other projects. We plan to consolidate social accountability tracking to better monitor the government's response to the NCD burden and related initiatives. Overall, we are using the lessons we have learned to accelerate progress and set a standard for moving forward.



ENABLING POLICY CHANGE BY PUTTING PEOPLE FIRST

With Access Accelerated support, NCDA has supported alliances to conduct national and sub-national level consultations, stakeholder mappings, focus group discussions, policy analyses, and community mobilization as part of strong locally driven advocacy campaigns. These advocacy efforts have contributed to a stronger NCD policy landscape in multiple countries. In Kenya, for example, the National Strategic Plan for Prevention and Control of NCDs 2020/21-2025/26 was launched with input and contributions from NCDA Kenya (NCDAK). It presents a framework to guide the implementation of NCD interventions in Kenya. The Ministry of Health's NCD Strategy Development technical working group invited NCDAK members including two representatives of its Caucus of People Living with NCDs to join and co-develop the national strategic plan. NCDAK and its Caucus of People Living with NCDs also actively provide inputs to the NCD Inter-sectoral Coordination Committee, which plays a critical role in the strategy's implementation. In Ghana, Access Accelerated support enabled NCDA advocacy efforts that facilitated increased action on NCD prevention and control, mobilizing communities since 2018 towards a comprehensive NCD response. The National NCD Policy was launched in 2022. Informed by its network of people living with NCDs, the Ghana NCD Alliance provided civil society perspectives at the National Strategic Roundtable on noncommunicable Diseases hosted by the Ghanaian Ministry of Health. The event included an alliance member living with a NCD, who reflected on the role that civil society organizations and people with lived experience have played in the development of strategy and implementation documents and their anticipated applications.

NCDA Alliance facilitated policy change through people living with NCDs contributing to stakeholder and policy dialogues in Ghana, India, Malaysia, Kenya, and Vietnam. All five of these countries have fostered stronger commitments to NCDs in collaboration with various international, regional, and national stakeholders. The flexible funding from Access Accelerated allowed national NCD Alliances to pursue priorities under the UHC agenda, rooted in the perspectives of lived experience.



NCD
ALLIANCE

Access Accelerated and the NCD Alliance (NCDA) have partnered since 2018 to drive effective advocacy to enable NCD policies and programs that are shaped by people's lived experiences. Access Accelerated works with the NCDA to advance its support to NCD alliances and advocates globally through advocacy mobilization opportunities, digital platforms, and capacity development programs that include seed grants, technical assistance, and trainings.

Over five years, the partnership has strengthened the capacity of national NCD alliances, ensuring civil society advocacy efforts are strongly grounded in communities and the unique insights of people living with NCDs. The partnership has enabled people living with NCDs to participate in national NCD strategizing and decision-making. Advocacy and mobilization efforts have focused on positioning NCDs and people-centered access to treatment, care, and support as a top priority in global and national health and sustainable development agendas, including universal health coverage.

PEOPLE LIVING WITH NCDs AS DRIVERS OF CHANGE

Access Accelerated supports the NCDA's *Our Views, Our Voices* initiative. It promotes the meaningful involvement of people living with NCDs to engage in the NCD response, supporting and enabling individuals to share their views, take action, and drive change. Over five years, the partnership facilitated the meaningful involvement of people living with NCDs in the NCD response, by building the necessary skills and knowledge and providing platforms for involvement. NCDA refined the *Our Views, Our Voices* training by developing train-the-trainer and digital models, enabling the initiative to more broadly train people living with NCDs to become effective spokespeople. NCDA delivered 18 trainings to over 280 people living with NCDs around the world. Access Accelerated supported NCDA to develop the *Our Views, Our Voices*⁶ digital platform, a dynamic hub for resources, information and advocacy. The platform features a series of consultations with nearly 2,000 people living with NCDs across 76 countries, leading to the development of the *Advocacy Agenda of People living with NCDs*.^{7,8} This agenda, powerfully worded in the first person, now serves as a compass for the NCD community to advocate for global improvements in four key areas: human rights and social justice, prevention, treatment, care and support, and meaningful involvement.

⁶ <https://www.ourviewsourvoices.org/>
Our Views, Our Voices is an initiative of the NCD Alliance and people living with NCDs

⁷ <https://www.ourviewsourvoices.org/amplify/resources/publications/advocacy-agenda-people-living-ncds>

⁸ https://www.ourviewsourvoices.org/sites/ovov/files/2020-11/NCDA_Alliance-Advocacy_Agenda_PLWNCDs-EN_0.pdf



To accelerate progress on NCDs, we, people living with NCDs are uniting to take a stand, claim our voices, and put an end to political inertia. We must be a part of decision-making bodies and processes and have our views and voices heard. Our presence, passion, dedication, and insights stand to lend vigor and urgency to an NCD response that truly reflects the needs and priorities of people.

— Advocacy Agenda of people living with NCDs

The advocacy agenda serves to include and amplify the voices of those living with NCDs at national, regional and global levels. Since 2018, the Advocacy Agenda has been framed through a national lens, led by national NCD alliances around the world, so that each country can own and take forward its agenda. This partnership supported development of National Advocacy Agendas of people living with NCDs in Kenya (2018), Ghana (2019) and Vietnam (2021).



Watch Driving NCD Advocacy in Ghana.





Training people living with NCDs to be able to speak to policymakers presents governments with a fuller picture of these individuals' needs, helping them craft more complete policies.

— **Labram Musah**

National Coordinator
Ghana NCD Alliance



SEEING THE BIGGER PICTURE



— **Labram Musah**
National Coordinator
Ghana NCD Alliance, GHANA

Access Accelerated supports the NCD Alliance to elevate the voices of people living with noncommunicable diseases (NCDs), building on our shared commitment to meaningfully involve those affected in the creation of sustainable solutions. Labram Musah, the National Coordinator of the Ghana NCD Alliance shares how the NCD Alliance's Our Views, Our Voices initiative training model has boosted advocacy efforts to help policy makers in the country see a more complete picture of the needs of individuals living with NCDs, and how they hope to scale-up this important tool.

MEANINGFULLY INVOLVING PEOPLE LIVING WITH NCDs

Up until recently, the notion of involving people living with NCDs in the NCD response is not something we have seen extensively in Ghana, so NCD Alliance's support through the *Our Views, Our Voices* initiative has been extremely helpful in elevating the concept of meaningful involvement of people in our communities and addressing stigma. The *Our Views, Our Voices* initiative sets out to promote the meaningful involvement of people living with NCDs, advance their rights, and combat stigma and discrimination.

We began by building this community of advocates and empowering them using an established training model on how to build narratives on NCDs that puts people first. What we realized was that training individuals to be able to speak to policy-makers presented a huge opportunity: a tool by which authorities and governments could get a fuller picture of these people's needs, helping them craft more complete policies. We realized that we were the custodians to ensure more responsible all-encompassing health policies. Today, we count on a five-region rich network with each region having a group of around 15 people involved, including people living with NCDs. We are making considerable progress and I am hoping we will be able to extend this training so that, down the line,

more people can combine efforts to advocate for their own welfare and that of others within their community.

ADVANCING MORE COMPLETE POLICYMAKING

The initiative also elevated the involvement of civil society organizations (CSOs) at the policy level. In the past, this involvement has been largely limited to rubber-stamping policies once they have been made. We wanted to change this setup and mindset, and I'm pleased to say we have started to see a real shift. Governments are increasingly becoming aware of the need to have the perspective of civil society in crafting comprehensive policies. Through *Our Views, Our Voices*, we are building the capacity of CSOs to become meaningful contributors to policies, rather than merely endorsing them. Engagement with government doesn't end with just the input and perspectives of CSOs and people living with NCDs; we have to build local evidence to support our advocacy asks, we need to continue to raise concerns, put forward recommendations and make specific asks and demands for governments to meaningfully address NCDs.

MAKING WAVES THROUGH COURAGE AND PERSEVERANCE

When we kicked off the initiative, there was a fair amount of uncertainty. We needed to work out how to carry out the training of individuals in a way in which we could mobilize communities to talk about NCDs and engage the media, too. And there's no denying there were challenges. At times, it was difficult for the government to accept the concept of meaningful involvement, or that people with NCDs could come to the table to co-create. You can imagine that for the people living with NCDs, it's tough to be heard and for their experiences to be validated. One of the most important lessons we learned in overcoming these challenges was to

continue to push the message, even when it felt like it was falling on flat ears. Through a good deal of courage and perseverance on the part of our patient advocates, I'm pleased to say that now they are making tremendous waves. Meaningful involvement is now advocated for not just at the national level but community level as well. People living with NCDs have, in 2022-23, effectively embarked on community-led monitoring using the community scorecard as the social accountability tool. We also realized the importance of having champions to reinforce the value of the meaningful involvement of people living with NCDs. Our advocates are already doing a remarkable job, but it can be very helpful to have leaders with a wider audience and influence to amplify this message. Finally, it is important for us to continually create opportunities, provide the right platforms and facilitate dialogues so that people living with NCDs are able to contribute, to input, and deliver their message.

LOOKING FORWARD

We are making significant headway and progress: Ghana NCD Alliance is now a key stakeholder at the Ministry of Health, there is a national NCDA Strategy that we contributed towards as civil society, and Ghana became the second country in the world to produce an advocacy agenda for people living with NCDs. While there is much more to be done, there is no doubt that we have contributed to meaningfully involving people living with NCDs in the political discourse, and we will continue to ensure that this work continues to expand. Looking forward, we will continue to elevate NCD issues at the highest level of governments and will always seek to include the perspective of someone living with NCDs. We've shown that people living with NCDs can speak up and share their perspective. The initiative has been able to reach communities and the Community-Based Health Planning Services (CHPS) has become a huge success; for that we can be extremely proud.

FUNDING NCDs DURING CRISES

NCDA adapted quickly to the COVID-19 pandemic, establishing the first civil society solidarity fund on NCDs and COVID-19 in 2020. With the support of several partners including Access Accelerated, the fund supported 39 competitively selected NCD alliances from all WHO regions for the distribution of 670,000 USD across two years.^{9,10} The fund's first phase focused on supporting organizational sustainability and advocacy efforts of NCD civil society in adapting to the COVID-19 pandemic landscape and advocating for an NCD lens to the COVID-19 response. The fund was scaled up in 2021 to support civil society efforts to promote resilience and recovery, involving people living with NCDs and communities. Strong coalitions helped to mobilize members and engage communities to ensure resilience and stability. The COVID-19 pandemic revealed the fragility of health systems, offering an opportunity to mobilize multisectoral support to build back better and improve political awareness of the needs of people living with NCDs. During COVID-19, NCDA held consultations in 44 countries to support the *Build Back Better* agenda by gathering insights of people living with NCDs on the challenges they faced.¹¹ The work that NCDA had been undertaking to foster an environment with stronger involvement of people living with NCDs became critically important during a time of crisis.

9 <https://ncdalliance.org/news-events/news/ncda%E2%80%99s-new-solidarity-fund-will-support-20-ncd-alliances-to-strengthen-civil-society%E2%80%99s-response-to-covid-19>

10 <https://ncdalliance.org/resources/ncd-alliance%E2%80%99s-second-phase-of-the-civil-society-solidarity-fund-on-ncds-and-covid-19#:~:text=The%20Solidarity%20Fund%20was%20effective,to%20build%20back%20better%20and>

11 <https://www.ourviewsourvoices.org/consult/dashboard/covid-19-building-back-better>

FLAGSHIP APPROACH TO SETTING PRINCIPLES AND STANDARDS FOR INVOLVEMENT

Following a decade of the NCD movement building momentum, NCD Alliance developed a global charter on meaningful involvement of people living with NCDs in 2021. The *Global Charter on Meaningful Involvement of People Living with NCDs* is based on the principle that people living with NCDs — including care partners — should be meaningfully involved in every step of decision-making that affects their lives. To create the Global Charter, NCD Alliance carried out extensive consultations with nearly 500 voices in 50 countries — people, communities and organizations — half of whom were living with NCDs. Access Accelerated support contributed towards specific regional multistakeholder dialogues and a **grant program to support in-country consultations on meaningful involvement of people living with NCDs, particularly with hard-to-reach communities.**

THE GLOBAL CHARTER:

- Emphasizes that meaningful involvement is rights-based, involves respect and dignity, and focuses on people-centeredness, equity, and social participation.
- Sets out ten core strategies that enable the meaningful involvement of people living with NCDs in decision-making at all levels – from the first stages of design and implementation to monitoring, evaluation, and scale-up of NCD policies, programs, and services.
- Calls on organizations and institutions to publicly endorse the Charter and commit to the fundamental principles and strategies.
- Has been endorsed by 64 organizations from 26 countries in 5 regions. NCDA supports the operationalization of meaningful involvement by accompanying the Global Charter with a non-exhaustive menu of enabling actions that different stakeholders can take forward.
- Provides a roadmap to strengthen and frame the progress of organizations intending to respond to the needs of people living with NCDs.

NCDA remains committed to putting first the people who live with NCDs. People living with NCDs are well placed to advocate and develop frameworks and resources that position their needs and roles at the forefront of NCD action.

ACTIONS, OUTCOMES AND IMPACT IN 2022

Support from Access Accelerated enabled the NCD to facilitate the meaningful involvement of people living with NCDs across Vietnam, Malaysia, India, Ghana, and Kenya in 2022. Noteworthy progress was made towards advancing comprehensive national NCD responses, in Ghana and Kenya, with an emphasis on putting people first. The development of Advocacy Agendas of People living with NCDs in both countries set the foundation for country alliance's advocacy efforts. In 2022, the national NCD policy was launched in Ghana and the NCD Alliance Kenya secured significant external funding to support the PEN-Plus strategy roll out and implement packages for service provision, enabling the alliance to grow its advocacy work and contributing towards sustainability of advocacy activities.



In Kenya, the National Strategic Plan for the Prevention and Control of NCDs 2021-2025 emphasizes the prevention of NCDs and provides for the establishment of county level NCD technical working groups (TWGs) which are important platforms for prioritization of NCD action. **In 2022, NCD Alliance Kenya advocated for involvement of people living with NCDs and those living with HIV & AIDS in the technical working groups** to continue providing an effective citizenry oversight/monitoring role in implementation of UHC and advancing prioritization of NCD in the target Counties (Isiolo, Kisii, Makueni, Nyeri, Taita-Taveta and Vihiga).

In the second phase of Access Accelerated, NCDA trained over 1,250 advocates, 50% of whom were people living with NCDs or their caregivers, with a view to strengthening organizational and individual capacity for advocacy, knowledge to recognize windows of opportunity

for policy change, and ability to support social accountability. Through this, NCDA is transforming local environments to keep the needs of people living with NCDs at the forefront. In 2022, these trainings contributed to the development of 34 commitments from a range of political aspirants, including members of county assemblies, national parliament, and governors in Kenya. NCDA's trainings are having a significant effect on the creation of a cohesive and united front for NCD advocacy, where people's stories and voices are expressed throughout entire project cycles – from design to implementation, monitoring and evaluation. Particularly noteworthy changes in 2022 include building momentum at country level for community-led monitoring and social accountability. In Ghana and Kenya, NCDA fostered community networks that train people living with NCDs to generate data on the quality of primary health services. Data is generated through community scorecards to capture perceived changes in NCD service quality, for example. Kenya's social accountability campaign on NCDs expanded in 2022 to include people living with HIV, while in Ghana the existing scorecards, developed by the Ghana Health Service were used.

NCDA's civil society trainings in 2022 built and shared the evidence on how NCDs impact other health agendas, especially UHC. NCDA started an accelerator program on NCD and UHC advocacy in 2020, and reached advocates in 10 different alliances by the end of 2022. Through Access Accelerated funding, the trainings provided enhanced local stakeholders' knowledge on how to consolidate NCD action in the context of growing national interest in UHC. Moreover, nearly a quarter of the total knowledge products reported for 2022, and 31% of all knowledge products across phase 2, were produced by NCDA's country partners. Several of these knowledge products highlight the relevance of NCDs for UHC and support capacity-building to advocate for this intersection.

The work of NCDA and the theme of meaningful involvement continued to gather momentum and resonate with global stakeholders. In 2022, the World Health Organization's *Global Compact on NCDs* included meaningful engagement of people living with NCDs as one of its five main areas of action for governments. Access Accelerated support enabled NCDA to continue to mobilize and advocate for this topic at a global level, paving the way for participatory approaches to continue to influence high-level decision-making processes.

CASE STUDY

Leveraging the power of communities for stronger NCD advocacy: Lessons from the NCD Alliance's work in Kenya

People and communities are central to achieving long-term sustainable change — both because they drive change and because they can articulate the changes that are needed at community and health systems level to achieve accessible and equitable care. NCD Alliance (NCDA) works with communities to implement changes that are accountable and responsive to the demands of people living with NCDs at national and regional levels.

