



Coalition for Access to NCD Medicines and Products

**Prepare, Declare and Act:**  
*Let's Make it Happen!*



Annual Meeting Action Report • 25-27 June 2025 • Kampala

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# Overview

*In a pivotal year for NCDs and the landscape of global health as a whole, more than 100+ participants gathered in Kampala to “Prepare Declare, and Act” as part of the Coalition’s largest and most ambitious Annual Meeting yet.*

## Goals

1. **Initiate or advance commitments** to act for improved NCD financing and access to medicines and products in the lead-up to and following the 4th High-Level Meeting on NCDs (“HLM4”) taking place in September 2025
2. **Promote awareness and learning** around country-led innovative solutions and research for NCD financing and medicine/product access
3. **Define a roadmap for the Coalition’s role** in supporting concrete immediate and longer-term NCD financing and medicine and product access actions post-HLM4 Political Declaration

## Participants *(full participant list can be found [here](#))*

This was the Coalition’s first Annual Meeting held in the Africa region, and the first to invite a broader group of government representatives and guests to join the meeting alongside core Coalition members. **As a result, there was robust, multisectoral participation from local, regional, and global partners including:**

- **Governments, including 8 Ministries of Health** (Uganda, Kenya, Tanzania, Senegal, Ghana, Somalia, Egypt, DRC)
- **Multilateral agencies**
- **Private sector and industry**
- **Civil society**
- **Research and academia**





# Agenda at a glance

Over three days, participants engaged in **thoughtful, candid conversations that consistently built on the sessions that came before**: moving from big picture strategic considerations to → country-specific access challenges to → concrete actions that the Coalition can and should take. The meeting also offered plenty of opportunities for **informal networking and those 1:1 connections** that are so crucial to making partnerships work.

**This report** primarily focuses on key takeaways and insights from Days 1-2, which ultimately provided the direction for the smaller Coalition core member strategic planning meeting on Day 3.



## DAY 1: High-Level Scene-Setting - Progress, Lessons, and Commitments

- **High-level keynotes** from the Honorable Minister of Health from **Somalia** and Director General of Ministry of Health of **Uganda**
- **Framing insights from WHO and Africa CDC** on state of global and regional access to NCD medicines/products
- **Reflections from 8+ countries** on achievements, lessons learned, and HLM priorities
- **Panel discussions** to unpack progress and gaps for primary health care, financing, supply chain innovations
- **Working groups** to dive more deeply into priority commitments, innovations, and support needed to drive action in alignment with HLM4 political declaration

## DAY 2: Closer Look at Country Access Barriers on Road to HLM4

- **Presentation and Q&A** from the **NCD Alliance** on the status of the HLM4 political declaration
- Framing insights from **Dr. Prashant Yadav** (in his individual capacity)
- **Working groups**: Coalition opportunities to address policy and implementation barriers, building on Day 1 insights and working groups
- **Site visits** to National Medical Stores, JMS, Midcal Access (MAUL), and Ndeje Health Center IV

## DAY 3: Core Member Meeting - Priorities for HLM4 and Beyond

- **Synthesis of top takeaways** from broader discussions on Days 1-2
- **Prioritization exercise**: Where can the Coalition add the most value between now and end of 2026?
- **Membership discussion**: Is the current Coalition membership fit-for-purpose and aligned with updated priorities?
- **HLM4 tactical planning** and partner round-robin

# Setting the stage

## Welcome

- Leaders from the **host country of Uganda** including **Dr. Gerald Mutungi (Head of NCD Prevention and Control Program)** and **Dr. Nicholas Kamara (Member of Parliament; Chair, Parliamentary Committee for NCDs)** welcomed participants and drove home the core meeting theme: prepare, declare, act.
- Leaders from **PATH** including **Dr. Betty Mirembe, Dr. Nanthalile Mugala, Dr. Kimberly Green, and Bernard Aryeetey** highlighted the unique value of the Coalition on the road to the High-Level Meeting, and the unique opportunity afforded by the first-ever Coalition meeting in the Africa region.

