IFPMA Comments on WHO Discussion Paper on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs

Introduction: On behalf of the research-based pharmaceutical industry, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) welcomes this opportunity to contribute to the World Health Organization’s (WHO) consultation on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs.

In 2012, pharmaceutical executives committed to increase their involvement in NCDs partnerships. We have witnessed since the UN Summit a two-fold increase in the number of programs focused on NCDs to over 70 initiatives.

This submission highlights the contribution of the pharmaceutical industry against the two most relevant areas of action identified in paragraph 44 of the Political Declaration: 1) Promoting and creating an enabling environment for healthy behaviors among workers, 2) Strengthening efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases.

Question 1. Are there other specific examples of engagement with the private sector on the five areas included in the Political Declaration that have led to measurable progress?

Workplace health

1) Health by the Numbers is a report and an infographic detailing the 2011 results of the IFPMA Wellness Survey. Through this assessment, IFPMA sought to document the extent to which member companies engage in wellness programs, their scopes, and contributions to employees’ well-being. The report also considers the role of workplace wellness programs in addressing non-communicable diseases (NCDs). See Publication and Infographic

2) Corporate Healthy Lifestyle Programs in Russia. This study reviews global and Russian practices in fighting the main risk factors of NCDs as well as recommendations for developing health programs both for corporate senior management and government. AIPM conducted a wide-ranging 3-stage study that assessed the experience in setting up and implementing corporate Healthy Lifestyles Programs (HLPs) in Russian companies, identified employee attitudes to as well as preferences for programs implemented. The survey was carried out with 46 companies representing Russian industries. The analysis and assessment of the data in the AIPM study led to a series of recommendations focused on setting up and implementation of corporate HLPs for employees, criteria to assess their efficiency, as well as a proposal for governmental support for corporate HLPs. See the Publication
Improved access to essential medicines and technologies

1) IFPMA/PAHO Partnership: Women’s Cancer Initiative
The PAHO (Pan American Health Organization) Foundation and the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) have launched in 2014 a partnership to jointly build regional capacity to fight woman’s cancers in Latin America and the Caribbean. The three-year collaboration will allow the first phase of a $5M initiative to focus on women’s cancers in selected countries in Latin America and the Caribbean. The partnership aims to increase awareness of breast and cervical cancer and improve screening and earlier detection services to reduce the numbers of women who prematurely die from these cancers. In addition, the partnership will work with healthcare providers to improve their knowledge about innovative screening strategies. The second key component of the collaboration is to improve the quality and completeness of cancer registries in selected Latin American countries. Cancer registries are necessary tools for cancer control, as knowledge of a country’s particular cancer situation helps make informed decisions on the targeted interventions to reduce incidence and mortality.
See the [News Release](#) and [Partnership Fact sheet](#)

2) Advocacy & Policy: Enhancing Access to NCD Care
- The IFPMA publication, Enhancing Access to Cancer Care, includes examples of cancer access programs undertaken by its member companies which specifically target people with low income and patients in need of treatment. The vast majority of these programs target women and children’s cancers and benefit more than 80 countries throughout the world. The directory includes a series of 14 access programs undertaken by IFPMA Members. Programs highlighted in the publication aim at improving treatments gaps where needs are most urgent and important. In particular, they aim at: 1) facilitating access to medicines, vaccines and screening, 2) strengthening countries health capacities to allow for a more integrated care management, 3) accelerating innovation.
  See the [Publication](#) and [Infographic](#)

- The IFPMA Developing World Partnership Directory is the most comprehensive international database for health development programs involving the research-based pharmaceutical industry. Each partnership profile offers valuable insights into why a specific program was developed, and the ways in which it is helping to make a difference to communities and countries in which it operates. These collaborations allow stakeholders to draw on their respective resources and expertise, resulting in more efficient programs with tangible results. From the training of nurses and doctors to the development of innovative new medicines and mHealth technologies, programs currently showcased include partnerships to address health system infrastructure, partnerships to increase availability of treatments, partnerships to prevent the spread of communicable and non-communicable diseases, and partnerships to develop new treatments for diseases of the developing world.
  See the [IFPMA Partnership Directory](#)
Other IFPMA initiatives on NCDs to improve access to health systems in the form of medical infrastructure and healthcare services and training for local physicians.