Such is the story of the NCD Alliance Kenya's (NCDAK) work in Kenya where leveraging the power of communities has enabled multiple policy changes, supported by the NCDA. To ensure that people living with NCDs are part of the decision-making processes in Kenya, NCDAK facilitated multiple capacity building initiatives. The aim was to build skills and encourage people living with NCDs to articulate their experiences seeking care and to advocate for necessary changes relating to health financing. This has had a profound effect in Kenya, where multiple high-level decision-makers are paying close attention to the needs of people living with NCDs. A most notable example of this is the work done through the Caucus of People Living with NCDs for Kenya's National Strategic Plan for the Prevention and Control of NCDs 2020/21-2025/26, whereby NCDAK facilitated the meaningful involvement of people living with NCDs in the technical working groups that developed the strategy. The voices of civil society, people living with NCDs and communities played a pivotal role in changing the NCD landscape in Kenya, resulting in increasing willingness to listen to community voices across multiple levels of decision-making power — from county to national levels.

Advocacy enables change. NCDAK has worked to shift the enabling environment in Kenya, such that people living with NCDs are agents of change, gaining the ear and attention of high-level decision-makers. The collaborative approach of NCDAK and NCDA in Kenya influenced not only policymaking, but also decisions on financing and implementation. NCDAK conducted reviews of the status of health financing in six priority counties in the country to assess the level of NCD investment. NCDAK facilitated the participation of

NCD Alliance's impacts in Kenya point to the multiplier effect achieved when NCD action is community- and person-centric.

people living with NCDs in the Annual Development Plan — which sets out development priorities for the forthcoming year. On the implementation front, NCDAK is advocating for the prioritization of NCDs at the county level through social accountability activities led by people living with NCDs. Communities of people living with NCDs supported the creation of a community scorecard tool that incorporated monitoring of activities that respond to specific advocacy asks of people living with NCDs while accessing healthcare facilities. Activities included in the scorecard include the meaningful involvement of people living with NCDs, NCD drug and commodity availability and affordability, and perceived quality of NCD services. NCDAK trains implementors in social accountability and the application of the community scorecard tool, so that they can track progress on NCD service provision against established national targets.

NCDA's impacts in Kenya point to the multiplier effect achieved when NCD action is community- and person-centric. NCDA supports through trainings and expertise, enabling people living with NCDs to think creatively about how they can advocate for their needs and priorities. With increased capacities, people living with NCDs shape agendas. The impacts achieved at multiple levels through NCDA's work in Kenya also speak to the essential role that advocacy and leveraging the voices of people living with NCDs plays in driving change. In turn, this sets an example of the various ways in which people living with NCDs can be meaningfully involved in moving forward NCD dialogue, financing, and implementation.

CASE STUDY

Putting people living with NCDs at the forefront of the NCD agenda: Lessons from the NCD Alliance's work to amplify the voices of people living with NCDs

Meaningful involvement of people living with NCDs in policy discussions supports the identification of barriers to progress and makes service delivery more responsive to the needs of those with lived experience. NCDA builds the confidence and capacities of NCD advocates so that they are empowered to contribute to the development of sustainable and human-centered health solutions and to advocate for higher standards of care.

One forum NCDA created for the NCD community is the *Our Views, Our Voices* digital platform, which was launched in 2020. This platform serves as a dynamic hub for resources, information, and advocacy to promote the meaningful involvement of people living with NCDs in the NCD response. The platform, also available in French and Spanish, features insights from various consultations with people living with NCDs, which can be leveraged to inform NCD policy and practice. It also offers various tools and resources for advocacy and to promote meaningful involvement of people living with NCDs, including the *Advocacy Agenda of People Living with NCDs* and the *Global Charter on Meaningful Involvement of People Living with NCDs*. The website hosts lived experience in written, visual, and audio formats, all amplifying the voices of people living with NCDs.

The *Our Views, Our Voices* consultation process precipitated the development of the first Advocacy Agenda of People Living with NCDs. This global agenda calls for multilateral action to improve NCD prevention, care, treatment, and support, as well as respect for the rights of people living with NCDs and their meaningful involvement in decision-making processes.

The Global Advocacy Agenda of People Living with NCDs inspired nine national NCD Alliances to launch their own National Advocacy Agendas. These national agendas advocate for responsive and inclusive health policy reform similarly to the global agenda, but also focus on the specific challenges of their country's health system and NCD burden. Thanks to the partnership with Access Accelerated, the community conversations and digital resources hosted by *Our Views, Our Voices* platform



Photo credit: NCD Alliance

played a pivotal role in maintaining the momentum of NCD advocacy through the COVID-19 pandemic. Drawing on lived experiences during the pandemic, the process to build the Global Charter on Meaningful Involvement of People Living with NCDs was launched in early 2021.

NCDA's work to put people living with NCDs at the forefront reveals lessons for the relevance of participatory approaches for advocacy. The various knowledge products produced as a result of this create connective tissue by establishing a clear vision of goals and exchanging ideas which support people living with NCDs and enhance community- and person-centric care.

The Global Advocacy Agenda inspired nine national NCD Alliances to launch their own National Advocacy Agendas.



PRIMARY HEALTH CARE

PATH's primary health care model began in four districts of Ho Chi Minh City and is now being scaled nationally by the Ministry of Health. Previously, screening was available as part of a costly physical at tertiary care centers. Utilizing innovative partnerships, digital tools, and community volunteers, PATH increased case finding, retention in care, and showed a significant increase in adherence to treatment and lifestyle change.

The *Communities for Healthy Vietnam* program aimed to bring care closer to home — offering screening at convenient locations such as grocery stores and nail salons. To support risk reduction and treatment adherence, PATH used a high-touch, high-tech approach combining face-to-face support through community health workers and a digital app. Taking a human-centered design approach, PATH created an app to support self-screening for disease risks, provide information on hypertension and diabetes, and link easily with health facilities. The app has averaged 1,000 downloads a week since its launch. PATH also implemented a digital app for health workers so they can access self-screen results as well as diagnoses, clinic visits, and treatment information which supports linkage to care and follow-up. This model of care demonstrated strong success. Patient retention in *Communities for Healthy Vietnam* is 76%, significantly higher than the national average of 13%.

PATH expanded the model to one county in Kenya in 2020 and was excited to see its success in a different country context. A total of 54,251 people were screened for diabetes and hypertension in Makueni county by the end of 2022. More than 100 health care workers in the county are now trained in hypertension and diabetes care protocols. This approach allowed for better care for people living with NCDs, a better prepared workforce, and better data for government about the burden and need for NCD investments.



Watch *Cultivating Community Participation in Vietnam*.



PATH

Access Accelerated and PATH have partnered since 2018 to support people living with NCDs by working closely with ministries of health and local partners to build scalable and sustainable solutions and improve service delivery and access to NCD care. PATH sought to strengthen health systems in Kenya, Ghana, and Vietnam by focusing on primary health care, supply security, and data-driven decision making, based on the evidence that these factors are key levers for change.

The five-year partnership between Access Accelerated and PATH has led to catalytic change — testing and scaling new PHC models for NCD services reaching hundreds of thousands of people with prevention and care in the community, supporting strong governance and collaboration through quality data and visual analytics, and creating innovative solutions to break down barriers to access to medicines and health products. PATH created new partnerships and opportunities for enhanced collaboration between industry, ministries of health, and local stakeholders that have laid the foundation for service delivery models to be scaled nationally and transform NCD care.

SUPPLY CHAIN

As the backbone of every health system, improving supply security for key NCD medicines is critical to improve overall outcomes for people living with NCDs, particularly given supply vulnerabilities in the wake of the pandemic. PATH worked with ministries of health to expose and raise the understanding of factors impacting NCD supply security in several countries. Resulting action plans were adopted by ministries of health and implemented, leading to end-to-end tailored innovations from governance to last mile distribution. These common roadmaps also led to national coordination and through collaboration that strengthened forecasting, increased visibility of stock movement, improved procurement frameworks, provided a greater understanding of price mark-ups and strengthened overall NCD supply management. The *Journey of the Pill* assessments from each country are available at www.path.org. These assessments enabled the creation of new partnerships, such as in the case of the Kenya Medical Supplies Authority, which resulted in a stock tracker for NCD commodities that will address stockouts in the public sector — a common barrier found in the *Journey of the Pill* assessment.

In addition, PATH and the Coalition for NCD Medicines and Products developed a forecasting methodology for NCD medicines and products that resulted in Kenya's first five-year costed forecast for hypertension and diabetes medicines. The PATH and Access Accelerated partnership also resulted in important changes for supply security in Ghana. NCD medicine suppliers are now included in framework contracts, Ghana's Logistics Management Systems were expanded to primary health care facilities, and standard operating procedures and guidelines for integrating insulin into vaccine cold chains were developed. In Vietnam, PATH engaged provincial health departments and social health insurance schemes to organize trainings for pharmacists and doctors on supply management. These trainings demonstrated the importance of drug quantification at primary health care levels and modeling collaboration between pharmacists and doctors during the quantification process to address a pain point found in Vietnam's *Journey of the Pill* report.

DATA-DRIVEN DECISION MAKING

Quality service delivery data are a critical foundation for effective planning, decision making, and strengthened quality of care. To ensure decisionmakers and providers have the data they need to plan and provide evidence-based care, PATH sought to improve NCD data quality in Kenya, Ghana, and Vietnam. PATH created the NCD Navigator, a visual analytics system for ministry NCD leads and partners to guide resource allocation, strategy development and implementation, and stakeholder coordination. The NCD Navigator was developed and introduced in Kenya in 2018 in collaboration with the Ministry of Health. It was then introduced in Ghana in 2020 in partnership with the Ghana Health Service. Showcasing its versatility in different contexts, PATH also worked with leading global health agencies to initiate a high-level mapping of NCD stakeholders using the Navigator in Myanmar, Ethiopia, and Nigeria.

The NCD Navigator provides information on NCD initiatives; the respective implementers, funders, and beneficiaries; the geographic distribution of these NCD initiatives within the country; and alignment of these initiatives with the national strategy. Since national and sub-national prevalence data is overlaid with the NCD Navigator information, it helps establish a common understanding of gaps and opportunities to better meet the needs of people living with NCDs.





PATH's history working in Ghana, Kenya, and Vietnam provided a strong foundation to engage with ministries of health and stakeholders to gather the evidence to understand barriers to access. This shared understanding guided our priority-setting and co-creation process. It has been gratifying to see the transformation in the NCD response, including greater data visibility and availability to inform decision making, NCD commodity management tools and the rollout of NCD services at the primary care level, among others. A concentrated effort to listen and work with stakeholders maintained our focus on sustainable innovations that make a difference for people living with NCDs.

— Helen McGuire
Global NCD Program Leader
PATH

PEOPLE-CENTERED APPROACH TO NCDs



— Dr. Truong Dinh Bac

Deputy Director General of the General
Department of Preventive Medicine
Ministry of Health, VIETNAM

Dr. Truong Dinh Bac is helping to lead efforts in Vietnam to combat noncommunicable diseases (NCDs), including hypertension and diabetes. With an estimated half of the affected population unaware of their conditions, Vietnam's leaders are taking crucial steps to address this gap by uniting efforts with community volunteers and health care professionals to deliver innovative, people-centered solutions to NCD prevention and management.

In 2016, NCDs accounted for nearly 80% of all deaths in Vietnam. Hypertension, one of the main risk factors for cardiovascular disease, was responsible for around 20% of all deaths, while diabetes affects over 5 million people in the country. Despite their prevalence, hypertension and diabetes often go undiagnosed.

"In Vietnam, the percentage of people who have hypertension and diabetes without knowing that they are sick is very high, up to 50% for hypertension and 60% for diabetes."

Vietnam faces a growing NCD burden: hypertension has been steadily rising over the last two decades, while diabetes is expected to eclipse all other NCDs to be among the country's leading diseases causing death and disability by 2030.

"The reasons why hypertension and diabetes are increasing now are because of economic development, rapid globalization and change of lifestyle behaviours such as smoking, drinking a lot of beer and wine, lack of physical activity and an unhealthy diet."

To confront this challenge, the Vietnamese Ministry of Health with the support of PATH and Access Accelerated has been working to expand the successful hypertension prevention and management program initiated by the Novartis Foundation in 2016. The program, *Communities for Healthy Vietnam*, is currently being scaled nationwide and is tailored to address other NCDs, including diabetes.

"The greatest barriers to healthcare for people in Vietnam are first in the community, both local government and people are not aware of the dangers of NCDs."

For this reason, the program focuses on engaging individuals directly in their communities. Through forming cross-sector partnerships with social enterprises and non-health partners, the program is raising awareness and providing screening services in accessible and community-centered locations, such as pharmacies, markets and community houses.

This primary healthcare model also strengthens capacity, offers self-care tools (including a mobile app for communities, blood pressure diary, and SMS texts with appointment reminders and healthy lifestyle guidance), and employs communication interventions aimed at promoting lifestyle behavior change and improve service uptake.

Community health volunteers play a crucial role in delivering screening and referral services, educating and monitoring patients, and conducting follow-up visits - which have been vital to the program's success.

"The responsibility and enthusiasm of the program's volunteers is very important."

So far, the *Communities for Healthy Vietnam* program has screened close to 215,000 people and provided referrals for elevated blood pressure and diabetes. The program is expected to be fully implemented nationwide by 2023, extending its benefits across the country.



Watch Dr. Dinh Bac discuss the strides being made in reducing NCDs among the population.

The Navigator can be utilized to support tracking of progress towards common goals and coordination in country. In 2020, ownership of the NCD Navigator in Kenya was transitioned to the Ministry of Health, which subsequently launched a public-facing website for the Navigator. Data from the Navigator will be used to monitor the implementation of the new NCD national strategy (2021-2026). In Ghana, the NCD Navigator is used for partner coordination and resource allocation discussions alongside the launch of the Ghana NCD national strategy and policy in 2022. Almost 250 NCD stakeholders are represented in the Navigator across both countries supporting tracking of progress towards common goals, coordination in country, prioritization of initiatives, and efficient resource allocation.

PATH worked across Kenya, Ghana, and Vietnam to strengthen NCD data quality and use and to institutionalize best practices in NCD data management. In Kenya, PATH developed an NCD-focused data quality assessment tool with the Department of NCDs and conducted NCD data quality audits in six counties.

PATH supported 34 health facilities and 325 health workers to improve NCD service delivery data and reporting into Kenya's health information system. The Ghana Health Service and partners added 22 new NCD indicators into its national data health management system, inclusion that will increase attention to NCD data collection and use and at facility and national levels. In Vietnam, PATH developed the first draft of regulations for data sharing between curative and preventive medicine systems and assessed and provided recommendations to strengthen the existing NCD health information software.

These projects illustrate PATH's strong commitment to strengthen health systems to respond to the needs of people living with NCDs by strengthening processes, engaging local stakeholders, and developing sustainable ways of working. Access Accelerated and PATH created meaningful, evidence-based change throughout their partnership by emphasizing local ownership of tools and collaborating with ministries of health and people living with NCDs.





-  5.7 M people with increased access to quality NCD care
-  2.1 M people diagnosed
-  460,688 people on treatment

-  7.6 M people with increased access to quality NCD care
-  3.4 M people diagnosed
-  823,135 people on treatment

-  14 M people with increased access to quality NCD care
-  5.7 M people diagnosed
-  2.3 M people on treatment

Reach and impact achieved by PATH in 2022 with support from Access Accelerated

ACTIONS, OUTCOMES AND IMPACT IN 2022

PATH’s projects in Ghana, Kenya, and Vietnam, through five years of partnership with Access Accelerated have generated remarkable results, with several of them scaling nationally. PATH’s programs, focusing on data quality, primary health care, and supply chain strengthening led to the largest increases in patient-level data including the number of people diagnosed, treated, and screened for NCDs between 2021 and 2022. In one year, PATH increased the number of people diagnosed by over 6,000 times, the number of people treated by 114 times, the number of people screened by 150 times, and the number of healthcare workers trained by 12 times. This notable growth is a result of PATH’s unique value contribution as a large implementer that is focused on health systems strengthening and collaboration with local governments.

PATH’s approach to health systems strengthening recognizes the importance of primary health care as an entry point to bring NCD services closer to the communities and increasing access to care. In 2022, the *Communities for Healthy Vietnam* project continued offering screening for hypertension and diabetes in convenient locations such as grocery stores, pharmacies, and nail salons as the project scaled to cover more of the country. Creating these points of care, used in conjunction with digital tools, supported the identification of new cases that would have otherwise gone undiagnosed, and it also enabled patients to adhere

to treatment. Over time, this project retained of patients, which is significantly higher than the national average of 13%. PATH presented the *Communities for Healthy Vietnam* project to the government in early 2022 and the Prime Minister included it in the “National Plan on NCD Prevention and Control 2022-2025” as a way to screen more people for NCDs. This primary health care approach is adaptable in other country contexts — as demonstrated in Makueni County in Kenya. PATH introduced the model in several facilities in Makueni County in 2020 and it has since expanded, screening more than 50,000 people in 2022. Recognizing the relevance of primary health care in strengthening service delivery for NCDs enabled PATH to leverage existing infrastructure. This is an essential component of PATH’s success: PATH encourages collaboration and innovation while embedding new ways of working into established systems of service delivery.

