



International
Federation of
Pharmaceutical
Manufacturers &
Associations

Fédération
Internationale de
l'Industrie du
Médicament

Federación
Internacional de la
Industria del
Medicamento



Speech

IFPMA Director General Michael D. Boyd's Remarks at IFPMA Reception for WHA

Geneva, 20 May 2009

Honorable Ministers, Excellencies, distinguished guests and colleagues, welcome to the IFPMA Reception on the occasion of the 62nd World Health Assembly. With a shorter Assembly this year, your agendas are probably even more packed than usual, so thank you for taking the time to join us!

My name is Michael Boyd and I am the Acting Director General of the IFPMA, the International Federation of Pharmaceutical Manufacturers and Associations. The IFPMA is the interface between the research-based pharmaceutical industry and the World Health Organization and other intergovernmental organizations, like WTO and WIPO. We have a small secretariat here in Geneva, and member companies and associations on every continent. We work to secure an international policy environment which strikes an appropriate balance between encouraging the discovery and development of new medicines and maximizing access across different populations.

I know that IFPMA's previous Director General had worked hard on behalf of the IFPMA to facilitate a better dialog with country missions and other stakeholders in Geneva. I can assure you that we are committed to maintaining these relationships and are determined to play a constructive role in the Geneva-based discussions around global health challenges.

In that light, on Monday we co-hosted a meeting with African delegations, in conjunction with the Global Health Progress initiative, a group that the IFPMA and other trade associations have created specifically to build bridges between our companies and developing countries. IFPMA and GHP are also looking at hosting a more substantial dialog in September, to bring together senior industry representatives with developing country missions in Geneva.

This Assembly has been overshadowed by the Novel H1N1 influenza outbreak. Yesterday, I told UN Secretary General Ban Ki-moon and WHO Director General Dr. Margaret Chan that our industry applauds the WHO's leadership in the face of this new threat and welcomes its efforts to strengthen collaboration with industry and to address the unresolved issues.

This outbreak shows that the WHO Global Influenza Surveillance Network works - it makes essential information and materials available to all manufacturers quickly and with a minimum of bureaucracy. Its rapid functioning is essential for a timely response and must not be compromised.

Our companies stand ready to produce an H1N1 vaccine when recommended by the WHO, and, tonight, our second guest speaker, Dr. Kate Taylor of GlaxoSmithKline Biologicals, has kindly agreed to tell us a bit more about her company's commitment to global health and what is involved in making such a vaccine.

Our member companies have already voluntarily put in place a range of measures to help developing countries to access antiviral medicines and vaccines, including substantial donations to WHO stockpiles, tiered pricing adjusted to countries' ability to pay and voluntary licensing agreements with suitable local producers in developing countries. Some IFPMA member companies have also indicated to the WHO their readiness to reserve a portion of their vaccine manufacturing capacities for supply to developing countries.

Industry's willingness to help developing countries with H1N1 reflects its broader commitment to help achieve the health-related UN Millennium Development Goals. Each year, the IFPMA Partnerships Book documents the industry's range of philanthropic or not-for-profit programs to improve health in developing countries. In 2003, we documented 54 such programs. In the new 2009 edition, we have more than 200. We have copies here, so please help yourself.

More than half of all such industry programs involve some form of capacity building, much of it focused on the training of health workers. An example of this is the research fellowship programs coordinated by the TDR research and training organization and supported by the Gates Foundation, through which some of our member companies provide valuable clinical development experience to promising young scientists from developing countries.

Our first guest speaker tonight may be able to elaborate a bit more on this. Dr. Robert Ridley is Director of the Programme for Research and Training in Tropical Diseases, co-sponsored by UNICEF, UNDP, the World Bank and WHO – and he will talk about TDR's role in encouraging medical research in developing countries. Under Dr. Ridley's leadership, TDR has broadened its contribution to addressing diseases of the developing world, and he was instrumental in the creation of the Medicines for Malaria Venture – in which the IFPMA also played a part. He has a distinguished academic background in biology, biochemistry and chemistry, and has also worked for our member company Roche on infectious diseases.

As I mentioned, our second guest speaker this evening is Dr. Kate Taylor. She is Vice President, Global Vaccine Policy and Public Health Partnerships for the vaccine company GlaxoSmithKline Biologicals, and also serves on the board of Roll Back Malaria. Before joining GSK, she worked with the International AIDS Vaccine Initiative and the World Economic Forum, where she led the creation of their Global Health Initiative. She has also worked in clinical practice as a medical doctor.

Geneva, 20 May 2009