



August 19-20, 2026
Accra, Ghana

Host and Convenors: Ministry of Health,
Ghana and Financing Accelerator Network for
NCDs (FAN)

Participating Countries: Cameroon, Ghana,
Kenya, Rwanda, Somalia, and Uganda

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WORKSHOP REPORT

CROSS-COUNTRY LEARNING ON ACCELERATING NCD SERVICE INTEGRATION WITHIN UNIVERSAL HEALTH COVERAGE IN SUB- SAHARAN AFRICA

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Executive Summary

The Financing Accelerator Network for NCDs (FAN) convened the Sub-Saharan Africa Cross-Country Learning Workshop in Accra, Ghana, on 19–20 August 2026. The workshop brought together country delegations and technical stakeholders to examine how NCD services, essential medicines, and diagnostics can be integrated into Universal Health Coverage (UHC) reforms in ways that are financially sustainable, operationally feasible, and meaningful for patients.

The workshop deliberately moved beyond policy discussion. Through technical presentation, country experience exchange, interactive Country Integration Clinics, a political economy debate, a Ghana implementation site visit, cross-regional learning from Latin America and the Caribbean, and country action planning, participants examined what it takes to move from formal policy inclusion to actual service delivery.

“How do we move services, medicines, and diagnostics out of our policy documents and into our people’s lives? That is the real question.”

— Dr. Belinda Afriyie Nimako, Acting Director, Policy, Planning, Monitoring and Evaluation,
Ministry of Health, Ghana

Across the region, the hurdle is no longer policy recognition. Participating nations have established national NCD strategies, national health insurance schemes, and Universal Health Coverage (UHC) roadmaps. The central challenge lies in closing the execution gap - the systemic breakdown between policy inclusion and frontline service readiness. Key workshop insights include:

- **The Screening-to-Treatment Bottleneck:** Mass screening programs often operate without guaranteed access to follow-up care. In Rwanda, for example, only approximately 10% of individuals identified during screening successfully transition to clinical treatment.
- **Data Disconnects and Continuity of Care:** Paper-based records and fragmented digital health systems impede patient tracking across primary healthcare (PHC) and referral tiers, resulting in high loss-to-follow-up.
- **Commodity Security as Financial Protection:** An insurance benefit package offers no real financial protection if essential NCD medicines and diagnostics are out of stock, forcing patients into impoverishing or catastrophic out-of-pocket expenditure.
- **Political Economy and Fiscal Realities:** Ministries of Finance require rigorous economic costing, execution tracking, and clear return-on-investment metrics rather than general epidemiological statements to justify budget allocations.

To bridge these gaps, country delegations developed 2026–2027 national action plans identifying priority actions to strengthen domestic NCD financing, integrate NCDs into UHC and insurance benefit packages, strengthen policies and investment cases, improve evidence and data for financing decisions, and expand access to essential NCD services and medicines.



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1. Introduction

1.1 Background and Rationale

Noncommunicable Diseases (NCDs) represent an increasingly critical health, social, and economic challenge across Sub-Saharan Africa. Regional technical framing highlighted that by 2019, NCDs accounted for approximately 45% of total deaths in the region, with over two-thirds occurring prematurely before age 70. The burden severely impacts health outcomes, household economic welfare, labor productivity, and national economic development.

Against this backdrop, countries across the region are undertaking major structural reforms in Universal Health Coverage (UHC), health insurance architecture, primary healthcare (PHC) revitalization, strategic purchasing, benefit-package design, and health management information systems. The workshop focused on leveraging these reform windows to ensure NCDs care becomes accessible, equitable, and financially sustainable.

“Beyond the gap that exists, there is also an opportunity.”

— Regional Technical Framing Presentation

1.2 Workshop Objectives

- Strengthen regional learning and knowledge exchange on NCDs integration, financing mechanisms, and benefit-package design.
- Strengthen alignment among Ministries of Health, Ministries of Finance, national health insurance institutions, and technical development partners.
- Translate cross-country peer learning into realistic, country-owned priorities and near-term implementation commitments.

1.3 Workshop Approach

The workshop was structured as a practical progression from understanding the overarching reform context to examining country experience, testing practical solutions in clinical working sessions, and culminating in concrete action planning.

Workshop Stage	Core Purpose and Methodology
Framing and Evidence	Establish a common regional understanding of NCD integration and the macroeconomic financing context.
Country Experience	Compare national reform journeys, policy bottlenecks, and emerging operational solutions.
Country Integration Clinics	Work through specific implementation challenges in structured peer-review formats.
Political Economy Debate	Examine how NCDs priorities compete for resources within real-world public financial management processes.
Implementation Site Visit	Bridge financing and UHC policy discussions with facility-level clinical and operational realities.
Practice & Cross-Regional Learning	Connect national policy discussions to ground-level implementation experience in Ghana and Latin America and the Caribbean.
Action Planning	Convert synthesized learning into concrete country priorities, milestones, and technical assistance needs.



The workshop deliberately moved from identifying country bottlenecks, to understanding the technical and financing dimensions of NCDs integration, examining country experiences, working through operational challenges, and finally translating learning into country-owned actions.

2. Country Introductions: Setting the Context and Identifying the Bottlenecks

The workshop launched with focused country introductions designed to anchor discussions directly in national operational realities. Each participating delegation identified the primary bottleneck preventing effective integration of NCD into their UHC benefit packages. While participating nations span distinct stages of health reform, their opening reflections highlighted a clear set of interconnected systemic barriers:

- **Cameroon:** The delegation highlighted the challenge of sustaining policy attention and domestic resources for NCDs within a health system historically shaped by communicable disease priorities. The discussion pointed to the need to position NCDs more firmly within broader national health priorities, research and financing frameworks.
- **Rwanda:** Rwanda highlighted a persistent gap between screening and treatment. Despite strong screening efforts, only a relatively small proportion of people identified through screening proceed to sustained treatment. This points to the need to strengthen the link between early detection, diagnosis, treatment and follow-up.
- **Kenya:** Kenya emphasized continuity of care and patient tracking as a major challenge. The system has difficulty linking people identified through screening with subsequent diagnosis, treatment and long-term management. The country also highlighted the financing challenge of designing sustainable benefit packages for high-cost chronic conditions, including cancer.
- **Uganda:** Uganda identified NCDs financing as a central bottleneck, with implications for access to medicines, human resources and PHC readiness. The country also highlighted the challenges associated with developing sustainable purchasing arrangements within a health insurance system that is still evolving.
- **Somalia:** Somalia highlighted constrained government financing, dependence on external resources and fragmented service delivery as major barriers to NCDs integration. These challenges contribute to high out-of-pocket spending and reinforce the need to strengthen domestic financing, institutional coordination and the integration of NCD services within primary healthcare.
- **Ghana:** Ghana highlighted challenges around continuity of care, patient tracking and the connection between screening and treatment. While progress has been made in integrating NCD services into the benefit package, ensuring that patients identified through screening can be followed through the health system and access medicines consistently remains an important implementation challenge.

