It is an honor for me to be here today representing the private sector on behalf of my organization, the IFPMA. IFPMA stands for International Federation of Pharmaceutical Manufacturers and Associations. Since 1968, we have been the voice of the research-based pharmaceutical industry worldwide.

Three years ago, we witnessed an historic evolution in the political commitment to addressing the health and well-being of the world’s population. Wide agreement was reached on the importance of partnerships as a means to expedite progress against NCDs. This recognized the massive task involved in tackling NCDs worldwide.

I want to address a fundamental issue at the outset of my remarks: securing access to treatment is a *conditio sine qua non* for prevention and control of many NCDs. Our industry has a key role to play by researching and developing solutions to prevent, treat, cure, and manage chronic diseases.

There are two components to our industry’s mission: firstly, the promise of new treatments and innovative tools for prevention that are still in our research and development pipelines. Secondly, the legacy of medicines that today are widely available to patients in generic form, providing affordable solutions for first line treatment of most NCDs.

Three years on, now is the time to take stock of what we have done and prepare the ground for more organic and transformational collaboration to address the mounting challenge that NCDs are posing to healthcare systems worldwide and, ultimately, to public and private finances.

The 2011 vision set out in the Political Declaration for greater collaboration had as its inspiration the Millennium Development Goals. The MDGs proved a driving force for many collaborations both within governments and across sectors. MDG 8 changed the way in which many companies approached their social purpose. It demonstrated how each industry sector can use its particular skills and know-how to fight not only diseases covered under the MDGs, but NCDs as well. It showed how industry can serve as partners in the fields of healthcare, information technology, or nutrition to name a few.

The pharmaceutical sector has a long track record in partnerships. While our engagement, especially on communicable diseases, dates back decades, at the time of Summit on NCDs, already one-quarter of the 200+ partnerships in our sector alone addressed the needs of patients suffering from NCDs in low- and middle-income countries.

In 2012, pharmaceutical executives committed to increase their involvement in NCDs partnerships. We have witnessed since the UN Summit a two-fold increase in the number of programs focused on NCDs to over 70 initiatives. This increased focus does not come at the expense of efforts addressing HIV/AIDS, TB, Malaria, women and children’s health, or neglected tropical diseases.

Let me share with you a couple of specific examples of our work.
First, we are helping improve availability of treatment, like provision of insulin and blood glucose monitoring equipment and supplies free of charge to children and adolescents with diabetes; Second, we are advancing efforts to overcome distribution and supply chain problems, for instance to increase access to human papillomavirus (HPV) vaccination to combat cervical cancer. Third, we are taking measures to improve access to health systems, in the form of medical infrastructure and healthcare services and training for local physicians in rural areas.

As an industry group, we have partnered with international organizations to deliver creative solutions like leveraging the use of mobile phones for awareness raising and treatment adherence, or providing door-to-door counseling through volunteers on healthy lifestyles to people in low income countries.

The latter is an important example because it speaks to the core issue of prevention. Three quarters of our programs focus on preventing NCDs by raising awareness among vulnerable populations, and advocating for behavioral change and community empowerment at multiple levels.

This meeting today, and what will follow, is a key chance for us to look at those issues where improvement is needed. For one, more programs should in the future capitalize on the collective expertise that a multi-company partnership can deliver. Another perennial challenge is the evaluation of the impact of partnerships.

We will undoubtedly see an alignment of the partnerships towards the objectives of the WHO Action plan for NCDs. However to boost implementation we must witness a change of speed, especially in some aspects of governance. What we need now are clear objectives and deliverables that are agreed by all parties, time-bound, sufficiently resourced and outcome-focused.

To grow as a community of partners, we need to deliver now to encourage and motivate even broader involvement tomorrow. The WHO Global Coordination Mechanism should work in this direction, and provide pragmatic solutions to foster collaborative frameworks.

Our experience has taught us that partnerships can improve effectiveness by reducing both risks and duplication of investment activities. They are able to attract funding and build a common powerful “brand”.

In conclusion, I would leave you with my top five observations about partnerships. First, programs need to focus on systemic issues, to address patient centric unmet needs. This will in turn help broaden the roster of partners, which is a second critical component. Thirdly, it is important that programs are designed around the core competences and assets of each partner. Programs designed to leverage existing systems and foster local ownership, involving national and local policy makers, are more likely to be successful and lasting. Lastly, impact measurement and continuous improvement should always appear in any partnership design.

The pharmaceutical industry stands ready to learn, share and work with partners to see how it can improve the quality, relevance and impact of its programs and achieve success in control and prevention of NCDs. For this aim, we count on the leadership of WHO and other key international organizations to secure the appropriate level of engagement from the private sector in inclusive collaborative frameworks.