



U.S. Chamber of Commerce
Global Initiative on Health
and the Economy (GIHE)

Unlocking Access for Non-Communicable Diseases (NCDs)

A Results-Focused Framework for Integrating the Private Sector and Creating Shared Value



I. Introduction

Non-communicable diseases (NCDs), such as cardiovascular disease, cancer, diabetes, and chronic respiratory diseases, account for more than 75% of global deaths each year, with the majority occurring in low- and middle-income countries¹ while only 1%–2% of global health financing investment is spent on NCDs². The rising prevalence of NCDs threatens not only public health but also economic growth and social stability. Addressing this challenge requires a coordinated, multi-sectoral response that leverages the unique strengths of stakeholders in both the public and private sectors.

For this paper, we define public-private partnerships (PPPs) as engagements where partners agree to share risks, expertise, and decision-making authority. At their best, PPPs leverage the strengths of the public and private sectors simultaneously. They can create economies of scale and expand access to care to underserved populations. Furthermore, they can create sustainable returns for the private sector without compromising cost-effectiveness to the public sector³.

PPPs have demonstrated significant potential to accelerate progress in NCD prevention, screening, diagnosis, treatment, and long-term management. The private sector is more than a supplier of products and services; it is a collaborative partner in creating public value across the entire NCD care continuum. From research and development, regulatory science, manufacturing quality, supply chain engineering, clinical training and service, data and real world evidence to innovative financing, the private sector brings diverse competencies that complement government stewardship and are essential for equitable, reliable access to pharmaceuticals, vaccines, diagnostics, and medical technologies.

In addressing the NCD challenge, it's also critical to maintain a person-centered approach and value-based framing to maximize efficiency and positive outcomes in the long term.

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II. Challenges in Private Sector Engagement

Despite the significant potential that PPPs can create, several barriers continue to limit effective private sector engagement in NCD care:

Limited Inclusion of the Private Sector in Decision Making:

When governments and international organizations convene to shape NCD strategies and frameworks, private sector stakeholders are often underrepresented or excluded entirely. This absence creates policies that may not fully leverage private sector innovations, resources, and implementation capacity, ultimately limiting the ability to address the growing NCD burden.

Policy and Regulatory Barriers:

Unclear or restrictive regulatory frameworks, fragmented markets and procurement processes, and inconsistent policy environments can deter private investment and slow the introduction of new health products and technologies⁴. For example, in some countries, the lack of harmonized standards for diagnostics and medical devices has delayed market entry by years, limiting access to innovative solutions.

Disincentives for Investment:

Policies that cap or consider only price without considering holistic value, or that do not incentivize innovation, may discourage private sector participation. In certain markets, limited intellectual property protections or unpredictable reimbursement and inconsistent funding mechanisms further increase investment risk, making it difficult for companies to justify long-term commitments.

Operational and Systemic Challenges:

Health systems with weak supply chains and limited health workforce capacity can undermine the effective utilization of new technologies and products regardless

of their availability. For instance, even when advanced diagnostics and medical technologies are procured, a lack of trained personnel or reliable infrastructure can prevent their proper use.

Access Concerns:

Private sector innovations may not always reach marginalized or low-income populations without deliberate policy measures to ensure access, such as adequate coverage from national health systems. Without targeted strategies, there is a risk that new technologies will primarily benefit urban or higher-income groups, exacerbating health disparities.

Integrated Health Care System:

There is a need to promote an integrated approach for both non-communicable and communicable diseases within primary health care and scale-up prevention, early diagnosis, and treatment. This level of planning and policymaking will allow the private sector to have better visibility of the country's needs for a more impactful investment and value-based health care.

III. Opportunities for PPPs

To address the complex and evolving needs of NCD care, PPPs must be designed to support the entire continuum of care—from prevention and screening to diagnosis, treatment, and long-term management. Effective partnerships leverage the comparative advantages of each sector, foster innovation, and ensure that solutions are sustainable and equitable. In all cases, partnerships should include measurable indicators like reduced hospitalizations, improved control and reduced disparities.

Market Shaping and Supply Chain Strengthening:

Fragmented, price only purchasing can concentrate risk in a single supplier, increase stockouts, and undermine access to chronic therapies, diagnostics, and medical technologies. PPPs can strengthen markets by using diversified awards, framework agreements, performance metrics, and transparent e procurement to improve competition and supply security.

Example: England's use of multiple winner procurement frameworks has reduced single supplier dependency and improved resilience in the supply of critical health products⁵.

Strengthening Laboratory Networks and Diagnostic Capacity:

Reliable laboratory networks and point of care diagnostics are foundational to timely NCD detection and management, yet many health systems struggle with planning, quality management, and maintenance. PPPs can enable pre tender needs assessments, managed service models for equipment upkeep, interoperable lab information systems, and external quality assurance—improving test availability and linkage to care.

Example: Denmark's systematic pre tender needs assessment has helped ensure that tenders reflect real diagnostic requirements and service expectations, supporting better performance and reliability of procured technologies⁶.

Capacity Building and Technical Assistance:

Even when the right products are procured, adoption stalls without trained personnel, governance, and implementation support. PPPs can co develop curricula, provide on site and digital training for clinicians and biomedical staff, and include lifecycle maintenance and change management support within contracts.