The introductions demonstrated that the challenge is not simply whether countries have NCD policies or strategies, but whether their health systems have the financing, infrastructure, commodities, workforce and information systems required to implement them. A particularly important insight from the session was the value of learning from countries facing similar challenges. This set the tone for the rest of the workshop: countries were encouraged to look beyond their own systems, identify practical solutions from peers and consider what could be adapted to their own context.

3. Technical Framing: Reimagining NCD Integration through a Whole-System Lens

The technical framing made the case for integrating NCDs into UHC and clarified what that actually means. With NCD deaths in the WHO AFRO region rising from about 24% of all deaths in 2000 to 37% in 2019, health systems designed for vertical programs and episodic care must now deliver long-term, multi-condition care within tight fiscal limits. Integration was unpacked across service delivery, workforce, supply chains, information systems, governance, referral pathways and financing, with a working definition for the workshop: the deliberate inclusion of NCD services, medicines, diagnostics and related products within UHC; benefits design, financing, strategic purchasing, PHC platforms and access policies.

On financing, three questions framed the discussion — **what is covered? who pays? and how money reaches providers?**; alongside the reminder that listing a service in a benefits package is not the same as making the entitlement financially real. Integration was not presented as automatically beneficial – there are examples in the literature of integration that improved access to services as well as examples that had limited impact or placed significant strain on the health system. The section therefore shifted the question from "should NCDs be integrated?" to "which services, at what level, for what purpose, and with what financing arrangements?" — closing on five takeaways: be specific, start with the problem to be solved, treat financing as a means not an end, weigh the trade-offs, and recognize that a well-managed parallel arrangement is sometimes the better option.

4. Comparative Analysis: Unpacking Health Financing Evidence and Data Gaps

Transitioning from qualitative experiences to empirical evidence, the comparative analysis examined national health expenditure flows, revenue streams, and systemic reporting vulnerabilities across participating states.

A prominent insight emerged: NCD expenditure remains largely invisible within conventional national health accounting systems. Severe inconsistencies in data availability and reporting quality undermine policy advocacy. For instance, while countries like Ghana and Rwanda reported NCD-specific expenditure data in 2023, data from other peer nations remained outdated, incomplete, or absent. Discrepancies in how NCD expenditures are classified further obstruct cross-country benchmark comparisons.



Key Findings from Comparative Evidence:



Low Financial Visibility: NCDs resource allocations are masked within broad institutional budgets, obscuring actual expenditure patterns.



Advocacy Bottlenecks: Ministries of Health cannot convincingly negotiate increased budgets with Ministries of Finance without robust expenditure, cost, and utilization data.



Heterogeneous Financing Mixes: Nations demonstrate varying reliance on public revenue, external donor aid, and domestic private out-of-pocket spending.



Out-of-Pocket Vulnerability: Patients continue to face catastrophic healthcare costs when essential drugs and diagnostic testing are excluded from publicly backed benefit packages.

Strategic Pivot: The analysis shifted the central dialogue from asking “What are our financing challenges?” to defining “What precise empirical evidence must be generated to demonstrate financing gaps and unlock investment?”

5. Peer-to-Peer Learning: Bridging Evidence and Implementation

The interactive country poster session transitioned the workshop from presentations to dynamic peer exchange. Delegates moved across country exhibits to interrogate practical implementation strategies, evaluate local innovations, and analyze contextual transferability.

Core Objectives of the Interactive Format:

- Uncover common operational bottlenecks across diverse health systems.
- Dissect structural differences rooted in unique national governance contexts.
- Examine promising local interventions and innovative service models.
- Assess the feasibility of adapting successful peer interventions locally.
- Pinpoint precise domains requiring targeted international technical assistance.

By engaging directly with operational leads, participants moved beyond high-level diagnostic data to address critical execution questions: How are data capture tools deployed at primary clinics? How do electronic registries handle inter-regional patient migration? Are drug benefits backed by functional supply lines and clear provider reimbursement pathways?



Cameroon: Looking Beyond Financing to System-Wide Solutions

Cameroon's contribution emphasized that NCD financing cannot be considered in isolation from the wider health system. While financing remains critical, the country highlighted the need to learn from peer nations on prevention, regulation, implementation approaches, research, and community-level interventions.

This reflected an important feature of the poster session: countries were not simply looking for additional resources, but for practical approaches to strengthen how NCD services are organized, financed, and delivered.

Cameroon's experience also highlighted the challenge of moving from NCD identification to sustained treatment, particularly where treatment resources remain limited. This reinforced the need to balance investment in prevention and early detection with the operational capacity to provide affordable, long-term care.

Ghana: Making Continuity of Care Work

Ghana's presentation focused strongly on the challenge of ensuring continuity of care across different levels of the health system. The country highlighted the difficulty of ensuring that a patient identified at the community or primary care level is tracked through referral, diagnosis, treatment, and follow-up.

“The biggest bottleneck... [is] continuity of service.”

— Ghana Delegate

This highlighted a fundamental weakness in fragmented health systems: identifying a patient is insufficient if the system cannot ensure the patient reaches the next stage of care. The discussion pointed to the vital importance of connected referral systems, patient tracking, and active information exchange between health facilities.

“They need a different approach for care, so not episodic, but longitudinal. So...the conversation on the continuum of care becomes really important.”

— Ghana Delegate

Ghana's experience consequently provided a practical example of why digital health platforms and referral networks need to be designed around the complete patient journey, rather than simply around administrative reporting.

Kenya: Connecting UHC Coverage to Actual Patient Care

Kenya's experience illustrated the challenge of translating UHC policies and benefit-package commitments into a continuous care pathway. The discussion highlighted the critical need to connect community-level identification and screening directly with diagnosis, treatment, and follow-up care. Without this connection, countries risk reporting high screening numbers while remaining unable to determine whether those individuals subsequently received appropriate clinical care.

