The WHO GCM/NCD Working Group on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs

Thank you for the opportunity to provide feedback on the background papers of the WHO GCM/NCD Working Groups. Rabin Martin would like to offer the following observations on the WHO Discussion Paper, Working Group on how to realize governments’ commitments to engage with the private sector for the prevention and control of NCDs:

2. Rationale for private sector involvement in NCD prevention and control
Non-State actors are critical to supporting the WHO’s efforts in meeting the challenges of NCDs. The private sector, for example, is an important partner in the prevention and control of chronic illness around the world. Multinational, regional and local companies already make significant contributions to global health. Aside from novel solutions and innovative technologies for the diagnosis, prevention, treatment and long-term care of disease, the private sector also provides its knowledge and human resources to strengthen health infrastructures, boost supply chains, support capacity building, facilitate emerging research and catalyze partnerships to accelerate progress dramatically on a number of health issues, including noncommunicable diseases such as cancer, cardiovascular disease, diabetes and asthma.

3. Experience to date with calling on the private sector to contribute to NCD prevention and control

3.4 Improved access to essential medicines and technologies
The contributions by the private sector and other non-State actors to reducing the burden of NCDs are often overlooked, in part because of the lack of familiarity of many working in the public sector with how the private sector operates and contributes to the improvement of public health. While the private sector could do a better job of communicating about their efforts, there is a need for a neutral platform that enables the private sector and other non-State actors to engage with the WHO and other UN entities on an on-going basis, to compare notes about priorities, to share examples of best practices and to work together to develop new approaches to unmet needs in addressing NCDs. This will allow the WHO to share its priorities with non-State actors and better align efforts to support those of Member States.

Question 1: Are there specific examples of engagement with the private sector on the five areas (paragraph 44 a-e) included in the Political Declaration that have led to measurable progress?

Yes. Below are some successful examples of public-private collaborations around tackling chronic disease in low- and middle-income countries. We focused our examples in three of the five areas included in the Political Declaration:

44c. Promote and create an enabling environment for healthy behaviors among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace
wellness programs and health insurance plans.

1. The Global Smoke-free Worksite Challenge is a partnership between Johnson & Johnson, the Mayo Clinic, American Cancer Society, the U.S. Department of Health and Human Services and others to reduce tobacco in the workplace. Johnson & Johnson implemented a Worldwide Tobacco-Free Workplace Policy in 1997, and the Global Smoke-free Worksite Challenge began in 2011 after a UN meeting on NCDs. Anecdotally, smokers working for these companies reported that the program reduced the number of cigarettes they smoked, encouraged them to actively consider quitting, increased their attempts to quick smoking and ultimately helped them to quit. The WHO estimates that 20% of cancer-related deaths are caused by tobacco use. The Harvard Business Review reports that the initiative saved the company more than $250 million on health care costs, a return of $2.71 for every dollar spent on wellness from 2002 to 2008.

2. The British insurance company Bupa’s Global Chief Medical Officers Network is an alliance of clinicians and executives whose mission is to improve the health and wellbeing of the world by engaging private sector leaders not typically included in the health conversation in dialogue with governments, civil society and multilateral agencies to share best practices. The CMO Network involves leaders from health providers such as Bayer and CVS Health, as well as other private sector actors with a broad reach, such as McDonald’s and PepsiCo. Bupa’s CMO network hopes to share evidence-based research to use behavioral economics to promote health outcomes.

3. The Workplace Wellness Alliance, launched in 2010 as a response to the World Economic Forum Meeting in 2008, aims to make wellness a priority in the workplace to improve employee health and productivity. The Alliance consists of more than 150 member companies implementing and sharing various methods to reduce risk factors for NCDs, including smoke-free campuses to reduce risk of lung cancer, gym membership and discounts on healthy food to stem obesity, hypertension and diabetes, and mental health counseling to reduce stress and risk of hypertension, stroke and heart attack. The Alliance also focuses on tracking metrics to prove the effectiveness (and cost-effectiveness) of workplace wellness programs to non-member companies. Some successful case studies highlighted Saudi Aramco’s estimated cost avoidance of more than $3.5 million after implementing health-promoting programs; and Novartis Singapore’s 20-40% reduction in the employee absenteeism rate through their “Be Healthy” program.

4. The Vitality Group is has a global wellness program designed for businesses to not only educate their employees about health, but to engage them with interactive systems and rewards for healthy behaviors. It uses behavioral psychology and research conducted at the Vitality Institute to stimulate healthy behaviors with the understanding that incentivizing small, inexpensive preventative measures can save vast amounts of dollars, work hours and life years by avoiding NCDs. Vitality clients such as Alcon have reported a return of $1.48 for every $1 spent after investing in Vitality’s health promoting services.