## Keynote Speeches

- In the opening keynote, **H.E. Dr. Mariam Mohamed Hussein (Minister of Health, Somalia)** gave a compelling keynote address announcing Somalia's decision to join the Coalition and reaffirming the government's commitment to increasing investment; improving procurement, distribution, and planning data for NCD medicines. **"Today is another day to help our people – we need the coming meeting at the United Nations to support noncommunicable diseases."**
- In the afternoon keynote, **Dr. Charles Olaro (Director General, Ministry of Health, Uganda)** emphasized a collective opportunity to demonstrate progress and impact in the lead up to the HLM4. He urged all coalition members to: (1) Showcase positive examples of success (2) Highlight the power of multi-stakeholder collaboration (3) Demonstrate scalable and effective interventions (4) Deliver tangible improvements in the lives of people affected by or at risk of NCDs. **"It is actions—not intentions—that will define our success in addressing NCDs."**

## Framing Insights - Day 1

- **Dr. Guy Fones (Cross-Cutting Lead, NCD Strategy, WHO)** joined virtually to share the global state of play and urged all stakeholders to leverage upcoming moments (HLM4, Philippines Financing Dialogue) to move from principle to practice, especially on affordability, supply chain efficiency, and local procurement. He highlighted that WHO is developing an Operational Framework for access to medicines and products, beginning with a literature review of barriers and solutions along the value chain, informed by partner consultations. **"WHO is committed to the Coalition's call to action – we must prepare, declare, and act."**
- **Dr. Abdi-Rahman K. Mohamud (Technical Officer, NCDs and Mental Health, Africa CDC)** emphasized the imperative to strengthen systems, foster policy integration, and improve access to diagnostics, medicines, and health technologies across Africa, including through local manufacturing, price negotiations, and regulatory improvements to streamline process. **"No African left behind in NCD treatment by 2030 – that is our target."**

## Framing Insights - Day 2

- **Dr. Prashant Yadav (speaking in an independent capacity)** highlighted the political nature of intergovernmental processes and emphasized that technical priorities should be organized under broader thematic pillars that resonate with policymakers. He specifically called for focusing technical advocacy around **four strategic pillars: (1) Data for planning**, including to explore all efficiencies possible; **(2) Procurement reform**; **(3) Local manufacturing**, including of generics and new technologies; **(4) OOPHE market innovation**, to ensure medicines are as affordable as possible.
- **Joanna Laurson-Doube (Policy & Advocacy Manager, NCD Alliance)** provided a comprehensive update on the evolving negotiations for the HLM4 Political Declaration. Of note to the Coalition specifically: early drafts have had **weak to no language on regulatory harmonization, forecasting, supply chain strengthening** and the landmark **targets are still at risk of removal**. She encouraged coalition members to: **support member state participation** at the highest levels and champion issues that the coalition is uniquely positioned to speak on.



An aerial view of a group of approximately 18 people standing in a loose circle on a green lawn. Some individuals are in the center, while others form the outer ring. A large tree trunk is visible on the right side of the frame. The scene is brightly lit, casting shadows on the grass.

# Key Takeaways: What We Heard

# Core themes that cut across all three days

*As early as Day 1, participants from government, industry, civil society, academia began coalescing around familiar core themes that have taken on a greater sense of **urgency** in this challenging moment for global health. Despite this turbulent time, all participants led with a sense of **agency** and focused on actions within our control that can benefit people and economies alike. Core themes included:*

**Invest Better:** While participants did not sugar-coat the current financial situation, conversations consistently reinforced the long-term economic benefits of acting on NCDs now. In particular, participants consistently agreed that the Coalition had a unique role to play in highlighting ways to maximize efficiencies and make better use of the resources we already have, even while seeking new avenues to expand fiscal space.

**Sustain Progress on Primary Health Care:** Participants repeatedly highlighted a primary health care approach as a common sense way to reduce the human and financial toll of NCDs, while also sustaining progress on other health issues. By meeting people where they are and offering **integrated, person-centered** services in the community, countries can reduce costly fragmentation and prevent, diagnose, and manage NCDs before they escalate further.

**Ensure Medicines are Available, Accessible, and Affordable:** Clinic shelves should never run out of trusted, affordable medicines and diagnostics, and participants unpacked strategies for **forecasting, procurement, and regulatory harmonization** to help make this vision reality. Moreover, a majority of country representatives shared a goal of reducing **out-of-pocket health costs** for NCD medicines via pricing policies and health benefits packages.

**Ground Decisions In Local Realities:** While the call for more and better local data remains critical, in light of current constraints, participants stressed the need to better leverage the data that already exists and find new ways to make it useful and compelling for decision-makers, including through digitization, visualization, and more.

**Never Stop Advocating:** Participants called for continued advocacy on NCDs at all levels, from ensuring people know their “NCD status” to convincing facility managers or Heads of State to write NCDs into the budget.