The Kenyan experience also raised broader financing challenges around ensuring that benefit packages are supported by appropriate purchasing and provider-payment arrangements. Expanding coverage for costly NCD services requires countries to understand the true cost of delivering care across different levels of the health system.

Ultimately, Kenya reinforced a central lesson that coverage should be measured not only by what is included in a package, but by whether patients can actually access and complete care.



Key Country Insight: “The patients can be tracked from one facility to another. So this is work in progress, a lot of work.”- Kenya Delegate



Strategic Takeaway: Coverage must be evaluated through full patient care completion rather than isolated package inclusions or initial screening metrics.

Rwanda: Closing the Gap Between Screening and Treatment

Rwanda brought attention to the importance of linking benefit-package expansion with sustainable financing and service availability. The country is expanding its community-based health insurance package to cover a broader range of high-cost services, including dialysis, cancer diagnosis and management, kidney transplantation, and interventional cardiology. At the same time, Rwanda is exploring additional financing mechanisms and reforms to strengthen the long-term sustainability of coverage.

The experience highlighted that expanding the range of services covered by insurance also requires dedicated attention to how those services are financed and delivered across levels of care. Rwanda's approach demonstrates the importance of considering benefit-package design, contribution mechanisms, provider payment, and service capacity as interconnected elements.

Rwanda therefore reinforced the importance of aligning coverage expansion with sustainable financing mechanisms and the physical capacity to deliver the services included in the package.



Key Country Insight: “At the moment, we have major reforms that are currently underway. The core one is benefit package expansion.”- Rwanda Delegate



Strategic Takeaway: Expanding benefit packages requires simultaneous alignment across insurance contributions, provider payments, and facility delivery capacity.

Uganda: Financing and the Readiness of Primary Care

Uganda's experience brought the discussion back to the direct relationship between financing and frontline service delivery. The delegation highlighted constraints affecting medicine availability, diagnostics, equipment, human resources, and the broader capacity of PHC facilities to provide essential NCD services.

These challenges demonstrate that policy commitments to integrate NCDs into PHC must be accompanied by targeted investments that make integration operational. Uganda also highlighted the heavy financial burden created when essential medicines and diagnostics are unavailable through the public system, particularly for underserved and rural populations.

Uganda reinforced the principle that financing for NCD integration must address not only high-level policy commitments, but also the practical operational readiness of facilities to provide continuous care.



Key Country Insight: “When it comes to financial exposure to the underserved population, our main drivers are diagnostics, medicine, and supplements.”- Uganda Delegate



Strategic Takeaway: Frontline supply chain gaps in diagnostics and medicines represent the primary drivers of financial hardship for vulnerable patients.

Somalia: Building the Foundations for NCD Financing

Somalia presented a distinct health-system context where the immediate challenge includes strengthening the basic financing and governance foundations for NCD care. The discussion highlighted limited domestic fiscal space, high out-of-pocket expenditure, fragmented financing, and a continued reliance on external donor funding.

Somalia does not yet have a national health insurance scheme, although private and community-based health insurance arrangements exist. At the facility level, some NCD services, including screening and diabetic medicines, are provided, while patients may be referred elsewhere when essential services or commodities are unavailable.

The Somali experience demonstrated that countries at earlier stages of health-system development may need to prioritize building domestic financing mechanisms, strengthening governance, improving essential commodity availability, and reducing fragmentation before undertaking extensive benefit-package expansion.



Key Country Insight: “We don't have the national health insurance. However, we have private health insurance schemes [and] community health insurance schemes.”- Somalia Delegate



Strategic Takeaway: Early-stage systems must establish baseline governance, domestic funding, and supply stability prior to pursuing comprehensive benefit expansion.

Cameroon: Prioritizing Prevention, Integration and Sustainable Financing

Cameroon's experience highlighted the importance of sequencing NCD investments and linking prevention, promotion, diagnosis, and treatment. The delegation emphasized that financing alone cannot address NCD challenges where health systems also face constraints in service delivery, technology, research, and the availability of essential resources.

The discussion particularly emphasized the need to prevent escalating treatment costs by strengthening primary prevention and early intervention.

Cameroon therefore reinforced the importance of viewing NCD financing as part of a broader health-system strategy, where prevention, service integration, quality, research, and treatment capacity need to be considered holistically.



Key Country Insight: “If you don’t do prevention, if you don’t integrate prevention, curative care, promotion, we cannot resolve because at the end the cost was too much.”- Cameroon Delegate



Strategic Takeaway: Without integrating prevention into financing frameworks, rising curative care costs will eventually overwhelm system capacity.

5.1 Cross-Country Learning Emerging from the Posters

The value of the poster session was not simply in documenting six individual country experiences, but in enabling participants to connect those experiences and recognize how shared challenges are linked across systems. Across the posters, six primary themes emerged:

- **From policy coverage to effective coverage:** Countries are increasingly incorporating NCDs into UHC policies and benefit packages. However, formal inclusion does not guarantee access. Effective coverage requires the financing, workforce, medicines, diagnostics, and facilities necessary to deliver promised services.
- **From screening to sustained care:** Rwanda’s experience, alongside discussions from Kenya and Ghana, highlighted the importance of connecting screening to diagnosis, treatment, and follow-up. Screening without a functioning care pathway risk identifying patients whom the system is not yet equipped to treat.
- **From financing allocations to service delivery:** Country experiences demonstrated that financing should ultimately be visible at the point of care. Resources need to translate into medicines, diagnostics, trained health workers, functioning facilities, and continuous services.
- **From data collection to patient tracking:** Ghana’s experience demonstrated that data systems should support the management of individual patients across the continuum of care. This requires stronger interoperability and mechanisms for confirming referrals and follow-up.
- **From benefit-package promises to commodity security:** A service cannot provide meaningful financial protection if patients are forced to purchase medicines or diagnostics privately due to facility stockouts. Benefit-package expansion must be aligned with procurement and supply-chain capacity.
- **From common challenges to context-specific solutions:** The delegations demonstrated that there is no single model for NCD integration. While countries face similar structural problems, their solutions must reflect their own fiscal space, health financing arrangements, institutional capacity, and stage of UHC development.