PATH supported 34 health facilities and 325 health workers to improve NCD service delivery data across Kenya’s health information system.

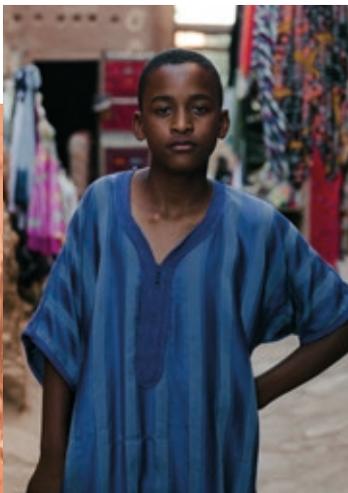
PATH's approach similarly worked to enable data quality to improve governance and identify gaps and barriers to NCD care in 2022. A flagship product of PATH's partnership with Access Accelerated is the NCD Navigator, which provide information on NCD initiatives; the respective implementers, funders, and beneficiaries; the geographic distribution of these NCD initiatives within the country; and alignment of these initiatives with the national strategy. By the end of 2022, the Navigator was in use nationally in Kenya and Ghana.

PATH's *Journey of the Pill* NCD supply chain assessments provided a common understanding of the unique barriers or combinations of barriers impeding access to NCD commodities and brought organizations together to co-create solutions. Two examples are the Supply Chain Technical Working Group established as part of the Interagency Coordinating Committee in Kenya; and two the partnership between PATH and the Kenya Medical Supplies Authority, to develop a digital stock tracker for NCD commodities that provides greater visibility across the supply chain, strengthens distribution and reduces stockouts — a common barrier found in the *Journey of the Pill* assessment.

The PATH and Access Accelerated partnership also resulted in important changes for supply security in Ghana. Because of these efforts, in 2022, NCD medicine suppliers were included in framework contracts, Ghana's Logistics Management Systems were expanded to primary health care facilities, and standard operating procedures and guidelines for integrating insulin into vaccine cold chains were developed.

A flagship product of PATH's partnership with Access Accelerated is the NCD Navigator, which provide information on NCD initiatives; the respective implementers, funders, and beneficiaries; the geographic distribution of these NCD initiatives within the country; and alignment of these initiatives with the national strategy.

Access Accelerated was a member of the Coalition for Access to NCD Medicines and Products. The Coalition worked with an expert technical working group to develop a unique forecasting program. Kenya was the first country to contextualize and test the approach with leadership from the ministry of health and PATH technical support developing Kenya's first five-year costed forecast for hypertension and diabetes medicines and associated products. This critical planning effort was also undertaken in Uganda and is now being implemented in Ghana and with its strong rationale has helped to mobilize funding for NCD commodities.



CASE STUDY

Health systems strengthening and the need for a systems approach: Lessons from PATH's work to sustainably improve noncommunicable disease care

A vast array of interventions and technologies exist to cure disease and prolong life, yet gaps in health outcomes continue to widen, particularly for those living with NCDs. No single intervention or technology has the capacity to overcome population-wide challenges, which is why strong health systems are essential to achieving universal, equitable access to quality and timely care. PATH's approach to strengthening service delivery is a unique example of how co-creating with local partners as well as through upfront investment in people generates health solutions for NCDs that are readily adopted, locally owned, and sustainably scaled.

As not all primary health care delivery provides equal access to prevention, diagnostics, and treatment for NCDs, PATH works with national and local governments to transform primary health care to better serve people's needs throughout their life. To do this well, PATH builds health workforce capacity to support NCD care in primary care facilities, partners with community health workers and volunteers to provide follow-up and support, and leverages digital health innovations to increase demand for services as well as access to affordable care for diabetes and hypertension by bringing diagnostic services closer to communities, such as in the case of the *Communities for Healthy Vietnam* project. Increasing the availability of NCD services at the primary care level is a key pillar of PATH's approach, because regular interactions with primary care providers can identify risk factors for NCDs and help prevent the development of serious illness. By changing how people with NCDs experience care delivery, PATH is enabling a transformation in both demand and supply of services, thus enriching the care experience for both patients and practitioners.

Recognizing that primary health care is the face of a national health system, PATH also works to strengthen its backbone through supply chain management. Not only does a reliable supply chain enable countries to meet demand for medicines and associated health products, but they also safeguard a country's investment in health commodities, which is often lacking for NCDs.

PATH strengthens supply chains by working closely with health authorities and providing them resources to identify and address challenges. To do this, PATH undertakes diagnostic assessments to identify strengths and inefficiencies in national supply chains, including tracking stockouts and price mark-ups. These provide a thorough overview for countries to understand which actions to take to strengthen commodity security. These assessments are essential as countries work towards universal health coverage and transition into more sustainable financing for NCD commodities.

Lastly, PATH's approach enables countries to use data to guide their decision-making. A key example of this is their pioneering digital technology which collates and visualizes the sub-national NCD burden, national NCD initiatives, implementers, and funders – the NCD Navigator. The Navigator is fundamental in providing evidence that helps countries to allocate resources efficiently and to coordinate stakeholders effectively. Beyond decision-making, having these types of data enables health systems to really question what key gaps exist in service delivery and for whom.

In addition to the three areas of PATH's systems approach, PATH adapts its programs to each country's specific context, thus ensuring the acceptability of technologies and tools while encouraging local ownership. This continuous engagement over time allows projects to become embedded at national level, creating a rigorous approach to implementation, coordination, and stakeholder engagement.

PATH's approach offers lessons on how health systems can be strengthened to support NCD care, in turn revealing the multiple low-hanging fruits for NCD action. The tenets of PATH's work: primary health care, supply chain management, data-driven decision-making and working with local partners showcase that sustainable change is possible and feasible. PATH's success stories in national scale-up demonstrate that siloed approaches are not the only options available for NCDs. Instead, having a simplified proof-of-concept pilot, compounded by long-term funding is deeply transformative for systems-wide change.

CASE STUDY

Using data to positively impact NCD care: Lessons from PATH's work to improve NCD data quality

One of the key principles of PATH's approach to strengthening health systems for NCDs is the generation, management, and strategic deployment of data. Across programs, products, and project planning, quality data is a key component of evidence-based decision making to improve NCD outcomes.

A pioneering NCD data tool – PATH's NCD Navigator – was created to provide policymakers and program implementors with the data to plan comprehensive and collaborative NCD action plans. This includes information on local NCD initiatives, such as their respective implementors, funders, and beneficiaries. The NCD Navigator displays geographically specific information on the burden of different NCDs among different target populations. With this open access data at their disposal, public health authorities and leaders in civil society can make informed decisions around strategic partnerships and resource allocation. This digital resource was debuted in 2018 through a partnership with Kenya's Ministry of Health, expanded to Ghana in 2020, and is now being prepared for adaptation to other contexts within and beyond the African continent.

Beyond the planning phase and into project implementation, ongoing data capture is essential to learning and improvement. PATH provides partners with digital tools to generate novel data that highlights the needs of people living with NCDs, illuminates gaps in care, and demonstrates tangible impacts of NCD initiatives. In Vietnam, PATH deployed complementary digital applications for both patients and providers, generating robust data on patient health, clinic visits, treatment status, and more. In addition to facilitating patient management and referral, these digital tools provide valuable insight on patient adherence to treatment and loss to follow-up. Data points across the entire continuum of care allow for comprehensive evaluation of NCD service delivery, which can reveal pain points for patients and providers.

With support from Access Accelerated, innovations to strengthen the supply chain for NCD medicines and



products have been implemented. In partnership with the Kenya Medical Supplies Authority (KEMSA), PATH has rolled out digital resources including a stock tracker for NCD commodities that provides end-to-end visibility to the medicines within the public system. In addition, a forecasting initiative for NCD medicines and products, developed by the Coalition for Access to NCD Medicines and Products, has been implemented thereby building the capacity of health and supply chain systems to forecast NCD medicine and product needs.

Each of these innovations strengthens the overall supply chain by generating data on the supply and demand of major NCD products. This data shows public health officials where drug supplies are ample, where they are scarce, and where resources are being allocated inefficiently. The forecasting initiative resulted in Kenya's first five-year costed forecast for hypertension and diabetes medicines, giving the Ministry critical data for decision making. PATH's digital tools for supply chain strengthening have been fully adopted by KEMSA and the Ministry of Health, preventing people living with NCDs and medical facilities across the country from struggling to access NCD medicines.

The relevance of data for NCDs is foundational in transforming perceptions of how widespread and pressing NCD needs truly are. Recognizing that no action is possible without data, PATH's work to improve the data quality and quantity in turn builds an enabling environment for evidence-informed policy making. Because NCD action is still nascent, fostering such knowledge and data-centric approaches is essential for priority-setting, while also helping to simplify the complexity of NCD needs.



Cusco, Cusco Province, Peru



THE WORLD BANK

Access Accelerated and the World Bank partnered in 2017 to support governments to respond to pressing and emerging needs in addressing the growing burden of non communicable diseases (NCDs). The World Bank Group and Access Accelerated have been working together to accelerate sustainable and scalable solutions to NCD prevention, treatment, and care. The World Bank's work through the partnership tells the story of impact at local, national, regional, and global levels. To date, resources from Access Accelerated funded small grant projects in over 35 countries, with several regional and global ones. The World Bank grants supported by Access Accelerated informed the World Bank-financed projects and new projects amounting to investments of 3.7 billion dollars across the six years.

The World Bank is the world's leading health financing agency. Priorities of the World Bank include decreasing poverty and increasing shared prosperity, building human capital, and supporting countries to achieve universal health coverage. The World Bank's health strategy includes three main pillars, and NCDs cut across all three of them. They include the expansion of financial protection so that no one is tipped into poverty because of catastrophic health spending. The second pillar is increasing coverage of quality health for the poorest 40 percent of the population. Lastly, the third pillar is to foster a healthy society, including investments that reduce risk factors. The World Bank's collaboration with Access Accelerated demonstrates that there is only one way of achieving such outcomes in health, including addressing NCDs: by building resilient health systems

with a strong foundation set in primary health care and public health.

By being needs-driven, multisectoral, and systems-oriented, the World Bank's work with Access Accelerated created enabling policy environments for NCDs and established a new body of evidence that countries can look to tackle these diseases. The reach of the World Bank is possible not only because of its large multisectoral expertise, but because of its commitment to generating evidence, building local capacities, and providing technical support and analytical work.

The World Bank-Access Accelerated grant projects are highly motivating to countries as it provides them with the knowledge and abilities to understand a truer picture of NCDs nationally. The complexity of NCDs requires flexibility in finding solutions when addressing them, and this was provided by the Access Accelerated-supported grants which also created enabling environments. For example, the Access Accelerated-supported World Bank grants generated [reports on the social and economic effects of cancer at individual and household levels and investment cases for cancer control in Kenya](#), as well as a cascade of care analyses of diabetes and hypertension in Europe, Central Asia, and the Caribbean. These influenced policymakers' perspectives on what can be achieved for NCDs and highlighted the low-hanging opportunities that exist for these diseases. In El Salvador and Vietnam, the World Bank built local capacities by providing training to primary health care workers and technical support towards the development of new guidelines for NCD care. These efforts saw remarkable changes in demand for NCD services, and are therefore being scaled up at the national level. As such, the World Bank undertakes wide-ranging work in health, with a portfolio that provides leading strategies and approaches

The World Bank grants supported by Access Accelerated informed the World Bank-financed projects and new projects amounting to investments of 3.7 billion dollars across the six years.

to health systems strengthening and building resilient health systems. Importantly, this work is also based on countries' needs and is therefore country-specific.

Access Accelerated-supported World Bank grant projects integrated digital health solutions to improve diagnosis, referral, and management of NCDs and injuries in Bangladesh which is contributing to increased access to services. The project in Chile is supporting the universalization of primary health care so that all people can access services free of charge, while the *Healthy Longevity Initiative* is working to identify financing mechanisms that enhance healthy aging, with a view towards increased financial protection. Capacity-building exercises, training, and guidelines were developed across multiple projects to improve the quality of service provision for NCDs. In this way, the World Bank can address NCDs through various entry points and contribute to UHC. The World Bank's approach is not disease-specific, rather NCDs are a point of entry

in building resilient health systems leading to lasting outcomes. This enables countries to consider the multiple ways in which NCD action contributes to wider goals, including for example supporting human capital, improving service delivery in rural areas, improving attention to risk factors, strengthening primary health care services, data systems, and human resources for health.

The effects of working this way are profound for the partnership's conceptualization of NCDs and showcase that NCD action can positively influence the lives of all – not just people living with NCDs. This contrasts with traditional approaches to communicable diseases which often rely on technological vertical interventions and relegate the role of the health system.

[▶ Watch Kenya Battles Against a Rising Incidence of Cancer.](#)



ACTIONS, OUTCOMES AND IMPACT IN 2022

Access Accelerated support enabled the World Bank to produce 118 knowledge products in 2022, representing 58% of all knowledge products produced by partners. This included, for example, six 2022 knowledge products in Kenya, including a report on the economic and social consequences of cancer and an investment case which supports the prioritization and strengthened resource allocation for cancer. Together, these knowledge products enable policymakers in Kenya to make judicious choices about strategies and options to prevent cancer and strengthen service provision. The World Bank's contribution to knowledge allows for shifts in attitudes towards NCDs by simplifying their management, giving illustrations of what can be done, and showcasing how multiple entry points can support improved NCD outcomes. By being needs-driven, multisectoral, and systems-oriented, the World Bank created enabling policy environments for NCDs and established a new body of evidence that countries can look to tackle these diseases. The reach of the World Bank is possible not only because of its large multisectoral expertise, but because of its commitment to generating evidence, building local capacities, and providing technical support and analytical work.

The World Bank's projects covered a diverse array of work in 2022, which allowed it to provide contextualized support to key decision-makers based on specific needs and requirements.

For example, the World Bank's project on African Medicines Regulatory Harmonization worked with five out of eight recognized regional economic communities under the African Union to increase access to good quality, safe, and effective medicines through the harmonization of medicines regulations and processes; and by expediting the registration of essential medicines and potential availability at the national level.

The project supported the update and harmonization of pharmaceutical regulations, regulatory systems' capacity strengthening, and the establishment of the African Medicines Agency, to ensure that all manufacturers (local and international) either registering, importing, or producing medicines in these regions comply with international standards. Strengthening regulatory oversight of pharmaceutical markets in these regions aims first at reducing the risk of exposure to substandard and falsified medicines to protect populations, while also having the potential to advance universal health coverage through the development of healthier, more transparent, efficient, and attractive pharmaceutical markets ensuring better access to good quality, affordability and accessibility of medicines. Multiple World Bank projects worked to integrate NCDs in primary care settings. An example of this is the work done in Chile to universalize primary health care to ensure access to primary care services free of charge and in a timely manner. The World Bank also implemented projects on digital health solutions, mental health, healthy aging, and human capital, among others, showcasing its ability to adapt and respond to local needs and contexts.



PRIORITIZING NCDs TO ADVANCE UHC



— Dr. Hajime Inoue

Advisor, Health Nutrition and Population program
World Bank Group

Achieving healthcare for all requires leaning into a strong NCD response. Over the last six years, Access Accelerated and the World Bank have worked together to advance sustainable and scalable solutions to NCD prevention treatment, and care. World Bank advisor, Dr. Hajime, discusses the need to incorporate NCD care in the UHC agenda if we are to achieve equitable and resilient healthcare systems, and how his formative experience as a doctor was invaluable in shaping and informing his role as an advocate for UHC.

INTEGRATING NCDs IN UHC IS KEY TO ACHIEVING EQUITY

When I was working in Tokyo as a young pediatric resident, access to healthcare was something I took for granted. Everyone had full access to care based purely on their medical needs. It wasn't until I worked in the rural Philippines in the mid-90s that I realized this wasn't the case everywhere. At the time, infant mortality in Japan was around two or three out of one thousand. By comparison, in the Philippines, it was between 50 to one hundred. I witnessed firsthand the challenges people face in accessing basic medical care. The stark difference between my home city and this remote village in the Philippines really highlighted for me the treatment disparity and importance of UHC.

In particular, NCDs disproportionately affect vulnerable populations, and it became clear to me that addressing the burden of NCDs must be a priority if we hope to achieve UHC, not only in high-income countries, but in low- and middle-income countries too. So that's why I'm a passionate advocate of UHC; everyone deserves equal access to care, regardless of socio-economic status or where you live.

