

International Federation
of Pharmaceutical
Manufacturers & Associations

IFPMA Framework for Action on NCDs



2011-2012 PROGRESS REPORT



Table of Contents

INTRODUCTION: FACTS AND FIGURES AND IFPMA COMMITMENT	4
INNOVATION AND RESEARCH	6
♦ A VIBRANT PIPELINE FOR UNMET MEDICAL NEEDS: NCD R&D STATUS REPORT 2012	7
♦ MENTAL & NEUROLOGICAL DISORDERS: INNOVATIVE THERAPIES & COLLABORATIONS	9
ACCESS AND AFFORDABILITY	10
♦ FINDING ANSWERS THROUGH IN-DEPTH ANALYSIS: POLICY RESEARCH	11
PREVENTION AND EDUCATION	14
♦ ADVOCACY TOOLKIT: THE VALUE OF PREVENTION	15
♦ RISK FACTOR CONTROL: THE WHPA-IFPMA HEALTH IMPROVEMENT CARD	16
♦ IFPMA MEMBERS' WELLNESS SURVEY: HEALTH BY THE NUMBERS	19
♦ PUBLIC HEALTH SURVEY: DISCOVERING HEALTH IN RUSSIA	21
PARTNERSHIP	22
♦ ENGAGING WITH THE INTERNATIONAL COMMUNITY: IFPMA POLICY SUBMISSIONS	23
♦ ONLINE HEALTH PARTNERSHIP DIRECTORY: THE BSR REVIEW	24

INTRODUCTION: Facts and Figures and IFPMA Commitment

Non-Communicable Diseases (NCDs), such as cancer, diabetes, cardiovascular and respiratory diseases are the leading cause of mortality and illness in the world. Success obtained in the fight against different infectious diseases, lifestyle changes—including migration of peoples towards urban settings, unhealthy diets, and lack of physical activity, amongst others—associated with risk factors, and the increase in life expectancy have led to the increased global impact of NCDs. Today low and middle-income countries account for nearly two-thirds of the global NCD deaths, making NCDs a global health and economic challenge.

The increase of NCDs threatens healthcare systems worldwide as well as public and private finances. National economies are losing significant income due to premature deaths caused by heart disease, stroke and diabetes. Prevention, however, represents a cost-effective solution for alleviating the economic burden of such diseases.

In a report published in 2011¹, the World Economic Forum and the Harvard School of Public Health noted that a cumulative output loss due to NCDs could be of US\$ 47 trillion over the next two decades. This loss represents 75% of global GDP in 2010 (US\$ 63 trillion).

Throughout 2011, the international community's attention to NCDs resulted in a series of global events. A global ministerial conference on NCD control in Russia led to the Moscow Declaration², calling in particular for whole-of-government approaches and involvement of the international community. The United Nations subsequently held a high-level meeting on NCDs in September 2011. Member States adopted a wide-ranging Political Declaration³, which laid out a clear plan for global surveillance, monitoring and health system response to

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

¹ World Economic Forum. The Global Economic Burden of Non-communicable Diseases, September 2011

² Political Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control Moscow, 28-29 April 2011. Available at: www.un.org/en/ga/president/65/issues/moscow_declaration_en.pdf

prevent and control NCDs. In May 2012, the World Health Organization adopted a global voluntary target to reduce 25 per cent of premature deaths from NCDs by 2025. This “25 by 25” target opens new roads for concerted collaboration amongst stakeholders, notably for the creation of new public-private partnerships to achieve tangible results by harnessing prevention practices.

The IFPMA committed in June 2011 to a ten-point Framework for Action to actively contribute to the World Health Organization’s Action Plan for the Prevention and Control of NCDs. The Framework for Action focuses on those areas where industry is best placed to add value based on its knowledge and experience. It focuses on the four pillars displayed on the right.

This Framework is a roadmap for engagement of the research-based pharmaceutical industry to tackling the escalating threat of NCDs with an attention to low and middle-income countries.

The Framework also recognizes that industry does not have all the solutions, the resources or expertise to win this fight. IFPMA and its members have invited key stakeholders to work together to identify and address existing gaps. The progress in global health over recent years demonstrated that a multi-stakeholder approach must be pursued to effectively address complex challenges.

This report is a synopsis of the major activities that have populated IFPMA’s Framework for Action and transformed it into the building blocks of industry’s commitment to fight NCDs.



INNOVATION AND RESEARCH



ACCESS AND AFFORDABILITY



HEALTH PREVENTION AND EDUCATION



PARTNERSHIP

3 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, September 2011. Available at: http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1



INNOVATION AND RESEARCH

What is left to learn to address unmet needs

A VIBRANT PIPELINE FOR UNMET MEDICAL NEEDS: NCD R&D Status Report 2012

The primary role of our industry is to research and develop new medicines, biotherapeutic products and vaccines. This is an overview of what the NCD medicine development pipeline holds, from the seven million hours of work needed to develop one safe, effective and high-quality product.

There are currently over 2400⁴ new medicines for NCDs in the pipeline of IFPMA member companies. Pharmaceutical innovation—the core of industry’s work—relies on pushing the limits of scientific knowledge to advance new therapies for the benefit of patients. Some of the latest scientific challenges industry has pioneered include the development of biotherapeutic medicines. Major advances in fighting cancer effectively are due to the development of these medicines—whose active ingredients are derived from living organisms.

