



News Release

Updated IFPMA Survey Shows Growing Pharmaceutical Industry Contribution to Improving Developing World Health

Industry Programs since inception of the Millennium Development Goals have made available 1.3 Billion Health Interventions for People in Developing Countries

Geneva, 2 November 2007 – The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) today announced the results of an update of its 2005 Health Partnerships Survey of the R&D-based pharmaceutical industry's contribution to help attain the health-related United Nations' Millennium Development Goals.

In the period 2000 to 2006, the industry has collectively made available more than 1.3 billion health interventions⁽¹⁾ to help improve the lives of people living in developing countries. These interventions can be broken down into the following principal categories:

	2000-2005 ⁽²⁾	2006	2000-2006
Medicines, Vaccines & Diagnostics – donated:	890,978,747	297,420,993	1,188,399,740
Medicines, Vaccines & Diagnostics – no profit:	103,041,977	76,422,615	179,464,592
Other health care interventions:	4,391,988	1,175,220	5,567,208
Education for patients & people at risk:	4,927,878	1,070,722	5,998,600
Training for health workers:	184,063	44,430	228,493
TOTALS:	1,003,524,653	376,133,980	1,379,658,633

The assistance provided by the pharmaceutical industry to the developing world in this period, including donations of medicines, vaccines, diagnostics, equipment, other material and labor has been valued at \$6.70 billion⁽³⁾, with the donated medicines included at wholesale prices.

Mr. Fred Hassan, President of the IFPMA, Chairman and CEO of Schering-Plough, said, “the updated IFPMA Survey confirms that the R&D pharmaceutical industry is making a major contribution to improving the health of people in developing countries, and that this contribution is increasing. Achieving the health-related Millennium Development Goals is perhaps as big a challenge for our generation as addressing climate change and can certainly only be attained through the concerted efforts of the public and private sectors in all countries, both developed and developing. As this survey shows, our industry is playing a very full and active part in this fight, but we cannot win it alone.”

Dr. Harvey Bale, Director General of the IFPMA commented: “The 2006 data show that the industry's contribution is growing in intensity: the number of interventions made available last year amounts to more than a third of all the interventions provided in the preceding six years. We can also see that the assistance furnished by the industry involves much more than donating medicines. Companies are making important contributions to strengthening health care systems in developing countries; for example, working with governmental, intergovernmental and NGO partners to provide training for more than 220,000 health workers. That is equivalent to more than a third of the total health workforce in the WHO Africa region. The industry is also helping to pass on

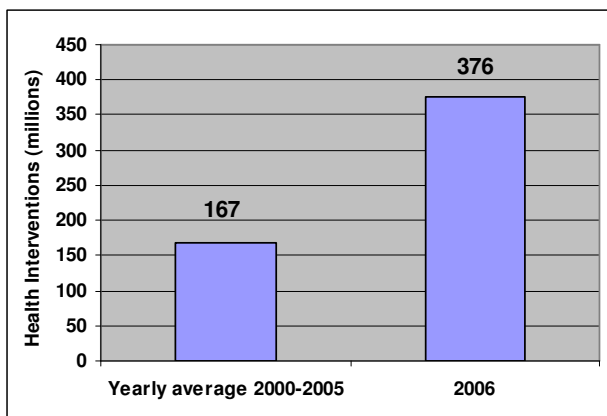
important disease prevention messages, providing health education to nearly six million people to date.

The industry survey released today covers some 150 partnership programs that research-based pharmaceutical companies have instituted to help address health problems in developing countries.⁽⁴⁾ For more details of these industry programs, please refer to the IFPMA publication *Partnerships to Build Healthier Societies in the Developing World*, which can be found at <http://www.ifpma.org/pdf/IFPMA%20Building%20Healthier%20ENG%202007.pdf>.