**Four Healthy Habits:** IFRC-IFPMA '4 Healthy Habits' is an innovative partnership which provides information and tools to change behaviors, promote healthy lifestyles in communities around the world and ultimately reduce the rise of noncommunicable diseases (NCDs). Building on the IFRC’s long history of health promotion within communities by using simple tools adapted to local context, also known as the Community-based Health First Aid Manual (CBHFA), the partnership develops and adds to the existing manual a module on healthy lifestyle guidelines and NCDs control and prevention. Tools were deployed for use by the 98 Red Cross Crescent National Societies worldwide reaching more than 2.8 million beneficiaries all over the globe.  
See the [News Release](#) and the [Healthy Lifestyle Toolkit](#)

**Be He@lthy, Be Mobile:** The IFPMA is partnering with the International Telecommunication Union (ITU) on Be He@lthy, Be Mobile, an initiative led jointly by the ITU and WHO. The initiative, in its initial 4-year period (2012-2016), will scale up mobile technology in eight priority countries, at least one in each region, for NCDs prevention, treatment and policy enforcement. Activities will be two-fold: mHealth operational projects will be implemented within countries, and standard operating procedures will be developed for running mHealth NCDs intervention package to support more traditional NCDs prevention and control work.  
See the IFPMA [Publication](#) and [Infographic “Health at your fingertips”](#)

**HealthyScoreApp:** The HealthyScore App builds on the Health Improvement Card that was designed by the World Health Professions Alliance (WHPA) with the support of the IFPMA. It uses the same « spotlight-type » rating system than the scorecard. The App allows reaching out to a broader public and provides a tool to both educate and empower users. For example, customizable reminders encourage users take control of their health and helps bridging the gap between awareness and behavioral changes.  
See the [HealthyScoreApp](#)

**Question 2. What were the critical success factors for these successful examples?**  
In our experience we have learned for overall lessons. First, programs need to focus on systemic issues, to address patient centric unmet needs. This will in turn help broaden the roster of partners, which is a second critical component. Thirdly, it is important that programs are designed around the core competences and assets of each partner. Programs designed to leverage existing systems and foster local ownership, involving national and local policy makers, are more likely to be successful and lasting. Lastly, impact measurement and continuous improvement should always appear in any partnership design.
Question 3. Are there other challenges or bottlenecks to making further process with calling on the private sector to contribute meaningfully to NCD prevention and control that are not addressed in this section?

Alongside the challenges highlighted in the paper, there are three fundamental areas where multi-stakeholder collaboration is, at different levels, beneficial: supply chain, primary health care and, regulation of medicines (collaboration in advocacy).

Supply Chain
Delivery and provision of care for NCDs require ongoing access to a broad set of medicines, consistent/ongoing adherence to treatment regimes, and use of diagnostics and medical devices, which vary in complexity, for management of each disease. Insulin, an essential medicine used in the management of diabetes, requires cold chain specifications and utilizes supply chain configurations that are distinct from general NCD medicine supply chains. As a result, NCD supply chains and distribution systems must be equipped to support a diverse set of treatment provisions. While the function and structural organization of supply chains is increasingly understood and is improving, the global medicines market and supply chains for NCDs are still far from optimal. NCDs require unique considerations, such as a greater number of required treatments and diagnostics/management tools; ongoing treatment and disease management; and an increased level of training and involvement of medical professionals. Improving access to NCD medicines requires a thorough understanding of the structural obstacles in medicine supply chains, along with a holistic examination of access from the top of the supply chain to the end-patient.

