COALITION FOR ACCESS
TO NCD MEDICINES & PRODUCTS

2026 Annual Member Meeting

From Commitment to Impact: Scaling Access to NCD Medicines & Products

June 30-July 2, 2026 | Windsor Gold Hotel and Country Club | Nairobi, Kenya

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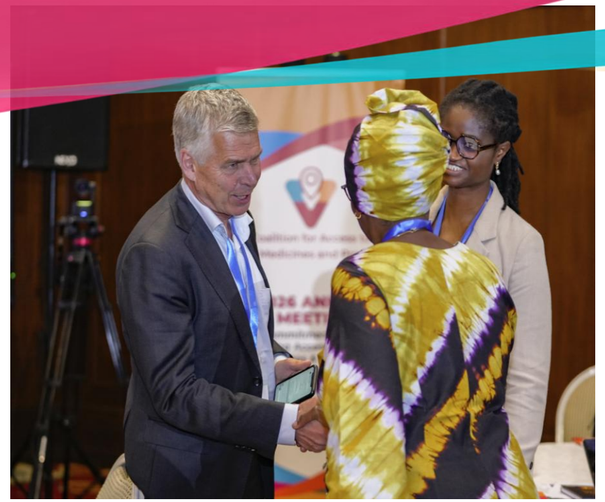


Setting the stage

Building on the momentum of the Coalition’s 2025 Annual Meeting, where participants advanced concrete commitments to enhance access and financing for NCDs and defined the Coalition's 2026-2028 Roadmap, this year's meeting shifted from commitment-setting to implementation—focusing on practical solutions, measurable progress, and scalable innovations for non-communicable disease (NCD) service and product access.

Key inputs that informed the meeting included:

- **Country commitments at the United Nations High-Level Meeting on NCDs and Mental Health (HLM4):** Countries, including the Democratic Republic of Congo (DRC), Kenya, Tanzania, and Somalia, made bold commitments to advance financing for and access to NCD medicines and products. These ranged from increasing allocations of health taxes and strengthening pooled procurement to expanding essential benefit packages to include NCD care and integrating NCD services into primary health care (PHC).
- **Coalition NCD financing survey:** A survey of seven ministries of health examined the current state of NCD financing and outlined six priority actions critical to accelerate progress towards 2030 NCD goals.
- **Supply chain maturity assessments:** Rapid supply chain maturity assessments were conducted for Ghana, Senegal, Somalia, and Tanzania to identify gaps and prioritize actions to strengthen procurement, distribution, and availability of NCD medicines and products.

Why we convened

Against the backdrop of shifting global health financing, severe service disruptions, and growing momentum for country leadership and regional collaboration, the 2026 Annual Meeting convened over 80 participants to translate commitments into action to improve access to NCD medicines and products.

Meeting objective: Translate commitments into measurable, equitable access to NCD medicines and products through country-led solutions driven by high-impact actions, partnerships, and accountability.

Strategic focus: The Annual Meeting focused on identifying and advancing initiatives to address structural barriers impeding access to NCD medicines and products, drawing on the Coalition's core areas of work: regional collaboration, NCD financing, and supply chain strengthening.

Participants *(view participant list here)*

The 2026 meeting marked the Coalition's second convening in Africa, hosted by the Government of Kenya, a Coalition member. The meeting brought together a diverse range of stakeholders, including:

- **Government leaders** from seven countries (DRC, Ghana, Kenya, Rwanda, Senegal, Somalia, and Uganda), including senior officials overseeing NCDs, supply chains, and health financing.
- **Regional bodies**, including the Africa Centers for Disease Control and Prevention (Africa CDC); the East, Central and Southern Africa Health Community (ECSA-HC); and the East Africa Community (EAC)
- **Multilateral organizations, private sector partners, community-based and civil society organizations in Kenya**, including people with lived experience, and researchers and implementers.