**Leverage Unique Coalition Value:** Over the course of three days, partners kept returning to the idea that Coalition needs to lean into its comparative advantage as it designs its roadmap for 2026. As Dr. Charles Olaro said: **“The Coalition is the only [entity] that brings state and non-state actors to focus on NCD medicines and products.”**

**“People are counting on us. Let’s make it happen.”**

Dr. Charles Olaro,  
Director General of  
Health Services,  
Ministry of Health,  
Uganda



# Country leadership and progress on NCDs

*This year's Annual Meeting benefitted immensely from the participation of **8 country delegations** — the most ever. Across high-level keynote remarks, fireside chats, panel discussions and more, all representatives were generous with their time and insights, energizing attendees with their progress, lessons, and ongoing commitment to ensure that all people get the quality, affordable NCD care they need. **Day 1** was particularly rich in high-level country contributions, which helped provide a firm grounding for all conversations on **Days 2-3**. **Examples of progress included:***



Leaders from the **host country of Uganda** highlighted tremendous progress that has been made in **integrating NCD services** in all community service points and **mobilizing domestic resources to support NCD care** through budget allocations from taxes and innovative approaches, such as peer-led patient clubs that provide fund pooling.



In the fireside chat, Kenya highlighted the enactment of **Digital Health Act** that will facilitate the rolling out of electronic medical records and support better forecasting and data sharing. This will enable better planning and provide information that will guide optimal treatment and outcomes for NCDs management.



**Tanzania** highlighted their work to improve access to diabetes products resulting in better clinical outcomes and quality of life; this lowers immediate costs and has potential for long term savings. Policy changes have enabled **integrated NCD services into primary health care** and **decentralized** funding decisions to facilities



The **Democratic Republic of Congo** recently joined the Coalition as an official member. The country has prioritized **UHC** with a phased approach for scale-up, and plans to include NCDs in early disease package rollouts.



As announced in the Minister of Health's keynote address, **Somalia officially joined the Coalition** and is committed to advancing their NCD strategy and improving access to NCD care and treatment supported by better data.



**Ghana** shared its successes in **decentralizing systems** to deliver NCD care and essential medicines at the community level; leveraging **social health insurance** to improve financing and coverage, including for cancers; building capacity of community health workers; and leveraging innovative strategies to ensure continuity of care and patient support.



In the fireside chat, **Senegal** highlighted top achievements including integrating NCDs into **primary health care** and making **cancer drugs free** at the point of use.



In a virtual address, the Associate Minister of Health & Population for International Relations of **Egypt** highlighted interest in deepening partnership and potentially formalizing membership with the Coalition.

**"Today, we are officially joining the coalition and as a government we are committed to investing in procurement, distribution of medicine, reliable data, and increased funding for NCDs."**

**- H.E. Dr. Marian Mohamed Hussein,**  
Minister of Health,  
Somalia



# Actionable priorities looking ahead

*Building on the hard-earned progress shared throughout the meeting, country leaders also shared some of their top priorities and commitments looking ahead to HLM4 and beyond. **Actionable priorities and commitments included (but were not limited to):***



UGANDA: Achieving **national health insurance**, **mobilizing domestic resources** to support health care for NCDs, and continuing to **sensitize everyone** — from facility managers to the President — on the need to finance NCDs.



KENYA: Creating a **pharmacy benefit package** that will be incorporated into social health insurance, and ensuring medicines and diagnostics at all levels of care are optimized and aligned with resources and disease management.



TANZANIA: Reducing **out-of-pocket**, **payments** and strengthening quantification and **forecasting**.



DRC: Ensuring NCDs (with a focus on WHO PEN) will be among the **early disease packages** to be rolled out.



SOMALIA: Increasing **investment**; improving **procurement, distribution, and planning data** for NCD medicines; **health worker training** and **community initiatives**; and supporting the **HLM4** political declaration.



GHANA: Sustaining **NCD service delivery after donor exit** (e.g., post-USAID).



SENEGAL: Increasing **domestic financing**, promoting **pooled procurement** to help decrease budget needed for NCDs, improving data systems, and exploring local and regional manufacturing of quality generic NCD medicines.



EGYPT: Advocating for **NCD financing, supply security, innovation** in underserved areas, and a renewed spirit of multinational cooperation in the lead up to **HLM4**.