PRIORITIZING NCDs IS CRITICAL FOR A COUNTRY TO ACHIEVE UHC

NCDs are often chronic in nature, meaning they require long term management, so addressing the burden is not just a quick fix. However, by investing for the long-term in the prevention, early detection, and management of NCDs, we also improve UHC by promoting the development of better and more integrated health systems that can provide comprehensive care to all patients. This will help to reduce the overall burden of disease and improve health outcomes for everyone. What's more, investing in prevention and early detection will also help to lower healthcare costs by reducing the need for more costly treatment later on, which will make healthcare more accessible and affordable for everyone. In order to attain UHC, we need to adopt both a long-term perspective and take immediate action.

BUILDING EVERY-DAY RESILIENCE HELPS COUNTRIES RESPOND TO THE NCD BURDEN

Addressing the complex challenges posed by NCDs requires a multifaceted strategy. One crucial element of this approach is to establish everyday resilience in the healthcare system by investing in fundamental infrastructure and financing models. This is important because even high-performing health systems, such as Japan, can be susceptible to unforeseen events such as pandemics or natural disasters. Therefore, developing resilience involves enhancing the overall system's capacity to withstand and respond to such threats. This requires increased investment, building capacities, training healthcare workers across all levels of care, and adopting innovative solutions and digital health technologies. These efforts work together to create a sustainable

strengthening of health systems, resulting in improved and fairer access to healthcare.

A WHOLE-OF-SOCIETY AND WHOLE-OF-GOVERNMENT APPROACH

The achievement of the 2030 global goals requires significant progress on both NCDs and UHC, which begins with political commitment and evidence-based policies. Even countries that have already achieved UHC, like Japan, face challenges in sustaining it, particularly with an aging population. Governments can help accelerate progress towards UHC through reaching a consensus among their population. In Japan, for instance, the majority of citizens strongly support UHC because they understand its value. However, in some countries, this may not always be the case. UHC is a whole-of-society and whole-of-government issue that requires support from the population and from all government ministries. As it has significant impacts beyond healthcare, it must be a national priority.

Dr. Inoue started his professional career a pediatric resident in Tokyo and then served as a field officer in the rural Philippines while working for the Maternal and Child Health program. After his post-graduate study in public health, specializing in global health, Dr. Inoue joined the Japanese Ministry of Health, Labour, and Welfare in 1996, where he acquired a wide range of technical experience in public health, including hospital management, health insurance, pharmaceutical regulation, infectious disease control, and others. Dr. Inoue has previously worked in the secretariat of the WHO Regional Office for the Western Pacific and has also served as a member of the governing bodies of WHO, the Global Fund, UNAIDS and IARC.

CASE STUDY

How ready are countries to address NCDs among aging populations? Lessons from the World Bank's work in Europe and Central Asia

Slowing growth of the global population of more than 8 billion people brings a new focus on aging. Aging populations accelerate the shift from communicable diseases to NCDs, particularly in Europe and Central Asia (ECA) which is home to the world's fastest-growing aging populations. Ninety-four percent of elders over age 70 die from NCDs in the ECA region. The implications of large aging populations extend beyond the economy and health system readiness. They demand a re-imagined approach to NCD care.

Access Accelerated support enables the World Bank to reimagine care in two distinct ways. Leveraging the World Bank's ability to collate actionable evidence and conduct advanced analytical work, the regional ECA project produced a report that guides countries with aging populations to assess their readiness to respond to NCDs. The report presents three stages of readiness — early, progressing, and advanced — depicting country archetypes based on NCD risk factors and disease burdens, levels of political commitment, implementation capacity for effective and accessible service delivery, and capacity to collect and utilize data to inform policy. Countries are invited to use these archetypes to assess their current state of readiness to address NCDs and determine the most effective levers to move forward. Actions include establishing a more enabling environment, enhancing monitoring and evaluation, or building implementation capacity. The archetypes offer a starting point for countries to think about what to do next, highlighting that a step in the right direction is always possible, irrespective of current stage.

The analysis presented in the ECA report informed discussion of upcoming frontiers in NCD care during a two-day conference held in late 2022 in Sweden, organized by World Bank, Karolinska Institutet, and Uppsala University. Identified frontiers include the role of digital technologies in supporting older populations and addressing shortages in medical devices and life-saving tools. In addition to the lively discussions, the event welcomed ministerial representatives from multiple countries, highlighting the high-level passion and attention that NCDs receive across the region.

The ECA project exemplifies the World Bank's commitment to supporting countries, demonstrating a focus on emerging challenges and solution-oriented dialogue.

The World Bank's ECA effort operates at the regional and national level, and in addition to the regional work on readiness, five countries in the region conduct analyses to identify ways to prevent the erosion of human capital by addressing NCDs. For example, in Bosnia and Herzegovina, the World Bank is assessing the involvement of private providers in NCD care. The focus in Croatia is to mobilize evidence to facilitate investments in NCDs.

The ECA project exemplifies the World Bank's commitment to supporting countries, demonstrating a focus on emerging challenges and solution-oriented dialogue. The project reveals that success is possible through the power of collaboration and participating countries' passion for NCD action. Together, these components enable the creation of trust and connective tissue — with growing attention and changes in demand for NCD action, the World Bank works hand in hand to identify locally-relevant and systems-wide ways to address NCDs, facilitating knowledge exchange and enhancing social capital.



Read more: Rethinking the response to noncommunicable diseases for aging countries in Europe and Central Asia.

CASE STUDY

Primary Health Care as an avenue to respond to national and regional needs: Lessons from the World Bank's analytical work to facilitate consistent access to care

A key challenge for people living with NCDs is having consistent access to care. Such care can be delivered equitably through health systems based on primary health care (PHC). PHC represents an important, and often first, point of care for patients. It is also an avenue through which health systems can find cases and detect diseases, identify individuals with high-risk status, and provide psychosocial interventions with long-term follow-up and regular monitoring. As NCDs continue to rise, adding pressure on health systems, especially at secondary and tertiary levels of care, it is essential that primary health care is strengthened.

The World Bank is acutely sensitive to the importance of primary health care and several projects funded by Access Accelerated support this first point of care. For example, the World Bank developed a rapid assessment tool of NCD management best practices to identify actions that improve national investments in NCD management. The tool is being deployed in Ghana, Dominica, St. Vincent and the Grenadines, and Gujarat state in India. The World Bank leverages its analytical capacity to collate a series of examples that integrate NCD management into PHC systems. These will support the identification of best practices and models for countries seeking to strengthen PHC.

In Chile, the World Bank supports the universalization of PHC so that all people, regardless of their health insurer, can access PHC services free of charge and in a timely manner. The project emphasizes the expansion of effective access to preventive care and evidence generation for the management of NCDs. It works in a phased approach to test the operational and organizational aspects covering regulatory, resource, and coordination aspects of the healthcare network. The World Bank leverages its analytical capacity to assess municipalities' capacities to expand PHC services, identifying strengths and barriers for progressive implementation and assessing the feasibility of pilot projects. The analysis supports the national strategy to consolidate comprehensive, person-centered care, especially in the context of multimorbidity. In addition

to working with the Chilean Ministry of Health to prepare the first level of health care to respond to needs derived from the universalization of access to PHC, the World Bank works with selected communities to identify how PHC services can be made socially pertinent and acceptable. The full diagnosis approach of assessing the enabling environment, as well as the social dialogue and plan for a phased implementation, represents a responsive, bottom-up approach to expanding PHC services.

By strengthening PHC services, health systems can leverage existing infrastructure to respond to emerging needs. With COVID-19, it became evident that access to uninterrupted care is a necessity for people living with chronic conditions. Improving the efficiency of procurement systems and financing mechanisms and expanding access and use of transformed PHC services will lead to a better quality of care and quality of life for people living with NCDs. The World Bank's work in PHC also offers lessons on the relevance of leveraging different analytical capacities to address one health systems entry point through varied and context-specific ways, rather than in a siloed approach. The World Bank is uniquely positioned to do this well as its reach and technical know-how enable it to address changing needs.

By strengthening PHC services, health systems can leverage existing infrastructure to respond to emerging needs. With COVID-19, it became evident that access to uninterrupted care is a necessity for people living with chronic conditions.

CASE STUDY

Sustaining human capital across the life-cycle: Lessons from the World Bank's work on evidence generation to realize individuals' full potential

The most important resource in a society is its human capital — or the collective knowledge, skills, and health that people accumulate throughout their lives. From early childhood development through formal education and healthy aging, human capital enables individuals to realize their full potential as productive members of society. As new employment markets arise and shift the skills needed for societies to prosper, human capital allows individuals and societies to adapt and thrive.

Safeguarding human capital is no simple task, especially as national health priorities transition from communicable diseases toward NCDs. More people than ever are living beyond the age of 60, but longevity does not necessarily equate to good health. While a longer life is a valuable resource, declines in physical and mental capacities at later stages in life strain health systems around the world. Moreover, NCDs across different stages of life affect the productivity of people both immediately and long term, and the cost of inaction to prevent complications arising from NCDs has the greatest impact on elderly populations. This raises the question of how to ensure that people can get to later stages of life in good health and with practical skills. Many of the World Bank's projects in partnership with Access Accelerated work to enhance individuals' abilities to age healthily, particularly by prioritizing access to new knowledge

The World Bank's work in countries such as Colombia, Mexico, Sierra Leone, and India, among others, continues to inform future NCD investments and expand NCD.

and financing. This allows the World Bank to identify new ways of aging, with older members of society remaining productive, capable, and healthy.

The Healthy Longevity Initiative exemplifies the World Bank's work in sustaining human capital across the life cycle. The initiative explores the nexus between healthy longevity, NCDs, and human capital and identifies future policy needs related to the preservation of human capital in adults. HLI aims to provide new knowledge and access to financing to promote and enhance healthy longevity and address its implications for low- and middle-income countries (LMICs) through supporting cutting-edge research and policy dialogue on healthy longevity. The project works in three broad areas: economic analysis and sectoral knowledge, interventions and strategies and data and measurement.

Capacity in these three areas is key in documenting how NCDs affect productivity and human capital, and the implications for policies, programs, and funding structures for NCDs that are also more effective in addressing gender-based gaps in health and human capital outcomes. The work identifies whole-of-society approaches to stimulate healthy longevity and estimates the types of investments needed to improve the underlying data infrastructures in countries. This project alone produced 17 papers and 3 country-specific data dashboards. The World Bank's work in countries such as Colombia, Mexico, Sierra Leone, and India, among others, continues to inform future NCD investments and expand NCD service delivery.

Through a focus on human capital across the life cycle, the World Bank positions the prevention and management of NCDs at the forefront of economic growth and development. This shift in understanding how the growing burden of NCDs impacts human capital and development presents an important opportunity for the global health community to identify and prioritize NCD action that safeguards people's prosperity. The World Bank's work on human capital and NCDs also offers lessons on the value of knowledge generation to create enabling environments which understand the breadth of needs for women and men living with NCDs as well as the urgency with which they ought to be addressed.



Coffee farmer, Colombia



WORLD HEART FEDERATION

Access Accelerated and the World Heart Federation (WHF) have partnered since 2018 to strengthen the delivery of high-quality cardiovascular health and to accelerate advocacy of cardiovascular disease treatment and prevention at national and global levels. Access Accelerated supports WHF to undertake three key pillars of work: empowering local advocates; convening stakeholders to drive more effective health policies; and sharing knowledge and tools to advance action on CVDs.

NATIONAL LEVEL WORK

WHF implemented its guideline dissemination project in Kenya with support from Access Accelerated. The dissemination project emphasized the need to prevent CVD through lifestyle modification and management of risk factors, primarily hypertension, diabetes, and dyslipidemia. None of the 10 Kenyan counties in which the project is working had access to echocardiography (echo) services within the public sector. In addition, access to medicines remains a challenge especially in lower-level facilities. WHF's local partner, Kenya Cardiac Society (KCS) worked directly with county leadership to advocate for improved access to essential medicines and diagnostic equipment (ECG and echo). WHF responded to a lack of diagnostic equipment and supplies by providing ECGs and echos to enhance conditions for provision of high-quality care. Moreover, one of the goals of the project was to decentralize hypertension care to lower-level facilities. With evidence from the project, KCS participated in the revision of the 2019 Kenya

essential medicines list and continued to advocate for hypertension and diabetes treatment to be available at the health center and dispensary level. In addition, KCS ensured fixed-dose combination therapies are included in the Kenya essential medicines list to improve adherence and blood pressure control rates.

The implementation of WHF's work in Kenya was sustained by engaging local actors including county leadership and KCS. Through Access Accelerated support, WHF mobilized local stakeholders to ensure availability of provider trainings even in the face of health worker strikes.

The project also trains healthcare workers in guideline use. The COVID-19 pandemic made it necessary to hold some of the train-the-trainer sessions online to equip community healthcare workers with the tools to monitor cardiovascular and metabolic disease risk factors. The increased morbidity and mortality among COVID-19 patients with NCDs served to highlight the need to increase focus on prevention and early detection of these conditions. The COVID-19 pandemic led to the suspension of hypertension awareness and screening services. Once the pandemic was brought under better control, KCS quickly resumed activities within the project sites as part of the *May Measurement Month Global Screening* campaign in 2021. The counties have since taken up the mantle and continued to organize community-level screening campaigns throughout the year. With support from WHF and working closely with the Ministry of Health, KCS continued to utilize both virtual and physical platforms to disseminate the guidelines to ensure health professionals across the country have the skills to prevent and manage CVDs. In addition, the project's scope later expanded to include dissemination of both CVD and diabetes guidelines.

WHF's response and adaptation to emerging needs highlight the importance of having flexible funding and working with local actors towards a common goal. WHF's work at national level embraced local actors and stakeholders to ensure the successful implementation of activities. The focus given to underserved communities, including women of African descent in Colombia¹² and people living in rural areas in Kenya,¹³ showcases the equity lens through which Access

¹² <https://heyzine.com/flip-book/076d0cb840.html#page/60>
Informe final intervención Actúa con Corazón de Mujer

¹³ <https://world-heart-federation.org/resource/reforming-rural-healthcare-hypertension-in-kenya/>

Accelerated and WHF are improving NCD outcomes. By strengthening the implementation of standards for cardiovascular disease service provision through WHF, the Access Accelerated consortium is able to foster an environment of quality assurance and improved care for people living with and at risk from the world's top killer.

Both projects were implemented by WHF local members, the Colombian Heart Foundation, the Colombian Society of Cardiology and the Kenya Cardiac Society, highlighting WHF's commitment to working with local stakeholders who are an integral part of the local community and are ideally positioned to implement the project on the ground.

 Watch Reforming Rural Healthcare in Kenya.

GLOBAL AND REGIONAL ACHIEVEMENTS

Work from the partnership contributed to several global events, including the Global Summits on Circulatory Health in 2018¹⁴ and 2019,¹⁵ the World Heart Summit on the theme of “Time to Act on Obesity” in 2021,¹⁶ all organized in collaboration with Access Accelerated, and the 2022 Summit on the theme of “Cardiovascular Health for Everyone”.¹⁷ These events brought together opinion leaders, ministers of health, and industry leaders, enabling a culture of knowledge exchange. During the 2022 Heart Summit, in a panel discussion on translating global policy to global action which brought together representatives from the World Health Organization, American College of Cardiology, International Diabetes Federation and Heart Life Foundation Canada, KCS was able to showcase successes from the dissemination project and reflect on the need to adapt global guidelines into national guidelines in order to improve utilization.

WHF released key position statements and lessons learned that inform the CVD community, especially in low- and middle-income countries. Examples include a position paper on “improving access to essential

medicines for circulatory diseases,”^{18,19} and a white paper for policymakers to drive action on circulatory health launched at the UN General Assembly in 2018.^{20,21,22,23} These knowledge products support the prioritization of CVD at global and local levels across five years.