Table 5.1: Comparative Matrix of Country Poster Insights

Country	Core Focus and Key Bottlenecks	Key Policy and Operational Lessons
Cameroon	System-wide integration and non-financial learning	Financing must be paired with learning in prevention, regulation, and community interventions.
Ghana	Continuity of service and referral tracking	Digital health and referral networks must center on longitudinal care rather than reporting.
Kenya	Connecting UHC packages to real patient pathways	Coverage must be measured by complete care access; purchasing models must reflect real costs.
Rwanda	Bridging the screening-to-treatment gap	Screening expansion must be synchronized with equal expansion in treatment and diagnostic capacity.
Uganda	PHC readiness and frontline resource availability	Financing follows capacity; expanding package scope requires matching staff and commodity investment.
Somalia	Establishing baseline governance and financing	Early-stage systems should prioritize fiscal space, governance, and supply stability before package expansion.

The poster session strengthened the workshop's peer-learning approach by allowing participants to see how the broader financing and UHC challenges discussed in earlier technical sessions are experienced on the ground at the country and service-delivery levels.

It also reinforced an essential conclusion from the technical framing: integration is not an end in itself. The primary objective is to build a health system capable of delivering less fragmented, more equitable, financially sustainable, and higher-quality NCD care.

6. Country Integration Clinics: Practical Operational Solutions

The Country Integration Clinics moved the workshop discussion from policy intent to operational reality, focusing on two areas where participants stated that countries are experiencing some of the most persistent implementation bottlenecks like data and patient tracking, and benefit-package operationalization and commodity security.

Rather than discussing integration as a broad policy concept, the clinics examined what needs to change within health systems to ensure that patients can move through the continuum of care and that services promised under UHC can actually be delivered at the point of care.

6.1 Data Architecture and Patient Tracking

The discussions demonstrated that many countries have digital or electronic health information systems, but these systems do not always communicate with one another or enable providers to follow patients across different levels of care. The challenge is therefore not simply the absence of data. It is the absence of connected, actionable data that supports continuity of care. Several practical priorities emerged:

- **Shift digital health systems from administrative reporting to longitudinal patient management.** Data systems should do more than aggregate statistics for reporting purposes. They should enable health workers to know whether a patient who was screened received a diagnosis, whether a referral was completed, whether treatment was initiated and whether the patient returned for follow-up.
- **Accelerate interoperability across health platforms.** National health insurance systems, primary-care electronic medical records, specialized disease registries and other relevant platforms need to be able to exchange information. Interoperability should allow patient information to remain accessible as individuals move between facilities and levels of care.
- **Establish closed-loop referral systems.** Referral should not end when a patient leaves the referring facility. Systems should be capable of confirming whether the patient reached the receiving facility, received the required service and was subsequently referred back or retained for continued care where appropriate.
- **Connect community screening to facility-based care.** Since many NCD patients are first identified through community-level screening, community data must be connected to primary care and higher-level services. Otherwise, health systems risk identifying patients without being able to ensure that they enter treatment.
- **Strengthen patient identification and traceability.** Unique patient identifiers can help providers recognize patients across facilities and reduce the likelihood of duplicate records or patients effectively restarting their care journey when they move between providers.
- **Strengthen data governance alongside digitalization.** Interoperability must be accompanied by appropriate safeguards for privacy, security, access and responsible use of patient information.

The lesson was that data should become an instrument for managing patients, not merely a mechanism for counting them. A successful system should allow the health sector to answer not only how many people were screened, but also what happened to those people afterwards.



6.2 Benefit-Package Operationalization and Commodity Security

The second clinic examined the gap between what countries promise through UHC benefit packages and what health facilities are actually able to deliver. Participants recognized that adding an NCD service to a benefit package does not automatically make that service accessible. Effective implementation requires clear definitions of what is covered, where it will be delivered, how providers will be reimbursed and whether the necessary medicines, diagnostics and personnel are available.

The discussion identified four major priorities:

- **Clearly define the entitlements and payment arrangements.** Benefit packages should specify the services covered at different levels of care, reimbursement rates, provider payment mechanisms and responsibilities across the health system. Ambiguity can result in inconsistent implementation and unexpected costs for both providers and patients.
- **Design benefits around the full continuum of NCD care.** NCD entitlements should not focus only on treatment. Where appropriate, they need to encompass prevention, screening, diagnosis, maintenance therapy, follow-up and palliative care. This is particularly important for chronic conditions where patients require sustained care rather than a single intervention.
- **Align commodity and supply-chain capacity with package expansion.** Countries should not expand benefit-package promises without assessing whether medicines, diagnostics and other essential commodities can be supplied consistently. Supply-chain forecasting, procurement planning and centralized or pooled procurement mechanisms should anticipate the additional demand generated by expanded entitlements.
- **Use evidence to guide benefit-package expansion.** Decisions about adding or expanding NCD services should be informed by cost-effectiveness analysis, budget-impact analysis and facility-readiness assessments. This can help countries prioritize interventions that offer the greatest health benefit within available fiscal space.

From Entitlement to Delivery

The clinic therefore highlighted a critical distinction between coverage on paper and coverage in practice. A patient may have an entitlement to an NCD service but still be unable to access it if:

- the provider is not reimbursed adequately;
- the facility lacks the required equipment;
- medicines are out of stock;
- diagnostic services are unavailable;
- referral pathways are weak; or
- the service is not clearly defined within the benefit package.

Consequently, benefit-package reform, provider payment, procurement, supply-chain planning and facility readiness need to be treated as interconnected components of the same reform process.

Overarching Lesson



The overarching lesson from the Country Integration Clinics was that successful NCD integration depends on building a system in which the patient can be identified, referred, treated, supplied with the necessary commodities and followed over time — while the financing system is able to pay for and track that care.

7. Financing and Political Economy: Strategic Realignment

The political economy debate, which asked participants from Ministries of Health and Ministries of Finance to consider a hypothetical NCD budget proposal from different perspectives, highlighted that increasing NCD financing is not simply a matter of requesting additional resources from government. It requires NCD leaders to understand how public resources are allocated, build a credible investment case, demonstrate that existing resources are being used efficiently, and position NCD priorities within broader government reforms that already have political and fiscal backing.

