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Lilly makes medicines that help people live longer, healthier, more active lives.

The Lilly Global Health Partnership spans five countries and is focused on developing and scaling models of NCD care that improve health outcomes closer to the primary care level for people with diabetes, hypertension or cancer.



#### NCDA partner

## **About Eli Lilly and Company**

Lilly has a goal to improve access to quality healthcare in resource-limited settings for 30 million people annually by 2030 (Lilly 30x30). This is a six-fold increase over the number of people we reach as of 2018. Reaching 30 million people in resource-limited settings requires strengthening existing efforts and developing creative new approaches across the business, the Lilly Foundation and with partners. It also requires a continuous cycle of learning to find new and better solutions. Lilly's global health work contributes to the UN Sustainable Development Goals.

The three areas of focus for Lilly 30x30 are pipeline, programs and partnerships. Pipeline: breakthroughs on new medicines and new uses for existing medicines; programs: efforts primarily focused on expanding access to Lilly medicines; and partnerships: collaborations to strengthen health systems and expand access to care.

# Lilly's work on NCDs

We have more than 140 years of going beyond medicines alone to help people get better access to quality healthcare.

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Lilly's heritage in NCDs started from the first commercial release of insulin in 1923 to leading scientific discoveries of today. Lilly's medicines address multiple NCDs, while the Lilly Global Health Partnership focuses predominately on diabetes and cancer care.

As part of Lilly 30x30, we launched a five-year global health partnership focused on developing and scaling models of NCD care that improve health outcomes closer to the primary care level for people with diabetes, hypertension or cancer. Through evidence-based pilots, Lilly and its partners work to support governments in addressing specific barriers and bottlenecks along the cascade of care. The evidence-based approach researches models of care that collect data to inform policy, reports out on the outcomes and lessons learned, and using outcomes data, advocates for broader scale of proven, cost-effective solutions.

In China, we are developing a diabetes model to improve treatment demand and access to care through provider and technology-based solutions. In Kenya, we are testing innovative models of care to support early detection and treatment of breast and cervical cancers by addressing barriers through a population health approach. In Mexico, we are working in diabetes with the largest public health systems to bring data and solutions closer to the individual, and testing drivers for adherence. In South Africa, we are expanding diabetes primary care models to test nurse-supported insulin initiation and titration, and also strengthening an integrated care model for diabetes and hypertension with other health needs at the primary care level. In the United States, we are piloting new ways of improving diabetes prevention and care through a neighborhood-based, community engagement approach.

### **Address**

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