

University of Groningen

Pharmaceutical industry, non-communicable diseases and partnerships

Beran, David; Ewen, Margaret; Chappuis, Francois; Reed, Tim; Hogerzeil, Hans

Published in:
Journal of global health

DOI:
[10.7189/jogh.07.020301](https://doi.org/10.7189/jogh.07.020301)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2017

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Beran, D., Ewen, M., Chappuis, F., Reed, T., & Hogerzeil, H. (2017). Pharmaceutical industry, non-communicable diseases and partnerships: More questions than answers. *Journal of global health*, 7(2), [020301]. <https://doi.org/10.7189/jogh.07.020301>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.



Pharmaceutical industry, non-communicable diseases and partnerships: More questions than answers

David Beran¹, Margaret Ewen², François Chappuis¹, Tim Reed², Hans Hogerzeil³

¹ Division of Tropical and Humanitarian Medicine, Geneva University Hospitals and University of Geneva, Geneva, Switzerland

² Health Action International, Amsterdam, the Netherlands

³ Global Health Unit, Department of Health Sciences, University Medical Centre Groningen, Netherlands

Partnerships with pharmaceutical companies have shown some success for example with HIV/AIDS, vaccines and neglected tropical diseases.

When 21 biopharmaceutical companies recently launched the Access Accelerated Initiative (AAI) on prevention and care for non-communicable diseases (NCD) [1] in Davos, Switzerland, it was described as a ‘global, multi-stakeholder collaboration’. The need for partnership is included in the Sustainable Development Goals (SDG). SDG 17 aims to “Revitalize the global partnership for sustainable development” and requires inclusive partnerships between governments, civil society and the private sector [2].

The launch of the AAI leaves many questions unanswered regarding exactly how this partnership model is organized. From the little information publicly available, AAI presents a skewed view of what partnerships in global health should be. The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) acts as its Secretariat and no government or multi-lateral agency, besides the World Bank, is included. The Union for International Cancer Control (UICC) represents civil society. The AAI states that other NCD organizations will be involved, but these organizations are dwarfed by pharmaceutical company partners and most, including the UICC, are reliant on funding from these same companies [3].

Partnerships with pharmaceutical companies have shown some success, as seen with HIV/AIDS, vaccines and Neglected Tropical Diseases (NTD) [4-7]. In these partnerships each stakeholder had a specific role. Funding came from bi-lateral and multi-lateral donors, civil society played the role of advocate and implementer, and the pharma-

Responsibilities in addressing access to NCD medicines lie with the World Health Organization, governments, donors, and civil society with the role of the private sector to complement these roles; not to replace them.

Any partnership with the private sector needs to be framed within strict rules of engagement to avoid any perceived or real conflict of interest.

ceutical industry either developed new products or made existing medicines available for free or at differential prices with long-term pledges.

Responsibilities in addressing access to NCD medicines lie with the World Health Organization (WHO), governments, donors, and civil society. The role of the private sector is to complement these roles; not to replace them. Transparency in company initiatives is often lacking. It is therefore welcome news that AAI

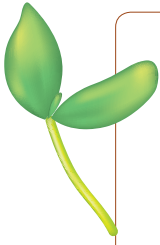
will be evaluated by the Boston University School of Public Health. However, this model of partnership raises the following questions:

1. What is the exact agenda in terms of diseases, approaches and countries, with stated objectives, baseline data and targets? How has this agenda been set and who has been involved?
2. Have the intended beneficiaries (patients, governments) been consulted and are locally available structures (such as national treatment guidelines) respected and supported? In general, are the WHO Guidelines for Drug Donations followed? Which partners are responsible for the various components of the program?
3. How will the AAI interact with a variety of other stakeholders, nationally and globally?
4. How will long-term sustainability be achieved?
5. How will accountability to the beneficiaries (patients, governments) be ensured?

NCDs are an unprecedented challenge globally. Universal access to NCD medicines requires long-term investment by all stakeholders, including companies. Long-term sustainability through locally available structures and resources should be a guiding principle in all phases of such initiatives. The SDGs and WHO's Framework of Engagement with Non-State Actors, see an active role for private sector engagement. However, any partnership with the private sector needs to be framed within strict rules of engagement to avoid any perceived or real conflict of interest [8], and need to publicly address the fundamental questions we propose.



Photo: from David Beran's own collection



Authorship declaration: DB and ME drafted the initial draft. All authors contributed equally to subsequent versions and the finalization of this submission.

Competing interests: The authors have completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author). DB, ME and HH have past and ongoing collaborations with Boston University which will be responsible for monitoring the outcomes of this project. HH reports personal fees from WHO, Health Action International, and Access to Medicine Index 2016, outside the submitted work.

REFERENCES

- 1 Access Accelerated. Biopharma companies partner and launch first-of-its-kind Global Initiative to address rise of Non-Communicable Diseases. 2017. Available: <http://www.accessaccelerated.org/biopharma-companies-partner-and-launch-first-of-its-kind-global-initiative-to-address-rise-of-non-communicable-diseases/>. Accessed: 27 January 2017.
- 2 UN. Goal 17: Revitalize the global partnership for sustainable development. 2016. Available: <http://www.un.org/sustainabledevelopment/globalpartnerships/>. Accessed: 27 January 2017.
- 3 UICC. Our Partners. 2016. Available: <http://www.uicc.org/partners/our-partners>. Accessed: 26 January 2017.
- 4 Molyneux DH, Savioli L, Engels D. Neglected tropical diseases: progress towards addressing the chronic pandemic. *Lancet*. 2017;389:312-25. [Medline:27639954](#) [doi:10.1016/S0140-6736\(16\)30171-4](#)
- 5 Hotez PJ, Bottazzi ME, Strych U. New vaccines for the world's poorest people. *Annu Rev Med*. 2016;67:405-17. [Medline:26356803](#) [doi:10.1146/annurev-med-051214-024241](#)
- 6 Ramiah I, Reich MR. Building effective public-private partnerships: experiences and lessons from the African Comprehensive HIV/AIDS Partnerships (ACHAP). *Soc Sci Med*. 2006;63:397-408. [Medline:16487640](#) [doi:10.1016/j.socscimed.2006.01.007](#)
- 7 Piot P, Caldwell A, Lamptey P, Nyirenda M, Mehra S, Cahill K, et al. Addressing the growing burden of non-communicable disease by leveraging lessons from infectious disease management. *J Glob Health*. 2016;6:010304. [Medline:26955469](#) [doi:10.7189/jogh.06.010304](#)
- 8 Buse K, Hawkes S. Sitting on the FENSA: WHO engagement with industry. *Lancet*. 2016;388:446-7. [Medline:27507745](#) [doi:10.1016/S0140-6736\(16\)31141-2](#)

Correspondence to:

David Beran
Division of Tropical and Humanitarian Medicine
Geneva University Hospitals and University of Geneva
Geneva
Switzerland
David.Beran@unige.ch