Agenda overview

Each day was designed to build on the one before, starting with access and financing priorities on Day 1 and ending with regional and country-level challenges and innovations on Day 2. Site visits and networking opportunities throughout the meeting grounded discussions in real-world practice and fostered cross-sectoral connections.
Access the full agenda here.

Day 1 (June 30): Strengthening systems—Supply chain and financing for NCD access

- Welcome and keynote remarks from the Government of Kenya and Africa CDC
- Three panels explored supply chain assessments and HLM4 commitments, financing pathways, and the financing-supply chain nexus
- Breakout sessions across thematic areas: NCD financing, access to NCD medicines and products, and better access through PHC

Day 2 (July 1): Regional collaboration and country-led solutions

- Fireside chat with regional leaders from Africa CDC, ECSA-HC, and the EAC
- Country conversations offered direct engagement with ministry of health (MOH) representatives
- Innovation panel spotlighted initiatives working to improve NCD access and affordability
- Site visits to two PHC facilities in Nairobi and government and private-sector medical commodity stores

Key takeaways

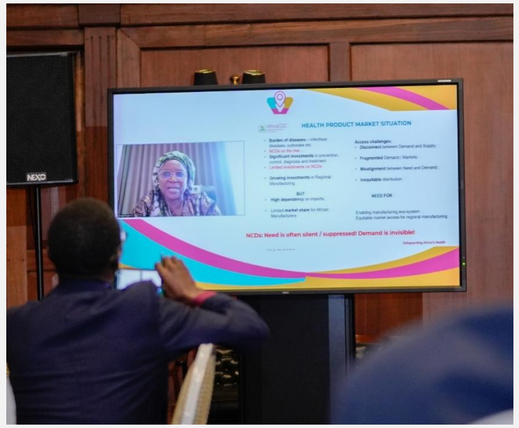
Meeting highlights

Welcome

Coalition Steering Committee Chair, Herb Riband, and **Coalition Secretariat, Dr. Kimberly Green**, kicked off the meeting by setting the stage, emphasizing the Coalition's unique multisectoral model, the shift toward country sovereignty in global health, and the Coalition's role in supporting the scale up of country-led solutions.

Opening remarks

Kenya, as host country, was represented by **Carolyne Njuguna of PATH-Kenya**, who welcomed participants, followed by the Respected **Dr. Patrick Amoth, CBS, Director General for Health** at the Kenya MOH, who spoke to Kenya's ongoing PHC and health financing reforms and advances in digital health and local manufacturing.



Keynote address

Dr. Mariatou Tala Jallow, Director of the African Pooled Procurement Mechanism (APPM) at Africa CDC, outlined the vision for APPM and called for collective financing, stronger alignment between need and demand, and greater investment in NCDs.

"We can have all the money, all of the infrastructure, but if we don't have the people, we won't have impact." *– Dr. Patrick Amoth, Kenya Ministry of Health*

Meeting highlights

Panels: Supply chain and financing

- MOH representatives shared progress on HLM4 commitments and findings from supply chain assessments, highlighting common challenges: data gaps, long procurement lead times, and workforce capacity needs.
- Financing discussions focused on innovative resource mobilization, domestic financing, and accountability mechanisms, citing country examples including Kenya's Social Health Authority, Ghana's Free Primary Healthcare initiative, and DRC’s progress enacting health taxes.
- The supply chain-financing panel explored inter-dependencies between financing and mature supply chains in achieving consistent access to high-quality NCD medicines and products, emphasizing the need for better forecasting, dedicated NCD financing, and clear protocols and supply management training for health care workers.

Fireside chat and innovation

- A fireside chat with regional leaders from ECSA-HC, Africa CDC, and the EAC explored regional collaboration, pooled procurement, and regulatory harmonization.
- The panel spotlighting innovations showcased practical solutions already improving NCD access, with panelists discussing challenges, such as product availability and client access, and recognizing solutions that already exist in HIV and immunization programs, which can be adapted for NCD care.

