1. The World Health Organization and Chatham House held a Dialogue with representatives of the pharmaceutical industry in London, at Chatham House on the 26th of June 2018.

2. The objectives of the meeting were to: (i) review up-to-date information on the progress in the prevention and control of noncommunicable diseases (NCDs) made since 2011 with specific focus on what the pharmaceutical industry has contributed to NCD prevention and control (in response to paragraph 44 of the 2011 Political Declaration); (ii) discuss the constraints that are impeding progress; (iii) find potential common ground between policy-makers and the pharmaceutical industry on the prevention and control of NCDs; and (iv) convert such concordance into new public health approaches for NCDs that could be considered in the preparatory process for the third High-level Meeting on NCDs on 27 September 2018.

3. The agenda of the roundtable is provided in Annex 1. The list of participants is Annex 2.

4. An initial briefing provided by WHO outlined the current global situation on NCDs and included progress towards global NCD targets as well as the health impact of NCDs and economic returns of prevention and control. The presentation highlighted that progress is currently insufficient to meet the SDG target 3.4 on NCDs (i.e. by 2030, reduce by one-third premature mortality from NCDs). WHO described the ‘best-buys’ and other recommended interventions for the prevention and control of NCDs, obstacles to progress, examples of technical support being provided by the Organization and the recommendations of the WHO Independent High-level Commission on NCDs. A briefing was then provided on the background to the Third High-level Meeting of the UN General Assembly on NCDs and the preparatory process.

5. WHO outlined the current landscape with regards to NCD medicines, highlighting gaps in four key areas: (i) availability (40% of countries have no general availability of cancer medicines, <10% of facilities in a WHO survey contained essential NCD medicines for primary care including opioids); (ii) affordability (large variation in price and/or out of pocket payments for patients and high levels of catastrophic health expenditure); (iii) acceptability (inadequate formulations which negatively impact on adherence); and (iv) quality (poor supply chain governance and weak quality assurance structures). WHO reminded
participants of the Director-General’s recent report to the World Health Assembly on addressing the global shortage of, and access to, medicines and vaccines. Overall, WHO considered that there remained the opportunity to accelerate progress and achieve substantive advancements on Paragraph 44 of the 2011 Political Declaration.

6. WHO then described the importance of a whole-of-system approach in order to achieve access to medicines and health products and to clarify the role of the private sector in this context. Components of this whole-of-system approach include research and development (R&D) to manufacturing, marketing registration, selection, pricing and reimbursement, procurement and supply, prescribing, dispensing, and use (Figure). Legislation, regulation, governance and monitoring are all critical pillars.

7. WHO presented key areas which it considers have potential for greater discussion and further engagement with all relevant stakeholders, particularly focused on:
   - Licensing and technology transfer (such as voluntary license through Medicines Patent Pool);
   - Broader and more rapid registration of medicines, vaccines and biologicals, especially LMICs;
   - Registration – broad and rapid particularly in LMICs;
   - Transparency over registration status of medicines, vaccines and biologicals, especially in LMICs;
   - More transparent and equitable pricing;
   - Adherence recognised regulatory standards;
   - Needs-based R&D, particularly for LMICs;
   - Promoting country engagement and accountability through existing access initiatives, patent registration and fair pricing;
   - Equitable, publicly available access strategies to promote maximal coverage of medicines and health products.

8. WHO suggested four key questions to guide future engagement with stakeholders: (i) how can the industry help improve availability and affordability? (ii) what is the measurable impact of existing initiatives? (iii) how can we move beyond ad-hoc initiatives? and (iv) how can conflicts of interest be
managed?, while noting that any proposals need to go through the appropriate structures to meet WHO FENSA requirements.  

9. International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) explained that in 2011 the industry had committed to working on innovative approaches to address NCDs across the continuum of care and to engage in multi-sectorial partnerships. IFPMA said that its 12-point Framework of Action for the Prevention and Control of NCDs, Access Accelerated and multiple individual company programmes were examples of this. IFPMA described strengthening of healthcare systems, government willingness to commit resources, streamlining policies in alignment with national action plans and strengthening of regulatory systems as all key to sustainability. Multisectoral approaches and transparent impact measurements were key in the future. IFPMA described the barriers to access NCD medicines in five key areas: development, availability, distribution, care provision and usage, pointing to the need for stronger health systems and that progress would be hampered as long as universal health coverage was not in place.

10. IFPMA said that it was committed to working with all stakeholders to achieve the SDGs, contributing to capacity building as well as healthcare and regulatory system strengthening. Opportunities identified included: (i) sharing of resources, experience, and capacity; (ii) strengthening the WHO Global Coordination Mechanism; and (iii) using multi-stakeholder, multi-sectoral approaches such as Access Accelerated, the Antimicrobial Resistance Industry Alliance, the Patent Information Initiative for Medicines, and the African Global Health Leaders Fellowship Programme. IFPMA reminded participants that it was currently working with WHO on breast cancer and diabetes. WHO is currently evaluating the potential for collaboration on additional issues such as supply chain strengthening, for example through a joint WHO-UNICEF-IFPMA workshop (https://www.healthpolicy-watch.org/who-unicef-pharma-meet-on-supply-chains-and-medicines-access/).