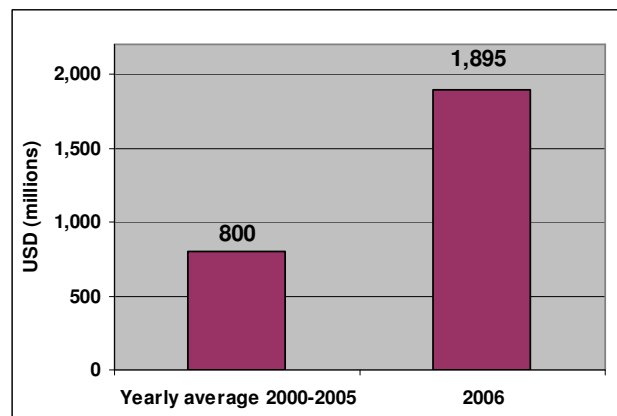
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- (1) The survey measured the number of people potentially receiving help by counting health interventions: (a) the delivery of sufficient medicine to cure one person of one disease, (b) the provision of a course of therapy sufficient to manage one disorder in one person for one year, (c) provision of sufficient vaccine to immunize one person against one disease for at least one year, or (d) delivery of a proven program of health education or training to one person. These metrics were used because, while companies know the number of doses they make available, they have a less precise view of the number of patients actually treated. The total number of people receiving health assistance may be reduced if individuals are treated more than once by the same program or receive help from more than one program, but this is very difficult to quantify.
- (2) The values published by the IFPMA on 7 December 2005 for the period 2000-2005 in its first Health Partnerships Survey were 539 million health interventions, worth USD 4.38 billion. When the IFPMA requested new data for this update, it also asked companies specifically to verify the 2000-2005 data, as it was incomplete in some cases. The information provided led the IFPMA to substantially revise the 2000-2005 values, to 1,003 million health interventions, worth USD 4.80 billion. The increase can be attributed to three main factors:
 - a. In 2005, some programs had not provided a cumulative value for interventions made available during the six years measured, but rather an average per-annum value. This significantly understated their scope.
 - b. In 2005, some programs provided incomplete data for that year, which had not ended at the time of the survey.
 - c. The IFPMA has since received data for some programs which were not measured in the 2005 survey.
- (3) This sum includes donated drugs, vaccines and diagnostics valued at wholesale price, cash contributions and in-kind contributions such as direct provision of health care services, education and training, and infrastructure development and support, for developing countries only (the 153 countries classified as low or medium income by the World Bank). It does not include the value foregone of products sold at preferential prices and assistance provided via programs in developed countries, nor does it include industry emergency relief contributions to natural disasters, in developed or developing countries (such as Hurricane Katrina, the Indian Ocean tsunami or the Pakistan earthquake). It also excludes industry spending on R&D into diseases disproportionately affecting people in developing countries.
- (4) The IFPMA Survey is based on information provided to the IFPMA Secretariat under a confidentiality agreement, whereby only aggregate values for the whole industry will be made public. As it did for the original 2005 Survey, the IFPMA has invited LSE Health and Social Care at the London School of Economics and Political Science to validate the results of the Survey update. As before, the LSE researchers will be given full access to the survey data, plus contact details for the member company employees who have provided the IFPMA with data. The LSE expects to publish its report on the updated Survey in the Spring of 2008.

Health Interventions - Overview



Value (USD) - Overview



Note: The low yearly averages for 2000-2005 reflect many programs which did not start until after 2000.

About the IFPMA:

The International Federation of Pharmaceutical Manufacturers & Associations is the global non-profit NGO representing the research-based pharmaceutical, biotech and vaccine sectors. Its members comprise 25 leading international companies and 46 national and regional industry associations covering developed and developing countries. The industry's R&D pipeline contains hundreds of new medicines and vaccines being developed to address global disease threats, including cancer, heart disease, HIV/AIDS and malaria. The IFPMA Clinical Trials Portal (www.ifpma.org/clinicaltrials), the IFPMA's Ethical Promotion online resource (www.ifpma.org/EthicalPromotion/) and its Health Partnerships information (www.ifpma.org – Developing World) help make the industry's activities more transparent. The IFPMA strengthens patient safety by improving risk assessment of medicines and combating their counterfeiting. It also provides the secretariat for the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH).

For further information, please contact:

Guy Willis
Director of Communications, IFPMA
E-mail: g.willis@ifpma.org
Tel: +41-22-338 32 00
Fax: +41-22-338 32 99
Web: www.ifpma.org

Dr. Eric Noehrenberg
Director, International Trade & Market Issues
E-mail: e.noehrenberg@ifpma.org
Tel: +41-22-338 32 00
Fax: +41-22-338 32 99
Web: www.ifpma.org