IFPMA Comments as a contribution to the public web-based consultation on the Member State-led draft outcome document for WHO Global Conference on NCDs - Montevideo, 18-20 October 2017

**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 the Member State-led draft outcome document for WHO Global Conference on NCDs.

In general, we welcome the balanced and well-articulated approach to the various, multi-faceted challenges which need to be overcome in order to achieve the SDG target 3.4 of reducing by one-third premature mortality from non-communicable diseases through prevention and treatment and to promote mental health and well-being.

We feel that more emphasis should be placed on prevention and early intervention as critical mechanisms to address the burden of NCDs. In order to achieve SDG 3.4, countries will have to invest more resources in prevention, to ensure healthcare systems are sustainable in the long-run and appropriate care can be ensured.

Member States should also be further encouraged to consider creative solutions to financing for treatment and care, and we would advocate for strong participation from our industry in any dialogue which aims to create new multi-sectoral partnerships focused on innovative financing of NCDs.

As a structural point, we recommend moving the section entitled “reinforce the role of non-State actors” before that entitled “increase efforts to engage sectors beyond health”, as any calls for multi-sectoral and multi-stakeholder collaborations should be preceded by an emphasis on the need for all non-State actors to be involved in addressing NCDs.

In relation to this clear need for multi-stakeholder collaborations to combat NCDs, we see with concern that some of the references relating to the “private sector” throughout the paper inadvertently portray the private sector as a homogenous set of actors that has an inherent conflict with public health objectives in regards to NCDs. It is well-documented that those sectors which have clear conflict of interest in this regard are limited to a very small number and as such, we would welcome a much more nuanced reference to the “private sector” which reflects the heterogeneity of this set of actors. There are many sectors – including our own bio-pharmaceutical industry – which are natural solution partners and who are striving to address NCDs positively through a number of different channels and initiatives, and some acknowledgement of this difference would help to ensure that the potential contribution of the private sector is more accurately reflected. In a time when it is clear that partnerships and multi-stakeholder collaborations are an essential tool in the fight against NCDs, we strongly feel that a positive message that encourages all non-State actors to do more is needed, and this begins with a fair and accurate evaluation of the contribution that industry has brought - and continues to bring - to the table.
In the rest of our comments, we provide suggestions and general remarks in relation to specific paragraphs within the document.

**Paragraph 3.**

This introductory paragraph is important in “setting the scene” of the different stakeholders involved in addressing NCDs. The current text reads as though there is an inherent conflict between private sector objectives and public health goals in regards to NCDs, whereas any conflict is limited to very few sectors. For most of the private sector, addressing NCDs is a clear win-win situation that will lead to healthier employees and better socio-economic outcomes. The text should be more nuanced to reflect this and we recommend the paragraph be more clearly explained. An additional sentence on what is required for health systems to improve their work in recognizing and managing NCDs would be useful for articulating the challenges- this could include reference to the need for disease awareness, diagnosis, health capacity and sustainable funding.

**Paragraph 16.**

The private sector is also a key partner in contributing towards developing and implementing national responses for the prevention and control of NCDs, and should be included in this paragraph as such.

**Paragraph 19.**

The interface between NCDs and the law is very broad and wide-ranging. We would welcome more clarity on what the precise remit of the UN Commission on NCDs and the Law would be, as we are concerned that the establishment of such a Commission could absorb resources which are already very limited and divert attention away from other underlying issues which require higher prioritization. We would suggest a tightening of this paragraph and for it to be moved to the section titled “reinforce the role of non-State actors”.

**Paragraph 21.**

An explicit reference to more support for the joint WHO-ITU Be Healthy Be Mobile initiative, which IFPMA has been a strong and consistent partner of, would be well-placed in this paragraph particularly given the continued success of the initiative.

**Paragraph 23.**

Whilst we welcome the recommendation of a “web portal with case studies on multisectoral NCD responses to be updated on a continuing basis”, we would appreciate more clarity on how this complements (and is different to) the approach that can be used to register and publish the contribution of non-State actors to the achievement of the nine voluntary targets for NCDs, which was outlined by the WHO Secretariat in September 2016 in response to resolution A/RES/68/300.
Paragraph 24.

Similar to our comments on Paragraph 3, we would welcome a more balanced text which reflects the heterogeneity of the private sector and does not place the whole of the private sector in a “basket” when talking about conflict of interest.

Paragraph 28.

In relation to the recommendation to implement national accountability systems to monitor the implementation of private sector commitments, we would welcome more clarity on how this would work in practice (e.g. voluntary or mandatory) and how it complements existing efforts to track non-State actors’ contributions towards NCD targets. Should this recommendation be taken forward, we would like to stress that the creation of these accountability systems should be done collaboratively across the sectors, rather than imposed.

Paragraph 30.

Similar to our comments on Paragraph 19, we question the value of creating a commission to address commercial determinants of health that have a bearing on the prevention and control of NCDs. The commercial determinants of health relate to a limited number of sectors (tobacco, alcohol and food and beverage), are well-proven and have associated best-buy interventions, so it remains unclear what the added value of such a commission would be, particularly in an already resource-constrained WHO. However, if a commission was to be established, we would encourage the inclusion of the private sector in any consultation.

Paragraph 33.

The current paragraph would seem to be a natural corollary to Paragraph 32, and would be better integrated within Paragraph 32. Furthermore, it would be more appropriate to call upon private sector engagement in NCDs as a mutually beneficial “business case” and a win-win situation for employees and wider society in terms of the clear benefits to all from addressing NCDs, rather than as a “development priority”.