5. Beginning in 2003, Becton Dickson & Company in Singapore implemented programs to support employee wellness. The company’s activities focus on physical activity, healthy eating, stress management and smoking cessation to encourage behavior change. During program
implementation, average Fitness Index scores improved from a baseline of 25% in 2004 to 75% in 2005 and 81% in 2006 and 2007. Average medical cost per employee was reduced by 30% from 2003 to 2006, from $218 to $153, absenteeism rates reduced by 20% from 2003 to 2006, employee turnover rate was reduced and the company won several health leadership and safety awards.

6. AstraZeneca developed its wellness program to align with the CEO Cancer Gold Standard, which works through employers to improve nutrition, physical activity, tobacco cessation, cancer screening, and access to medical treatment for the prevention, detection and treatment of cancer. AstraZeneca was one of the first companies to be accredited when the standards were first implemented. The Standard lends a framework for improving and monitoring employee wellness programs. AstraZeneca employees receive a monthly $50 health payment discount to participate in a health assessment, which assesses health habits and recommends individualized pathways based on the results. AstraZeneca’s covers the costs of all medications for smoking cessation, provides smoking cessation classes, and has exclusively smoke-free facilities.

44d. Work towards reducing the use of salt in the food industry in order to lower sodium consumption.

1. The Pan American Forum for Action on Non-Communicable Diseases (PAFNCD) is a public private partnership whose goal is to address the NCD epidemic in the Americas by implementing and promoting the Pan American Health Organization (PAHO) strategy for prevention and control of NCDs. Signatories of the PAHO and World Economic Forum 2011 statement on Dietary Sodium/Salt Reduction in the Americas include private actors such as Nestle, Unilever, Kraft Foods Brazil and several ministries of health. Private sector actors also support and are vital to the implementation of initiatives such as PAHO’s Wellness Week, promoting active lifestyles among employees.

2. Unilever has worked with the World Food Programme (WFP) since 2007 to provide assistance to millions of beneficiaries across the globe, providing cash and mobilizing employees and consumers around the world to become involved in WFP’s work. In 2012, Unilever launched a new foundation to improve health through hygiene, sanitation, access to clean drinking water and basic nutrition. They also advanced toward WHO targets to reduce sugar and salt in foods to decrease risks of obesity and its complications.

3. The International Food and Beverage Alliance is a coalition of food and beverage manufacturers that came together in 2008 to support WHO’s 2004 Global Strategy on Diet, Physical Activity and Health. The alliance made public and voluntary commitments to the following five initiatives:
   a. To reformulate and develop new and healthier products,
   b. To provide clear and factual nutrition information to all consumers,
   c. To advertising and market to children in a responsible way,
   d. To promote balanced diets and healthy, active lifestyles, and
   e. To actively support public-private partnerships that support the WHO 2004 Global Strategy.
   f. Alliance members, including McDonalds, Coca-Cola, PepsiCo, Mars, Nestle, Unilever, Bimbo, Ferrero, Kellogg’s and Mondelez International make up a large portion of the
total international food and beverage market. Some notable progress include Unilever’s addition of the micronutrient iodine to more than 6 billion servings of salt, PepsiCo’s reduction of over 402,000 metric tons of added sugar in beverages from 2006 to 2013, and Mondelez International’s reduction of approximately 1 million pounds of salt in products between 2010 and 2012, with additional progress in marketing to children, health promotion campaigns and public-private partnerships. In 2014, the Alliance renewed their commitments to the WHO.

44e. Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases.

1. Merck KGaA’s Capacity Advancement Program (CAP), established in 2012, is a five-year public-private partnership with Ministries of Health, health facilities, local communities, universities, and the media to expand diabetes-related health care professional capacity in Africa. The goal of the program is to raise awareness of diabetes by educating the public and strengthen the health infrastructure to better prevent, diagnose and help patients manage diabetes. To inform the CAP approach, Merck KGaA held more than 150 meetings with stakeholders in Kenya, Uganda, Mauritius, Namibia, Mozambique and Ghana. By the end of 2013, more than 500 medical students from the University of Nairobi, the University of Namibia and the Makerere University in Uganda had undertaken an accredited clinical diabetes management training program, allowing them to work as diabetes ambassadors in underserved areas. The program endeavors to reach 9,000 pre-med students by 2018.

2. Novo Nordisk and several state governments in India have collaborated to improve diagnosis, treatment and care for diabetes patients. The first notable partnership came in 2008, when Goa State entered into the first Changing Diabetes Barometer partnership with Novo Nordisk’s Education Foundation. The partnership creates centers of excellence in India and is primarily responsible for awareness and diagnosis. Through it, more than 5.5 million people have been reached, resulting in more than 11,000 new cases diagnosed.

