



From gaps to action: How CHAI is transforming NCD care where it's needed most

The problem

Non-communicable diseases (NCDs) kill more people than any other cause globally—with three-quarters of deaths in low- and middle-income countries—yet they receive only a fraction of health funding.

Recent cuts have deepened health system gaps, leaving Africa alone with a US\$12 billion health funding shortfall. The result? Persistent shortages of skilled health workers, frequent medicine stock-outs, inadequate health information systems, and fragmented services with weak integration into national health strategies.

But change is possible. CHAI is driving change across 14+ countries, working alongside governments to strengthen health systems to deliver life-saving care for diabetes, hypertension, and sickle cell diseases at scale.

Success stories



Cambodia: Integration that works

Shifted diabetes and hypertension care to primary health centers, increasing consultations by 53% and 24% respectively in just the first few months. An innovative NCD/eye screening model in Kampot province drove a 303% rise in diabetes visits.



Ethiopia: Primary-care diabetes gains

Added long-acting insulin to the EML; updated diabetes protocols and materials. At PHC pilot sites, ~400 health workers were trained with follow-up mentorship, treatment access rose 56% and glycemic control 15%, and insulin planning and procurement improved—forecasted volumes more than doubled and >3x was procured at one hospital.



India: Standardized Type 1 diabetes care, stronger SCD supply

Standardized T1D care in 19 public clinics across 4 states; created job aids and a hydroxyurea forecasting tool; trained 800 providers. Result: Clearer care pathways and improved supply readiness for children with T1D and people with SCD.



Kenya: Type 1 diabetes breakthrough

Issued the country's first T1D guidelines and trained 989 health workers. In just the first phase, 1,133 children and adolescents—nearly half under 14—were enrolled in life-saving treatment.

Our impact

Service Access

- **56%** increase in treatment access at pilot sites in Ethiopia
- **303%** increase in diabetes visits through integrated care models in Cambodia

Health Workforce





- **1,600+** health workers trained across sites in four countries
- **1,133** new children and adolescents enrolled in Type 1 diabetes treatment in Kenya

Breakthrough Pricing

- **US\$1** rapid sickle cell diagnostic test—the lowest price globally
- **FDA-approved** hydroxyurea now available at reduced prices for low- and middle-income countries

Breaking down barriers: A systems approach that works

The challenge was systemic—fragmented policies, unreliable medicine supply, hospital-centered care, and paper-based tracking systems that left patients invisible. CHAI's response was equally systematic:

 We started with governance	<ul style="list-style-type: none">• We reactivated dormant NCD technical working groups in 7 countries and worked alongside governments to build policy foundations. In Kenya, it resulted in the country's first pediatric Type 1 diabetes guidelines.
 We tackled the commodity crisis head-on	<ul style="list-style-type: none">• We negotiated breakthrough pricing deals that make sickle cell diagnostics available for just US\$1—the lowest price globally—while building local capacity for forecasting and supply chain management.• Data-driven forecasting led to a threefold increase in insulin procurement at some sites.
 We brought care closer to people	<ul style="list-style-type: none">• We shifted diabetes and hypertension diagnosis and treatment from distant hospitals to neighborhood primary health centers. Innovative integrated models proved that comprehensive NCD care works, with Cambodia's combined NCD/eye screening approach driving a 303% increase in diabetes visits.
 We modernized information systems	<ul style="list-style-type: none">• We moved from paper records to electronic systems and mobile apps that give health workers real-time visibility into patient care and medicine availability—turning invisible patients into visible progress.



What's next: Scaling proven solutions

The evidence is clear: systematic health system strengthening transforms NCD outcomes even in the most resource-constrained settings. Now comes the bigger challenge—scaling these proven solutions globally.

As world leaders gather for the UN High-Level Meeting on NCDs, the path forward is clear but requires unprecedented commitment:

Sustained financing that matches the scale of the crisis

Coordinated action between governments, partners, and communities

The political will to prioritize the leading cause of death worldwide

CHAI is scaling these approaches across countries while sharing lessons globally—because when health systems work for NCDs, they work for everyone.



The Clinton Health Access Initiative, Inc. (CHAI) is a nonprofit global health organization committed to building a world in which everyone is able to live a healthy and fulfilling life.

Learn more about our work: www.clintonhealthaccess.org

