



**UICC/The Economist co-hosted breakfast
30 October 2012
Intecontinental Hotel, Geneva**

“How can the world fund the 25 by 25 goal for NCDs”

Minutes of the meeting

Participants:

- Cary Adams, CEO, UICC and Chair, NCD Alliance
- Martin Bernhardt, VP Relations with International Institutions, Sanofi
- Dr Douglas Bettcher, Director, Tobacco Free Initiative, WHO
- Dr Nils E. Billo, Executive Director, International Union Against Tuberculosis and Lung Disease
- Dr Oleg Chestnov, Assistant Director-General, WHO
- Katie Dain, Advocacy & Programme Development Coordinator, IDF
- Mary Gospodarowicz, President, UICC
- Chris Gray, Senior Director, International Public Affairs, Pfizer
- Michel Manon, VP Non Communicable Diseases Strategy, BMS
- Loyce Pace Bass, Director of Health Policy, Livestrong Foundation
- Johanna Ralston, CEO, World Heart Federation
- Olivier Raynaud, Senior Director, Head of Healthcare Initiatives and Healthcare, WEF
- Vanesa Sanchez, Senior Analyst, The Economist Intelligence Unit
- John Seffrin, CEO, American Cancer Society
- Diane Summers, Senior Specialist in Advocacy, GAVI Alliance
- Judith Watt, Director, NCDA

Background Information

Member states at the 65th session of the World Health Assembly agreed to adopt a global target of a 25% reduction in premature mortality from non-communicable diseases by 2025. The adoption of the target is a significant milestone in the fight against NCDs, but we need to create a sense of urgency across all sectors - achieving this target may require new forms of governance, leadership and synergies between partners; establishing a new society mindset towards healthy behaviours, harnessing new technologies for more impactful programmes and an innovative financing mechanisms in this time of austerity – in short we need a major rethink on how to engage private sector, public health professionals, cancer and other NCD experts, relevant players across the health and development sector but also engage new stakeholders beyond the immediate healthcare sphere.

Our round table discussion considered some of the difficult decisions and trade-offs: Where should the balance between preventive and curative effort and funding lie? Is a significant increase in funding needed or a refocusing of current spending? Where does responsibility lay – global community or national governments? Is a surcharge of unhealthy goods an option and what role will donor funding play? Is there appetite for a new global body to mobilise and organise NCD funding and innovation such as the Global Fund or the GAVI Alliance?

Summary of discussion

The discussion was informal and all participants contributed to a wide ranging conversation covering:

- Making the economic case for action against NCDs
- Improving the communication of the issue to key parties and specifically the general public
- Engaging the private sector in a positive and transparent way
- Supporting member states in their commitments to address NCDs
- Finding innovative solutions to address the funding issue
- Viewing the tobacco industry as a common foe

Participants agreed the importance of having media organizations like The Economist and institutions like World Economic Forum commit to raising the international awareness on the economic opportunity cost of the NCDs epidemic. Governments need to understand that addressing NCDs is an investment in economic growth.

Multi-stakeholder forums, focusing on the economic and macroeconomic political aspects of NCDs and cancer, are key to move the whole agenda forward. The Economist can play a role linking the NCD issue to economic cost and benefits – this will bring together ministers of health, ministers of finance and economic development around a common agenda. The Economist and WEF can help us articulate the positive return on investment in NCDs.

Great communication is required in the coming years, and this is an area where the private sector could play a role leveraging on its good communications capabilities and helping us to improve the NCD messaging. The general public is not well informed and we could leverage private sector assets to communicate in a way which allows them to understand the NCD issue better.

Furthermore, in order to make a case for investment, we need to move from the healthcare system concept to a broader global health ecosystem - including disease prevention and healthy living promotion. Too little of government health budgets are spent on prevention (note <5% of European health spend).

The group discussed some specifics:

1. We could initiate a concerted effort by WHO, civil society and the private sector to tackle the Tobacco industry, which would have mid and long term health and economic tangible benefits. Tobacco is the largest NCD risk factor.
2. We could articulate a stronger case supporting NCD prevention, promoting healthy habits and helping preventing from infectious (cancer) diseases, through vaccines for instance.
3. It is vital to distribute cheaper medicines for NCDs and cancer care in to LMICs. Perhaps there is an opportunity to establish a global NCD facility that would look at the whole procurement for cancer, diabetes, asthma etc, where countries would have the possibility to purchase generics for NCDs at a very low price. Such models exist today.

On a broader note, we have an important role which is to influence policy makers and donor countries who will be involved in the post 2015 discussions (which are starting now). NCDs should be included in these discussions.

Concurrently, we must press for a robust set of targets and indicators following up from the Political Declaration on NCDs – this will encourage member states to invest in NCDs. It was pointed out that each member state has a different set of circumstances to deal with, and NCDs may not feature as a priority in the short term.

The Global Monitoring Framework and the way in which this is coordinated at a global level, will encourage all actors (UN, WHO, member states, civil society and private sector) to play a key role in delivering the global changes required.

Dr John Seffrin concluded that NCDs is a more important demographic and economic issue than it is a health issue. Therefore we will not succeed unless we engage all the 3 sectors.

**Distributed to all participants*