CANCERS



There are 1682 compounds in pipeline for cancers. This includes in particular lung, stomach, liver, colon and breast cancer, but also other rare types of cancers. This pipeline reflects how challenging the fight against cancer is – requiring sophisticated cutting-edge technology and pioneer approaches to medicine. Some of the latest R&D technologies include the use of nanotechnology to assist the delivery of medicines to malignant cancer cells, potentially overcoming some limitations of existing treatments.

CARDIOVASCULAR DISEASES



The number of medicines in development for cardiovascular diseases amounts to 357. These medicines include 45 for lipid disorders, 36 for heart failure, and 27 for stroke. As is the case with cancer, many of the potential new medicines use trailblazing technologies and scientific approaches. For example, human stem cells that restore cardiac function by forming new heart muscle are currently being developed and tested.

DIABETES



IFPMA member companies are developing 276 compounds for diabetes. The medicines in development include 31 for type 1 diabetes, 155 for type 2 diabetes, but also 65 for diabetes-related conditions such as diabetic neuropathies and diabetic retinopathies. Amongst the medicines in development, scientists are working on a once-a-week medicine that acts as a natural hormone that plays a significant role in blood sugar regulation, as well as another medicine that addresses the underlying cause of type 2 diabetes by modulating genes responsible for insulin sensitization.

⁴ Source: PhRMA. In certain cases, one molecular compound can serve multiple indications.

CHRONIC RESPIRATORY DISEASES (COPDS) AND ASTHMA



131 medicines for COPDs are being developed by IFPMA member companies. New ways to fight these diseases include an adult stem cell therapy that targets a protein in the blood that is often elevated in COPD, and a monoclonal antibody that acts on IL-1 receptors involved in inflammatory conditions.

IN-FOCUS: BIOTHERAPEUTIC MEDICINES

Biotherapeutics Medicines are medicines whose active ingredients are or are derived from proteins (such as growth hormone, insulin, antibodies) and other substances produced by living organisms (such as cells, viruses and bacteria). They are larger and more complex than chemically-synthesized medicines and their characteristics and properties are typically dependent on the manufacturing process itself.

SOME EXAMPLES OF BIOTHERAPEUTICS:

Biotherapeutic Class	Diseases and Conditions Treated
Anti-HER2	Cancer
Human Insulin	Diabetes mellitus
Interleukin-2	Cancer
Interferon α -2a and 2b	Cancer, hepatitis
Granulocyte Colony-Stimulating Factor	Cancer, neutropenia

Learn More: Biotherapeutics Medicines, Grasping the New Generation of Treatments, IFPMA, 2012

GRAPH - PIPELINE PER INDICATION

	Phase I	Phase II	Phase III	In Review	TOTAL
Cancer	654	795	208	25	1682
COPDs + Ashtma	34	68	26	3	131
CVDs	117	150	74	16	357
Diabetes	91	107	58	20	276

Website: www.ifpma.org/global-health/non-communicable-diseases.html

- When the trial phase was not disclosed, compounds were categorized as Phase I
- Compounds publicly listed as Phase I / II were considered as Phase II
- Compounds publicly listed as Phase II / III were considered as Phase III
- In certain cases, one molecular compound can serve multiple indications

MENTAL & NEUROLOGICAL DISORDERS: Innovative Therapies & Collaborations

Mental and neurological disorders (MNDs) are increasingly gaining stature on the global health agenda. The profiles of these diseases raise particular challenges: lack of physical and visible symptoms, complex biological factors, and an incomplete understanding of cause. At the same time, the global burden of brain disorders is rising, with major depressive disorder estimated to be the leading cause of disease burden worldwide by 2030.

MNDs open doors for collaboration across the research-based pharmaceutical industry, governments, the World Health Organization, patient groups, and many other stakeholders across the scientific, social, financial, employment and health community. As a partner in global health, IFPMA started an innovative workstream on MNDs and consolidated an industry position paper in July 2012. To further its advocacy efforts, IFPMA released a follow-up publication in October 10 outlining policy recommendations for governments and other stakeholders on addressing the growing burden of mental and neurological disorders. The publication explores the costs of MNDs to individuals and society and the legacy of the pharmaceutical industry. It also identifies research challenges and opportunities, and the need for further pharmaceutical innovation. The publication launch coincided with World Mental Health Day and WHO's annual Mental Health Global Action Plan Forum. Additionally, IFPMA submitted comments to a WHO consultation on current efforts to develop a comprehensive global action plan on mental health.



WHY IT **MATTERS**

Industry can play an active and impactful role in reducing the burden of mental and neurological disorders worldwide.



WHAT IT **TEACHES**

Research in this disease area is complex, time-consuming, and needs to be incentivized.



HOW IT **IMPACTS**

The publication encourages governments and other stakeholders to consider the social and economic impact of these disorders beyond the health sector.



ACCESS AND AFFORDABILITY

Identifying challenges and responses

FINDING ANSWERS THROUGH IN-DEPTH ANALYSIS: Policy Research

The RAND Corporation conducted in 2011 a study that identified key issues concerning access to NCD medicines. A second series of policy research studies was coordinated in 2012 by the Johns Hopkins University; it included five policy papers on each of the priority areas identified in the RAND report. Actionable recommendations for industry and key stakeholders will provide a basis for engagement in the next future.

The key findings of the RAND research⁵ show that effective first-line NCD medicines exist and are now available in generic form, but are failing to reach many people living in the developing world for a number of reasons.

