

Shared value: Social impact through business

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As the world comes closer to 2025 and 2030 deadlines for global NCD and sustainability targets, it becomes worryingly clear that the vast majority of countries are off-track to meet them. Noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes, respiratory diseases, and mental and neurological health conditions, are now responsible for 71% of global mortality and take the lives of 41 million people every year – and in many low and middle-income countries (LMICs) this burden is actually increasing. Four out of every five people living with NCDs now lives in a LMIC.

Access for NCDs needs to be dramatically increased, in a sustainable and equitable way. This will require a collaborative, multi-sectoral response, including a new approach from the private sector. To be successful from a commercial perspective whilst bringing lasting social impact, business models for NCDs should go beyond pricing, licensing and philanthropic initiatives to create value for communities, adapting to local needs and conditions with the aim of ensuring access to quality healthcare services for all.

The challenge: Overcoming the limits of traditional approaches

“COVID-19 has reinforced the need for a combination of approaches that intersect between philanthropy and business models. Philanthropy alone can’t change the world’s biggest problems. Real systemic changes come from policy and advocacy that social impact needs to support. This work must be led in partnership with those who are impacted by NCDs, that is: people living with NCDs.” Ms Courtney Roberts, Director, Global Health Philanthropic Partnerships, Eli Lilly and Company

The global NCD epidemic we find ourselves in today has been decades in the making. **Now, the situation has been compounded by the COVID-19 pandemic, which has shone a spotlight on the devastating barriers that people living with NCDs face when trying to access the medical care, life-sustaining medications, and health products, such as insulin, syringes, blood glucose monitors, and test strips, that are needed to manage their chronic conditions.** Many political leaders and media in the early stages of the COVID-19 emergency

talked about the vulnerability of people with “underlying medical conditions”. The vast majority of these people are living with NCDs. Overall, COVID-19 has exposed the damage that neglecting NCDs and cutting public spending on health, prevention and essential public health services has done over many years and in many countries. We cannot afford to let this neglect continue any longer.

Barriers to access to NCD care are complex and multifaceted, and tackling these barriers means focusing on challenges of affordability, inadequate health system infrastructure, weak supply chains, and more. While such obstacles are not new, the increased challenges faced by communities around the world are evidence that business-as-usual approaches have not been working. It has also shed light on the limits of traditional access models to deliver better healthcare for people living with NCDs, especially those living in LMICs. For private sector entities wishing to contribute to reducing the NCD burden, this means turning to innovative models that break the moulds for doing business.

The opportunity: Social impact through shared value

Shared value is a business concept that describes how a company “enhance[s] [its] competitiveness while simultaneously advancing the economic and social conditions in the communities in which it operates[1]”. It is closely related to the idea of social impact investing, or “investments made with the intention to generate positive, measurable social and environmental impact alongside a financial return[2]”. As NCDs continue to challenge health systems, these concepts offer a new way of thinking for companies. Beyond providing a framework to effectively generate economic value while meeting the needs of low resource populations, the concept of shared value also presents opportunities for companies to play a critical role in the healthcare ecosystem and contribute to overcoming existing barriers, especially in terms of access.

However, shared value has been approached mainly through a corporate lens, without giving the opportunity for people living with NCDs to define the social issues that affect them and that prevent universal access to NCD care.

But it's become clear that the most meaningful change is created through a people-centred approach that flips the focus towards the needs of the communities being served. In addition, for shared value to reach its full potential in achieving sustainable access for people living with NCDs, it will require a collaborative effort and a shared purpose across sectors and stakeholders.

A framework for shared value in NCD initiatives

In the spirit of partnership and with input from its Supporters Group, the NCD Alliance reflected on the concept and role of social impact models in the global NCD response in early 2019. The aim was to better understand how these models are working to improve access to care for NCDs in LMICs, and to identify some relevant approaches to measuring the social impact of these new models. A publication was released the following year, titled “[1] [Rethinking social impact in the context of NCDs to advance a people-centred approach to access](#)” [1], to present the findings. The publication examines these concepts in-depth, illustrating how they can be put into action through a selection of case studies of shared value initiatives led by the private sector or non-profit organisations.

Informed by the case studies and consultations with people living with NCDs, a framework was also developed, as a conceptual tool in which a people-centred lens is applied to social impact in order to guide the implementation and scaling of access initiatives and programmes on NCDs. The framework builds on the Strategic Approaches provided in the WHO Framework on Integrated People-Centred Health Services to consider various dimensions of access from the perspective of those with lived experiences. For each dimension of access, the framework presents complementary perspectives regarding indicators that should be factored into NCD programming to better address the needs of people living with NCDs, resulting in access initiatives that truly have social impact.

As the world makes efforts to build back better, frameworks such as this one can be key in guiding the way towards equitable NCD care for all. We call on all sectors to apply this framework to initiatives to increase access to NCD care and generate lasting value for both the organisation and for communities.

Authors

Ms Courtney Roberts is the Director of Global Health Philanthropic Partnerships at Eli Lilly and Company. She leads the company's global health portfolio to help achieve Lilly 30x30: a bold, company-wide goal to increase access to quality healthcare in communities with limited resources for 30 million people by 2030.

Ms Katie Dain is the CEO of the NCD Alliance. She is widely recognised as a leading advocate and expert on NCDs and her experience covers a range of sustainable development issues, including global health, diabetes, gender equality and women's health.

[1] Peterson, K et al. Measuring Shared Value Innovation and Impact in Health. A Guide for Corporate Practitioners. 2014. Available at: <https://www.fsg.org/tools-and-resources/measuring-shared-value-innovation-and-impact-health#download-area> [2]

[2] Global Impact Investing Network. What you need to know about impact investing. Available at: <https://thegiin.org/impact-investing/need-to-know/#what-is-impact-investing> [3]

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