Meeting highlights

Voices of lived experience

Jane Muthoni of the Kenya Defeat Diabetes Association and Edward Konzolo of the Stroke Association of Kenya shared their personal journeys, reminding us all that access is measured by whether people can obtain the medicines they need consistently, affordably, and without financial hardship.

Learn more about Edward's story here.

"Measure of success is not based on commitments…it is when people living with NCDs are able to live with dignity." – *Jane Muthoni, Kenya Defeat Diabetes Association*

"My life was saved because of two reasons: One, I was in Nairobi where there are good doctors and good hospitals. Two, I had health insurance." – *Edward Konzolo, Stroke Association of Kenya*

Common themes

Several cross-cutting priorities emerged during discussions, shaping the direction for the Coalition's work ahead. While the global health landscape is shifting, participants focused on practical, actionable solutions that can strengthen access to NCD medicines and products.

Country leadership and ownership: Countries shared concrete progress they've made towards HLM4 commitments and highlighted results from supply chain assessments and financing reforms, calling out the importance of aligning political commitment and country ownership to advance tangible progress. Ongoing advocacy is needed to make NCDs a budgetary priority and advance adoption of delivery platforms and systems that ensure people know their "NCD status."

Interconnectedness of supply chain and financing: Financing and supply chains are intertwined—it is necessary to link need, demand, and procurement while also ensuring that financing leads to increased access at the last mile. Common challenges included data gaps, long procurement lead times, and workforce capacity constraints.

Regional collaboration: Regional bodies, including Africa CDC, ECSA-HC, and the EAC, are advancing pooled procurement, regulatory harmonization, and local manufacturing, with the Africa CDC's APPM poised to play a catalytic role in market shaping and continental supply security.

Integration and PHC: Integration into PHC is essential to reduce the human and financial toll of NCDs. By integrating people-centered NCD services within PHC platforms, countries can reduce costly fragmentation and prevent, diagnose, and manage NCDs before they escalate. Both Uganda and Tanzania were cited as leaders in integrating NCD services into broader health platforms; participants also called out opportunities to learn from solutions already been deployed across other health platforms (HIV; malaria)—from service delivery models to supply chain approaches.

Country progress and priorities

MOH representatives from seven countries shared progress they've made against NCD financing and access commitments, demonstrating how country leadership is rapidly driving tangible improvements in access to NCD medicines and products. Looking ahead, countries identified priority actions to further strengthen access.

Democratic Republic of the Congo (DRC)

Progress

- Completed WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey in three provinces.
- Incorporated hypertension into national Universal Health Coverage plan
- Increased tobacco taxation and established collection and enforcement systems
- Establishing public-private partnerships to supply commodities for diagnosing, treating, and/or monitoring diabetes and cancer

Priorities

- Conduct WHO STEPS survey across all 26 provinces
- Advocate for tobacco tax revenues to be directed to NCD programs and explore mixed taxation approaches to reach WHO health tax targets
- Expand provision of commodities for diagnosing, treating, and/or monitoring NCDs to all provinces, including for diabetes and cancer

Ghana

Progress

- Created seamless continuum of financial protection for people living with NCDs through the Ghana Medical Trust Fund, increasing affordability of NCD care
- Offering free NCD screening through the Free PHC initiative, while incentivizing health care providers to deliver preventive services

Priorities

- Increase workforce capacity in supply chain and commodity management
- Enhance commodity stock visibility and real-time data use to mitigate stockouts while enabling more accurate forecasting and rapid procurement
- Apply proven supply chain approaches from HIV and malaria programs for NCDs

Kenya

Progress

- Developed pharmaceutical benefit package to cover NCD medicines on Essential Medicines List; submitted to the Benefits and Tariffs advisory panel for consideration
- Launched the national Health Products & Technologies Local Manufacturing Strategy
- Training and mentoring of PHC providers and community health promoters to support the continuum of NCD care