**“Let’s ensure that our discussion leads to commitments that build toward the High-Level Meeting, and that our commitments are realized for 2030”**

**- Dr. Charles Olaro, Director General of Health Services, Ministry of Health, Uganda**

# Inspiring examples of solutions in action

*Innovative solutions and partnerships were on full display on Days 1-2 of the Annual Meeting, from high-level panel insights and working group discussions on Day 1 to site visits on Day 2. These conversations helped to reinforce that despite a challenging geopolitical and financing landscape, **progress is possible and happening**. In particular, nearly every speaker and conversation reaffirmed the value of **multisectoral collaboration** in driving real, tangible results.*

"In partnership with the Coalition, we piloted the **forecasting tool**: and there was a huge discrepancy between what the county needed and what they had been procuring."

**Dr. Gladwell Gathecha** (Ministry of Health, Kenya)

"It is an **innovation that is patient-driven**, and practically closing the gap."

**Dr. Ann Akiteng** (Uganda Initiative for Integrated Management of NCDs) on power of fund-pooling **patient-led support groups** to supply medicines and other health supplies

"We were evaluating whether **CHPS program** at village level can treat hypertension and other NCD conditions. **In short: Yes.**"

**Dr. David Heller** (Arnold Inst. Global Health – Ghana Health Service partnership) on how the program achieved **85% blood pressure control in 90 days**.

"These are the kinds of problems that require people to **come together**: when there is a gap between commercial incentives and societal need."

**Dena Pittman** (Linksbridge)

"**You cannot improve what you cannot see.** Data is very central to everything we're doing, especially data at the point of service delivery."

**Milton Mujuni** (Maisha Meds)

"From the beginning, **all stakeholders were highly engaged.**"

**Dr. Bakari Solum** (Ministry of Health, Tanzania) sharing progress in rolling out the **Diabetes CarePak**, which significantly improved A1c, quality of life and stronger self-care practices



Additional partner  
plans and resources  
to watch



# HLM4/UNGA Engagement Opportunities

*Throughout the Annual Meeting, attendees previewed activities and engagement opportunities that their organizations are leading in the coming months.*

- **NCD Alliance:** Encouraged civil society to endorse the “Time to Deliver” campaign, now reaching over 2.5 million people in 115 countries.
- **IFPMA:** Directly engaging in formal negotiation process, including with a meeting of African ambassadors in Geneva. Potential mutual opportunity for Coalition members to reinforce and bolster IFPMA positions that align with broader Coalition priorities. IFPMA can link their UN-based multilateral person with a Coalition contact.
- **AMGEN:** Working with Resolve Global Health: UIC on a special written report on women & NCDs, complemented by a series of op-eds and a webinar that could potentially feature a Coalition-affiliated speaker.
- **Access Accelerated:** Focusing on financing and underserved populations, will be hosting a workshop with 6-8 countries in partnership with Devex in August. Plans to share Coalition financing 2-pager or white paper.
- **World Stroke Organization:** Hosting a high-level roundtable on morning of 24 September, last year had 7 MOH present. Good to have Coalition representation at the meeting. Also working with member states to engage new champions for stroke, which could lead to opportunities to influence/engage as part of HLM4 negotiations.
- **Sanofi:** publishing an op-ed in Devex, hosting an event on respiratory health with WHO at the Copenhagen Institute, as well as co-hosting a Health Policy Forum on NCDs (**Wednesday, 24 September 2025**).
- **Access to Medicine Foundation:** Exploring avenues for engagement, including through Health Diplomacy Alliance



# Other opportunities/resources mentioned

- **East African Community and Southern Africa Health Community** will jointly host a regional **Ministerial Conference on NCD financing and PPP (Public-Private Partnerships) in October 2025.**
- **3rd Sustainable Financing Dialogue in the Philippines (2026)**—the third in the series following Copenhagen and Washington. This dialogue will focus on:
  - Mapping out financing partners across the access value chain
  - Supporting countries in developing tailored, nationally owned financing plans for NCD access
- **WHO Operational Framework for Equitable Access to NCD Medicines and Products:**
  - Identify barriers across the NCD value chain.
  - Define clear responsibilities and accountability mechanisms.
  - Center health financing as a core pillar of sustainable access.