11. The International Generic and Biosimilar Medicines Association (IGBA) described the importance of strengthening the role and contribution of off-patent medicines, with generic medicines being a cornerstone of sustainable healthcare. Treatment of hypertension and breast cancer were used to illustrate the twin benefits of reduced healthcare expenditure and improved population outcomes through expanded access. IGBA highlighted that biosimilar medicines provide an opportunity to meet unmet medical needs, improve patient access and enhance treatment options. Other issues described included: (i) the concept of ‘value added medicines’ (repurposing existing generic molecules); 2 (ii) intellectual property challenges to off-patent medicines, introducing delays in competition; and (iii) issues around supplementary protection certificate.

12. Further opportunities for engagement were discussed as a group. Taking into account the points above, it was highlighted that while there were examples of activities in support of the global NCD targets and the ‘best-buys’ as well as other recommended interventions, the global community had not moved

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2 Value added medicines: what value repurposed medicines might bring to society? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328340/
forward sufficiently since 2011. Industry participants highlighted issues around corruption in supply chains that need to be addressed and also reemphasised the problem of weak health systems and the need to strengthen registration in countries. There was discussion around the pharmaceutical value chain (manufacturing of the medicine and distribution to the dispensing point): these were identified as areas of possible immediate engagement. There was also discussion around an affordability index, with industry partners highlighting the complexity of such an initiative and the need for a set of databases to encourage greater transparency from industry.

**Conclusion and next steps**

13. There was consensus that there is an urgent need to move forward. Further work is required to ensure a mutual understanding on what are the barriers to access and which ones can be addressed through engagement with the pharmaceutical industry and other stakeholders.

14. At the request of Member States, WHO is drafting an Access Roadmap to highlight strategic priority areas for WHO activity. The Roadmap would enable specific projects to be identified and enable WHO and partners to start moving forward in a systematic and timely manner. This would require considerable time and dedication from all sides. The Dialogue concluded by envisaging a series of working groups being established to move ahead on priority areas that came out of the Roadmap.
Annex 1: Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Details</th>
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<tbody>
<tr>
<td>13.45 – 14.15</td>
<td>Welcome and introductions, background to the meeting, how we will conduct the meeting, briefing on the Third High-level Meeting and the WHO Independent High-level Commission</td>
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| 14.15 – 15.40 | Improving access to essential NCD medicines – progress since 2011 | 5 minute presentation from WHO  
10 minute presentation from the IFPMA delegation  
10 minute presentation from the IGMA delegation  
Interactive discussion |
| 15.40 – 16.30 | Moving forward: how can the industry contribute to improving access to medicines in low- and middle-income countries? | 5 minute presentation from WHO  
Interactive discussion |
Annex 2: List of Participants

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Assistant Director-General
International Federation of Pharmaceutical Manufacturers Association

Mareike Ostertag
Global Health Policy
International Federation of Pharmaceutical Manufacturers Association

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VP, Global Head Social Impact and Responsibility
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Iris Beck Codner
EVP, Corporate Communications & Global Brand
Teva

Nanette Cocero
Regional President Emerging Markets
Pfizer Innovative Health

Isabelle Girault
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MSD

Soraya Ramoul
Director, Global Access to Care, Corporate Affairs
NovoNordisk

Herb Riband
Vice President International Policy & Government Affairs
Amgen

Bakhuti Shengelia
Executive Director Global Policy and Health care systems,
Novartis

**INTERNATIONAL GENERIC AND BIOSIMILAR MEDICINES ASSOCIATION DELEGATION**
Rob Russel Pavier
Economics Director
International Generic and Biosimilar Medicines Association

Andrea Pucci
Medicines for Europe
Peter Kelly
Managing Director
Accord Healthcare UK

WORLD ECONOMIC FORUM
Amira Ghouaibi
Community Lead

WORLD HEALTH ORGANIZATION
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Assistant Director-General
Noncommunicable Diseases and Mental Health Cluster

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Head of Secretariat, UN Interagency Task Force on NCDs
Noncommunicable Diseases and Mental Health Cluster

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Noncommunicable Diseases and Mental Health Cluster

Renia Coghlan
Technical Officer, Immunization, Vaccines and Biologicals
Family, Women, Children and Adolescents Cluster

Guy Fones
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Noncommunicable Diseases and Mental Health Cluster

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Arnold Institute for Global Health, New York

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Knowledge Ecology International, Washington DC
Graham MacGregor
Professor of Cardiovascular Medicine
Wolfson Institute of Preventive Medicine and St George’s Hospital, London

Gabrielle Owtram
Strategic Lead for Dietary Improvement, Diet and Obesity

Lindsay Steele
Program Officer for Cardiovascular Health
Resolve to Save Lives

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