Priorities

- Improve data to quantify real demand and align procurement frameworks with actual needs
- Reduce cost of NCD medicines and diagnostics through country-led pooled procurement and local manufacturing initiatives
- Sustain private sector engagement

Country progress and priorities

Rwanda

Progress

- Strengthening existing digital data systems to generate high-quality data on NCD morbidity and drug consumption to inform quantification and forecasting
- Advancing pooled procurement through quantification, forecasting, and supplier identification for products on the national Essential Medicines List
- Reinforcing training and mentorship of PHC workforce to bridge linkage gaps from diagnosis to treatment and care

Priorities

- Integrate tiered forecasting and quantification within digital commodity management systems to mitigate commodity stockouts and expirations
- Reduce NCD commodity pricing through strengthened pooled procurement Accelerate cervical cancer elimination through improved screening via PHC and upgraded treatment capacity for clients with invasive cancer
- Expand screening for hypertension and diabetes via community and PHC platforms, including optimized the linkage to care for those screened positive

Senegal

Progress

- Training and mentoring supply chain workforce on standardized operating procedures for supply chain management and data entry
- Equipping and providing technical support to the National Supply Pharmacy to reinforce last-mile distribution

Priorities

- Strengthen sovereignty of pharmacy services to reduce long importation cycles
- Advocate for focus on NCD prevention
- Reduce long lags from the central medical store to facilities
- Increase financing and accessibility of medicines through health insurance

Somalia

Progress

- Developed national package of essential noncommunicable Disease (PEN) interventions; launched multisectoral strategy chaired by the Prime Minister's Office
- Received Parliamentary approval of tobacco control framework—the first of its kind
- Revived national health insurance fund after 30 years
- Developed and integrated NCD indicators into national health information system

Priorities

- Conduct nationwide quantification and forecasting of NCD commodities
- Establish pooled procurement mechanisms
- Scale up cascade training to implement WHO PEN package at PHC-level
- Strengthen NCD service delivery through community health worker platforms by integrating NCD prevention and management into national curriculum
- Scale up NCD registry from three pilot health facilities to all facilities nationwide, including distribution, training, and routine reporting

Uganda

Progress

- Forming support clubs of people living with NCDs for pooled funding to purchase NCD commodities during public-sector stockouts
- Advancing integration of NCDs into other delivery platforms, including transition to chronic care clinics

Priorities

- Strengthen data and supply chains systems, including analytics for decision-making
- Build district and health facility managers’ capacity to prioritize NCD commodities
- Address financing and expertise gaps

Looking ahead

Strategic engagement opportunities

As the Coalition moves from commitment to impact, several key opportunities lie ahead to advance NCD access and financing:

- **81st United Nations General Assembly**
  New York, USA | September 22-28, 2026
  An opportunity to showcase Coalition progress, advocate for NCD financing, and build political will
- **International Conference on Public Health in Africa**
  Addis Ababa, Ethiopia | November 23-27, 2026
  A regional platform to engage with African health leaders and advance NCD access across Africa
- **Third International Dialogue on Sustainable Financing for NCDs & Mental Health**
  Manila, Philippines | February 16-18, 2027
  A platform to advance NCD financing commitments and contribute unique Coalition content on how stakeholders coalesce around NCD financing
- **World Hypertension Congress 2027**
  Goiania, Brazil | May 13-15, 2027
  An opportunity to highlight the link between procurement, access, and hypertension targets
- **Coalition 10th anniversary celebration (2027)**
  A milestone moment to reflect on a decade of impact and set the vision for the future

Acknowledgments

This meeting was made possible by the collective effort of our members, partners, and hosts. Thank you!

