

David Brennan, World Health Assembly

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Thank you for inviting me to speak with you today. I'm delighted to be doing so at such an exciting time in your countries' histories.

The indications are that the continent has weathered the global economic crisis well, with growth rates forecast to exceed five per cent this year. Indeed, Africa has seen a dramatic economic transformation in recent years, and that is a story not as well known as it should be. One of the most dramatic illustrations of that is analysis by *The Economist* magazine which found that, over the decade to 2010, six of the world's ten fastest-growing economies were in sub-Saharan Africa.¹ So, as you know well, there is a growing sense of optimism across the continent that there are unprecedented opportunities ahead for further transformation and sustained growth.

That growth is going to help us all build on the improvements we have seen in outcomes in the health sector. From the very welcome reductions of 28 per cent in child mortality rates, to the way HIV/AIDS incidence rates in sub-Saharan Africa have stabilised, the health of many people across Africa is improving.

But the harsh paradox the continent faces is that, as some of the diseases of poverty are tackled, we face new challenges from non-communicable diseases, or NCDs such as heart and respiratory diseases, or diabetes. Higher incomes, greater dietary choice, longer life-expectancy are all things we want but, as we have seen in

¹ http://www.economist.com/blogs/dailychart/2011/01/daily_chart

Western countries, they bring new health problems, that have an impact both on individuals and on the wider economy.

There is now much greater awareness of the toll of these diseases on populations in emerging economies. As you know, WHO research shows that about 90 per cent of the premature deaths from these diseases are in developing countries, amounting to more than eight million deaths annually². And if nothing is done, deaths from these diseases will increase by a further 17 per cent before 2015. Africa is seeing the greatest increase, 27 per cent. This compares with 6 per cent in Europe.³ So these diseases are likely to be the most common causes of death in your countries by 2030.

The recent Brazzaville declaration underscored how high NCDs are on your agenda, and your determination to tackle this growing threat. However, what that declaration underlined to me is that, if we are to make real progress in reducing the toll from NCDs, we will all need to work together – governments, NGOs, and commercial companies - and put in place the sustainable systems that can increase capacity and access to high quality healthcare.

I can assure you that the research-based pharmaceutical industry is committed to playing our part. However, I also know that the reputation of my sector is not good in many of your countries. We know that we made mistakes in the past, but our approach is now very different from ten years ago. IFPMA member companies now

² http://www.who.int/nmh/events/2010/ncd_facts_20100913.pdf

³ http://www.who.int/mediacentre/news/notes/2010/noncommunicable_diseases_20100514/en/index.htm

operate over 200 public private partnerships, the majority of which are in Africa. We are committed to being part of the discussion about the future, and to helping you meet the challenges of NCDs.

I believe a key element in the Brazzaville declaration is the development of national action plans, while disease surveillance and information gathering will be key to identifying incidence and trends on NCDs. We want to work with you to understand better the changing epidemiology of these disease areas. We want to understand better the existing areas of unmet need. And to join with you to find solutions.

I need to be clear that is not about philanthropy or altruism. I represent commercial companies and we have an obligation to create value for our shareholders; to generate a fair return for the risk they take in investing. So we need to make money from our patented drugs to support our capacity to innovate in the future. That said, I'm equally clear that the best way for us to create value for our shareholders is by delivering value for patients across the world.

And making a difference to the health of patients in Africa is an important opportunity, both for AstraZeneca, and other global companies. AstraZeneca now has a presence in more than 20 African countries and we are rapidly expanding our operations. In Sub-Saharan Africa alone, in light of growing demand, we doubled our sales force in 2010. So, we have a real interest in working with you to devise the commercially sustainable business models that will allow us to extend access to healthcare to increasing numbers of people.

One of the best ways we can improve the treatment of NCDs is to improve the overall healthcare infrastructure and local capacity. Important elements of this are basic education and preventive measures that can reduce the risk of disease, such as early screening and sound diagnostics. We also need hospitals and healthcare workers who have specialist knowledge in the treatment of NCDs.

The focus there has been on other health priorities, particularly HIV/AIDs, malaria and TB has had a negative impact on NCDs. That needs to be put right, and so we are looking to do what we can to support better awareness of NCDs. In South Africa, AstraZeneca has a project to promote awareness, early detection and affordable treatment of breast cancer. Working with the Ministry of Health, academics and leading breast cancer NGOs, this project supports and educates healthcare providers managing breast cancer, and provides accredited training to volunteers who raise awareness of breast cancer and lend support for patients throughout South Africa. What is particularly exciting about our South African model is that the approach is integrated into, and driven by our core business, not philanthropy. We recognise the need to find new ways to create shared value - for AstraZeneca, our shareholders, governments, healthcare providers and patients. And we are therefore looking at how we can expand this model to other African countries, and other NCDs.

I am optimistic that we can put these models in place because we have a strong foundation to build on in many countries in Africa. The

focus on infectious diseases has built health systems, and capacity, that have been increasingly effective in addressing maternal and child health challenges. Women, as we know, play a key role in family health. We now need to find ways of developing these models to support action on NCDs.

As an industry we are also focusing very directly on developing new treatments. In 2010, the R&D pharmaceutical industry had 861 new cancer drugs in development, 312 new drugs in the pipeline for heart disease, 235 for diabetes. This is underpinned by broader research projects such as that planned by the IFPMA to explore the changing epidemiology of disease in the developing world. If we can understand the problem, then we will be in a better position to fix it.

In conclusion I would like to underline again that the IFPMA and PhRMA see partnership as a key element of all NCD prevention and control strategies. That's why I am so pleased to be here today, and to hear from you, your first hand experiences of the NCD burden in your countries, and better understand how we can collaborate to meet this challenge.

We all understand that health challenges ahead for Africa are huge. And that the answer lies both in prevention and cure. There is still a great burden of disease to tackle. And, perhaps counter-intuitively, it increases as your national prosperity grows. Too many people are still not getting the treatment they need. But we can also take great heart from the success we have seen across the region in tackling health challenges in recent years and build on that for the future.