In collaboration with the Pan African Society of Cardiology (PASCAR) WHF supported 12 countries (Cameroon, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Sudan, Tanzania, Uganda and Zambia) in Africa to collect data on the CVD policy landscape and to strengthen national and sub-national capacities to implement and use cardiovascular disease guidelines to improve health outcomes and care.²⁴ For example, following a multi-stakeholder Roundtable in Kenya in 2018, KCS, WHF, and Access Accelerated embarked on the aforementioned multi-year guideline dissemination project which included elements of awareness raising, patient empowerment, clinical education, and capacity building. Since the beginning of its Access Accelerated partnership, WHF held 22 national and county-level dissemination workshops to raise awareness on the national CVD Guidelines, training more than 2,000 health workers from more than 200 facilities.²⁵

¹⁴ <https://world-heart-federation.org/news/the-world-heart-federation-and-access-accelerated-join-forces-for-cardiovascular-health/>

¹⁵ <https://world-heart-federation.org/world-heart-summit/World-Heart-Summit-2023>

¹⁶ <https://world-heart-federation.org/world-heart-summit/world-heart-summit-2021/>

¹⁷ <https://world-heart-federation.org/world-heart-summit-2022/>

¹⁸ <https://world-heart-federation.org/wp-content/uploads/2021/04/Improving-Access-to-Essential-Medicines-for-Circulatory-Diseases-WEB-1.pdf>

¹⁹ <https://world-heart-federation.org/resource/improving-access-to-essential-medicines-for-all-people-a-call-to-action/>

²⁰ <https://world-heart-federation.org/wp-content/uploads/2021/04/White-Paper-for-Circulatory-Health.pdf>

²¹ <https://www.iapo.org.uk/es/news/2018/oct/15/white-paper-launched-drive-action-sustainable-action-circulatory-health>

²² <https://ncdalliance.org/news-events/news/global-coalition-for-circulatory-health-launches-initiative>

²³ <https://world-heart-federation.org/wp-content/uploads/WHF-CVD-and-Diabetes-Roadmap-WEB.pdf>

²⁴ <https://accessaccelerated.org/wp-content/uploads/2020/11/AA-World-Heart-Federation-11-9-20.pdf>

²⁵ <https://world-heart-federation.org/news/disseminating-national-cvd-guidelines-in-kenya/>

ACTIONS, OUTCOMES AND IMPACT IN 2022

Through the second phase of Access Accelerated, the World Heart Federation (WHF) trained over 500 people to become advocates for cardiovascular health and to equip health professionals with tools to monitor and manage cardiovascular disease and its risk factors. In the last two years, WHF and its members organized four global events and produced nearly 20 knowledge products and guidelines which work to strengthen service delivery and set norms which support the prioritization and care of cardiovascular disease (CVD) at global and local levels. These figures speak to WHF's three key pillars of work: empowering local advocates, convening stakeholders to drive more effective health policies, and sharing knowledge and tools to advance action on cardiovascular disease.

Throughout the partnership, WHF supported 12 countries in Africa to collect data on the CVD healthcare delivery and policy landscape and to strengthen national and sub-national capacities to implement and use cardiovascular disease guidelines to improve health outcomes and care. WHF also released key position statements that inform the CVD community, especially in LMICs, including on how to improve access to essential medicines for circulatory diseases, how policymakers can drive action on circulatory health, and an update of its Global Roadmap on Hypertension.

With support from Access Accelerated, WHF leveraged its convening power to sponsor global events including in the Global Summits on Circulatory Health in 2018 and 2019 and the 2021 the World Heart Summit on the theme of "Time to Act on Obesity." Global events brought together opinion leaders, ministers of health, and industry leaders, enabling a culture of knowledge exchange.

World Heart Federation and its members organized four global events and produced nearly 20 knowledge products and guidelines which work to strengthen service delivery.



KCS collaborated with the Kenyan Ministry of Health to hold a dissemination workshop which brought together national and local government bodies, faith-based organizations, youth groups, healthcare professionals, professional associations and academic institutions. The goal was to understand the barriers to guideline dissemination, opportunities to leverage existing initiatives such as the HIV program and strategies to accelerate dissemination of the guidelines.

KCS continued to work with different stakeholders and disseminated the guidelines during national conferences.

The findings from the project informed the revision of the national cardiovascular disease guidelines as well as the Kenya essential medicines list, increasing the projects' reach to national level in 2022.

WHF's local partner in Kenya, the KCS, presented the story of its successful implementation of an integrated CVD and diabetes guideline during a panel discussion at the 2022 Heart Summit. Building on these efforts to collect data and convene stakeholders nationally, WHF has worked with two of its members and the support of Access Accelerated to implement projects improving access to cardiovascular disease care. KCS, in collaboration with the Kenyan Ministry of Health used momentum from the national Roundtable to adapt global guidelines to the national settings to improve utilization. Similarly, in collaboration with the Colombia Society of Cardiology and Colombian Heart Foundation, WHF built on a successful national roundtable to implement a project to empower women health workers and community leaders in black communities to provide cardiovascular health education, screening and follow-up to women within the community.

DISSEMINATING CVD GUIDELINES IN KENYA



— Dr. Lilian Mbau
CEO, Kenya Cardiac Society
KENYA

In 2018, Kenya's Ministry of Health (MOH) spearheaded the development of national guidelines for the prevention and management of cardiovascular disease (CVD) to provide a standardized way of managing heart health in the country. With the support of Access Accelerated and the World Heart Federation, the Kenya Cardiac Society (KCS) joined forces with the MOH to disseminate the guidelines to healthcare facilities across Kenya. Lilian Mbau, CEO, explains how the project has developed over time and catalyzed action on the ground.

PEER-TO-PEER LEARNING

The National CVD Guidelines are a key resource to improving health outcomes and equipping health workers at all levels to prevent and manage heart health. Shortly after the guidelines were developed, however, it became apparent that we needed to do more to get the information out there, so we set about disseminating them further and creating greater awareness. The roll-out phase consisted of distributing the guidelines in six of the 47 counties across Kenya. This also included a training component through which we trained health providers who then shared their learnings with other colleagues in their facilities. Fast-forward a few years and we are now in phase two of the project, which sees us branching out and carrying out activities in four new counties. We have integrated new components, including a robust monitoring and evaluation process through which we will be able to demonstrate the outcomes of the work we have been carrying out. I think this is a crucial part of what we do, as not only will it allow us to spot areas of improvement, but it also goes to show just how much we have achieved.

One thing we've learned is that it's always better to train the healthcare providers in each specific county and let them disseminate the information there. Each county has its own needs, and the healthcare providers know their own local context the best, so this makes the most sense.

"Decision makers and policymakers can make a lot of assumptions. That's why it's so important to go to facility level and interact with the health workers."

TAKING OUR EFFORTS FURTHER AFIELD

Even though we have done really well so far, we still have a lot more work to do. The Kenya Cardiac Society is the only organization on the ground disseminating the guidelines and training the health workers, so we're still only a quarter of the way to reaching all counties across Kenya. We see that the demand is there, but we're not able to scale up our efforts given resource constraints on the one hand, and the shortage of health workers on the other.

We're also conscious of the fact that health workers are often already stretched with their day-to-day roles: trying to provide quality care while contending with often inconsistent access to medication and supply. This lack of essential medical supplies and equipment is a huge challenge to ensuring that the CVD guidelines are followed.

It isn't just a case of training the health workers but also talking to the county leadership, because they are the ones that provide the supplies and medication. To counter that and in a bid to extend awareness among county leadership,

we're using the bottom-up approach by urging health workers to push leaders directly within the county.

I'm pleased to say we are beginning to see the fruits of our labor. Recently, we were invited to sit in on a multistate forum during their revisions of the essential medicine list. And we were able to push for medication to be accessed by the lowest level facilities, such as health centers.

LOOKING FORWARD

Fundamentally, we're really proud of the project and happy to see the guidelines being shared across the country. Yes, we can do more, and we will. Interacting with health workers and people living with CVD has been a real eye-opener to understand what is needed and what needs to be done. Decision makers and policymakers don't always have all the information. That's why it's so important to go to the facility level, interact with the health workers and really understand what they need in terms of delivering quality cardiovascular care.



Quite often, we see that in a peer-to-peer environment this awareness and understanding is more successfully achieved.

CASE STUDY

Norm and standard-setting for improved equity in CVD outcomes: Lessons from WHF's work to enhance service provision for CVD

Cardiovascular disease can be prevented or controlled through timely detection, which the World Heart Federation (WHF) promotes by developing effective standards for care and encouraging social norms that empower individuals to seek care. With partnerships in over 100 countries, WHF improves equity in CVD outcomes through a refined model of stakeholder engagement, knowledge sharing, and capacity building for advocates and healthcare providers.

In Kenya, a prosperous partnership with the Kenya Cardiac Society (KCS) opened the doors to nationwide collaboration with health professionals and advocates who share WHF's vision of achieving equitable CVD outcomes. KCS first turned to WHF and Access Accelerated in 2018 to request support in the dissemination and implementation of new CVD guidelines, particularly in rural areas which have historically lacked access to NCD services. Over the years this partnership gave way to a coalition of stakeholders including community groups, county governments, industry, academic institutions, and professional societies. Coordination between these different groups has been both robust and resilient, overcoming health worker strikes and COVID-19 disruptions to provide 22 national and county-level workshops for the dissemination of CVD guidelines. This campaign achieved such success that KCS was invited to present its results at the Annual Scientific Congress, and it expanded its mandate to include the dissemination of guidelines for diabetes in addition to CVD.

In Kenya, a prosperous partnership with the Kenya Cardiac Society opened the doors to nationwide collaboration with health professionals and advocates who share WHF's vision of achieving equitable CVD outcomes.

To supplement its work with local and national implementing partners, WHF leverages its technical expertise to produce global analysis on specific aspects of circulatory health such as health system barriers to improving hypertension care. The "Roadmap for Hypertension update" supported by Access Accelerated, identifies a series of roadblocks and potential solutions to help improve access to hypertension prevention, detection and treatment in different settings. The Roadmap provides a framework for local partners such as KCS to map their situation and identify policies or programs that can be implemented to overcome identified challenges.

WHF's work on norm and standard-setting reveals that creating local communities and generating knowledge are essential to advance the embeddedness of enhanced capacities among service providers. This means that multiple local actors interact and create social capital and connective tissue, while also having advanced technical knowledge on specific pain points. Identifying and thinking creatively about solutions is thus made possible.



CASE STUDY

Achieving gender equity in CVD outcomes: Lessons from WHF's work to strengthen women's visibility in CVD

Research from different countries suggest that women may have higher rates of in-hospital and post-discharge mortality following a heart attack. CVD presents differently and at different stages of life for men and women, and prevailing standards of care fail to address this gendered discrepancy in treatment outcomes. With support from Access Accelerated, World Heart Federation (WHF) is empowering female leaders and patient advocates to develop and implement gender-sensitive guidelines for CVD diagnosis and treatment.

WHF's *Act with a Woman's Heart* project exemplifies the federation's commitment to closing gender disparities in CVD. Through a partnership with the Colombian Heart Foundation and Colombian Society of Cardiology, the project built enabling environments for improved CVD outcomes in three cities on Colombia's Caribbean coast. These communities historically lacked access to NCD services. They are home to many people of African descent who are at a particularly high risk for blood pressure. *Act with a Woman's Heart* focused on empowering female health professionals in these underserved communities to prevent and manage heart disease, training 320 women of African descent in actionable strategies to mitigate CVD risk factors and disseminate guidelines for effective care. The training curriculum espouses "care as a lifestyle," tasking participants with promoting a culture of healthy living for their communities and encouraging individuals to access NCD services.

In addition to the work in Colombia, WHF advances the visibility of women as leaders in the field of CVD care. Dr. Lilian Mbau is the Chief Executive Officer of WHF's local partner in Kenya, the Kenya Cardiac Society, and she is also a member of WHF's *Emerging Leaders Programme* that empowers the next generation of leaders to shape the future of cardiovascular health. WHF's work in Kenya achieved gender parity across service providers, which is rare in cardiovascular disease.

Day by day, gender disparities in cardiovascular disease are being reduced through WHF's coordinated action on three fronts. First, the implementation of



gender-sensitive guidelines and standards of care help healthcare providers to appropriately respond to women's health needs. Further, women cardiologists and other healthcare workers are developing professional acumen and becoming leaders in the NCD response. Lastly, women living with CVD and other NCDs are being empowered to advocate for patient-centered policies and health services.

WHF's work to emphasize women and their CVD needs offers a key lesson on how flexible funding enables organizations to dig deeper into the needs of their target populations. It also showcases that facilitating knowledge exchange from global to local centers is a low-hanging fruit to create long-term, sustainable community and patient-centric care.



Read more: How can we improve women's access to heart-saving care?



Organizing the private sector as a cohesive group rather than competing voices has helped advance this shared agenda for NCDs. Engaging with different key stakeholders like governments and presenting as a unified, cohesive front has really promoted the whole-of-society approach.

— Cristina Parsons Perez
Capacity Development Director
NCD Alliance



CONNECTIVE TISSUE

Connective tissue represents the less tangible impacts of collective efforts: those that bind stakeholders and activities together, build coherence across multiple objectives and ways of working, and lead to sustainable actions over time. RTI International applies this concept to capture the value addition of joint efforts towards unified goals.

THREE KEY WAYS PROGRAM OUTCOMES HAVE CONTRIBUTED TO CONNECTIVE TISSUE



1. By working with local stakeholders to build capacities, create trust, and encourage project embeddedness



2. By collaborating with multilateral and multisectoral stakeholders



3. By working to improve Universal Health Coverage

WORKING WITH LOCAL STAKEHOLDERS

In 2022, partners built the capacity of over 5,000 local stakeholders in 18 projects, by involving them throughout the entire project cycle, from the very inception of programs to the design, implementation, and monitoring phases. This has resulted in projects and impacts that are embedded at local levels, with higher sustainability over time. This is particularly important for NCD service provision, since people living with NCDs require ongoing access to quality care. Moreover, stronger capacities help local stakeholders to respond to changing needs over time. The five partners contribute to this in different ways (see Fig.1).

By working with multiple local stakeholders throughout project cycles, partner projects enable the creation of local networks of action. Increased social interactions



FIG. 1.
ACCESS ACCELERATED PARTNERS
COLLABORATE WITH LOCAL STAKEHOLDERS

C/Can works with local stakeholders to identify gaps and to foster collaboration in the design of technical solutions.

NCDA trains advocates to co-create tools that increase government and private sector accountability to the needs voiced by people living with NCDs.

PATH joins forces with other local partners to expose system challenges and unmet needs followed by the design, test and scale of innovative tools/technologies and person-centred models of care.

The World Bank engages with local partners to create cutting-edge analytical work and to implement pilot projects.

WHF empowers local stakeholders to implement activities by providing technical knowledge and in-kind contributions.

among these networks promote coordinated and harmonious action at local levels. These interactions also bridge ideas and boost social capital. As networks continue to grow and become more heterogeneous, this social capital in turn allows for larger exchanges of information, opportunities, and resources. Partners' work with local stakeholders in 2022 builds such social capital and connective tissue by tapping into different local networks, covering a wide array of NCD needs.

COLLABORATING WITH MULTILATERAL AND MULTISECTORAL STAKEHOLDERS

Multilateral and multisectoral collaboration are elusive targets for NCD action, yet they are essential for successful NCD prevention, treatment, and control. The convening power of the five partners enabled their programs to engage stakeholders at sub-national, national, and global levels. Partners leveraged their local and global networks to address multiple needs. These include the provision of capacity-building tools and exercises, and engagement to enhance service provision (see Fig.2). These types of collaborations with multilateral and multisectoral actors foster a culture of knowledge exchange which opens avenues for creative and innovative solutions to come to the fore. A culture of trust, facilitated through open communication



FIG. 2.
ACCESS ACCELERATED PARTNERS'
CONVENING POWER

C/Can collaborates with the American Society of Clinical Oncology to roll-out cancer management courses.

NCDA and **PATH** work to highlight the unmet needs of people living with NCDs is shaping new approaches to NCDs, in turn reaching wider audiences.

The World Bank's project in Bosnia and Herzegovina works with private sector providers to support the timely delivery of NCD care.

Industry leaders and opinion leaders are brought together to strengthen norms in **WHF's** multiple global level summits.

allows for partners to learn from one another, in turn building connective tissue. This exchange of ideas also offers examples of successful NCD action which enable partners to leverage catalytic funding. By collaborating with multiple sectors and organizations in 2022, partners raised over 1.6 billion USD from five different types of stakeholders, including three global actors, one national government, three pharmaceutical companies, one non-governmental organization and one local partner. Collaborating with multiple stakeholders leads to stronger outcomes as more distributed responsibility minimizes the limitations faced by individual actors, allowing them to capitalize on the strengths of others to address NCDs through multiple entry points.

IMPROVING UNIVERSAL HEALTH COVERAGE

Universal health coverage (UHC) is an important principle for health systems as it encourages actors to work towards reduced poverty and increased access to affordable and quality services. Universal health coverage is at the core of the SDGs. However, UHC is not possible without NCD action. NCDs are central to achieving UHC. Not only are NCDs costly to treat and manage, but their effects at the household level can be impoverishing, eroding away social safety nets and human capital. Recognizing the intricate relationship between UHC and NCDs, Access Accelerated partners supported UHC in 30 projects in 2022 (see Fig.3). These project examples illustrate how



FIG. 3.
ACCESS ACCELERATED PARTNERS'
SUPPORT FOR UHC

C/Can, PATH the **World Bank**, and **WHF** strengthen primary health care services to provide NCD services.