Coalition planning team

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- Mr. Gilbert Osoro
- Dr. Trizah Tracey John
- Staff from Kahawa West Health Center, Ngara Health Center, Kenya Medical Supplies Authority, and Mission for Essential Drugs and Supplies

Supporters:

AMGEN SANOFI PATH

Yale Medicines Access Network

Appendix: Day-by-day highlights

Day 1: Strengthening systems

Welcome and opening remarks

The meeting opened with a welcome from Carolyne Njuguna (Director, PATH-Kenya) followed by opening remarks by the Respected Dr. Patrick Amoth, Director General of the Kenya Ministry of Health, who highlighted Kenya's progress in health financing reforms, digital health, and their **goal to domestically produce 50% of medicines on Kenya's Essential Medicines List**. Herb Riband, Coalition Steering Committee Chair, and Dr. Kimberly Green, Coalition Secretariat, set the stage, emphasizing the Coalition's unique multisectoral, equal-voice model and the shift from commitment-setting to implementation.

Voices of lived experience

Jane Muthoni of the Kenya Defeat Diabetes Association shared her journey of living with diabetes for 40 years and caring for her daughter with Type 1 diabetes. She reminded participants that access is not just about policy—it is about whether a person can walk into a facility and get the medicine they need at a price they can afford.

She defined access through the five A's—**availability, accessibility, affordability, acceptability, and assured quality—**and called for health systems to be designed with the voices of people living with NCDs at the center.

Day 1: Strengthening systems

Keynote address

Dr. Mariatou Tala Jallow, Director of the APPM at Africa CDC, delivered the keynote virtually. She outlined APPM's vision to improve access to high-quality and affordable health products and create demand-side mechanisms for African manufacturing. She highlighted **six strategic pillars guiding APPM's work**: facilitating rapid access to lifesaving therapeutics and diagnostics; empowering African manufacturing through long-term framework agreements; serving member state needs through flexible procurement; collaborating with national procurement authorities; coordinating with regional economic community pooled procurement mechanisms; and shaping markets by pooling demand and leveraging African regulatory pathways. She emphasized the importance of geographic diversity of manufacturers and the APPM's goal of **60% of health products manufactured in Africa**, aligned with a continental policy to **"buy African-made health products."**

She noted that we are at a critical time where there is much focus on NCDs but limited action, and the APPM stands ready to partner with the Coalition on issues related to access, market shaping strategies, and advocacy for financing. She closed by reinforcing that access is not an initiative or a project—**it is life**—and calling for collective voice, collective financing, and stronger alignment between need, demand, and procurement.

Day 1: Strengthening systems

Panel 1: HLM4 commitments and supply chain assessments

MOH representatives from Kenya, DRC, Somalia, Ghana, Senegal, Uganda, and Rwanda shared progress against HLM4 commitments and reflected on findings from supply chain maturity assessments. Common themes included the need for better data and forecasting, long procurement lead times, workforce capacity gaps, and the importance of integrating NCD services into existing platforms. Countries highlighted concrete steps: Kenya's essential pharmaceutical package, DRC's progress on tobacco taxation, Somalia's first-ever tobacco control framework, and Ghana’s Free PHC and Ghana Medical Trust Fund initiatives.

Panel 2: Financing the future of NCDs

Mr. Gilbert Osoro (Social Health Authority in Kenya), Ms. Mariam Musah (Ghana National Health Insurance Authority), Dr. Trizah Tracey John (Kenya Health Financing Directorate), Mr. Peter Okwero (The World Bank), and Dr. Jackson Otieno (African Institute for Development Policy) came together to discuss innovative resource mobilization, financing efficiency, and accountability. Kenya's Social Health Authority shared progress on expanding coverage, Ghana's National Health Insurance Authority highlighted their Free PHC and the Ghana Medical Trust Fund initiative as core financing protection mechanisms, while all panelists emphasized the need for greater cost data, domestic resource mobilization, and transparent tracking of NCD spending.