3. In 2014, AstraZeneca launched Healthy Heart Africa to reach 10 million hypertensive patients across Africa over the next ten years in an effort to address the World Health Organization’s target of reducing premature cardiovascular deaths by 25% by 2025. AstraZeneca selected Kenya as the first implementation country for Healthy Heart Africa, where an estimated half of Kenyan adults have raised blood pressure, yet only 20% of people are aware of their hypertensive status and of this only 20% are able to control it. In the face of a significant gap in access to hypertension care, AstraZeneca has partnered with international and local NGOs and the Government of Kenya to raise awareness about hypertension and related risk factors, train health care workers to provide comprehensive and appropriate hypertension care, drastically increase the number of people being screened for hypertension, and ensure access to a secure and affordable supply of antihypertensives, reducing the price of some of their products by up to 90%.

4. In partnership with Medtronic, Partners In Health (PIH) launched the NCD Synergies Initiative to facilitate collaboration among low-income countries facing similar challenges in national
strategic planning to address NCDs. In partnership with the Rwandan Ministry of Health, the
initiative provides planning frameworks, dedicated capacity-building support, an online resource
center and hosted meetings among countries. The inaugural meeting brought together more
than 170 participants from NGOs, technical partners and 13 African Ministries of Health. The
meeting gave life to a new complementary NCD target for low-income countries — to reduce
premature mortality from all NCDs and injuries by 80 percent in individuals younger than 40
years of age by the year 2020. This “80 Under 40 by 2020” plan was published in The Lancet to
make the case for increased investment in NCD treatment in low-income countries. Ten African
Ministries of Health have signed on to the initiative.

5. The GAVI Alliance, a coalition of governments and NGOs, worked together with the private
sector to reduce vaccine costs and increase access to vaccines for low income countries. MSD
(known as Merck & Co. in the U.S. and Canada) and GlaxoSmithKline, the producers of the HPV
Vaccines Gardasil and Cervarix, respectively, agreed to price these vaccines at $4.50 and $4.60
each, a fraction of the vaccine’s cost in more affluent countries. GAVI’s tiered pricing system
makes vaccines affordable and accessible for the most marginalized populations without pricing
pharmaceutical companies out of business. GAVI intends to vaccinate more than 30 million girls
against HPV by 2020.

6. In 2011, Eli Lilly launched the Lilly NCD Partnership, committing $30 million over five years to
use public-private partnerships to combat NCDs in Brazil, India, Mexico and South Africa. The
Partnership aims to develop effective, efficient and sustainable programs that can meaningfully
improve health outcomes for NCDs, particularly in diabetes. In South Africa, Eli Lilly is partnering
with Project HOPE to create the HOPE Centre, a five-year community-based to close gaps in
diabetes and hypertension care for people living in the informal settlement of Zandspruit in
Johannesburg. Eli Lilly also sponsors volunteers to visit and work at the HOPE Centre through
their Connecting Hearts Abroad program.

7. In 2011 the Pink Ribbon Red Ribbon initiative brought together Becton, Dickinson and Company
(BD), PEPFAR, the George W. Bush Institute, the Susan G. Komen for the Cure and UNAIDS to
leverage public and private investments in global health to combat cervical and breast cancer.
Through the partnership, BD provided steeply discounted cervical cancer diagnostic tests in the
emerging countries that PEPFAR serves. The tests are estimated to be approximately $10 million
for every 1 million women that are screened. The initiative also combined to provide education
and training for appropriate screening implementation. MSD, the Bill & Melinda Gates
Foundation and GlaxoSmithKline are also partners.

8. The Pfizer Global Health Challenge program has pledged more than $47 million to support
cancer- and tobacco-control organizations to combat NCDs. Grantees include the American
Cancer Society’s programs in Taiwan, Malaysia, Singapore, Thailand, the Philippines, Algeria and
Tunisia; the International Union Against Cancer across Europe; the George Washington
University Medical Center in the U.S.; the Shanghai Municipal Center for Disease Control and
Prevention; the Mexican Council on Tobacco; the Heart and Stroke Foundation of Ontario and
the U.S. Partnership for Prevention, among others.

9. In Brazil, Sanofi partners with the Juvenile Diabetes Association (ADJ) and the National
Association of Diabetes Care (ANAD) to combat diabetes. In 2012, Sanofi invested more than
$2,958,000 in social projects, with total investments reaching over $21 million since 2004. Its programs benefit an average of 2.5 million people every year in partnership with hospitals and public institutions.