NCDA trains people living with NCDs to advocate for NCD action as part of UHC projects.

PATH works with national ministries of health to identify supply chain bottlenecks and to develop tailored solutions that enable last mile distribution.

different countries can consider NCD action to select locally relevant packages of services and overcome barriers associated with the development of effective UHC plans. Because no country has achieved UHC, examples and knowledge from Access Accelerated partners provide stakeholders working towards UHC with innovative, tested, and evaluated programming options. Partners' projects showcase that NCD action can be framed as an intrinsic component of health systems strengthening, particularly as working to address NCDs encourages the use of primary care services and integrated approaches. This is different from communicable disease action, which is often vertical and short-term. As UHC goals continue to highlight the need for stronger health systems, considering NCD action as a way to do so offers a win-win solution with multiple benefits for all.

Documenting connective tissue built through partner programs captures the contributions that initiatives like Access Accelerated bring to global health discourse and action. The investment in local capacities and networks, the interest in collaborating with multiple sectors, and the alignment of efforts under a common goal to strengthen health systems, shape our understanding of what can be achieved when actors work together. These impacts are likely to remain relevant beyond the projects themselves, and therefore initiatives like Access Accelerated enable an increased precedent for multisectoral collaboration in the interest of advancing collaborative approaches to complex societal dilemmas.



Watch the discussion with Access Accelerated experts and partners on accelerating UHC through a strengthened NCD response.

POTENTIAL OF COLLECTIVE IMPACT



— Kyle Peterson
Co-Founder and Managing Partner
Boldly Go Philanthropy

Boldly Go Philanthropy helps companies and foundations around the world maximize their philanthropic efforts. Co-founder and managing director, Kyle Peterson explains why connectivity and infrastructure are key to coordinating action and making an impact – especially when confronting a problem as complex as NCDs. Below, he sheds light on the changing landscape of partnerships, and why the Access Accelerated model is the way forward in bringing about systems-level change.

When I was working in the field in the mid-90s, there was a lot more competition and far less connectivity between actors than there is today. Over the past 20 or 30 years, we’ve become a lot more thoughtful about partnerships. There’s a much greater notion of shared responsibility and an understanding that we can achieve greater and more sustained impact by pooling expertise and resources. Improving access to NCD care is such a multi-faceted challenge, so it’s only logical that multiple players should collaborate to solve the challenge. It’s not just about getting medication to patients. It’s about changing mindsets and policies. Suddenly, it’s not so easy for one actor to solve alone.

THE ARCHITECTURE OF A THOUGHTFUL PARTNERSHIP

The act of collaboration isn’t a success in itself; it’s a mechanism to solve a problem. Fundamentally, you need someone to bring the action together, or the collaboration will fail. Cross-sector partnerships are inherently ambitious and simply relying on the value of individual expertise and hoping they complement each other isn’t enough. Effective partnership demands robust infrastructure to be in place to bring the actors together.

You need somebody to articulate your shared goals, collect and disseminate information and data, and measure and communicate your progress. And that takes time, effort and money. What people sometimes forget is that you need to pay for this infrastructure. It often gets dismissed, when in reality it’s a small investment compared to the intervention that you’re trying to solve. If infrastructure doesn’t get funded, the collaboration fails. And that’s what we see happen over and over again. Collective action isn’t easy to coordinate, but as Access Accelerated continues to show, its impact is far more sustainable than any one actor on their own could achieve.

“Effective partnership demands robust infrastructure in place to bring the actors together. What people forget is that you have to pay for this infrastructure.”

KEEPING ACCOUNTABLE

Measuring the health of a collaboration allows you to not only take stock of what’s going well but it exposes what’s not working, and that provides an opportunity to course correct. Putting frameworks in place to better understand the impact of investments in collective action holds a collaboration accountable, both from the individual and collective level.

But beyond the traditional metrics, we need to ask ourselves the right questions: What is the attitude of the actors in the collaboration? Do they feel like they are getting value for their investment? Is there trust and open communication? Is there strategic alignment between what we’re doing and the partners’ individual interests? I often ask people, does your CEO know about this collaboration?

Does your board know? When the answer is ‘no’, it’s almost always an indication of strategic nonalignment, lack of interest and failure.

LOOKING FORWARD

As Access Accelerated moves into the next phase of its journey, it’s important to maintain a strong connection between the goals of the collective with the individual partners’ own interests to ensure meaningful engagement, sustained action and long-term impact. As the backbone and infrastructure to this collaborative, Access Accelerated has an important role to play in clarifying mutual objectives, defining where it will be in five years, and measuring the health of the partnership to keep itself accountable.

Kyle Peterson is the Co-Founder and Managing Partner at Boldly Go Philanthropy, an advisory firm based in Washington, DC. Before launching BGP, Mr. Peterson led all philanthropic activities on behalf of the multi-generation Walton family, including serving as the Executive Director of the Walton Family Foundation.



Collective action isn’t easy to coordinate – but as Access Accelerated continues to show, its impact is far more sustainable.



Hà Giang, Vietnam

UNGA SIDE EVENT SPOTLIGHT: ENGAGING FOR CONTINUOUS LEARNING

Important milestones loom in the global fight against NCDs. In 2025, the UN will host the fourth high-level meeting on NCDs. Meanwhile, 2030 will mark the target completion date of the SDGs. As NCDs and the role of partnerships garner increasing attention, it is critical that we identify avenues to measure and learn from efforts already in place.

On the sidelines of the 77th UN General Assembly in New York City, Access Accelerated, RTI International, City Cancer Challenge, NCD Alliance, PATH, the World Bank, and World Heart Federation welcomed leaders and experts in global health to discuss the role of multisectoral partnerships in unlocking collective impact for NCDs. Participants drew from grounded experience to debate how measurement of collective action can identify and generate evidence for effective multi-stakeholder approaches.

Speakers shared some of the many ways that stakeholders advance collaborative and coordinated NCD action. Informed by his years of experience as a philanthropic leader, keynote speaker Kyle Peterson highlighted the necessity of collective action for achieving system-level change. A panel of distinguished experts responded by sharing their experiences and perspectives, including Dr. Jemima Kamano from Kenya's Moi University, Dr. Alicia Pomata, Director of the Paraguayan National Cancer Control Program, and Dr. Emilia de Castro Monteiro, Diabetes Program Coordinator for the Cabo Verde Ministry of Health. These panelists discussed how multilateral partnerships sustainably scaled a nationwide diabetes and hypertension control program in Kenya, united fragmented actors in Paraguay's health system, and reduced inefficiency and competition between private and public healthcare providers in Cabo Verde. As a pediatrician, scientist, and board member of NCD



Alliance and World Heart Federation, Professor Liesl Zühlke moderated the panel from a perspective grounded in multisectoral collaboration. The World Bank's Dr. Juan Pablo Uribe reflected on the need for alignment among global health stakeholders and the potential for collective action to improving the lives of the poor and vulnerable.

Key learnings distilled from participants' roundtable discussions affirmed that ideals such as transparency and shared ownership are drivers of collective action, and that stakeholder consensus on measurement priorities is a critical prerequisite for successful collaboration.

It is clear that there is no silver bullet in the fight against NCDs. Yet Access Accelerated showcases a pioneering effort in "learning by doing" by convening stakeholders and demonstrating a commitment to open and inclusive dialogue. The UNGA side event and similar conversations advance transparent measurement, knowledge sharing, and continuous learning, which in turn drive sustainable impact and create ripple effects for future collaborative efforts to combat NCDs.



Watch the highlights from the UNGA side event discussion on the potential of collective impact.



THE FUTURE OF MEASURING COLLECTIVE IMPACT

A NEW WAY OF MEASURING PARTNERSHIPS

As the importance of collective action in achieving the global health targets, including UHC and reducing premature NCD death becomes more apparent, so does the need to clearly assess its impact. We know that there is immense and far-reaching value in employing a collective, whole-of-society approach to improving access to NCDs — but measuring and quantifying that value is not a straightforward endeavor.

Strengthening our knowledge and generating evidence of what works — and doesn't work — when it comes to global health partnerships, demands a new science. With multiple stakeholders and substantial implications for patients worldwide, a fit-for-purpose measurement framework requires deliberative processes and commitment across the board.



Coordinated, collaborative approaches are essential to reach the UN SDGs. No longer can we rely on the individual and often fragmented approach to solving the world's most urgent challenges; it is shared goals that will drive sustainable, scalable impact and change. That is why we must invest in new tools and a different way of robustly measuring and evaluating joint efforts and understanding the value they deliver.

— Dr Michael Fürst
Global Head of Social Business at UCB,
and member of Access Accelerated

THE VALUE OF MEASURING COLLECTIVE IMPACT

Measurement is critical to extracting knowledge and driving system-level change that will improve the NCD landscape. From an operational perspective, it provides an indication of the effectiveness and health of a multisectoral collaboration, exposing what is going well and which areas need course-correcting. With over 95% of access programs registered under the Access Observatory delivered through partnerships (See Fig. 4), a harmonized reporting framework is essential for ensuring alignment towards mutual goals and evaluating the impact of a project at both the individual and collective level.

Strengthening our knowledge about what works in partnerships not only helps to enable progress in the long run but helps to make the case within companies themselves to continue investments in partnerships.



FIG. 4.

PARTNERSHIPS IN ACCESS PROGRAMS

Multisectoral partnerships are key to the success of almost all access programs registered in the Access Observatory, an online public repository of information on industry and public sector efforts on addressing access to NCD services and care.

In 2020, 96% of active programs that year listed some type of partner, be they voluntary, public, or private.

116 PROGRAMS WITH AT LEAST ONE PARTNER

TOTAL NUMBER OF UNIQUE PARTNERS **357**

2.9 AVERAGE NUMBER OF PARTNERS PER PROGRAM*

*Unique partners / total number of programs

Private	65	18%
Public	159	44.5%
Voluntary (CSOs)	156	44%
Total	357	100%

* Partners may be counted under more than one type of partnership.



Download the 2021 Annual Observatory Report.

On a larger scale, collecting data and information over time provides a vital repository of evidence needed to greenlight change at a policy level, empowering decision makers to make informed decisions and take concrete, sustainable actions. Simply put — what gets measured gets done, and creates very strong incentives around how partnerships operate. In the same vein, evidence-based documentation is a prerequisite for securing and mobilizing financial resources. Increased investment in turn will catalyze innovation in the design of future access strategies.

Finally, measuring collective impact ensures much-needed accountability. It allows for the documentation of progress toward fulfillment of commitments made to governments, investors, civil society, and, most importantly, the people around the world whose lives the projects aim to improve.

OPPORTUNITIES IN MEASURING COLLECTIVE IMPACT

GREATER HARMONIZATION

While we are making headway in providing rigorous measurement and evaluation, key challenges remain in this area. One of the largest barriers is a lack of consensus on how to measure success. There is no single effective indicator, no current harmonization of what to measure and how to measure it. Cross-sector partnerships are inherently ambitious and employ a variety of strategies drawing on very different areas of expertise. Stakeholders typically have their own agendas and reporting mechanisms to adhere to, as well as different audiences to target. Such diversity and ambiguity around individual needs can impede efficiency and intensify the reporting burden on organizations when not managed properly. If every institution within a partnership provides different information, it becomes very difficult to understand the impact of the project and ultimately to advocate for policy change, or make a case for investment.

A level of harmonization is therefore imperative to simplify the structure for measurement, reconcile mutual objectives, and reduce duplication of efforts. While it is not realistic to think that we will achieve 100% agreement across such a diversity of stakeholders, it is important to have a deliberative process involving open dialogue, room for negotiation and, where possible, finding agreement on a vision. The goal should be to reinforce agreement, compromise on differences, and minimize friction where such differences are not amenable to compromise.

MEASURING IMPACT TAKES TIME

A key challenge with NCDs is that changes in health outcomes are not immediate and demonstrating the benefits of sustained impact takes time. This means that the incentives for working to address NCDs are different to communicable diseases and require a long-term perspective. Encouraging participation therefore, can often prove difficult. For many organizations, measuring collective impact is a new concept and is seldom seen as a priority, and more often as a cost, demanding resources and time. A shift in mindset is needed for partners to recognize that the success of a collaboration is not just measured by outcomes, but by impact, which is only seen in the mid- to long-term.

INCENTIVIZING COLLECTIVE ACTION

Individual organization measurement has resulted in siloed approaches, with little interconnectivity. On the flipside, by emphasizing metrics that value multisectoral collaboration, this provides an opportunity to value and incentivize collective action — which is essential to achieving sustainable change in NCDs.

Solo approaches can also lead to high transaction costs for governments working with multiple programs, diluting their individual value. Our collective responsibility is to reduce that burden at the country level in order to help governments develop at scale what is needed for the population.

DEVELOPING A ROBUST MEASUREMENT FRAMEWORK

Today, there is general agreement and consistency across different metric systems, including the Boston University operated Access Observatory and the Access Accelerated Open Platform (AAOP) a collaborative initiative between Access Accelerated and Dure Technologies. While both are invaluable resources for delivering quantitative data and are examples of how organizations can create a common understanding, efforts are needed to evolve reporting mechanisms to develop and deliver qualitative evaluation. To that end, Access Accelerated has been working with RTI to design a robust and thoughtfully designed measurement framework that accounts for both the quantitative and qualitative value of multi stakeholder collaboration.

The framework is designed to measure the individual and collective impact of Access Accelerated partner projects, such as the systems-level change achieved by organizations learning together, aligning, and integrating their actions. This approach has enabled the measurement not only of quantitative metrics, but also captures the more difficult-to-quantify “connective tissue” that holds a partnership in place.



None of the issues that we care about in global development are isolated issues. We used to think that for a long time: we thought about poverty as poverty and health as health. Infectious diseases, transportation needs, energy needs, environmental issues and agricultural issues have been in their own world. We now know better than that. It's a complex ecosystem and multi-stakeholder engagement recognizes that and respects it.”

— Dr. Rachel Nugent
Former Vice President,
Global NCDs, RTI

Key Learnings

- It is in each stakeholder’s interest to provide good data; it informs policy decisions, makes a case for investment, and provides opportunities for learning and future collaboration.
- Different metrics for different players creates a soloed and siloed landscape, leading to ambiguity and duplicated efforts in reporting. Cross-collaboration is a key condition of success.
- Social innovation is needed to advance the science of measuring and evaluating partnerships aimed at improving access to healthcare.
- Agreement is needed on the models and methodologies, and a common language; recognizing the trade-off between simplification and granularity.
- Measurement and evaluation mechanisms may be an opportunity to incentivize collective action.
- Harmonization towards a measurement framework will not be a sprint; it will take time.

LOOKING AHEAD

Meaningful engagement across partners and concerted action for NCDs are well within reach. To fully realize our goal of sustained and improved access to NCD prevention and care, we need to strengthen connective tissue that holds these partnerships in place and be able to measure the outputs and impacts of such partnerships.

IMPROVING ACCESS TO HEALTHCARE: EFFECTIVE PARTNERSHIPS WITH INDUSTRY *A Chatham House dialogue*

On March 24, 2023 Chatham House, Boston University and Access Accelerated hosted a forward-looking dialogue to address some of the critical challenges in measuring and reporting global multisectoral collaborations. The panel of experts from Access to Medicine Foundation, Chatham House, GAVI and UCB discussed how to ensure more effective partnerships in this area.

[Watch the replay of the discussion](#)



Access
Observatory

ACCESS OBSERVATORY

Operated by Boston University, Access Observatory is a public platform for reporting on access to health programs. Its aim was to support the collection of standardized information and data, and to provide the public with clear and transparent reporting. Available on the Access Observatory, individual program reports provide a description of each member company program, including country of operation, disease focus, access strategies and activities, and target populations.

For more information, visit:
www.accessobservatory.org

OPEN PLATFORM



ACCESS ACCELERATED OPEN PLATFORM

The Access Accelerated Open Platform is the first centralized knowledge resource on global programming, activities and research on NCDs bringing together data sources from the Access Observatory, the Global Health Progress, COVID-19 portal, alongside WHO resources and other open sources to enrich the data. Building and expanding on the Access Observatory, the platform offers interactive visualizations and analysis of the latest NCD-program information, with more than 12 million indicator records available, as well as peer-reviewed data and insights into programs.

For more information, visit:
www.aapenplatform.accessaccelerated.org

FUTURE SCIENCE OF COLLECTIVE IMPACT



— Emma Ross

Senior Research Fellow, Global Health Programme
Chatham House

As a strategic communications specialist, writer and editor, Emma Ross advises non-profit organizations involved in medical research, public health and global health. She has written for and advised Chatham House's program on strategy and communications since 2010. Before that, Emma was a long-time medical correspondent at the Associated Press, guiding the world's largest news organization's coverage of health news from Europe, Africa and Asia. In this feature, Emma shares her insights on the emergence of multisectoral partnerships in response to the rising challenges of NCDs and the need for harmonization and transparency in measuring their value.