The RAND study identified four priority areas for the research-based pharmaceutical industry to consider:

- Innovative ways to improve NCD medicine adherence
- Overcoming barriers to availability in poor and remote areas where hefty mark-ups, tax and duties, along the supply chain as well as counterfeit products are an issue
- Improving access to primary care
- Removing regulatory restrictions that hamper medicine availability in developing countries.

The four priority areas provided the basis for further analysis that will help the research-based pharmaceutical industry and its partners develop and carry out the actions that will most effectively improve access to NCD medicines in developing countries.

Further analysis resulted in new studies, coordinated by the Johns Hopkins University. An overview of these studies is summarized below and the full publications will be available in 2013.



WHY IT **MATTERS**

Focus on the most significant obstacles to achieving successful outcomes in the fight against NCDs



WHAT IT **TEACHES**

Multiple systemic issues in low and middle-income countries must be addressed to strengthen infrastructure and improve access to healthcare technologies.



HOW IT **IMPACTS**

Key recommendations in each area will provide policy-makers with policy options to address NCDs more comprehensively.

5 Available at: http://www.rand.org/content/dam/rand/pubs/occasional_papers/2011/RAND_OP349.pdf

I. REGULATORY FRAMEWORK⁶

Industry should work alongside other international, regional, and local agencies to develop a common end-stage vision for regulatory convergence efforts, to define the most urgent priorities to improve access to essential medicines and to identify clear intermediate results indicators to measure progress.

Training and capacity building efforts for national medicines regulatory authorities (NMRAs) should be funded in low- and middle-income countries; innovative funding models should also be developed in support of regional harmonization programs. Supporting such regional cooperation efforts will involve evaluating management practices and identifying efficient administrative procedures that can reduce inefficiency and the waste of limited resources. It will also be important to support the establishment of a fully operational and funded network of quality control laboratories to limit circulation of substandard or counterfeit medicines. In the realm of information technology, there is a need to establish a secure exchange e-platform to facilitate communications and knowledge transfer between NMRAs and Strict Regulatory Authorities. Models from the US and the EU can be used to develop access to database systems on manufacturing licenses, import authorizations and GMP certificates adapted to product applications for NMRAs.

II. SUPPLY CHAINS⁷

To improve access to NCD medicines, a thorough understanding of the structural obstacles in medicine supply chains is necessary, together with a holistic rethinking of access from the top of the supply chain to the end-patient. Industry can play a prominent role in this necessary reorganization.

Strengthening of pharmaceutical wholesale distribution is critical. In many low and middle-income countries, the pharmaceutical wholesaling market is excessively fragmented, leading to poor economies of scale, poor coverage and poor product traceability. Pharmaceutical

companies should work with three to four wholesalers or distributors in each country to enhance their distribution networks both in quality and reach.

Building up accredited healthcare retail networks would ensure retail availability of quality medicines, appropriate prescribing practices and affordable pricing. Leveraging the private sector for supply chain services will be vital to increase effectiveness and efficiency, rather than relying on government-run Central Medical Stores. Furthermore, for newer NCD medicines, particularly patented medicines, differential pricing is a sustainable way to provide access to NCD medicines to more people without compromising returns. These recommendations for improving NCD supply chains should be put in practice by selecting and implementing a few targeted initiatives: selecting two or three disease areas with the highest burden in resource-limited countries can lead to concerted action and serve as an entry point to build robust supply chains for NCDs in consultation with local stakeholders.

III. IMPROVING THE USE OF NCD INTERVENTIONS⁸

A lesson learnt from the response to the HIV pandemic has been that public-private partnerships have a substantial role to play in mounting creative, innovative responses to the NCD challenge. To involve the pharmaceutical industry successfully in such partnerships, initiatives should leverage core industry capabilities and prove themselves viable in the long run under local resource constraints and governance. Three areas in which industry should invest are: the improvement of care delivery systems, research on adherence solutions and the development of sustainable business models to improve access to medicines.

The pharmaceutical industry should bring its expertise in treating NCDs to bear to help build NCD care capabilities and capacity. Developing countries commonly lack context-appropriate guidelines and training material for providers, as well as patient education tools. On adherence, given the importance of long-term treatment

⁶ "Regulation of medicines in low and middle-income countries: Current challenges and future prospects" Lead author: Brian White-Guay (Université de Montreal, Canada)

⁷ "Improving access to medicines for NCDs through better supply chains" Lead author: Prashant Yadav (University of Michigan, USA) and Lisa Smith

⁸ "Learning from the HIV/AIDS experience to improve NCD interventions" Lead author: Soeren Mattke (RAND Corporation, USA)

for NCD control, industry should invest in research and development of innovations to improve adherence. This should encompass reminder systems and community support approaches, but also further research on polypills, if only as a bridge solution until tailored NCD treatment becomes feasible. Several industry-supported and locally developed models offer safe, effective and affordable care in low-income countries. Industry should help to research and promulgate such innovative ideas that can be expanded also in the developed world, where health care systems and finances are pressured by the increase in chronic diseases.

IV. PRIMARY CARE⁹

Primary care systems have a major role in the fight against NCDs and must be strengthened. Four key areas should be strengthened: integration of care, innovations in service delivery, inclusion of communities and the voice of the patient, and information and communication technologies.