# Thank you!

## *Planning team:*

- Dr Gladwell Gathecha: MOH Kenya
- Dr. Gerald Mutungi: MOH Uganda
- Sylvia Brachet: Sanofi
- Maria Fredin Grupper: World Stroke Organization
- Sean Lybrand: Amgen
- Joanna Laurson-Doube: NCD Alliance
- Eghosa Ramnaps: IDA Foundation
- Jeremy Schwartz: Yale School of Medicine
- Aura Vilhelmsen: Novo Nordisk
- PATH Secretariat Team
- PATH Uganda Team
- Special thanks to: Dr. Anne Akiteng, UINCD

## *Special thanks to MOH Uganda for hosting this meeting:*

- Hon. Minister Dr. Jane Aceng
- Dr. Charles Olaro
- Dr. Oyoo Charles Akiya
- Dr. Gerald Mutungi
- Dr. Martha Ajulong
- Dr. Frank Mugabe
- Ambrose Jakira
- Dr. Nicholas Kamara (Member of Parliament)

## *Supporters:*

- Amgen
- Novo Nordisk
- Sanofi

And to all meeting attendees for the active and insightful discussions, ideation, energy, and passion that you brought to the meeting!





A photograph of a single-story building with a red-tiled roof and solar panels. A group of people is gathered outside the building, which has a sign that partially reads "NIC". The scene is set on a dirt road with a drainage ditch in the foreground. The sky is overcast.

# Appendix: Additional Day-by- Day Highlights

*Final meeting agenda with all speaker  
details can be found [here](#).*

# Day 1 Morning (Wednesday, 25 June)

High-Level Scene-Setting - Progress, Lessons, and Commitments



## Welcome & Keynote Remarks

- **PATH leaders** including **Dr. Betty Mirembe**, **Dr. Nanthale Mugala**, **Dr. Kim Green**, and **Bernard Aryeetey** welcomed participants and highlighted the unique value of the Coalition on the road to the High-Level Meeting
- **H.E. Dr. Mariam Mohamed Hussein, Minister of Health, Somalia** gave a compelling keynote address announcing Somalia's decision to join the Coalition and reaffirming the government's commitment to increasing investment; improving procurement, distribution, and planning data for NCD medicines. **"Today is another day to help our people – we need the coming meeting at the United Nations to support noncommunicable diseases."**

## Scene-Setting

- **Dr. Guy Fones (WHO)** joined virtually to share an update on the global state of play and urged all stakeholders to leverage upcoming moments (HLM4, Philippines Financing Dialogue) to move from principle to practice, especially on affordability, supply chain efficiency, and local procurement processes. **"WHO is committed to the Coalition's call to action – we must prepare, declare, and act."**
- **Dr. Abdi-Rahman K. Mohamud (Africa CDC)** emphasized the imperative to strengthen systems, foster policy integration, and improve access to diagnostics, medicines, and health technologies across Africa. **"No African left behind in NCD treatment by 2030 – that is our target."**



## Fireside Chats & Panel Discussions

**Country Achievements and Priorities:** Takeaways summarized on Slide 7

**Primary Health Care and Financing:** Panelists from **WHO Uganda**, **Arnold institute & COMBINE Ghana**, and **Uganda Initiative for Integrated Management of NCDs (UINCD)**, and **AFIDEP** highlighted that:

- **Integration** of services (especially with mental health) improves outcomes.
- **Community ownership** and patient involvement are critical for sustainability.
- **Digital and decentralized** models show promise for scale-up in low-resource settings.
- **Political will and financing** remain the biggest barriers—more advocacy is needed to elevate NCDs in national priorities

**Supply Chain Innovations:** Five panelists each highlighted a key innovation: the forecasting tool (**MOH Kenya**), NCD Connect (**IDA Foundation**), Diabetes CarePak (**PORALG Tanzania**), digital innovations in the private sector (**Maisha Meds**), and the Healthy Market Framework (**Linksbridge**). Cross-cutting themes included:

- **Data:** Essential for forecasting, procurement planning, and real-time monitoring.
- **Integration:** Tools must be embedded into national systems and linked with LMIS.
- **Collaboration:** Public-private linkages are key for extending reach and sustainability.
- **Digital Tools:** Simplicity, user training, and linkage to budgeting processes are critical for scale-up.
- **Innovative Procurement:** Aggregated, pooled, and direct-from-manufacturer models show promise.
- **CarePak:** Tanzania presented results from their experience with the CarePak control trial and vision for future.