THE SHIFT TOWARDS EFFECTIVE, SUSTAINABLE MULTISECTORAL PARTNERSHIPS

Expanding access to healthcare is a complex challenge requiring a whole-of-society approach, too large for either the public or the private sector to solve alone. In recent years, the appreciation and appetite for partnership and cooperation has deepened as the value of this approach has become more apparent. We've seen a shift away from siloed efforts toward cross-sector collaborations as a mechanism to address global health issues, especially the burden of noncommunicable diseases. The emergence of multistakeholder cooperation across diverse sectors has brought a growing recognition that we need more sustainable ways of partnering if we are to effect long-lasting impact. While the global health community has a good understanding of what's needed, more progress on how best to execute this is needed.

THE BENEFITS AND LIMITATIONS OF COOPERATION

At their best, multisectoral collaborations leverage the strengths of the public, private and non-government sectors simultaneously. Together, they provide the enabling environment necessary to implement change, whether that be policy, regulatory, financial or operational. Such cooperation in theory should balance the interests of participating sectors, ensure a workable method for sharing decision-making authority, and encourage accountability from all parties.

In practice, however, we are lacking agreement and consensus on how to do this at scale. In part, this is because every partnership is different and must be adapted to the problem it attempts to solve. And in part it's because we've had no concrete way of measuring collective impact. One of the main challenges in moving forward is developing a new science of evaluating collective efforts and harmonizing standards across diverse stakeholder groups. Everyone has their own way of doing things and their own interests to serve, which is naturally going to be a source of tension. The challenge is going to be meeting the demands and agendas of stakeholders and satisfying their divergent interests while at the same time continuing to incentivize collective action.

DRIVING INCENTIVE AND PARTICIPATION

It's important to conceptualize and map out how harmonization efforts across all partners will contribute to reaching shared goals, and to articulate what value it will bring. Measuring the resulting efforts of collaborative partnerships requires agreement on metrics, indicators, and diligent reporting. We need to

keep that burden to a minimum and prioritize what's necessary to encourage participation. Most importantly, we need to be clear on the *why*, and have clear messages on the rationale and the benefits for doing it, for society at large, but also specifically for the partners investing their time, money, and effort. The global healthcare community has a real opportunity not only to increase access to care for people living with NCDs, but to say "we've come together. We've agreed as a bloc on how to collaborate" and show others the way. We need to keep the process of building a shared measurement framework as transparent as possible to ensure that it has credibility and weight. Openness and accountability among stakeholders will be key. The global health and NCD community can achieve extraordinary progress if we take a pragmatic approach to prioritizing actions, centering our motives, aligning on harmonization of standards, and promoting collective responsibility for NCD solutions.



Moving forward requires a harmonized framework. The challenge is going to be satisfying the divergent interests of stakeholders while at the same time driving incentive for cooperation.

KEY LESSONS



LESSONS TO BUILD ON

NCDs have long been missing in global development action. This group of diseases was notoriously excluded from the Millennium Development Goals and global-level attention to them remains nascent. The last decade saw progress with three United Nations high-level meetings dedicated to NCDs as well as the establishment of a target dedicated to the prevention and treatment of NCDs in the Sustainable Development Goals.

This lag in attention to NCDs has implications on how national and global actors prioritize attention to health-related issues. For example, for communicable diseases, several specialized global agencies and funds were created since the early 2000s, establishing new funding streams and new partnership modalities. These are still lacking in the field of NCDs, despite NCDs being much more prevalent and costly than communicable diseases to individuals and society.

Access Accelerated is one of a limited number of partnerships with an exclusive focus on NCDs. As such, it is a pioneering effort in paving the way for engagement with the private sector to address complex, systems-wide health issues. Access Accelerated provides evidence that stakeholders in the life sciences industry can set aside competing interests to unite for a common vision to address NCDs. The initiative also demonstrates the private sector's willingness to provide support over a sustained period, with a view towards systems-level change. This is a change that is not immediate but that yields multiple results over time. It is different from other public-private partnership modalities because it allows the private sector to go beyond the traditional caritative approach to instead enable knowledge exchange and trust, fostering local ownership and creating new networks of stakeholders at national and global levels.

Through this, Access Accelerated serves as an example of how the private sector can become a meaningful actor in processes of change towards shared societal goals.

FIVE KEY LESSONS LEARNED



1. Open, transparent communication and measurement are essential to capture intangible impacts



2. Flexible, non-competing and long-term funding offers a unique opportunity to develop locally-embedded solutions



3. New ways of addressing diseases are possible and necessary, especially to achieve broader health goals



4. Community- and patient-centric approaches are essential to sustainability



5. Change takes time

OPEN, TRANSPARENT COMMUNICATION AND MEASUREMENT ARE ESSENTIAL TO CAPTURE INTANGIBLE IMPACTS

Core principles of Access Accelerated include open, transparent communication and rigorous measurement. While traditional measurement of public-private partnerships has not always been open, Access Accelerated has committed itself to documenting the impact achieved throughout the duration of the initiative. This has allowed for connective tissue to come to the fore — establishing a new way of capturing the social capital, knowledge creation and trust that arise when multiple partner efforts are directed toward unified goals.

Access Accelerated has enabled connective tissue over time by establishing joint ways of working — moving away from individual and fragmented initiatives that lacked coherence and fostered competition. In collaboration with five strategic partners, Access Accelerated has created connective tissue by connecting with multiple networks of local stakeholders and increasing the knowledge exchange, interaction, and opportunities between them. This has built trust between and among local stakeholders



and supported programs to become locally owned. Access Accelerated has also supported the creation of new partnerships with international and multisectoral stakeholders in partner programs. This has had the profound effect of bringing new actors to the fight against NCDs and encouraging the pooling of new and diverse expertise, ways of working, and resources. Creating such networks at local and global levels, in turn, enables a more comprehensive approach to NCDs moving forward. Capturing the growth in cooperation for NCDs as a result of Access Accelerated partner programs offers lessons on the types of measurement systems necessary for future initiatives, especially those seeking to address complex problems. By moving away from the binary of successes and failures, connective tissue is a concept that pushes measurement to consider the ripple effects of multiple stakeholders aligning towards a shared vision.

FLEXIBLE, NON-COMPETING AND LONG-TERM FUNDING OFFERS A UNIQUE OPPORTUNITY TO DEVELOP LOCALLY EMBEDDED SOLUTIONS

The multiple achievements of Access Accelerated speak to the value of its unique model of flexible funding. The initiative pooled funds from biopharmaceutical and life science companies to support five strategic partners' activities. These five partners all have a unique value proposition in the field of NCDs. C/Can is the only multisectoral cancer care initiative supporting city-led solutions for cancer. The NCD Alliance is a global thought leader on NCD policy and practice, convening civil society and advocating for people living with NCDs. PATH is a key implementing actor working to strengthen health systems through innovation. The World Bank is the largest agency when it comes to investing in health and it responds to countries' needs through its substantial, cutting-edge analytical capabilities and technical knowledge. The World Heart Federation is the leading global convener in cardiovascular health. Such a diversity of partners allowed Access Accelerated to explore multiple entry points for NCD action in varied settings while also establishing a network among them after six years of cross-collaboration.

Partner programs engaged local actors to identify needs and to establish locally relevant solutions. This was made possible by means of flexible funding where projects were allowed to address multiple needs and work in different ways. The implications of working this way are meaningful for engaging the private sector in future collaborations, especially as flexible funding allows for creativity to flourish and solutions to be tested and scaled. Sustaining this flexible funding over the six years of the consortium was essential to reach the multiple achievements of the partnership, especially as a longer timeframe allowed for embeddedness at local levels to cement and for relationships to evolve naturally. This is also vital in creating connective tissue over time as local stakeholders gain trust in the willingness of the private sector to support long-term change. Having multiple partners with different ways of working join the initiative also sheds light on how synergies can evolve over time through flexible, long-term funding. Throughout the partnership, strategic partners became more interconnected in their operations, especially when based in the same country. Similarly, the open communication and shared measurement encouraged by Access Accelerated fostered a culture of learning from one another, including identifying opportunities to leverage each other's work and expertise. This knowledge exchange is paving the way for renewed impetus in the fight against NCDs, and future partnerships can learn from this approach.

NEW WAYS OF ADDRESSING DISEASES ARE POSSIBLE AND NECESSARY, ESPECIALLY TO ACHIEVE BROADER HEALTH GOALS

The work of Access Accelerated with strategic partners is transforming how public-private partnerships can address diverse health goals, not just NCD action. It is evident that the siloed approaches which permeate global health and pharmaceutical industries no longer serve NCD programming or strong health systems. A systems approach is better suited to address diverse and emerging needs, which is especially relevant for NCDs, as these vary from setting to setting.

The implications of the biopharmaceutical and life sciences industry and health interventions moving away from fragmented disease programming to integrated, health systems approaches have had remarkable effects on multiple health agendas. Several projects in the partnership brought NCD services to lower levels of care, such as in PATH's *Communities in Healthy Vietnam* or the World Bank's projects in El Salvador and Vietnam which upgraded facilities, changed regulations, and trained primary care health workers. These projects improved

access to services which is a key tenet of UHC and also enhanced primary health care. Partner projects also improved service provision by providing context-specific guidelines, training, and knowledge products. Over time, these efforts resulted in improved responsiveness to NCD needs, stronger local capacities and in enhanced quality of care — a second principle of UHC. Recognizing that NCDs are costly, several partner projects worked to strengthen NCD medicine availability and to bring health services closer to the people, thus reducing costs incurred in seeking NCD care and promoting financial risk protection, which is the third component of UHC.

Using a systems approach allowed partners to creatively integrate NCDs into health systems, so that NCD programming created impact not only for people living with NCDs, but also for strengthened health systems and common health goals including UHC and strong primary care service provision. This is an essential lesson learned through the experience of Access Accelerated as it solidifies the idea that NCD action can take place even through the operationalization of other health agendas and policies. In this way, Access Accelerated is a case in point of how it is possible to move away from fragmented approaches into a more needs-responsive model where joint action towards one goal can have multiple health benefits. Having examples of how the pharmaceutical sector can be engaged to support systems-wide change and thus UHC, paves the way for other private actors to join the fight against NCDs.

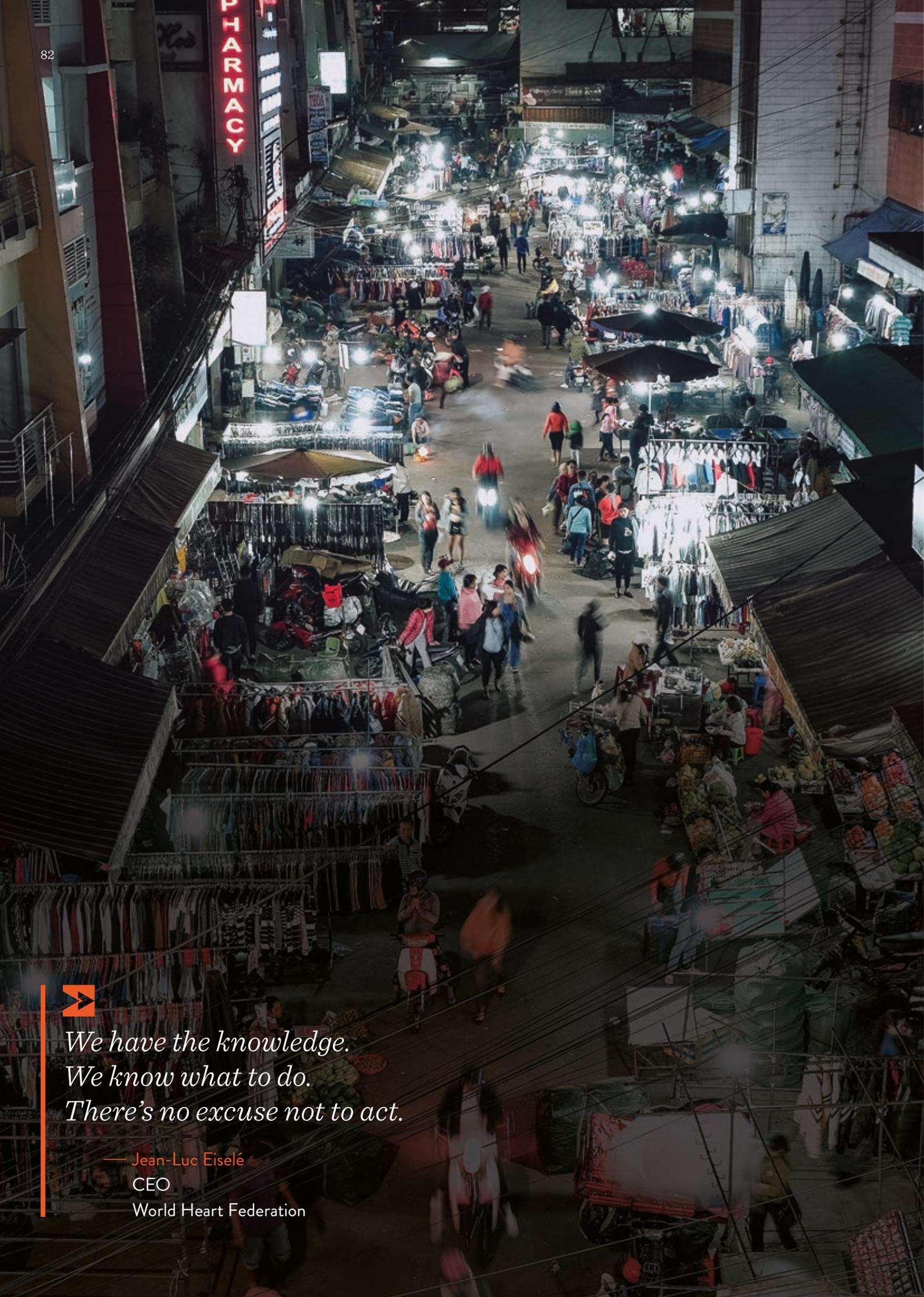
COMMUNITY- AND PATIENT-CENTRIC APPROACHES ARE ESSENTIAL TO SUSTAINABILITY

The global experience with COVID-19 highlighted how urgently health systems need to be strengthened to respond to the evolving needs of people living with NCDs. Throughout the pandemic, partner organizations remained committed to their projects and country networks, adapted their programming often, and used nimble abilities to identify new ways of working. The wisdom that partners leveraged through the pandemic showcases the central role that having patient-centric models plays both in times of crisis and for recovery. A key principle of all partners' activities was ensuring that they address local needs, and they did this by engaging local stakeholders and patients throughout the entire project process — from design to implementation and learning. A notable example of the commitment to patient centricity is C/Can's City Engagement Process which involves a Needs Assessment led by local stakeholders, and which results in the

generation of local evidence on the cancer care ecosystem in each city, including potential challenges in the health system, infrastructure, quality, and human resources. Engaging affected communities from the onset of project design and development enabled better measures of success to be defined across partner projects. Responsive activities and funding foster trust and receptiveness to future public-private partnership engagements among local partners. It is an essential component of successful programming because it gives all stakeholders a voice and space. It ensures that equity and sustainability remain at the forefront of joint action. The way that Access Accelerated and its partners have responded to patients' needs thus provides lessons on the types of tools and techniques required to keep communities and patients at the core of joint action.

CHANGE TAKES TIME

A key challenge in NCD work is understanding that changes in health outcomes are not immediate. This is not the case for infectious diseases, and so the incentives for working to address NCDs are different and require a long-term perspective. Many of the enabling conditions that work towards improved NCD outcomes are also nascent, with countries establishing national mandates for NCDs only as a result of the recent changes in global attention through the Sustainable Development Goals. This makes it difficult to have examples and standards for NCDs. Several Access Accelerated projects have worked towards changing the enabling environment for NCD action at local levels, including through legislative change. Legislative processes are often long and require interested parties be involved for the identification of gaps and solutions. Access Accelerated has made this possible by providing sustained support over a long period of time. This longevity also gives partners the space to test different approaches and to course correct based on evolving needs. This is an important lesson for donors and the private sector not only in global health but in wider development work, as it showcases how the pressure of funding cycles limits the type of impacts that can be built with a longer-time horizon. For Access Accelerated, having a longer time perspective has provided its strategic partners with the ability to shape the enabling environments in countries and to work with local stakeholders to encourage the embeddedness of its projects. In turn, this has allowed projects to truly evolve with the local context, enabling sustainability and scalability.