10. In 2010, the International Finance Corporation (IFC) facilitated a public-private partnership between GE Healthcare and Medall Healthcare and the government of Andhra Pradesh in India. The project upgraded radiology services at four teaching hospitals in India and expanded diagnostic radiology services to an estimated 100,000 patients per year, about 85,000 percent of whom live below the poverty line. The partnership developed after a competitive bidding process that nearly halved the cost of each radiology scan, allowing the government to expand their services.

11. The Breast Cancer Global Congress, presented by the Avon Foundation and the U.S. Department of State, is a global convening of experts and public health representatives from more than 40 countries to share ideas and encourage public-private initiatives related to the treatment of breast cancer. The event first took place in 2008, and the second iteration of the event in 2011 was co-hosted by Eisai, a global pharmaceutical company.

4. Challenges and barriers to progress

4.3 Lack of supporting regulation and capacity to enable legislation
The private sector has a vested interest in ensuring drug quality, reducing the proliferation of counterfeit and substandard medicines. The WHO needs to work closely with the private sector to address this challenge, particularly since antihypertensive drugs and other medicines for NCDs are frequently counterfeited. Data on counterfeit and substandard medicines for chronic illnesses also needs to be collected to better understand the scope of the problem.

One example of private sector response to a public health problem is the U.S. Pharmacopeial Convention’s Center for Pharmaceutical Advancement and Training (CePAT) in Accra, Ghana, which was established to combat the proliferation of counterfeit and substandard medicines in sub-Saharan Africa. CePAT endeavors to uphold standards for quality of medicines by building local capacity for assuring the quality of these products. Regulators, manufacturers, governmental officials and pharmaceutical professionals from across the region travel to Accra to attend various workshops and trainings, and then implement the learned best practices in their home countries, making CePAT a center of excellence for the entire region. CePAT offers training in pharmaceutical quality control techniques and manufacturing practices, as well as preparation and instruction on submitting dossiers for market authorization and obtaining ISO accreditation and WHO prequalification in laboratories.

In 2013, a formal partnership around ensuring the quality of medicines was established between the Global Pharma Health Fund (GPHF), a charitable organization funded by Merck KGaA, and CePAT. The collaboration centers on building local capacity to assure the quality of medicines. This includes training local teams on the use of the GPHF-Minilab, a cost-effective, portable laboratory that can be used to verify drug quality as well as detect counterfeit and substandard medications, including prednisolone (asthma) and hydrochlorothiazide (hypertension).
4.4 Conflicting objectives and drivers
The public and private sectors are both motivated to reduce the burden of NCDs, and the premise that UHC and private business have invariably competing priorities is a misconception. The assertion that the private sector requires special scrutiny leads to a number of unnecessary complications, as well as unwarranted distinctions in procedures that may work against the WHO’s goal of engaging with all non-State actors appropriately to advance and protect global public health. A more workable approach would be to base policies on the understanding that all organizations have potential conflicts, and that WHO’s policy on engagement with non-State actors should recognize this and treat all non-State actors symmetrically.

There is ample precedent that demonstrates that private companies and governments can collaborate successfully to achieve the common goal of better health. Both the GAVI Alliance and the Global Fund to Fight AIDS, TB and Malaria have developed equally transparent policies on conflict of interest that mitigate possible pitfalls. GAVI has worked closely with the private sector to expand access to vaccines for developing countries. Likewise, the Global Fund has also been able to expand access to AIDS, malaria and TB drugs by engaging with the private sector. The lessons learned from these efforts can be applied to move the needle on NCDs. While the WHO doesn’t currently have a formal framework for engaging the private sector, it might consider creating a mechanism for doing so in the same way that GAVI, the Global Fund and other similar entities have.

4.6 Constrained infrastructure, capacity and capability to engage with the private sector
A sustained, transparent dialogue between WHO and the private sector, perhaps in collaboration with the International Federation of Pharmaceutical Manufacturers & Associations or other organizations in official relations with the WHO, is a first step toward progress around finding solutions to the identified barriers to progress. The private sector wants to be in dialogue with governments – and vice versa. Nigeria, for example, provides an interesting role model in the consultation they held with the private sector to inform their national Universal Health Coverage strategy.

Because not all countries have the capacity to engage fully with the private sector, the WHO has an important opportunity to catalyze this dialogue with Member States and stakeholders in the private sector. Indeed, the WHO has an opportunity to facilitate formal and informal platforms to discuss issues and align priorities with non-State actors. This can create an enabling environment for productive discussion around areas of common interest, possible solutions and effective collaborations that will ultimately assist Member States in reducing the burden of NCDs.