Example: In India, a partnership between a leading medical technology company and state governments provided training and education to primary care providers in rural parts of the country in the use of point-of-care ultrasound devices for early detection of NCDs⁷.

Value-Based Health Care and Procurement:

Price only purchasing can undermine quality and efficiency, especially in the long term. Value based approaches explicitly weigh outcomes, reliability, lifecycle costs, and broader societal benefits, aligning incentives with patient and system value across medicines, vaccines, diagnostics, and medical technologies.

Example: In Brazil, a value-based contract for diabetes management linked reimbursement for glucose monitoring devices to improvements in patient outcomes, resulting in better glycemic control and reduced hospitalizations⁸.

Sustainable Financing and Investment:

NCDs require sustained, multiyear investment; short budget cycles can delay or fragment scale up of proven solutions. PPPs can mobilize blended capital, use outcome based payments, and structure multiyear service agreements that tie funding to measurable results.

Example: Access Accelerated is a global collective launched in 2017 that unites leading biopharmaceutical companies and partners to address noncommunicable diseases (NCDs) in low- and middle-income countries (LMICs)⁹. Since its inception, the initiative has supported over 50 projects across 44 countries, reaching 700 million people, and has contributed to policymaking in 35 countries. Through flexible funding and strategic partnerships, Access Accelerated has helped catalyze a \$3+ billion World Bank portfolio of loans and grants for NCDs, demonstrating the power of private sector collaboration in tackling diseases that account for over 70% of global deaths.

In 2023, Access Accelerated intensified its focus on sustainable health financing through the launch of the **Financing Accelerator Network for NCDs (FAN)** in partnership with the World Bank and Results for Development. This transformative initiative addresses the critical financing gap for NCDs—which have received less than 2% of development assistance for health over three decades—by establishing regional accelerators that work directly with governments and local stakeholders to build resilient health care financing systems. The model promotes locally led, people-centered solutions and represents a significant step toward achieving SDG 3.4 and universal health coverage.



IV. Recommendations for Sustaining Private Sector Investment

To ensure long-term private sector engagement, governments and partners should do the following:

Establish Clear Regulatory Frameworks and Aligned Incentives:

Transparent, predictable regulations and incentives reduce investment risk and encourage innovation. For example, streamlined product registration processes and harmonized standards have accelerated market entry in several G20 countries, and the full implementation of regulatory harmonization via the African Medicines Agency (AMA) will drive greater partnership and investment from businesses. Clear reimbursement pathways and outcome-based payment models further support private sector participation.

Strengthen Health System Readiness:

Health systems must be equipped with trained personnel, robust infrastructure, and effective governance to integrate new products and technologies. Joint investments in capacity building and system strengthening are critical.

Promote Fairness and Inclusion:

Policies should ensure that private sector innovations benefit all populations, especially marginalized and low-income communities. Mechanisms such as tiered pricing, targeted subsidies, and public financing can help close access gaps.

Foster Data Sharing and Real-World Evidence Generation:

PPPs should support the collection and use of real-world data to inform policy, improve care, and demonstrate value. Shared data platforms and collaborative research can accelerate learning and scale-up.

Innovation and Technology:

Digital health, AI enabled decision support, connected devices, and device as a service models can expand reach, standardize quality, and lower total costs of NCD care. PPPs can accelerate responsible adoption by embedding interoperability, data governance, cybersecurity, and ongoing maintenance into deployment.

Example: Through a partnership between the Ministry of Health in Tunisia and a private diagnostics company, infrastructure and capabilities were strengthened for eight adult and two pediatric neurology centers focused on improving the patient journey by using digital tools for patient monitoring and registries¹⁰.

Integration into Primary Health Care and UHC Pathways:

Embedding private sector solutions into primary health care (PHC) models, with a strong focus on prevention through immunization and testing, through universal health coverage (UHC) pathways can offer improved access, affordability, and continuity of care for NCDs.

Example: In Indonesia, a partnership between the Ministry of Health and private diagnostic firms integrated NCD screening into existing maternal and child health programs, expanding reach and efficiency¹¹.



BREATHE is the Health Data Research Hub for Respiratory Health in the United Kingdom. BREATHE brings together the National Health Service (NHS), academic institutions, patient organizations, and private sector partners to enable secure access to real-world respiratory data within a Trusted Research Environment (TRE). The partnership demonstrates how co-governance, patient involvement, and shared infrastructure can accelerate research and service improvement for asthma and COPD. By harmonizing datasets across care levels, BREATHE facilitates value-based decision-making, equitable access, and efficient innovation adoption—showing how data-driven PPPs can directly improve NCD management and system resilience¹².

V. The Way Forward: Socialization and Stakeholder Dialogue

Sustained progress requires ongoing dialogue and collaboration among governments, the private sector, and civil society. Establishing formal platforms for stakeholder engagement—such as national PPP task forces, innovation hubs, or multisectoral advisory groups—can facilitate alignment, share best practices, and address emerging challenges.

At the G20 level, the establishment of a global platform for sharing PPP experiences and lessons learned can accelerate the adoption of best practices and foster cross-country collaboration. Regular stakeholder consultations, joint policy development, and transparent monitoring and evaluation are essential to ensure that PPPs deliver on their promise of improved access and outcomes.

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