*We have the knowledge.
We know what to do.
There's no excuse not to act.*

— Jean-Luc Eiselé

CEO

World Heart Federation

REACHING HEARTS & CHANGING MINDS



— Jean-Luc Eiselé
CEO
World Heart Federation

Despite significant advances in science and evidence-based treatments, loss of life from cardiovascular disease (CVD) has doubled over the last two decades, with low- and middle-income countries (LMICs) shouldering most of this burden. Jean-Luc Eiselé, CEO of the World Heart Federation, explains the reasons behind this rise, the link between planetary health and cardiovascular health, and why reducing the CVD burden calls for an urgent mindset shift – from still-dominant siloed thinking to an inclusive, whole-of-society approach.

THE RISING INEQUITIES OF CARDIOVASCULAR DISEASE

Over 500 million people are living with CVD today, and more than 18 million people die from it each year, making it the world's leading killer. And yet, cardiovascular disease is largely preventable. This means that the risk factors (excluding genetic conditions) are mainly linked to modifiable lifestyle behaviors, such as diet, alcohol, tobacco use and physical activity. In high-income countries, mortality rates from CVD have been decreasing due a greater understanding of these modifiable risk factors, improvements in medicine, and policy responses such as regulatory restrictions on food marketing, and taxes on tobacco and alcohol. By contrast, CVD mortality is increasing in LMICs where cheap processed food, soft drinks, and tobacco are far more accessible than healthcare, diagnosis, and patient literacy. When you factor in comorbidities and the pressure of these on already-stretched healthcare systems, the growing burden in LMICs creates an alarming disparity. But beyond geography, it is a question of equity as studies have shown an intrinsic link between level of education and life expectancy.

Encouraging progress is being made in areas such as diagnostics, advanced imaging tools, and the use of digital health interventions. But the bottom line is that many people are still excluded from these opportunities, and either cannot access them or afford them. Until we close the gap which already affects vulnerable communities, cardiovascular disease will remain higher than it needs to be.

CREATING HEALTHY ENVIRONMENTS FOR CARDIOVASCULAR HEALTH

Cardiovascular health is embedded in a much broader context of societal, environmental, and commercial factors. Unless these interconnections are better understood, dealing with CVDs in isolation is likely to fail. Elements such as climate change, the way we produce and consume food, the quality of the air we breathe and of the water we drink are all part of our vision of healthy hearts and a healthy planet. Half of the seven million deaths each year from air pollution, for example, involve heart disease and stroke. The UN Sustainable Development Goals reflect the linkages among health, environment, education, and other factors. It is therefore imperative that we place cardiovascular health at the heart of health and climate policies.

REACHING THE HEARTS AND CHANGING THE MINDS OF POLICYMAKERS

The general sense of complacency about heart disease among the population must change and policymakers must pay attention. People seem to think that dying from cardiovascular disease is normal, and that one day your heart will simply stop – but that is simply not true. There is unnecessary suffering. CVD is not just

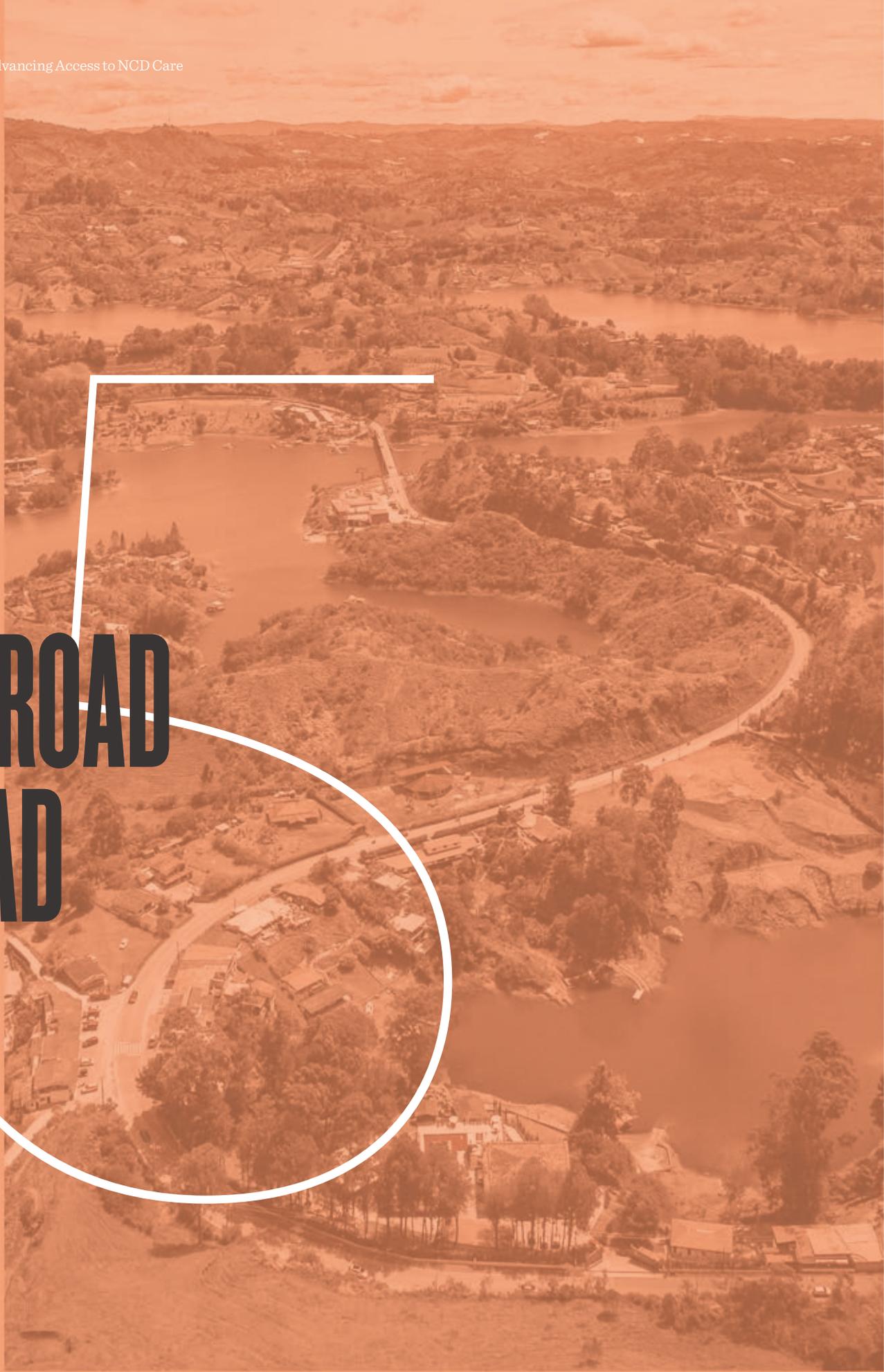
painful for those who suffer from it and for their families, but for the economy and society. The evidence is there, the data is growing, and the mindset of people including policymakers is slowly changing. We have the knowledge and we know what to do so there is really no excuse not to act. We need to commit financial resources, allocate them wisely and judiciously, track results and replicate them, and set and improve policies that are informed by what we are learning. The global goals of economic growth, and a lively, healthy population are interlinked, so we need to work in a more interdisciplinary way. I remain optimistic that we can create change, but the time is now for all of us to act and implement what we know.

Jean-Luc Eiselé has worked in the field of medical association management for almost 20 years. He was trained as a biochemist working at the Biozentrum in Basel and the Pasteur Institute in Paris. He joined the World Heart Federation (WHF) as Chief Executive Officer in May 2017, strengthening the business model, the focus on communication and advocacy and membership engagement.



Cardiovascular disease is largely preventable through existing interventions. Yet many people are still excluded from these opportunities, cannot access them, or cannot afford them.

THE ROAD AHEAD



LOOKING BACK TO LOOK FORWARD

In the development and global health fields, initiatives often come and go, leaving behind important lessons and impact to build on. As Access Accelerated approaches the end of its second phase, looking back at what has been accomplished over six years of partnership enables us to look ahead.

The model of Access Accelerated has presented a united, cohesive front for the private sector to engage in NCD action. This model consists of biopharmaceutical and life sciences industries pooling their funds and implementing with local partners. As the initiative has matured over time, not only has it attracted and leveraged new investments from stakeholders in the life sciences industry, but it has also catalyzed investments. This increased funding for NCDs represents a fundamental shift in global attention. As a result, new actors will continue to become increasingly sensitive to the need for stronger NCD action and health systems strengthening. Expanding beyond the life sciences industry will similarly bring different expertise and competencies to the fight against NCDs.

Access Accelerated gave freedom to its strategic partners to not only think creatively about how and why NCDs ought to be integrated with universal health coverage and primary health care, but it has also offered a way of capturing impacts that extend beyond the hard numbers.



Beyond funding, Access Accelerated has presented a unique opportunity to align multiple actors under one shared goal. At the core of this has been concerted action to create solutions that address people's and countries' NCD needs. This patient-centricity and context-specific approach serves as a proof of concept on how working with local stakeholders enables projects to become locally embedded. For Access Accelerated, this has been the most suitable way of allowing for sustainability and scalability of projects. As NCD programming continues to proliferate, it is essential that a similar approach, responsive to local needs, continues as a best practice model.

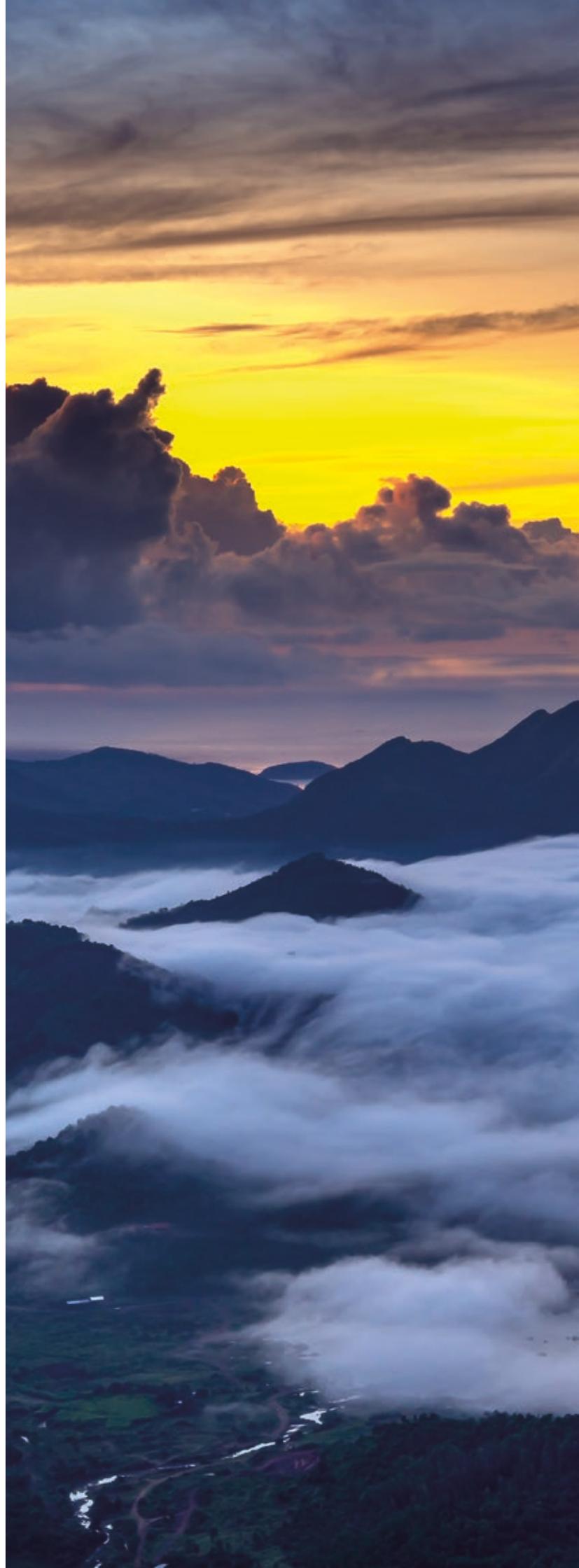
In addition to the central feature of multiple actors working towards a shared goal, Access Accelerated has also paved the way for new modes of thinking about NCD programming. It is widely recognized that NCDs require a whole-of-society approach, whereby multiple sectors can reflect on how they influence NCDs and their risk factors and act to mitigate health-harming effects. However, siloed and fragmented approaches still permeate the life sciences industry and global health thinking, and moreover, programming does not always measure NCD-related benefits. Access Accelerated gave freedom to its strategic partners to not only think creatively about how and why NCDs ought to be integrated with universal health coverage and primary health care, but it has also offered a way of capturing impacts that extend beyond the hard numbers. This has the potential to transform our approaches to measurement, recognizing the vast impact that local engagement, trust, and social capital can bring to improved NCD outcomes over longer periods of time.

Initiatives like Access Accelerated are groundbreaking in their ability to create tangible examples of collaboration, especially where there is a lack of concerted action, such as in the case of NCDs.

Moreover, initiatives in global health can look to Access Accelerated programming for inspiration on how to move towards a more transversal, horizontal approach to health that involves people living with NCDs. As donors, actors and initiatives evolve and change, institutionalizing this approach will continue to serve social needs.

Lastly, the lessons from Access Accelerated showcase how growth in expertise, competencies, and networks can be catalyzed when actors work together. As actors join in NCD action, having a sense that more can be accomplished by working together will remain essential to seeing remarkable results similar to those accomplished through Access Accelerated. These synergies translate into action in a much more accelerated and meaningful way, enabling a true whole-of-society approach to NCDs.

Initiatives like Access Accelerated are groundbreaking in their ability to create tangible examples of collaboration, especially where there is a lack of concerted action, such as in the case of NCDs. The deeply transformative, creative, and nimble approaches pioneered through the consortium remain a testament to the power of joining forces to address societal challenges and the long-term commitment needed to create sustainable change.





Nha Trang City, Khánh Hòa Province, Vietnam

APPENDIX

RTI International's measurement domains, and their associated indicators are:

Person-Centric

INDICATOR	DEFINITION
Number of patients on treatment	Total number of patients placed on appropriate treatment for noncommunicable disease (according to standard treatment guidelines of NCDs; gender disaggregated)
Number of patients diagnosed	Total number of individuals correctly diagnosed with noncommunicable disease (gender disaggregated)
Number of individuals screened	Total number of individuals completing a screening for noncommunicable disease (gender disaggregated)
Number of individuals reached by NCD services	Cumulative number of individuals screened, diagnosed, on treatment and enrolled in support programs for noncommunicable diseases (gender disaggregated)
Catchment Area	Number of people living with noncommunicable diseases within the geographic area reached by a project, service, or institution. Depending on the project, the catchment area may be a national or subnational population (gender disaggregated)
Changes in demand for NCD services*	Observed increases in demand for services/health-seeking behaviors for NCDs, including any changes in patient retention
Number of people trained	Total number of trainees (providers, patients, advocates, general public) who completed all training requirements (gender disaggregated)
Changes in knowledge of NCD prevention/care*	Changes in knowledge among individuals trained as well as those reached through advocacy/communications campaigns

Programs

INDICATOR	DEFINITION
Deliverable Monitoring*	Reflection on whether work is on track or delayed, as well as the potential impacts
Country Presence & Geographic Expansion*	How and where Access Accelerated partner programs have contributed to policy changes supporting more equitable access to quality NCD prevention, treatment and care

Partnerships

INDICATOR	DEFINITION
Additional Investments	USD of additional investments leveraged for scale up of programs for better access to quality NCD prevention, treatment and care ¹
Quality of Partnerships*	Reflection on how partnerships have evolved/grown through the period of program — can include global event attendance/ outcomes with a focus on what actions were taken
Changes in Local Government Capacity*	Reflection on technical engagement and capacity-building with local governments, including guideline development and digital health solutions
Number of tools and knowledge products produced	Tools (data collection, supply forecasting, patient management, etc.) and knowledge products (articles, blogs, reports, strategic plans, clinical guidelines, etc.) ²

Connective Tissue

INDICATOR	DEFINITION
Outputs of connective tissue*	Outputs that occur as a result of efforts pulling in the same direction, and which build upon individual expertise, implementing capacities and comparative advantage
Outcomes of connective tissue*	The results of sustained efforts individually, through multiple sectors, and in a partnered approach, which represent the strengthening of processes to achieve impact
Impacts of connective tissue*	The ripple effects of aligning under a vision of improved access to NCDs, upon which the different types of efforts are sustained and scaled up over time

*denotes indicators which are measured qualitatively

- Further details are collected on the partners' relationships with funders, sectors of funders, and allocation of funding to scale existing projects or implement new ones.
- Tools and knowledge products are categorized as contributing to at least one of three objectives: strengthening rationale for investment in NCD action, increasing knowledge of individuals and the general public, and strengthening capacity of local organizations and institutions.

THANK YOU

Thank you to all past and present member companies who have been part of the Access Accelerated journey:



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info@accessaccelerated.org

Access Accelerated
Chemin Des Mines 9
1202 Geneva
Switzerland

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