The discussion also highlighted an important distinction: an increase in the overall Ministry of Health (MoH) budget does not automatically translate into increased financing for NCDs. NCD priorities must be deliberately positioned within the MoH's internal resource-allocation and budget formulation processes. Even where the MoH receives a larger budget ceiling, NCD financing can remain under-prioritized if NCD programmes are not effectively represented during internal budget negotiations or if resources are absorbed by other competing priorities.

A related issue emerging from the debate was limited communication and coordination across departments within Ministries of Health during the budget-making process. NCD priorities may therefore fail to reach the appropriate budget discussions or may not be adequately reflected in consolidated sector proposals, even where the overall MoH has sufficient fiscal space. Strengthening internal coordination is consequently as important as engaging the Ministry of Finance.

The debate between health and finance perspectives emphasized that Ministries of Finance need more than evidence of the growing NCD burden. They need to see what is being proposed, how much it will cost, how it will be implemented, what results are expected, and whether the health sector has demonstrated the capacity to use existing resources effectively. At the same time, NCD leaders need to ensure that this evidence is translated into clear budget priorities within the MoH before the proposals reach the national budget negotiation stage.

“Give the data to show why you need more funding.”

— Key perspective from Ministry of Finance Panelist

This represented an important shift in the way NCD financing advocacy should be approached. Rather than presenting NCDs solely as a growing health crisis, technical leads need to present them as a strategic investment with measurable health, social and economic returns. The discussion also underscored the need to position NCD financing within the broader MoH resource envelope, rather than assuming that an increase in the overall health budget will automatically benefit NCD programs.



The debate generated six practical priorities:

- **Build a strong evidence base for investment:** Generate credible evidence on the NCD burden, premature mortality, economic losses, current expenditure, financing gaps and the cost-effectiveness of proposed interventions. Financing requests should clearly demonstrate why additional investment is needed and what it will achieve.
- **Strengthen internal MoH coordination and positioning:** NCD programs should engage relevant departments, directorates, planning units and budget teams early in the MoH budget formulation process. NCD priorities should be reflected in consolidated departmental and sector submissions so that they are not lost during internal resource allocation, even where the MoH has an adequate or increased budget ceiling.
- **Engage finance and health budget decision-makers early:** NCD technical teams should engage Ministries of Finance, planning authorities and internal MoH budget committees before budget ceilings and priorities are finalized. Early engagement provides an opportunity to shape priorities rather than simply seeking funding after allocations have already been determined.
- **Position NCDs within funded national reforms:** Rather than presenting NCDs as a stand-alone financing requirement, countries should identify opportunities to embed NCD priorities within existing and funded UHC, PHC and national health insurance reforms. This can create greater sustainability while reducing fragmentation and duplication.
- **Demonstrate efficient use of existing resources:** Fiscal credibility depends not only on the size of the funding request but also on evidence that existing resources are being used effectively. Countries should therefore demonstrate strong budget execution, clear expenditure tracking and measurable results from previous allocations.
- **Align proposals with the public financial management (PFM) cycle:** Investment proposals should be developed in line with national PFM processes, budget calendars, submission requirements and medium-term planning frameworks. This means ensuring that costing, evidence and implementation plans are ready when budget decisions are being made.

The central lesson from the political economy debate was therefore that NCD financing advocacy must move from a needs-based argument to an investment-based proposition, while also becoming more strategic about where and how NCD priorities are positioned within the health budget. Ministries of Health need to demonstrate not only that NCDs require more resources, but also that NCD priorities are coordinated across relevant departments, reflected in the MoH's budget proposals, costed, feasible, aligned with government priorities, implementable and capable of producing measurable results.

The discussion further demonstrated that securing greater NCD financing requires action at two interconnected levels: first, effective engagement with Ministries of Finance and other central budget decision-makers; and second, stronger coordination and strategic positioning within the MoH itself. An expanded MoH budget creates fiscal space, but NCD leaders must actively position NCD priorities within that space to ensure that increased health-sector resources translate into increased NCD financing.

This requires a stronger working relationship both across government and within Ministries of Health. Ministries of Finance are not simply gatekeepers of resources; they can become strategic partners when NCD proposals respond to national fiscal realities and demonstrate value for money. Equally, stronger internal MoH coordination is necessary to ensure that NCD priorities are clearly communicated, incorporated into departmental plans and carried through the budget formulation process.

8. Implementation Site Visit: Korle Bu Teaching Hospital

The site visit to Korle Bu Teaching Hospital in Accra provided a practical demonstration of how national health financing policies directly impact clinical operations. Participants observed service delivery in the Oncology, Nephrology, and Urology departments, observing the operational realities of National Health Insurance Scheme (NHIS) reimbursement and specialized care access.

Key takeaways from the facility visit included:

- **Late-Stage Presentation Costs:** High proportions of cancer patients present at advanced stages (Stages III and IV), severely increasing treatment costs and lowering survival rates—underscoring the urgent economic argument for primary care screening.
- **Dialysis Equity and Sustainability:** Renal replacement therapy illustrates the financial strain chronic disease places on patients and public systems, highlighting the need for sustainable subsidy models paired with early hypertension and diabetes control.
- **Persistent Out-of-Pocket Costs:** Despite ongoing efforts to expand benefits packages, patients often still face direct payments at the point of care—for diagnostics, medicines, and consumables falling outside covered entitlements—diluting the financial protection that coverage is intended to provide.
- **Early Implementation of MahamaCares:** Korle Bu is among the facilities in line to receive equipment and infrastructure support under the Ghana Medical Trust Fund (MahamaCares), Ghana's new statutory fund for specialist chronic-disease care—an early test of whether dedicated financing translates into tangible service-delivery capacity at the tertiary level.

9. Cross-Regional Learning: Latin America and Caribbean Insights

A dedicated synthesis session explored lessons from Latin America and the Caribbean (LAC), providing a comparative perspective on how countries have responded to changing disease patterns and pursued UHC. The discussion highlighted that legislative and policy commitments to UHC do not automatically translate into equitable access or financial protection. Countries can continue to experience high out-of-pocket expenditure, fragmented financing arrangements and under-investment in primary prevention when reforms are not effectively connected to primary healthcare and frontline service delivery.

“A key lesson was that policy commitments alone are not enough. Countries need financing mechanisms that are linked to service delivery, results and patient needs.”