# Day 1 Afternoon (Wednesday, 25 June)

*High-Level Scene-Setting - Progress, Lessons, and Commitments*

## Breakout Groups - Commitments to Action

**Room 1: Priority commitments, actions, and targets leading to and after HLM4 (Member Countries)**

- **Top priorities:** Sustainable financing & budget strategy; evidence-based advocacy, investment cases & political will; PHC strengthening & prevention integration; Robust data systems, strategic forecasting & planning
- **Actions needed for success:** Capacity building; Improved forecasting and performance tracking; Regional collaboration & South-South exchange; Integrated and streamlined procurement, manufacturing & distribution
- **Support needed:** Technical support tailored to country needs; Financial support including catalytic funds; Infrastructure, resources & screening availability; Political support & accountability; Regional data systems

**Room 2: Promising solutions to address access barriers aligned with draft HLM4 targets and commitments (Rest of Participants)**

- **Innovations/work in progress:** Data systems & decision-making tools; Supply chain transformation & digitization; public-private collaboration & industry engagement; Integrated, patient-centered care models
- **Actions and support needed for success:** Strengthening systems & infrastructure; Coordination & multisectoral alignment; Evidence & data systems (e.g. making data resonate); Community empowerment & lived experience; Political leadership & co-financing



## Special Intervention: Dr. Hatem F. Amer (Associate Minister of Health & Population for International Relations, Egypt:)

Country priorities summarized on Slide 8-9. “Let us move from principles to practice—towards resilient supply chains, affordable access, and quality care that truly leaves no one behind.”

## Afternoon Keynote and Synthesis

- In his closing keynote, **Dr. Charles Olaro** (Director General, Ministry of Health, Uganda) emphasized a collective opportunity to demonstrate progress and impact in the lead up to the HLM4. “It is actions—not intentions—that will define our success in addressing NCDs.”
- **Herb Riband** (Director, Access Accelerated) offered a closing synthesis of an energizing Day 1, highlighting key themes across reducing OOPHE, advancing integrated PHC, more and better financing, and improved regulatory harmonization and procurement of medicines. “I believe that we have a real opportunity to show what’s possible when it comes to addressing NCDs – positive examples of multistakeholder collaboration – which is what this coalition is all about.”



# Day 2 (Thursday, 26 June)

## Closer Look at Country Access Barriers on Road to HLM4

### Framing Insights

- **Joanna Laurson-Doube (NCD Alliance)** kicked off the day by providing a comprehensive update on the evolving negotiations for the HLM4 Political Declaration, highlighting progress, risks, and advocacy priorities from the NCD Alliance and its partners. Of note to the Coalition specifically: early drafts have had **weak to no language on regulatory harmonization, forecasting, supply chain strengthening** and the landmark **targets are still at risk of removal**. She encouraged coalition members to: **support member state participation** at the highest levels and champion issues that the coalition is uniquely positioned to speak on.
- **Prashant Yadav (Council on Foreign Relations)** highlighted the political nature of intergovernmental processes and emphasized that technical priorities should be organized under broader thematic pillars that resonate with policymakers. He specifically called for focusing technical advocacy around **four strategic pillars: (1) Data for planning; (2) Procurement reform; (3) Local manufacturing; (4) OOPHE market innovation**.

### Breakout Groups & Readouts: Policy Implementation and Collaboration Opportunities

- **Recurring priorities for regional or country collaboration:** Regulatory harmonization & streamlined policy (e.g. AMA coordination); regional pooled procurement (e.g. African Union common pack, 7-region pooled procurement model); public-private partnerships & local manufacturing
- **Potential Coalition actions to support:** Advocacy on lower pricing and procurement reform; Formal coordination mechanisms among members; Support research visibility & data translation; Financing model development; Policy integration at global platforms (e.g. inclusion in WHO Academy)

### Afternoon Site Visits & Partner Reflections

Partners visited sites including **JMS, NMS, MAUL, and Ndejje Health Center IV**. Key takeaways included:

- **Innovative models:** Patient clubs and supply chain partners like MAUL (Medical Access Uganda Ltd.) impressed many, and could use further support
- **Varied service quality and capacity:** Clean, functional facilities vs. places with poor continuity and strained staffing
- **Availability challenges:** Even with medicines offered free at point of delivery, stock-outs are frequent; disconnects between budget for NCD medicines and need
- **Pooled funding** through patient support groups provided alternative to access consistent supply of medicines
- **Importance of engaging local partners:** Coalition members agreed that local partners offered key insights and perspectives that could add important value to future Coalition efforts, particularly for supply chain issues





Thank You!