



# A Shared Commitment to Fight Non Communicable Diseases



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## Non Communicable Diseases – The Numbers Talk<sup>1</sup>

**Heart disease, cancer, chronic respiratory diseases, and diabetes** are the leading causes of suffering and death, and affect all countries, rich and poor. **Half of NCDs** are a result of poor lifestyle choices, such as tobacco use, alcohol abuse, poor diet, stress and lack of exercise, therefore they are **preventable**.

<b>36 mil</b>	worldwide deaths due to NCDs in 2008 (63% of total deaths)
<b>52 mil</b>	estimated worldwide deaths due to NCDs by 2030
<b>80%</b>	of NCD deaths occurred in low and middle income countries in 2008
<b>1,3 mil</b>	deaths caused by diabetes worldwide
<b>220 mil</b>	people suffer from diabetes worldwide
<b>7.6 mil</b>	deaths attributed to cancer worldwide (13% of total deaths)
<b>70%</b>	of cancer deaths occurs in low and middle income countries
<b>30%</b>	of cancers caused by behavioral and environmental can potentially be modified
<b>18 mil</b>	deaths from cardiovascular disease (30% of all global deaths)

NCDs are **not just a health problem**; they also have considerable **economic impact** as they tend primarily to affect people who are still economically productive. For example, in China alone, it is estimated that NCDs will result in a **loss of productivity** of over USD 500 billion between 2005 and 2015.<sup>2</sup>

“Prevention is by far the better option. We need to focus on population-wide measures that make it easier for people to adopt healthy lifestyles. To do so, we need to engage other sectors in a whole-of-government approach.”

**Margaret Chan, Director General, World Health Organization**  
*NCDnet Launch, Geneva, 24 February 2010*

<sup>1</sup> WHO, Global Status Report on Noncommunicable Diseases 2010

<sup>2</sup> WHO, Preventing Chronic Diseases: A Vital Investment. Geneva, WHO 2005

## The Global Pharmaceutical Industry's Contributions to Help Address NCDs

The IFPMA and its members are committed to playing an active role in combating the burden of chronic NCDs, working with other key stakeholders.

The research-based pharmaceutical industry has made tremendous contributions to human health by researching and developing successive generations of new medicines to safely and effectively treat NCDs. There are currently over 1,500 new medicines in the pipeline to treat cancer, diabetes, heart disease, asthma and mental illness; but further innovation will certainly be needed. Besides investing in research and development of new medicines, the research-based pharmaceutical industry is also actively involved in:

- Enabling **better access** to its NCD treatments and medicines in developing countries;
- **Partnerships** with governments, inter-governmental organizations and civil society to help strengthen healthcare capacity in developing countries and educate populations at risk;
- Increasingly working to ensure that medicines for NCDs are appropriate for **resource-poor settings**;
- Promoting **health in the workplace** – IFPMA member companies have implemented workplace wellness programs that benefit over one million employees worldwide.

Learn more:

IFPMA Developing World Partnership Directory: [www.ifpma.org/healthpartnerships](http://www.ifpma.org/healthpartnerships)

“There are two challenges in preventing and controlling chronic NCDs. The first is to find an effective, multi-stakeholder approach at the global and national levels that integrates NCDs into all healthcare systems. Secondly, the full cycle of patient care will have to be addressed, from education, through access, to better primary care and improved health systems, as well as new and generic medicines.”

**David Brennan, President of the IFPMA and CEO of AstraZeneca**  
*25th IFPMA Assembly, Washington DC, 10 November 2010*

How many medicines are currently in the pipeline for NCDs?<sup>3</sup>

887 medicines for cancer

235 medicines for diabetes

299 medicines for heart disease and stroke

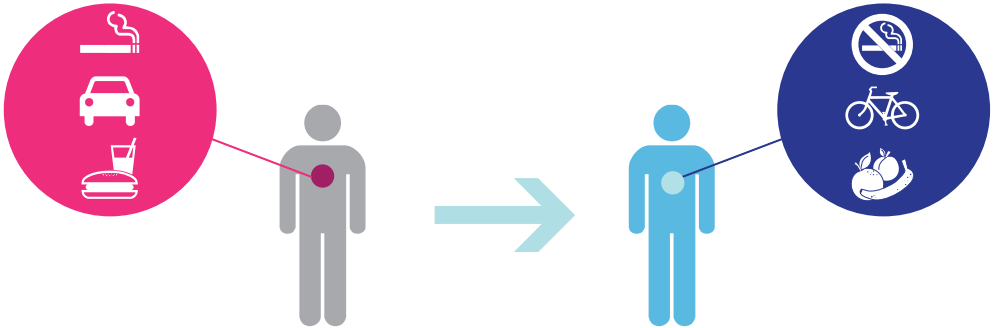
313 medicines for mental illness

<sup>3</sup> [www.phrma.org/research/new-medicines](http://www.phrma.org/research/new-medicines)

## Crucial Differences between NCDs and Infectious Diseases

### Lifestyle is more often a factor for NCDs

While the infectious disease burden usually decreases as income increases, the same cannot be said for NCDs. The increasing prevalence in low and middle income countries of diabetes, certain types of cancer, cardiovascular diseases and chronic respiratory diseases is in part a result of **changes in lifestyle** and increased living standards. Efforts to tackle NCDs will therefore need to address these lifestyle issues and look **beyond just medical treatment**.