— Cross-Regional Learning Session Synthesis

Several lessons emerged from the LAC experience:

- 1 Integrate NCDs into existing UHC and PHC reforms:** NCD priorities should be embedded within broader health financing and primary healthcare reforms rather than developed as parallel programs. This can help reduce fragmentation and strengthen continuity of care.
- 2 Strengthen strategic purchasing and expenditure traceability:** Financing mechanisms should be designed to incentivize the delivery of quality NCD services, while systems should be able to track where resources are allocated and what services and outcomes they support.
- 3 Explore innovative and pooled financing approaches:** Fiscal innovations and pooled purchasing mechanisms can help expand the available financing pool, improve purchasing power and support more sustainable access to essential NCD services, medicines and diagnostics.
- 4 Connect financing directly to service delivery and patient outcomes:** Financing reforms should ultimately be assessed by their effect at the point of care; whether patients can access services, obtain medicines and diagnostics, complete treatment and receive continuous care.
- 5 Prioritize prevention and primary care:** The Latin America and the Caribbean (LAC) experience demonstrates the risks of delaying investment in prevention and PHC, particularly as countries undergo epidemiological transitions and the burden of chronic diseases increases.
- 6 Adapt, rather than replicate, international models:** Lessons from LAC should be adapted to each country's institutional, political and fiscal context. Countries should avoid directly copying financing or purchasing models without assessing whether the necessary governance structures, fiscal space and health-system capacity exist.

The LAC experience reinforced a central message of the workshop that UHC legislation and policy commitments provide an important foundation, but they only become meaningful when supported by sustainable financing, strong primary care, effective purchasing and systems that can demonstrate tangible improvements in patients' access, continuity of care and financial protection.



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10. Action-Planning: Country Priorities and Commitments

Country delegations synthesized workshop insights into concrete strategic priorities for the 2026–2027 implementation period.

Country Action Plan: Cameroon

Section 1: Priority NCD Financing SMART Actions (12 Months)

#	Goal Statement	Specific (S)	Measurable (M)	Achievable (A)	Relevant (R)	Time-bound (T)
1	Add NCDs into UHC package. Finance NMSP on NCDs / National Strategic Plan.	Submit budget to Ministry of Finance (MINFI). Include activities for other ministries.	2027 Budget: 97% of funding reaching the thematic areas/over 80% of Social Protection Measures (SPM) implemented through a multisectoral approach, including Health Impact Assessment (HIA)	Verbally discussed over 2027 Budget + MoH technically validated approach for other ministries.	Multisectoral NCD approach & UHC integration.	Nov 2026
2	Budgetary allocation & financing for Specific NCDs / National Strategic Plan.	National Budget allocation and portion for NCD Multisectoral Plan.	Budget approved in October 2027; documented agreement or signed commitment from the Prime Minister.	Medium / High confidence with MoH support.	Third priority for NCDs & MoH.	By Draft Revision March 2027 / June 2027 / Sept 2027

Section 2: Roles, Responsibilities & Resources

Goal #	Lead Actor(s)	Supporting Partners	Timeline	Resources / Support Needed
1	Ministry of Public Health (MOPH), Ministry of Economy, Planning and Regional Development (MINEPAT), Ministry of Finance (MINFI)	World Health Organization (WHO), Novo Nordisk	Nov 2026	Technical Consultations & Validation / Analysis
2	MOPH, MINEPAT, MINFI	WHO, Africa Centres for Disease Control and Prevention (Africa CDC), and Research and Development for Africa (RADA).	Nov 2026	Technical Validations, Technical Working Groups (TWGs) + Assessment & Advocacy

Section 3: Support Requests to FAN or Partners

- Technical Assistance on Investment Case for the NMSP for NCDs in Cameroon.
- Seed Funding for the Investment Case on NCDs in Cameroon.
- Peer Learning on Investment Cases and other financing mechanisms.

Country Action Plan: Somalia

Section 1: Priority NCD Financing SMART Actions (12 Months)

#	Goal Statement	Specific (S)	Measurable (M)	Achievable (A)	Relevant (R)	Time-bound (T)
1	Sub-program budget allocated to NCD under MoH by 2027 in the 2027 Budget Committee (CC)	Define & request specific budget allocation within MoH annual cycle.	Budget allocated & approved in MoH 2027 budget.	Medium to High confidence.	Core MoH priority for NCD program sustainability.	Jan - Dec 2027
2	Integrate ongoing projects under MoH and issue a policy for Somalia NCD National Program.	Formulate policy framework & integrate disparate project streams under national umbrella.	Issued NCD National Program Policy document.	High confidence.	Aligns with national healthcare governance and integration goals.	June 2027
3	Multi-sectoral NCD Steering TWG / Committee under Office of the Prime Minister (OPM).	Nomination and official establishment of OPM Multi-sectoral Steering TWG.	Assigned official paper/ charter signed from PM Office.	High confidence.	First priority for multi-sectoral NCD governance.	Sept 2026 / Oct 2026

Section 2: Roles, Responsibilities & Resources

Goal #	Lead Actor(s)	Supporting Partners	Timeline	Resources / Support Needed
1	Minister of Health, Minister of Finance & Budget Dept.	MoH Budget Dept.	Budget 2027 (Jan - Dec)	Must be costed and included in Budget 2027 at least.
2	Director-General (DG) MoH and NCD Head	World Bank, Donors & Partners	Budget 2027	Human Resources Management (HRM) Expertise & Policy Development Support.
3	Office of Prime Minister (OPM) & Minister of Health	14 MDAs (Ministries, Departments & Agencies)	Oct 2026	Multi-sectoral coordination and meeting facilitation support.

Section 3: Support Requests to FAN or Partners

- Technical Assistance for NCD policy and costing framework.
- Peer Learning on multi-sectoral coordination and financing models.
- Seed Funding for NCD program setup and baseline assessments.

Country Action Plan: Uganda

Section 1: Priority NCD Financing SMART Actions (12 Months)

#	Goal Statement	Specific (S)	Measurable (M)	Achievable (A)	Relevant (R)	Time-bound (T)
1	Submit report on infrastructure & general readiness for NCD service integration by 2027.	Conduct rapid assessment of NCD medicines and therapeutic supply gaps in health facilities.	Increased budget application and baseline mapped facilities report.	High confidence.	Directly supports Health Sector Strategic Plan goals.	One Year (Dec 2027)
2	Have a finalized and disseminated NCD Investment Case by Dec 2027.	Mobilize stakeholders; conduct analysis and present draft investment case to relevant approving bodies.	Signed and published/ disseminated NCD Investment Case document.	High confidence.	Supports NCD Multisectoral Action Plan financing.	One Year (Dec 2027)

Section 2: Roles, Responsibilities & Resources

Goal #	Lead Actor(s)	Supporting Partners	Timeline	Resources / Support Needed
1	MoH NCD Dept, MoH Pharmacy Division	CCG (FAN), District Health Team	Nov 2026 to Dec 2026	Seed funding for Medicines/ Therapeutic Committee assessment.
2	MoH NCD Dept, Ministry of Finance	WHO, UNDP, AFIDEP	Nov 2026 to Sept 2027	Policy Dialogue Facilitation, Technical Assistance, Peer Learning.

