Cancer, heart disease, diabetes, and chronic respiratory disease—the four main NCD categories—are the leading causes of death worldwide, causing an estimated 36 million deaths every year. Yet, these diseases are largely preventable.

Centered around the launch of a new set of policy briefs collectively titled, Addressing the gaps in global policy and research for non-communicable diseases, the IFPMA Geneva Pharma Forum held on 4 February at the Geneva Press Club focused on the actionable recommendations made in the research to improve NCD policy, research, and care.

Panel experts highlighted some of the key findings, which included strengthening supply chains, accelerating regulatory convergence, applying HIV/AIDS learnings to improve access to interventions, reinforcing primary care, and promoting multisectoral action. Catherine Fiankan-Bokonga, a print journalist specializing in African politics, moderated the forum.

“This report matters,” said Mario Ottiglio, IFPMA’s Director of Global Health and Public Affairs, during his opening remarks. “It identifies the most significant obstacles to achieving outcomes in fighting NCDs and provides us a way forward to achieve better health outcomes through multisectoral and intersectoral cooperation.”

On World Cancer Day, the event gave leading scholars, members of civil society, and representatives of the biopharmaceutical industry the opportunity to examine gaps in non-communicable disease (NCD) research, policy, and practice and to discuss what is needed to address one of today’s greatest global health challenges.

Speakers
- Sir George Alleyne, Former Director, Pan American Health Organization (PAHO)
- Dr. Jeffrey L. Sturchio, Senior Partner, Rabin Martin
- Dr. Margaret Kruk, Assistant Professor of Health Policy and Health, Columbia University’s Mailman School of Public Health
- Mr Cary Adams, Chair of the NCD Alliance, and CEO of the Union for International Cancer Control (UICC)
- Dr Michel Manon, Vice President of Non-communicable Disease Strategy, Bristol-Myers Squibb
The statistics on the prevalence of NCDs are staggering, unevenly distributed globally, and projected to get worse. Of the estimated 36 million people who die from these diseases annually, about 80 percent of these deaths occur in low- and middle-income countries. In Africa, there is expected to be a 25 percent increase in NCDs over the next decade.

While global awareness is growing and the issue of NCDs tops the public health agenda, today’s challenging economic circumstances could limit the scope of international interventions. According to Dr Sturchio, it is essential for NCD public health strategies to be adapted to the current economic and political landscape.

“It is unrealistic to expect large pools of new resources from traditional donors. Policymakers need to decide how best to incorporate NCD responses into existing funding streams and programs and we need recommendations for actions that are sustainable,” he said.

This notion of feasibility was central to the research on addressing the gaps in NCD research, policy, and practice. Dr Sturchio highlighted a few specific recommendations, including developing a long-term vision for regulatory convergence, leveraging industry capabilities through public-private partnerships and encouraging wider use of differential pricing on NCD medicines.

“Together, these papers and briefs develop a pragmatic agenda for reducing the burden of NCDs and provide an initial roadmap for policy development and progress in the fight against these chronic conditions,” he said.

Team of Leading Scholars Contributed to NCD Research

Commissioned by the IFPMA and led by the Johns Hopkins Institute for Applied Economics, Global Health and the Study of Business Enterprise, the policy briefs and papers collectively titled, Addressing the Gaps in Global Policy and Research for Non-Communicable Diseases, were developed by:

Sir George Alleyne
Former Director, PAHO

Felicia Marie Knaul
Harvard Global Equity Initiative

Margaret Kruk
Mailman School of Public Health, Columbia University

Louis Galambos
Johns Hopkins University

Soeren Mattke
RAND Corporation

Gustavo Nigenda
Harvard Global Equity Initiative

Sania Nishtar
Heartfile Pakistan

Lisa Smith
William Davidson Institute, University of Michigan

Jeffrey L. Sturchio
Rabin Martin

Brian White-Guay
Université de Montreal

Prashant Yadav
University of Michigan

Left to right: Dr Michel Manon, Dr Margaret Kruk, Dr Jeffrey L. Sturchio, Mr Cary Adams, Sir George Alleyne and Mrs Catherine Fiankan-Bokonga.
Sectoral Cooperation Central to Addressing NCDs

Sir George Alleyne, Former Director of PAHO and co-author of one of the Johns Hopkins policy briefs, outlined various forms of cooperative public health action and argued that the participation of all sectors is fundamental to advancing the control of NCDs.

Policymakers have clearly recognized that NCDs are too big of a problem for one actor to solve alone. Pointing to the UN High-Level Political Declaration on NCDs, Sir George said that the idea of multisectoral cooperation was mentioned 15 times, more than in any other UN health document.

“In recent years, there has been a growth of interest in the multisectoral arrangement and the appreciation that without multisectoral arrangement, we cannot control the world’s problems,” said Sir George.

However, he said that in some instances, the notion of intersectorality would have been more fitting than multisectorality. In fact, he explained that the terms are often used interchangeably when they have quite distinct definitions.