It will be important to support a shift in existing health systems from episodic care for discrete symptoms to continuous care for monitoring chronic illness and preventing complications. This will involve task shifting of some primary care services to non-physicians, active use of treatment guidelines, and the adoption of point of care diagnostic technologies. Advocacy is needed to ensure that NCDs are included in insurance and care delivery plans as essential services, and industry's expertise and innovation are needed in reducing financial barriers to access; understanding and incorporating patient preferences in the care delivery; and leveraging community and peers to support self-care. Industry can also support health care systems seeking to exploit the high penetration of mobile phones in low and middle-income countries to promote information sharing and communicating health data in real time. All these innovations must be evaluated rigorously to ensure effectiveness and permit course corrections.

V. MULTI-SECTORAL ACTION¹⁰

The characteristics of 'multisectoral' versus 'intersectoral' cooperation are defined in order to clarify the different kinds of authorities and governance mechanisms needed in local, national, and international contexts. One of industry's main roles in supporting 'intersectoral' cooperation will be to participate in public-private partnerships. However, there are national examples of successful NCD public-private frameworks. The private sector can also play a critical role by supporting civil society groups which stimulate the administrative agencies of government to address the problems which can only be dealt within a 'multisectoral' manner, and in addition facilitating the dialogue between them, especially at the local level. It can also serve as a source of new technologies and transformative tools to expand the inventory of potential collaborators, emphasizing bottom of the pyramid technologies, outreach tools, telecommunication connectivity and innovative means of resource generation.

9 "Reconfiguring primary care for the era of chronic and non-communicable diseases": Authors: Margaret Kruk (Mailman School of Public Health, Columbia University), Felicia Knaul (Harvard Global Equity Initiative), Gustavo Nigenda

10 "Sectoral cooperation for the prevention and control of non-communicable disease" Authors: Sir George Alleyne (PAHO, The Johns Hopkins University and the University of the West Indies), Sania Nishtar (Heartfile, Pakistan)



PREVENTION AND EDUCATION

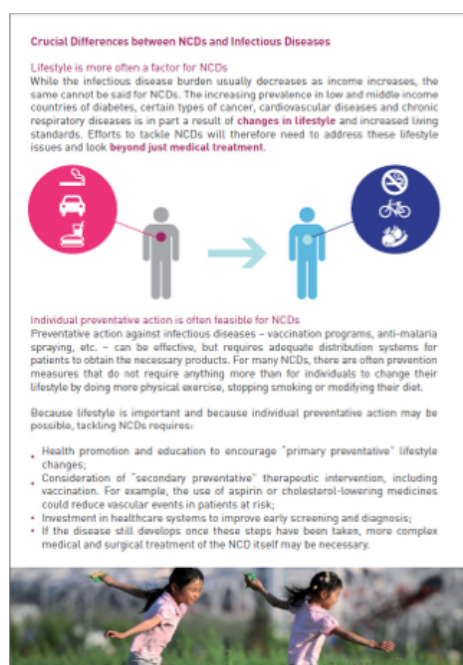
You are at the front row in fighting NCDs

ADVOCACY TOOLKIT: The Value of Prevention

An advocacy toolkit was developed and distributed to policy-makers and health stakeholders to make them aware of the shared responsibility in improving health. This toolkit provides easy-to-remember facts and figures around NCDs.

Individuals' choices and behaviors are vital 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 responsibility lies 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, cost-effective healthcare interventions—such as glycaemia control, the use of aspirin to reduce certain cardiovascular risks, and other forms of screening to help early detection—are all efforts that boost the fight against NCDs. These interventions form the basis of what is known to be "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.

Website: www.ifpma.org/global-health/non-communicable-diseases.html

RISK FACTOR CONTROL: The WHPA-IFPMA Health Improvement Card

The NCD increase in developing countries is partly due to changes in lifestyle and in increased living standards for some populations. As communicable diseases are decreasing also thanks to more effective medicines and vaccines, people are living longer lives, therefore being more at risk of developing non-communicable diseases. Over 50% of NCDs are avoidable, and for many NCDs, prevention measures do not require more than for individuals to change their lifestyle: by doing more physical exercise, stop smoking and modifying their diet. Furthermore, alleviating the social and economic burden of NCDs through prevention is an important public health consideration.

Inspired by the climate for new partnership created by the WHO NCD strategy and committed to the value of prevention and partnerships, IFPMA supported the World Health Professions Alliance (WHPA) to develop an NCD Health Improvement Card¹¹. This tool was shared with over 26 million health care professionals in more than 130 countries to help encourage patients to identify and prevent risky health behaviors.

Launched at the 2011 UN Summit on NCDs, the Health Improvement Card is an easy-to-use, practical guide to help individuals and their health professionals reduce the risk of non-communicable diseases (NCDs).

WHPA's Health Improvement Card comes with concise "how-to" explanatory guides both for patients and doctors. A regular use of this scorecard aids patients monitor and prevent risk factors responsible for many NCDs.

The scorecard helps individuals rate their behaviors on a "stoplight-type" fashion. Behaviors in red are labeled as highly risky. Behaviors in yellow indicate caution, and those in green correspond to healthy, sustainable behaviors. The goal is to help patients gradually move their behaviors to the green area.

The scorecard keeps track of biometrics and behaviors that affect a patient's likelihood to develop a chronic illness over the long-term. Four biometric indicators and four lifestyle indicators provide a comprehensive panorama on the patient's health status. A constant use of this resource allows individuals and health professionals to develop targeted interventions to improve their health and well-being.