Section 3: Support Requests to FAN or Partners

- Policy Dialogue Facilitation with Ministry of Finance and partners.
- Technical Assistance for conducting investment case modelling.
- Peer Learning with countries that have successfully completed NCD investment cases.

Country Action Plan: Rwanda

Section 1: Priority NCD Financing SMART Actions (12 Months)

#	Goal Statement	Specific (S)	Measurable (M)	Achievable (A)	Relevant (R)	Time-bound (T)
1	Ensure access to Gliclazide at Health Center level following shift from Bamil.	Quantify proportion of access & funding gap with RBC/ MoH; assess implications for northern/ regional health centers.	% of Health Centers managing Type 2 Diabetes with Gliclazide in stock per quarter (Target > 90%).	Medium to High (available at district hospital level; moving under CBHI package).	Directly supports overall decentralization goal for T2D first-line management.	30th June 2027

2	Finalize and secure approval of the next National NCD Strategy and Costed Action Plan.	Complete drafting, incorporate validation, ensure linkage to care/treatment, and route through RBC/MoH approval process.	Approved and circulated strategy/costed action plan document.	High (consultations ongoing, framework aligned for NCD financing umbrella).	Provides umbrella costed framework for all NCD financing.	30th June 2027
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Section 2: Roles, Responsibilities & Resources

Goal #	Lead Actor(s)	Supporting Partners	Timeline	Resources / Support Needed
1	RBC / Division of NCD	RBC, RMS (Rwanda Medical Supply), MoH, MINECOFIN, WHO Rwanda	Dec 2026 (complete evaluation to quantify supply gap)	People expertise, financing gap support to quantify Gliclazide access gap at HC level.
2	RBC / NCD Working Group / MoH	RBC, MoH, Key NCD Stakeholders	By 30th June 2027 (RBC/MoH Approval)	Technical support for strategy drafting and financing gap analysis.

Section 3: Support Requests to FAN or Partners

- Technical Assistance for NCD strategy costing and financing gap analysis.
- Seed funding to support health center baseline assessment for diabetes care.
- Peer learning on decentralizing NCD medicines under Community-Based Health Insurance (CBHI).

Country Action Plan: Ghana

Section 1: Priority NCD Financing SMART Actions (12 Months)

#	Goal Statement	Specific (S)	Measurable (M)	Achievable (A)	Relevant (R)	Time-bound (T)
1	Improve data traceability of palliative care stages in GHS by 2027.	Deploy facility-centered data collection and reporting tools at sub-district level.	At least 80% of facilities in pilot districts reporting on palliative care data.	High confidence; leverages existing sub-district health structures.	Meets national monitoring and evaluation health framework goals.	December 2027

Section 2: Roles, Responsibilities & Resources

Goal #	Lead Actor(s)	Supporting Partners	Timeline	Resources / Support Needed
1	Ghana Health Service (GHS), NHIA (National Health Insurance Authority), Ministry of Health	FAN, AFIDEP, CSOs, Local Partners	Jan 2027 - Dec 2027	Technical and logistical support for sub-district staff training and data tool deployment.

Section 3: Support Requests to FAN or Partners

- Technical Assistance for monitoring tool development and data integration.
- Peer Learning on palliative care data integration into national HMIS.
- Seed Funding for pilot implementation in sub-districts.

Country Action Plan: Kenya

Section 1: Priority NCD Financing SMART Actions (12 Months)

#	Goal Statement	Specific (S)	Measurable (M)	Achievable (A)	Relevant (R)	Time-bound (T)
1	Advocate for financing the gazetted targeted cancer screening package.	Cost and operationalize screening package under Social Health Authority (SHA) benefit package.	Gazetted/operationalized screening benefits package with dedicated budget line.	Moderate to High confidence.	Early detection drastically reduces downstream cancer treatment cost.	June 2027
2	Elaborate/expand SHIF NCD package into a comprehensive model.	Refine SHIF benefit design to cover full continuum of priority NCD care.	Expanded SHIF benefit package covering comprehensive NCD interventions.	Moderate confidence (depends on cost parameters).	Addresses major catastrophic out-of-pocket NCD expenditure.	June 2027
3	Secure additional financing for wellness, screening, and health promotion for NCDs.	Advocate with Treasury and Council of Governors (CoG) for pooled/dedicated allocations.	Increased budgetary allocation target achieved for preventive NCD care.	Moderate confidence.	Supports primary healthcare and health promotion strategy.	June 2027

Section 2: Roles, Responsibilities and Resources

Goal #	Lead Actor(s)	Supporting Partners	Timeline	Resources / Support Needed
1	Ministry of Health (National Cancer Control Program / Health Benefits and Technology Assessment Panel (HBTAP))	Social Health Authority (SHA)	June 2027	Dedicated budget allocation & costing impact expertise.
2	HBTAP / MoH (Cancer Program)	SHA, Financing Partners	June 2027	Costing support and benefit package design expertise.
3	MOH	National Treasury, Council of Governors (CoG), SHA	June 2027	Strategic costing and validation support.

Section 3: Support Requests to FAN or Partners

- Technical Support for benefit package costing and financial modeling.
- Policy Dialogue Facilitation between MoH, SHA, National Treasury, and HBTAP.
- Technical Support for pooled procurement mechanisms across regional centers.

10.1 Country Action Plan Tracking and Accountability

To translate country commitments into implementation, FAN will maintain a simple country action-plan tracker covering each agreed action, milestone, responsible actor, timeline, status, evidence of progress, and support required. Country focal points will provide biannual progress updates, which will be used to identify implementation bottlenecks, emerging support needs, and opportunities for cross-country learning. The consolidated tracker will provide a common basis for monitoring progress across countries and reporting on implementation through 2027.

