



IFPMA comments as a contribution to the Draft of updated Appendix 3 of the WHO Global NCD Action Plan 2013-30

On behalf of the research-based pharmaceutical industry, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) welcomes the opportunity to provide feedback to the WHO's initial discussion paper on the updated Appendix 3 of the Global NCD Action Plan 2013-30. We support and share WHO's commitment and efforts in devising actions to combat NCDs with the use of newer evidence and efficient interventions. We are also supportive of the WHO's economic modelling system, that works towards the analysis of the cost effectiveness and efficiency of proposed interventions.

In the context of Cardiovascular Diseases (CVD), one of the largest causes of death worldwide, we believe that glucose control should be a part of the Appendix 3 under interventions CV 2a and CV 2b, since providing drug therapy including glycaemic control for diabetes mellitus and control for hypertension is part of the WHO Best Buys. The risk factors of CVDs include not only tobacco use, elevated blood pressure, diabetes but also encompass dyslipidaemias such as high cholesterol, hypertriglyceridemia and elevated Lipoprotein(a). We believe that the current focus of the WHO on just hypertension must be expanded to a more comprehensive and holistic CVD risk management approach, leveraging the role of dyslipidaemias as a key driver and causal factor. Additionally, we believe that screening for cardiovascular risks of people living with diabetes, as well as using treatments such as glucose lowering mechanisms, is essential and should be a part of Appendix 3, as an additional intervention under the Diabetes section.

We appreciate the efforts of the WHO in bringing into light various NCDs, and in this spirit, we call for emphasis and recognition of Obesity as a NCD and to be included as one of the focus areas in the Appendix 3, with clear success metrics to ensure that obesity acceleration plans are evaluated effectively. In this respect, we suggest some policy options that could accelerate interventions to address obesity issues, such as 'provision of equitable access to integrated and comprehensive health-care services for management (i.e. treatment and care, both clinical and non-clinical, both pharmacological and non-pharmacological) of overweight and obesity as part of universal health coverage'. Addressing obesity by recognising it as a NCD has the potential to reduce the need for treatment for other conditions since obesity is responsible, on average, for 70% of all treatment costs for diabetes, 23% of treatment costs for cardiovascular disease and 9% for cancers (according to the OECD). In addition, we call for policies such as provision of adequate education and awareness programmes on the issue, as well as the establishment of a strong surveillance system that goes beyond BMI to perceive this complex chronic relapsing disease.

We reinstate our support to the WHO and its efforts towards the successful implementation of the Global NCD Action Plan. IFPMA and its members have taken great strides to combat NCDs and we recognise that the draft is an essential step to address such global health challenges. We look forward to continuing and strengthening our longstanding history of collaboration, particularly through the contribution of our broad scientific and technical expertise. Where possible and relevant, we will endeavour to provide support to WHO in this new era of global health leadership that has been impacted so significantly by the ongoing pandemic, and to work together with meaning and purpose to deliver on our shared objective for improved health outcomes and impacts.