Primary Health Care
Much of the opportunity in reducing the health and economic impacts of NCDs lies in prevention, early diagnosis and treatment—the domain of primary care. Primary care—defined here as first-contact care that promotes ease of access, care for a broad range of health needs, continuity, and the involvement of family and community—is perfectly positioned to be the main platform for the health system response to NCDs. However, health systems in low- and middle-income countries are fundamentally unprepared for tackling the NCD challenge because of their historic orientation toward infectious disease and maternal/child conditions, as well as persistently low funding levels. The diagnosis and care of NCDs require a fundamentally different clinical approach because of the asymptomatic nature of early diseases, their chronicity and frequent co-morbidities.

Regulation of Medicines
While the majority of countries have established national medicines regulatory authorities (NMRA) responsible to review and approve medicines at the national level, these agencies often have very limited levels of available expertise and capability to fulfill all the essential functions of a regulatory authority. This has led to delayed initiation of clinical trials and approval of medicines, as well as increased circulation of sub-standard products. Furthermore, many national regulatory agencies have limited or no capabilities in the surveillance and control of products' post-marketing
experience. Several initiatives developed to promote regional cooperation between NMRAs have evolved in recent years to increase the sharing of assessment expertise, the adoption of common technical standards, and the conduct of inspection activities to ensure that the quality standards of approved products are maintained. Improving access to medicines aimed at reducing the burden of NCDs will require greater efforts in support of such regional cooperation schemes and in support of capacity building in NMRAs, alongside the appropriate convergence or harmonization of technical standards across regions. Following the path of convergence, some regions may choose to extend collaboration to full harmonization of regulatory systems and procedures, but this will be a decision mostly influenced by their broader economic interests. At a minimum however, convergence is needed, especially in response to the globalization of medicines development and supply. NMRAs from low- and middle-income countries face significant challenges to building capacity and expertise, but they also need to develop science-based regulatory decisions that are aligned with the public health needs of their respective populations. Novel approaches will be required to ensure that the purported benefit-risk profiles of products initially assessed in more developed settings will be extended and examined within the setting of intended uses in less affluent nations to help effectively lower the burden of NCDs. Advancing regulatory science in the more developed countries should come with a renewed policy agenda from all stakeholders to commit human and financial resources to advance the foundations of the regulation of medicines in less developed countries. The objectives of improving access to safe and effective medicines and enabling local manufacturing capabilities to produce quality supplies in these countries can be realized in a timely manner through a more concerted approach.

Question 4. What other actions or approaches will assist governments in managing institutional conflicts of interest when engaging with the private sector on NCD prevention and control?

IFPMA believes that transparency is a useful tool for governments to show real progress and impact following engagement with private sector. Increased transparency leads to increased accountability and interactions. Transparency and accountability are key metrics for governments and International Organization to assess tangible contributions of non-state actors to achieving its objectives.

Question 5. Are there other themes or issues that the working group should consider in developing advice for Member States on ways and means of realizing the commitment to call on the private sector, as outlined in the Political Declaration?

While a new GCM should primarily facilitate interactions with and among partners, it should also achieve concrete outcomes on agreed priority. To achieve results, mobilization of all actors is needed. More clarity would be needed on modalities of engagement with Non State Actors as a parallel process on this subject is underway in WHO. IFPMA believes that participation should be extended to government and non-state actors in order to maximize impact. The GCM Secretariat should devote efforts to reach out to those sectors and their representative that are not yet active in the NCD space. Working groups need to be operational and result oriented. They should be setup as
delivery bodies rather than fora for discussion. Initial tasks could be leveraging initiatives that already exist, i.e. the new ITU/WHO mHealth Initiative, review of prevention tools and implementation in targeted countries, and roll out of specific programs such as wellness at the workplace initiatives.

A new GCM should also be able to assess the quality of the initiatives being undertaken under its auspices. In defining the functions of a new GCM, a few questions should be answered, including:

- What success looks like for the GCM? Is the forum looking at coordination and/or exchange of information or rather at establishing concrete projects and potentially partnerships? Such an assessment would influence at the outset the decision on the functions.
- Since the NCD Global Action Plan includes a valid and comprehensive list of issues, what are the priority areas and how will these be defined?

To further support and boost the engagement of the private sector, there must be clear objectives and deliverables that are agreed by all parties, time-bound, sufficiently resourced and outcome-focused.