### Individual preventative action is often feasible for NCDs

Preventative action against infectious diseases – vaccination programs, anti-malaria spraying, etc. – can be effective, but requires adequate distribution systems for patients to obtain the necessary products. For many NCDs, there are often prevention measures that do not require anything more than for individuals to change their lifestyle by doing more physical exercise, stopping smoking or modifying their diet.

Because lifestyle is important and because individual preventative action may be possible, tackling NCDs requires:

- Health promotion and education to encourage “primary preventative” lifestyle changes;
- Consideration of “secondary preventative” therapeutic intervention, including vaccination. For example, the use of aspirin or cholesterol-lowering medicines could reduce vascular events in patients at risk;
- Investment in healthcare systems to improve early screening and diagnosis;
- If the disease still develops once these steps have been taken, more complex medical and surgical treatment of the NCD itself may be necessary.





## The Value of Prevention

Individuals' choices and behaviors are key to addressing NCDs: for these diseases there are often preventative measures that do not require anything more than for individuals to change their lifestyle. By taking part in more physical activity, stopping smoking and modifying dietary habits, the risk of premature death or illness from NCDs can be significantly reduced.

But while the main onus is on the individual, there are actions for others too, such as government efforts to improve patient awareness of their own health status and risks. Reducing premature mortality and morbidity through increased investment in prevention programs will free up resources that can then be focused on the patients most in need, while relieving the economic burden of such diseases on society as a whole and eventually leading to higher economic growth.

While prevention through increased awareness and health literacy is essential in the fight against NCDs, these efforts can be complemented by cost-effective healthcare interventions that help prevent NCDs, such as glycaemia control and other forms of screening to help early detection, as well as use of aspirin to reduce certain cardiovascular risks. Such interventions are sometimes referred to as "secondary prevention".

To promote a comprehensive approach to prevention in health care, a change in thinking is needed which will stimulate the commitment and action of patients and families, health care professionals, communities, and policy-makers through partnership approaches at global, regional and national levels. Successful prevention will positively impact on health outcomes and help stem the rising human and economic cost of managing the consequences of NCDs, thereby reducing the threat these diseases pose to health and health systems worldwide.

**"Health should be a priority, not just for Health Ministries, but for the entire public sector as well as the private sector. It should be a way of life and not just about medicine and treatment."**

**Aaron Motsoaledi, South Africa Minister of Health**

*Diabetes Leadership Forum Africa, Johannesburg, 7 October 2010*

<sup>4</sup>A recent study from IFPMA and AIPM Russia showed a significant gap between population's perception about their health status and the negative impact of their actual behavior. See more at: [http://www.ifpma.org/fileadmin/webnews/2011/pdf/AIPM\\_IFPMA\\_Population\\_Attitude\\_to\\_Personal\\_Health\\_Study\\_2011.pdf](http://www.ifpma.org/fileadmin/webnews/2011/pdf/AIPM_IFPMA_Population_Attitude_to_Personal_Health_Study_2011.pdf)

The International Federation of Pharmaceutical Manufacturers & Associations is the global non-profit NGO representing the research-based pharmaceutical industry, including the biotech and vaccine sectors. Its members comprise leading international companies and national and regional industry associations covering low, middle and high income countries. The industry's R&D pipeline contains hundreds of new medicines and vaccines being developed to address global disease threats, including cancer, heart disease, HIV/AIDS and malaria. The IFPMA Clinical Trials Portal ([www.ifpma.org/ClinicalTrials](http://www.ifpma.org/ClinicalTrials)), the IFPMA's Ethical Promotion online resource ([www.ifpma.org/EthicalPromotion](http://www.ifpma.org/EthicalPromotion)) and its Developing World Health Partnerships Directory ([www.ifpma.org/HealthPartnerships](http://www.ifpma.org/HealthPartnerships)) help make the industry's activities more transparent. The IFPMA supports a wide range of WHO technical activities, notably those relating to medicine efficacy, quality and safety. It also provides the secretariat for the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH).

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