Talking points – opening remarks Thomas Cueni

Session 3: Promotion of multi-sectorial partnerships for the prevention and control of NCDs

Before talking about the industry's commitment to SDG3.4 and SDG17 I wanted to address an issue which has been raised several times this morning: that high prices of insulin are the main reason that many diabetes patients in LMICs don't have access to treatment. If it only were that simple! Fact is that in spite of companies' tiered pricing policies and partnership efforts access to insulin still remains a challenge, in particular in low-income settings.

There are several factors that lead to lack of access, and they relate to weak health systems, e.g. lack of prioritization of diabetes, lack of properly trained health care workers and weak supply chains. We have encountered cases where insulin sold by the manufacturer at for cost prices, cost three, five, or even ten times as much by the time it reached the patient. Even if insulin is donated: if the patients have no access to trained health care professionals – access to the right patient at the right time will not be achieved.

Having said this, I do not want to fudge the affordability question. I am fully sensitive that we all, we meaning private sector, international organizations, governments and civil society, need to do more and need to do better. One of the learnings of the multiple barriers to access is that it does not suffice for the industry to be a mere transactional player in the health care system, i.e. a supplier of medicines, we need to seek true multi-sectorial partnerships such as those created by Access Accelerated.

- We, the innovative pharmaceutical industry are committed to work with all stakeholders towards achieving the SDGs, specifically SDG3 and SDG17, by creating partnerships that contribute to advancing the WHO and Member States' objectives in line with National Action Plans
- The pharmaceutical industry supports WHO’s call for an integrated strategic approach to prevention, treatment and care of NCDs
- We welcome the growing recognition of the important role of the private sector by WHO expressed, for example,
  - by including the pharmaceutical industry in the recent global dialogue on partnerships for sustainable financing of Non-Communicable Disease in Copenhagen,
  - in last week's WHO-Chatham House roundtable on NCDs, bringing together pharmaceutical industry, academia and civil society
the ongoing discussions on a WHO-IFPMA collaboration on breast cancer and diabetes, in which we are working on defined aspects to improve access to quality care in these disease areas.

- This collaboration includes discussions how we can add value at the local level for countries that have chosen to implement the WHO PEN (package of essential noncommunicable disease interventions) for primary care capacity strengthening in low-resource settings.

- Within this collaboration, we will be taking part in a multi-sectorial workshop on supply chain management on August 23/24th.

- Inefficiencies in supply chains or procurement can be significant barriers to access. That’s why I also welcome new initiatives such as the Strategic Purchasing Africa Resource Center (SPARC), led by AMREF, an example of pooled procurement as suggested this morning by Mukesh Kapila from Defeat NCDs.

- We are convinced that meaningful progress and sustainable solutions can only be found in a multi-sectorial approach, which involves the healthcare industry, governments, funders, insurers and other non-state actors.

- The healthcare system is the fundamental tool to provide access to all facets of healthcare.

- Addressing these factors is the shared responsibility of all sectors of global society.

- Governments are accountable for the wellbeing and development of their societies and have to define national needs; and I very much welcome he current GPW which calls for increased local investment.

- Without meaningful progress towards UHC many efforts will not show the desired impact.

- We support a call for governments to engage in constructive PPPs.

- In this context I would like to highlight our Access Accelerated, a role model example of multi-sectorial partnerships.

- Whereas industry has a long tradition of individual company access programs – under the AA program we count 63 company programs on NCDs in 103 countries, most of them focusing on health systems strengthening -, AA is different by pooling industry initiatives and thus addressing one of the criticisms.

\(^1\)http://www.who.int/cardiovascular_diseases/publications/pen2010/en/
of recipient countries, namely that their administrations often struggle to cope with all the individual initiatives to do good. AA is a joint initiative created by the CEOs of 24 global pharmaceutical research companies which is based on three areas of action:

- Individual company commitments to catalyse and scale up new and existing company programs to increase access to NCD prevention, treatment and care.

- Targeted pilots to address barriers to access through collaboration with the World Bank, e.g. health systems strengthening in Kenya or El Salvador and UICC where we contributed as strategic partners to the CCAN2025 initiative.

- Building broad partnerships with NCD Alliance, Path or the World Heart Federation to understand the full range of access barriers, adding value to current efforts and/or creating new initiatives where needed.

Nonetheless, even if we manage to address the multiple health systems barriers to access, we have to recognize that “affordability” may still be challenging in some countries and we commit to work with stakeholders on innovative solutions. For example, our collaboration with the World Bank through Access Accelerated has been one of the triggers for a scale up of NCD related work in the World Bank health portfolio and a shift in strategic priorities towards NCDs.

- Today the World Bank has a portfolio of NCD related projects worth about US$ 5.5bn in 33 countries.
- Total spending on specific NCD components in these projects is about US$ 1.6 billion; the rest pays for overall health systems strengthening activities.

To conclude, I share the frustration about the lack of progress in tackling NCDs. In order to make progress and move from talk to action, it is essential that we leave our comfort zones and get out of the trenches. Private sector involvement and constructive public private partnerships are an essential component of a successful NCD strategy.