BIOMETRICS HELP MONITOR:

- Body mass index and cholesterol, to reduce the risk of cardiovascular diseases
- Fasting blood sugar, to help prevent diabetes
- Blood pressure, to check for hypertension

LIFESTYLE INDICATORS ARE SHOWN TO:

- Avoid tobacco use and harmful alcohol consumption
- Improve diet

¹¹ Available at: www.whpa-ncdcampaign.com

Health Improvement Card

Lifestyle

GOAL



HIGH RISK



CAUTION



Healthy Diet



5 portions
of fruit and vegetables per day



Less than 5
portions of fruit and vegetables per day



I do not
eat fruit and vegetables



An unhealthy diet increases your risk of being overweight, obese and developing oral diseases



Eat more fruit and vegetables every day and seek advice on lowering salt and saturated fats

Physical Activity



Physical activity at least
30 minutes per day



Physical activity
less than 30 minutes per day



Physical activity is
not a part of my daily routine



Lack of physical activity increases your risk of cardiovascular diseases, diabetes and some cancers



Increase the amount of time spent on physical activities at home and at work and engage in sports

Tobacco Use



No, I never use
or have stopped using tobacco



Yes, I use tobacco



Tobacco use increases your risk, and the risk of those around you, of cancer, lung diseases, heart attack and stroke



Stop smoking from today onwards

Use Of Alcohol



< 2 drinks per day



3-4 drinks per day



> 5 drinks per day or
> 5 days per week



Harmful use of alcohol increase your risk of mental illnesses, and liver damage and other alcohol related deaths



Limit the amount of alcohol that you drink each day

- Undertake regular sufficient physical activity
- Achieve and maintain healthy weight
- Manage tension and stress
- Promote preventive care and screening for preventable illnesses

Overall, the Health Improvement Card helps the health community pay due attention to the inextricable link between social determinants of health and the incidence of all NCDs—extending the scope to mental disorders and oral health illnesses. By focusing on a holistic approach to health, the scorecard goes beyond the narrow frame of corrective NCD action and promotes a sustainable change in behaviors to achieve health. This initiative aims at strengthening the patient-doctor communication channels as well as primary healthcare systems. The scorecard reminds patients that health is in their hands.

2012 CAMPAIGN: SCALING UP EFFORTS

Building upon the momentum from 2011, WHPA and IFPMA have launched a 2012 campaign to increase the visibility of the scorecard at multiple levels through respective WHPA member associations and to strengthen the evidence-base on the patient use of the scorecard.

PILOT: Are people likely to switch from risky to healthy behaviors? To answer this and other questions, WHPA designed a pilot study in South Africa cascaded through its 5 member organizations. Data will be collected from three different locations—Western Cape, KwaZulu Natal, and Gauteng—through patient-doctor interactions. The methodology of the study has been developed by the University of Ottawa (Canada). A total of 450 South African patients and 150 health professionals will be

recruited to for this exercise. Overall, the pilot aims at strengthening the evidence base on the use of the Health Improvement Card by first validating the rating scale and key written messages used in the HIC and second, by assessing the effectiveness and impact of the HIC to trigger behavioral change. The pilot will be completed at the end of the first quarter in 2013.

VALIDATION STUDY: The multi-stakeholder exercise conducted via this validation gathered feedback on how health professionals can best use the scorecard to enable positive behavior and lifestyle changes that avoid or mitigate NCDs in patients. The survey involved 34 opinion leaders from international organizations, patient groups, academia, and other NGOs. Some of these include: WHO, IAPO, NCD Alliance, the World Economic Forum, and WHPA member organizations. Over 65% of the participants have more than 10 years of experience in NCDs. Preliminary results show a strong support for activities related to risk factors, prevention, and behavioral change. Final results will be communicated by December 2012.

STAKEHOLDER ENGAGEMENT AND COMMUNICATIONS

COMMUNICATIONS: WHPA has designed a website where health professionals can test the Health Improvement Card, obtain a personalized report, and access the full toolkit including useful tips on healthy lifestyle management. Further communication activities are planned along with the development of the project in South Africa and its results in early 2013.

Website: www.whpa-ncdcampaign.org

Website: www.ifpma.org/global-health/non-communicable-diseases.html



WHY IT MATTERS

50% of NCDs are avoidable. Prevention measures, including lifestyle changes are some of the most cost-effective and efficient ways to curb NCDs.



WHAT IT TEACHES

Simple tools outlining both lifestyle and biometric indicators allow patients to gain a better understanding of what factors control their health in the long-term.



HOW IT IMPACTS

Health professionals can now use this tool to facilitate dialogue with their patients and engage in positive behavioral change.

IFPMA MEMBERS' WELLNESS SURVEY: Health by the Numbers

IFPMA members know the best way to promote health is practicing it: NCDs are the chief cause of death globally. Incremental, durable changes in employees' lifestyles at the workplace can reduce the burden of NCDs and allay the effects of reduced worker productivity due to illness.

- **20** IFPMA member companies participated in a wide-ranging survey to evaluate wellness programs.
- **100% of respondents** have well-established wellness programs, showing our industry's commitment to health.
- Over **1.1 million employees** worldwide enjoy better lives through these wellness programs.

Health starts at the workplace: Most people spend more of their waking time at work than anywhere else. Because good practices in the workplace extend elsewhere, IFPMA members have made of wellness programs a long-term commitment.

- **65%** of the wellness programs are more than **7 years old**.
- **90%** of responding companies conduct on-site health fairs featuring flu vaccination, screenings for cholesterol, blood pressure, and blood glucose, amongst others.