Multisectorality refers to the interaction of different government agencies whereas intersectorality refers to the interaction of different state actors, which includes government, business, and civil society. It is important to make the distinction, as different actions are required to facilitate engagement of different stakeholders.

For example, health impact assessments can be a useful tool in driving various government agencies (e.g., trade, agriculture, and sport) to contribute to health objectives that go beyond their traditional mandate. In terms of intersectoral cooperation, public-private partnerships have proven an effective mode of operation for achieving global health goals.

“Any of the documents that speak to how we may reduce the prevalence of NCDs, how we may stimulate the prevention and control of NCDs, all of those documents will do better if they take on board the need for there to be sectoral cooperation,” Sir George said.

Putting Primary Health Care First

Dr Margaret Kruk, Assistant Professor of Health Policy and Health at Columbia University’s Mailman School of Public Health and co-author of one of the Hopkins policy briefs, suggested that primary health care needs to be reconfigured in order to address NCDs, especially in low- and middle-income countries.

Cancer, diabetes, cardiovascular, and respiratory diseases are chronic conditions that require a broad range of health services and long-term care. As policymakers seek to develop public health strategies for the prevention and control of these diseases, Dr Kruk said that primary care should be a central focus.

For patients across the globe, primary health care facilities are the first and main point of contact for care. They offer continuity of service, accessibility, a variety of health interventions, and involvement of the family and community.

“At least in theory, primary care is an ideal platform for tackling NCDs,” Dr Kruk said, pointing to the many NCD services that can be provided at the first level of care. She cited interventions including preventative vaccines, disease screenings, condition management, and palliative care.

However, many clinics in low- and middle-income countries focus on the treatment of infectious diseases and lack the basic requirements needed to address NCDs.

“When a clinic doesn’t have running water or electricity, how are you supposed to take blood in settings like that? How do you do diagnosis and treatment?” Dr Kruk asked.

In order to address the NCD challenge in low- and middle-income countries, Dr Kruk said that primary health care needs reorganization. Some of the recommendations that she suggested included focusing care on the patient, rather than the disease, shifting some health services to non-physicians, and using mobile technologies to promote healthy lifestyles.
Pharmaceutical Industry: “Highly Committed” to Working with NCD Partners

Dr Michel Manon, Vice President of Non-communicable Disease Strategy at Bristol-Myers Squibb, said that fragmentation is a key challenge in tackling NCDs and that industry, government, and civil society will need to improve cooperation to make progress.

The obstacles to successfully prevent and control NCDs globally are multifold. Dr Manon highlighted a few of the key challenges that stakeholders are facing today as they seek to overcome this major public health challenge.

According to Dr Manon, as low- and middle-income countries face a double burden of fighting infectious and non-communicable diseases, their challenge is not only economic. From treatment adherence issues to the burden of long-term care, he said that the effective management of NCDs in these countries would require “completely reconsidering behaviors”.

Additionally, Dr Manon reminded participants of the size and scale of this public health endeavor. He stressed that although a global public health platform provides a comprehensive approach to the problem, it is also a significant undertaking. The WHO Global Action Plan has to take into account the needs of low-, middle-, and developed countries, providing strategies adaptable for all circumstances.

The third major challenge stakeholders are facing, according to Mr Manon, is the “fragmentation” of systems, pointing to regulatory capacities and medicine supply chains. He argued that NCDs could not be effectively addressed if actors continue to work in silos, emphasizing the pharmaceutical industry’s commitment to overcoming this obstacle.

“Industry is highly committed to work with all partners because we will not solve the problem of NCDs if we are not working together in trust and confidence,” said Dr Manon.

Overcoming Intersectoral Challenges to Relieve NCD Suffering

Mr Cary Adams, Chair of the NCD Alliance, and CEO of the Union for International Cancer Control (UICC), highlighted challenges that civil society faces working with other sectors and why the organizations he represents remain committed to expanding partnerships.

Speaking on World Cancer Day, Mr Adams expressed challenges that the UICC has faced working in partnership at various levels. Nonetheless, he said that negotiating sectoral interests is worth it given the urgency of the NCD situation.

“Working outside of civil society and trying to work with governments, the UN WHO process, and the private sector has been a difficult task,” said Mr Adams. “There are some member states [and some NGOs] that won’t talk to us because we talk to the private sector.”

Mr Adams argued that this kind of thinking is not appropriate in the NCD context.

“We are at a point in time where a lot of these discussions about who we can talk to and can’t talk to are going to be put aside because the burden of death is growing so rapidly. I don’t believe the philosophical debate transcends the issue of avoiding deaths,” said Mr Adams.

Despite the challenges that the NCD Alliance has faced working in partnerships, Mr Adams said that seeking out more of them is part of their strategy. “We have to have a whole of society response to this and we cannot leave it to old players who have been in the health field for too long,” said Mr Adams.