Panel 3: The supply chain-financing nexus

This panel explored the inter-dependencies between financing and supply chains and was joined by Dr. Trizah Tracey John (Kenya Health Financing Directorate), Dr. Gerald Mutungi (Uganda MOH), Dr. Wallace Ashitey Odiko-Ollennu (Ghana Health Service), Mr. Peter Okwero (The World Bank), and Dr. Kaushik Ramaiya (Tanzania Diabetes Association). Key takeaways included the need for better forecasting, investment in procurement specialists, dedicated NCD financing, and simplified care protocols. Panelists emphasized that supply chains can only succeed if health workers are trained in care protocols and actively engage with supply chain teams to address stock gaps.

Day 1: Strengthening systems

Thematic breakout sessions

Participants broke into groups across three thematic areas—**NCD financing, supply chain gaps, and access through PHC**—to share priorities and identify synergies. Key themes included forecasting and quantification reform, digitizing health information systems, pooled procurement, health workforce improvements, and the need for designated NCD budgets and cost data to inform advocacy.

Day 2: Regional collaboration and country-led solutions

Voices of lived experience

Edward Konzolo (Stroke Association of Kenya) shared his journey of recovery after a stroke. He attributed his survival to being in Nairobi with access to good doctors and hospitals, having health insurance, and the support of his wife as his caregiver. He reflected on the reality for those in rural Kenya, where **accessing higher-level hospitals is hindered by distance and cost**, and called for greater investment in prevention and awareness.

"If we do prevention, then we shall be on the right track."

– Edward Konzolo, Stroke Association of Kenya

Fireside chat: Regional perspectives on NCD medicines

Dr. Jones Kaponda Masiye (ECSA-HC), Dr Abdi-Rahman K. Mohamud (Africa CDC), and Mr. Itete Karagire (EAC) discussed priorities for collaboration. Common themes included **workforce development, integration of NCD services into PHC, pooled procurement, and local manufacturing.** The EAC shared progress on its pooled procurement mechanism, including a digital platform for information sharing and a list of priority NCD medicines. Africa CDC emphasized the need for taking a whole-of-government approach to NCD prevention and overall health promotion.

"Turn Africa from 55 countries into a single market of 1.5 billion people who are seeking better health and improved healthcare."

– Dr Abdi-Rahman K. Mohamud, Africa CDC

Day 2: Regional collaboration and country-led solutions

Country conversations

MOH representatives and Coalition members engaged in small group discussions, sharing country priorities and challenges and outlining opportunities for joint action. Common challenges included inadequate financing, data gaps for forecasting and quantification, long procurement lead times, and health workforce capacity. Enablers and opportunities to further advance progress included a continued focus on integration of NCDs into essential health packages and broader health delivery platforms, multisectoral collaboration, the establishment of national NCD alliances, and enhanced engagement of private sector engagement.

Panel 4: Innovation spotlights

Dr. Benson Chuma (Tech Care for All Africa), Mr. Douglas Kent (Supply Chain Impact Alliance), Dr. Stephen Mutiso (Division of NCDs, Kenya MOH), Mr. Joost Van Engen (Healthy Entrepreneurs), and Ms. Mercy Yego (Kasha) showcased a range of innovations that are improving NCD access and affordability, including digital health and AI-powered tools, community health worker delivery models, and e-commerce platforms for last-mile delivery. Supply Chain Impact Alliance presented an overview from supply chain maturity assessments, noting that procurement lead time and workforce development scored least mature. Panelists emphasized that solutions already exist and are being used across other health platforms and should be adapted for NCDs.

"The story isn't that NCD supply chains are broken, but that the pipe feeding it is very slow and thinly staffed." *– Douglas Kent, Supply Chain Impact Alliance*

Day 2: Regional collaboration and country-led solutions

Site visits

The meeting concluded with site visits to government-run and private-sector medical stores—Kenya Medical Supplies Authority and Mission for Essential Drugs and Supplies—and two primary care health facilities—Ngara Health Center and Kahawa West Health Center—facilitated by the Kenya Ministry of Health.

Mission for Essential Drugs and Supplies

Kenya Medical Supplies Authority

Ngara Health Center

Kahawa West Health Center

Thank you!