IFPMA members have transformed the workplace into platforms for healthy living: on-site gyms, health education and medical check-ups, and healthy cafeterias are just a few examples of how companies embrace a proactive approach towards health.

- **More than half** of respondents include employee family members in wellness programs. **100% of companies with more than 100,000 do so.**



WHY IT MATTERS

Workplace wellness programs can be effective win-wins for employees and companies.



WHAT IT TEACHES

Most of our member companies have well-established wellness programs, disease management programs and conduct impact assessment.



HOW IT IMPACTS

The report shows industry's engagement on health prevention and prioritizes employees' health.

- **50%** of companies offer mental health prevention and support programs, thereby recognizing increased awareness of the health impact of mental disorders.

Being healthy pays off: Improving employees' health is a win-win investment. Employees live better, happier lives and companies perform better.

- **70%** of companies conduct impact assessments on their wellness programs.
- **85%** of companies with wellness programs have a dedicated program website.
- **75%** of companies run campaigns to promote health promotion activities.

Healthy living goes beyond a trend: it is the basis for a productive life. Through wellness programs, IFPMA companies provide platforms for employees to manage their health over the long-term.

- **85% of respondents & 90% of those with more than 50,000 employees offer smoking cessation programs.**

Website: www.ifpma.org/global-health/non-communicable-diseases.html

InfoGraphic: http://www.ifpma.org/fileadmin/content/Publication/2012/Health-By-The-Numbers_infographic.pdf

PUBLIC HEALTH SURVEY: Discovering Health in Russia

In collaboration with our Russian Member Association, the Association of International Pharmaceutical Manufacturers (AIPM) and the Russian Ministry of Health, we have launched a survey entitled Population Attitude to Personal Health: Perception of Health, Understanding of Risk Factors, Morbidity and Mortality. The study was conducted in Russia between January and April 2011.

KNOW YOUR ENEMIES

The findings show that most of the study participants are not aware of their health risk factors and routinely put themselves at risk due to smoking, abuse of alcohol, obesity and lack of physical exercise.

- According to AIPM data, about 95% of Russians think that they have a good or fair health, while only 44% of them had visited a physician during the previous year. This could be one of the main reasons why diagnosis of NCDs is still low.
- Cardiovascular diseases' prevalence is about 13,1% in Russia, while awareness is only 7,5%, and for cancer prevalence is 1,8% and awareness is only 0,3%.

PEOPLE UNDERSTAND THE LINK BETWEEN NCDs AND UNHEALTHY BEHAVIORS BUT DO NOT ACT

The same survey confirmed that most Russians know the links between risk factors (such as smoking, harmful drinking, unhealthy diet and low physical activities) and NCD incidence. However, the respondents perceived them as a part of their regular lifestyle. A staggering 82% of respondents recorded between one to three occurrences of risky behaviors. Only 9% of Russian people could say that they have no risk factors.

The major influence in changing the behavior could be a physician – more than 50% of respondents are ready to give up risk factors in case her/his personal recommendation of a potential threat of disease.

The results of the study also show that despite governmental efforts to discourage risk factors the NCDs level is still high. This demonstrates the need to develop and implement new policies and programs to deal effectively with NCD risk factors.



WHY IT MATTERS

There is a significant gap between what people think is their state of health and the negative impact of their actual behavior



WHAT IT TEACHES

The fight against NCDs starts on a personal level. People perceive the risk but do not act: it makes sense to put considerable efforts into prevention and education programs



HOW IT IMPACTS

Prevention is the best value for money. These approaches decrease burdens on health care systems and the negative economic impact of such diseases on society as a whole



PARTNERSHIP

Partner. Practice. Progress.

ENGAGING WITH THE INTERNATIONAL COMMUNITY: IFPMA Policy Submissions

The World Health Organization launched a series of consultations with national governments and other relevant stakeholders—including the IFPMA. The aim was to identify approaches for strengthening multisectoral action for NCDs and review the impact existing partnerships have in other fields.

IFPMA contributed to the WHO's consultation on multisectoral action by stressing its active commitment to the fight against NCDs. In the written submissions, IFPMA highlighted the following key points:

- Show long-term commitment to NCDs: IFPMA demonstrated its alignment with WHO recommendations for private sector partners through the adoption of the Framework for Action. IFPMA also presented the different projects that are populating the Framework for Action, the partners involved, and the expected project aims.
- Consider education and health literacy as priorities: IFPMA recommended multisectoral initiatives could focus on improving education and health literacy among the general populations. Achieving health literacy is a pivotal step towards behavioral change, given the tangible impact that individuals' choices and behaviors can have on preventing NCDs.
- Call for further political will: IFPMA underscored the role that political leadership plays in changing attitudes towards chronic illnesses as well as in allocating appropriate resources. IFPMA also ranked high priorities such as enabling a sustainable workforce for action against NCDs, financing, and promoting access to safe, effective, quality medicines and other health technologies. In the fight against NCDs, IFPMA highlighted the multi-layered complexity of NCDs and the subsequent need for a comprehensive commitment starting at the political level.
- Support measurable progress : IFPMA suggested that a new NCD global monitoring framework should look at minimizing the impact of risk factors that are horizontal and have impact beyond NCDs (such as tobacco use and alcohol consumption - the reduction of consumption of the latter will lead to a reduction of NCDs) and include adequate indicators as appropriate. IFPMA supported the inclusion of indicators on increased access to essential NCD Medicines and basic technologies to treat major NCDs; drug therapy to prevent heart attacks and strokes; and palliative care to address the needs of NCD patients for a better quality of life or to relieve suffering from their disease.

