

Framework for Action for the Prevention and Control of Non-Communicable Diseases (NCDs)

Cardiovascular disease, cancer, diabetes and chronic respiratory diseases are no longer considered a concern unique to the developed world. They pose mounting threats to public health and public and private finances worldwide. These disease areas, which constitute the four main types of Non-Communicable Diseases (NCDs), account for 63% of deaths in all countries, rich and poor, and their prevalence is growing fastest in low and middle-income countries. Social factors such as urbanization, rising incomes, changes in diet and lifestyle and improved life expectancy have all contributed to an increased incidence of NCDs. These diseases are a major cause of poverty and present a barrier to economic development for many developing countries. There are also major co-morbidities between NCDs and mental and neurological disorders. Together, these diseases are estimated to account for a cumulative output loss of USD 47 trillion over the next two decades. Since the incidence of many NCDs can be reduced by changes in individual lifestyles, a focus on prevention is critical.

In 2011, the research-based pharmaceutical industry launched a Framework for Action on NCDs, which has been the backbone of its main contribution to World Health Organization's Global Action Plan on the Prevention and Control of NCDs, guiding our industry's activities to tackle the rise of NCDs over the last few years.

Since launching the Framework, IFPMA has built valuable alliances with several stakeholders to address NCDs, while engaging in activities that deliver value to governments, health professionals and patients. The different ways in which the 2011 Framework has been implemented are featured in ncds.ifpma.org.

Following on from the adoption of the United Nations Sustainable Development Goals (SDGs), IFPMA believes it is imperative to underscore the importance of NCDs as a key component of sustainable development, by revisiting its Framework to ensure it is relevant and applicable in the post-2015 agenda.

We believe that the progress made in global health over recent years has demonstrated that a progressive, collaborative multi-stakeholder partnership approach must be pursued to effectively address this growing concern. The extent of the NCD challenge requires, more than ever, the sharing of our collective expertise and strengths, as well as coordination and commitment to sustain the wide range of actions needed. That is why our revisited Framework views partnerships as an overarching principle and a crucial enabler for:

- **Innovation**, finding new paths to fight diseases;
- **Availability**, promoting efficient policies to expand access to care;
- **Patient empowerment**, bridging the gap between awareness and behavioral changes;
- **Capacity building**, preparing health systems to manage life-long conditions.

The areas highlighted in this Framework are those where we believe we can make the most significant difference through individual and collaborative work. However we call upon other stakeholders in the global health community to continue working with us as we move forward in identifying solutions to respond to the increasing challenges NCDs pose to society.

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Overarching Principle: Promote and engage in partnerships to expand access to care, patient empowerment, and strengthen health systems preparedness for the management of non-communicable diseases.

INNOVATION

Finding new paths to fight disease



1. Continue to develop and contribute towards **innovative products and approaches** for the prevention and treatment of NCDs, whilst endeavouring to meet people's needs throughout their lifecycle.
2. Work with appropriate partners and **integrate patient-centric approaches** into the improvement of existing medicines to address the specific needs of developing world populations and settings with the NCD products we develop and manufacture.

AVAILABILITY

Promote efficient policies to expand access to care



3. Actively support partners such as the World Bank and WHO to pursue a sustainable and equitable approach to achieving **universal health coverage**, meeting shared goals to expand access to medicines and vaccines whilst reinforcing incentives for innovation.
4. Work with all relevant players to advocate for the **removal of mark-ups** throughout the supply chain that unnecessarily increase the end price of treatments, including elimination of import duties and administrative hurdles.
5. Support the implementation of a core set of healthcare interventions that are feasible and have significant global health impact, otherwise known as "**best buys**"¹ at both individual and population levels.

PATIENT EMPOWERMENT

Bridging the gap between awareness and behavioural changes



6. Continue promoting healthier lifestyles through innovative tools to increase **health literacy and behaviour change** to address risk factors and co-morbidities and to improve adherence to treatment.
7. Continue to support **screening initiatives** worldwide as part of a comprehensive prevention and treatment response to NCDs.
8. Actively promote a physical and mental **wellbeing in the workforce**, leading by example and starting from the near two million employees our members represent.

CAPACITY BUILDING

Preparing health systems to manage life-long conditions



9. Work with governments and WHO to promote policy, regulatory and supply chain environments that secure best quality of care and health outcomes for patients, in particular promoting **regulatory system strengthening**.
10. Contribute towards the strengthening of **primary health care** approaches, including innovation in service delivery, integration of care and community empowerment.
11. Support **capacity building** through targeted efforts to improve the development of healthcare infrastructure and the training of providers at all levels of the health care system.
12. Work with partners towards the improvement of information and surveillance systems for the routine **collection, analysis and dissemination of relevant data**.