10.2 Common Country Priorities Across Delegations

The strongest cross-country convergence is around moving from NCD commitments to actual financing by, securing domestic budget allocations, integrating NCDs into UHC/insurance packages, strengthening costed policies and investment cases, improving evidence for decision-making, and establishing stronger multisectoral mechanisms to sustain financing

Common Themes Across Country Delegates

Common Theme	What countries are prioritizing
1. Increase domestic financing for NCDs	Secure higher and more predictable government allocations, including dedicated NCD budget lines and integration of NCD priorities into national and sectoral budgets.
2. Integrate NCDs into UHC financing	Ensure NCD prevention, screening, treatment and essential medicines are included and adequately financed within UHC/ insurance benefit packages.
3. Strengthen policies and investment cases	Develop, cost and operationalize NCD strategies, action plans and investment cases to provide a strong basis for financing decisions.
4. Generate stronger evidence for financing decisions	Improve costing, financing-gap analysis, service-readiness assessments and NCD data systems to demonstrate needs, gaps and investment priorities.
5. Strengthen multisectoral engagement	Bring together Health, Finance, Planning, insurance agencies, subnational governments and other stakeholders to influence resource allocation and sustain financing commitments.
6. Improve access to NCD services and medicines	Translate financing commitments into greater access to essential medicines, screening, prevention and quality NCD services, particularly at primary and community levels.
7. Leverage technical assistance and peer learning	Countries are seeking practical support on costing, financial modelling, policy dialogue, data systems and implementation, alongside opportunities to learn from other countries.

11. FAN Technical Assistance and Peer-Learning Agenda

To ensure aligned follow-up, workshop participants identified a coordinated set of country-requested technical priorities through 2027. These priorities reflect the specific areas where national delegations signalled a need for potential FAN and partner support, subject to resource availability and formal programming.

Priority Technical Area	Requesting Countries	Identified Country Support Needs
UHC and Insurance Package Integration	Cameroon, Kenya	Technical assistance for actuarial benefit package costing, reimbursement modelling, and policy dialogue
Investment Cases and Economic Evidence	Cameroon, Uganda, Rwanda	Analytical support for economic modelling, investment case formulation, and public expenditure gap analysis
Governance and Institutional Budgeting	Somalia, Cameroon	Guidance on Technical Working Group operational structures and inter-ministerial advocacy framing.
Medicines Access and Traceability	Rwanda, Uganda, Ghana, Kenya	Support for supply gap quantification, pooled procurement learning exchanges, and digital tracking architecture.
Structured Peer Learning	All Delegations	Interest in quarterly operational exchanges focused on real-time implementation challenges

The workshop provided a platform to capture these country-led requests to help guide future technical assistance and partner coordination through 2027, ensuring any subsequent planning remains strictly aligned with available budgets and national priorities





12. Conclusion and Next Steps

The Accra Cross-Country Learning Workshop demonstrated that the next phase of NCD integration into UHC in Sub-Saharan Africa is not primarily about establishing policy intent, but about turning existing commitments into effective service delivery. Across the participating countries, the discussions consistently returned to the gap between what is included in policies and benefit packages and what patients are ultimately able to access at the point of care.

The workshop journey made this gap increasingly clear. Country introductions identified the national bottlenecks; technical framing clarified what meaningful NCD integration requires; comparative analysis highlighted financing and data gaps; country poster presentations showed how these challenges are experienced in practice; and the Country Integration Clinics explored practical solutions around patient tracking, continuity of care, benefit packages, medicines and diagnostics. The political economy discussion then addressed how these priorities can be positioned within real government financing and budget processes. Finally, the Korle Bu Teaching Hospital visit provided an opportunity to examine how national financing and coverage reforms translate into service delivery in practice.

The key message emerging across these sessions was that sustainable NCD integration requires a whole-system approach. Financing cannot be separated from strategic purchasing; benefit-package expansion must be matched by medicines, diagnostics and facility readiness; digital systems must support patient continuity rather than simply administrative reporting; and workforce capacity must keep pace with expanded service-delivery expectations.

The workshop also demonstrated the value of practical peer learning. Countries were able to compare similar challenges from different institutional and fiscal contexts, identify approaches that could be adapted, and distinguish between lessons that are transferable and those that require country-specific solutions. The learning from Latin America and the

Caribbean further reinforced that external experience is most valuable when adapted to national political, institutional and fiscal realities.

The final country action plans provide the bridge from learning to implementation. Moving forward, national technical leads, supported by FAN and regional partners, will translate these commitments into concrete actions, align them with national planning and budget cycles, and track progress against agreed milestones through 2027.

The central consensus emerging from the Accra workshop was clear: the next frontier for NCD care is not creating additional policy commitments, but making existing commitments deliver for people living with, and at risk of, NCDs. Moving forward, the true impact of the workshop will be judged by whether resources reach the point of care, benefits translate into services, data support continuity of care, and country action plans produce measurable improvements.

Ultimately, the success of the Accra workshop will not be measured by the number of commitments made during the two days, but by what changes after the workshop: whether financing reaches priority services, whether benefit packages translate into available care, whether essential medicines and diagnostics are consistently accessible, whether data enables continuity of care, and whether country action plans produce measurable improvements for people living with NCDs.

The workshop therefore closes with a shared implementation agenda built around country ownership, practical peer learning, responsive technical assistance and regular accountability for progress. Sustained political leadership within countries, combined with coordinated regional support through FAN and partners, will be essential to converting the commitments made in Accra into more equitable, affordable, continuous and sustainable NCD care within UHC.



FINANCING ACCELERATOR NETWORK for NCDs

The Financing Accelerator Network for NCDs (FAN) is a transformative initiative established via a technical partnership between Access Accelerated and the World Bank, in close cooperation with Results for Development, to build a growing coalition of global and local organizations in support of improving sustainable financing for NCDs in low- and middle-income countries.

FAN operates through regionally based NCD Financing Accelerators that support governments and local stakeholders with technical support, cross-country learning, and catalytic seed funding to advance local NCD financing programs, with the African Institute for Development Policy as host of the inaugural accelerator in Sub-Saharan Africa.

This initiative aligns with and will support the World Bank's goal to provide quality health services to 1.5 billion people by 2030 as well as Access Accelerated's mission to drive scalable, sustainable progress on NCDs as part of universal health coverage.

Learn more at: ncdfinancing.org