Website: http://www.who.int/nmh/events/2012/private_sector/en/index.html

ONLINE HEALTH PARTNERSHIP DIRECTORY: The BSR Review

IFPMA asked the NGO Business for Social Responsibility (BSR) to conduct an independent review of industry-led global health partnerships. The results are documented in the IFPMA Developing World Health Partnerships Directory. BSR reviewed information submitted for the revised IFPMA directory, surveyed IFPMA member companies, and interviewed more industry and non-industry stakeholders involved in partnerships.

The global pharmaceutical industry is actively involved in enabling better access to its NCD treatments and medicines in developing countries through tiered pricing and innovative distribution channels which often involve partnerships with governments, inter-governmental organizations and civil society that help to strengthen healthcare capacity in developing countries and educate populations at risk. BSR recorded 220 industry-led partnership programs addressing the health needs of the developing world; more than one quarter address cancer, diabetes, cardiovascular diseases and respiratory diseases directly or indirectly through health care system strengthening, health education and capacity building programs.

THE SURVEY RESULTS

BSR's review evaluated the disease and geographic reach of partnerships, and assessed the partnerships as a group against four criteria associated with transformation partnerships, as described in the UN Global Compact.

BSR concluded that industry-led partnerships meet three of four criteria – addressing systemic issues, leveraging competencies of key partners, involving appropriate stakeholders – but that increased use of impact measurements to increase scalability and sustainability of partnerships may be needed.



WHY IT **MATTERS**

Directory highlights tangible commitment from IFPMA members to improve health in developing world.



WHAT IT **TEACHES**

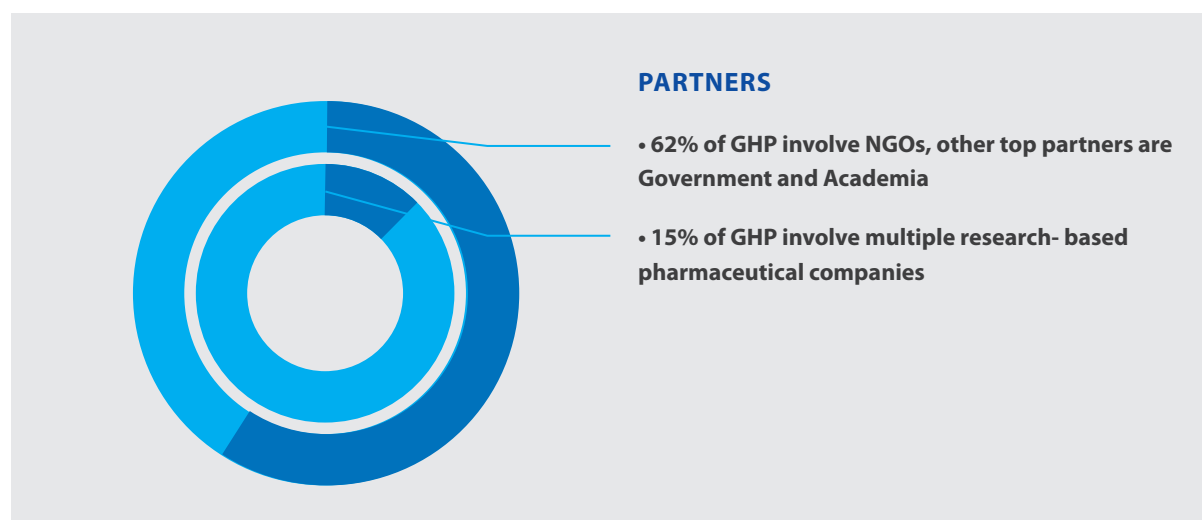
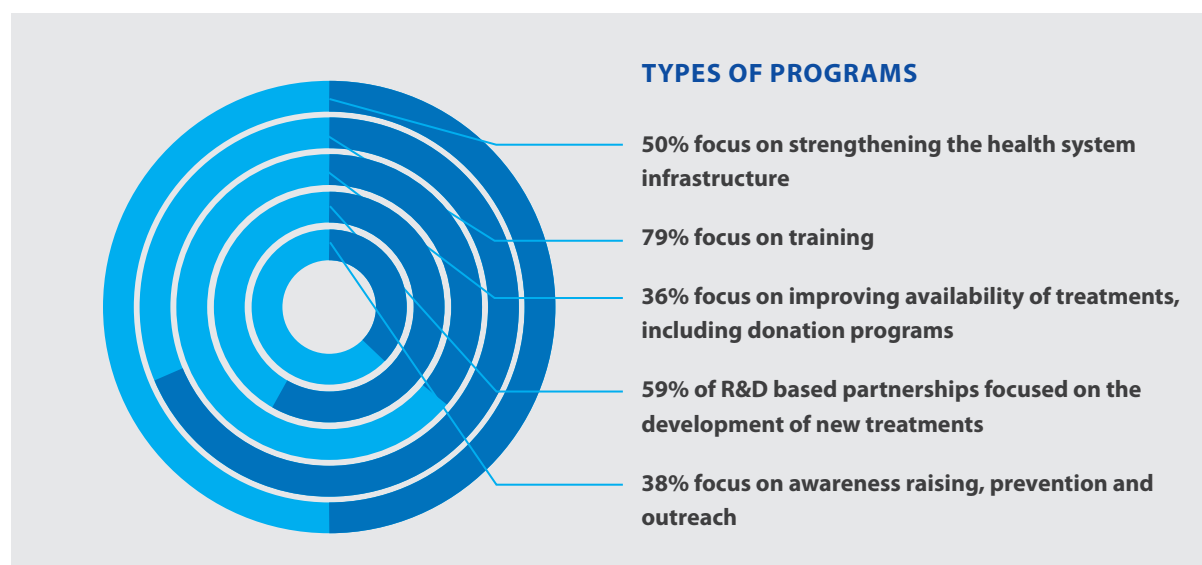
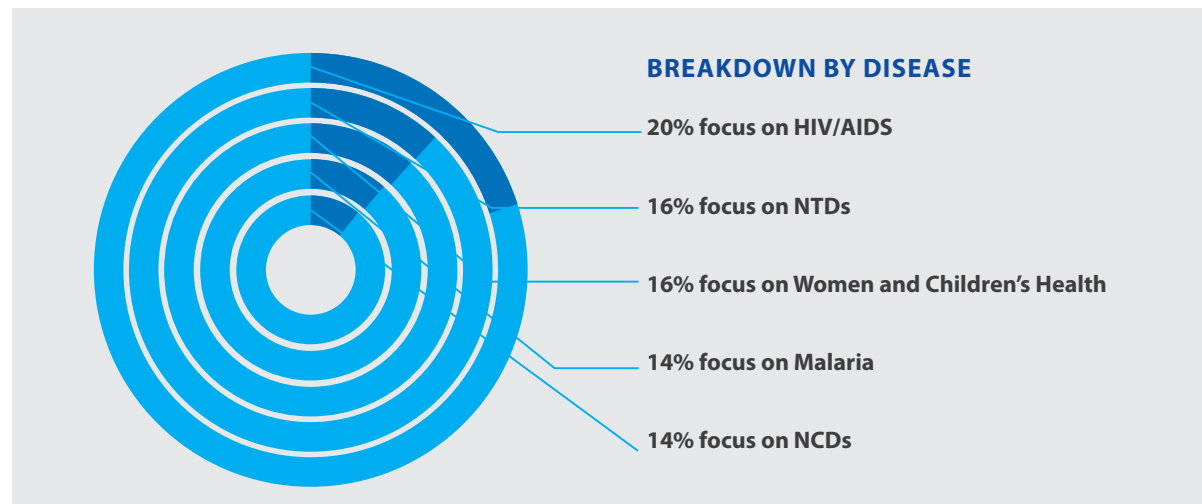
90% of companies surveyed expect to increase partnership commitments towards NCDs.

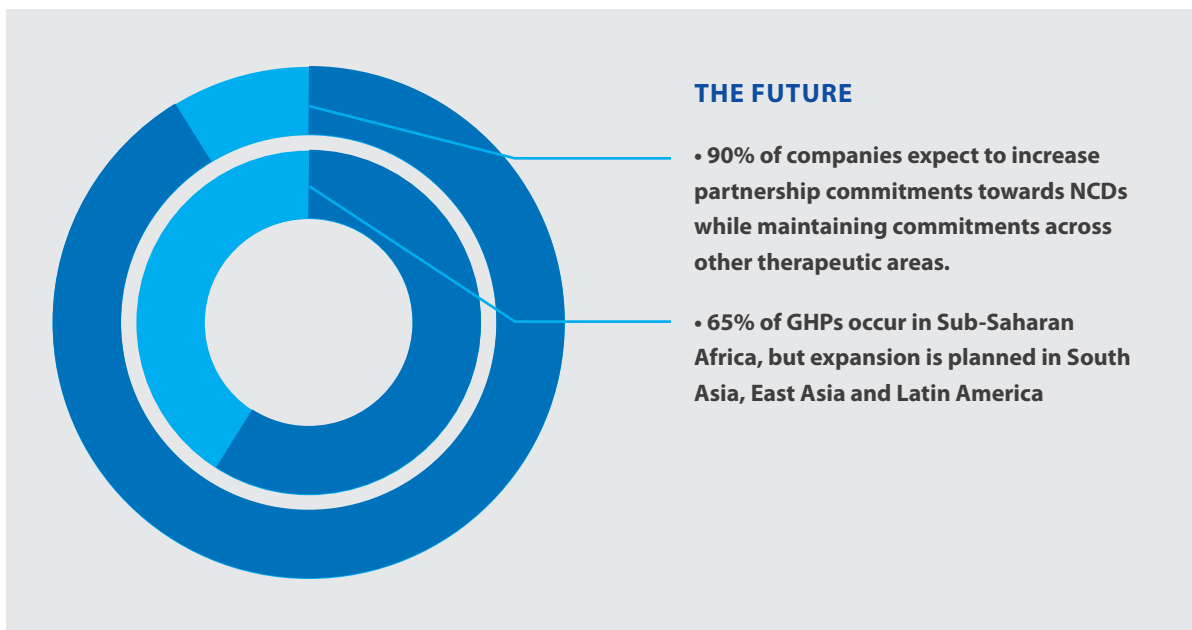


HOW IT **IMPACTS**

Review identified success factors for increasing impact of health partnerships—ideal steps to consider for future creation of partnerships.

Key figures:





NEXT YEAR - TOTAL FINANCIAL COMMITMENT OF RESEARCH-BASED PHARMACEUTICAL COMPANIES EXPECTED TO REMAIN THE SAME OR RISE. INDEED, 40% EXPECT TO INCREASE INVESTMENTS

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