



Gaps in addressing diseases of the developing world

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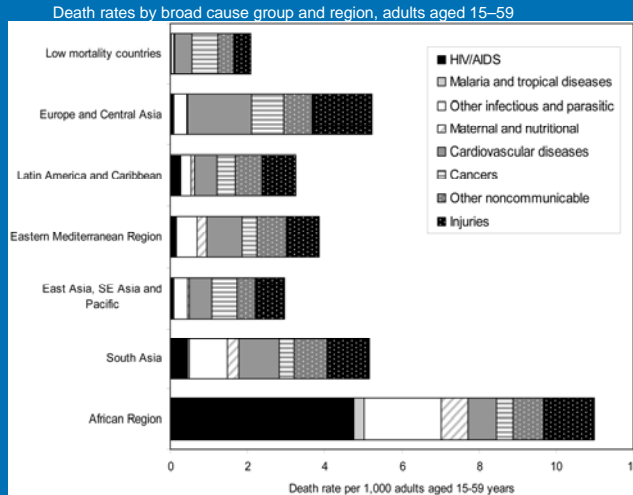


About IFPMA

- International Federation of Pharmaceutical Manufacturers and Associations
- Non-Profit, Non-Governmental Organisation in official consultative relations with United Nations and its agencies such as WHO
- Represents the research-based pharmaceutical, biotech and vaccine sectors
- IFPMA Members are companies and associations from developed and developing countries



Infectious and tropical diseases affect developing countries disproportionately



• Infectious and tropical diseases constitute a significant health burden disproportionately affecting some developing countries.

• There is need to increase the amount of research devoted to diseases of the developing world (DDW).

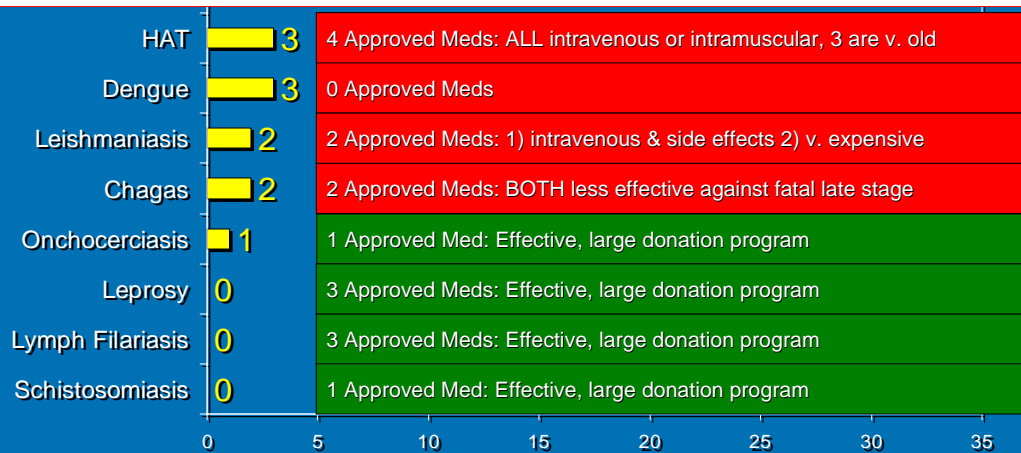
• Since 2000 the landscape has changed thanks to many factors and the involvement of different stakeholders.

Source: Mathers *et al.* (2007) Measuring the Burden of Neglected Tropical Diseases: The Global Burden of Disease Framework. PLoS Negl Trop Dis 1(2): e114.



Some DDWs are More Neglected than Others

“Most Neglected Diseases” need R&D more urgently than others and should be prioritized



(HAT = Human African Trypanosomiasis or “Sleeping Sickness”)

Source: 2008 IFPMA Status Report



Disease Burden

- **HAT:** 50-70,000 cases infected per year, but totals have surged in previous epidemics.
- **Dengue:** 24,000 deaths per year, 50-100 million infections per year, of which 250-500,000 are the potentially fatal hemorrhagic form
- **Leishmaniasis:** 12 million infected, appr. 51,000 deaths / year.
- **Chagas:** 8 mln infected, 14,000 deaths / year
- **Onchocerciasis:** Negligible directly attributable mortality, but extensive long-term morbidity. 16-18 million infected, 99% of whom in SSA.
- **Leprosy:** Negligible direct mortality, extensive long-term morbidity, ~500,000 new cases in 2003; ~220,000 in 2005.
- **Lymph. Filariasis:** Negligible direct mortality, extensive long-term morbidity, ~119 million infected.
- **Schisto:** Est. 150,000 deaths / year. Some 200 million infected, 85% in sub-Saharan Africa



Industry is Committing Resources to DDW R&D

through multiple mechanisms...

Independent Efforts



Partnerships



Industry Dedicated DDW R&D Centers



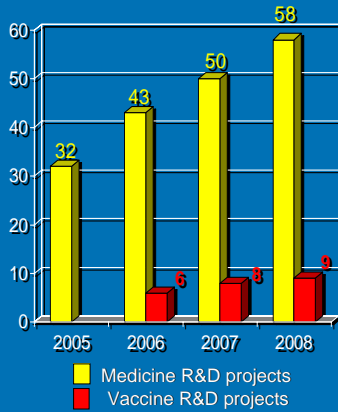
(Current industry involvement & partnerships - illustrative only - not comprehensive)



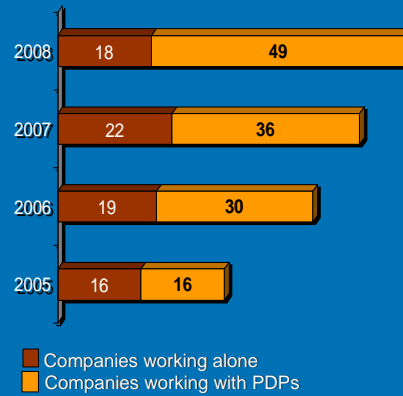
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Industry DDW R&D is growing and has to be a combined effort

R&D Projects by IFPMA Companies, with Product Development Partnerships or alone



Medicine & Vaccine R&D Projects by IFPMA Companies with PDPs or alone



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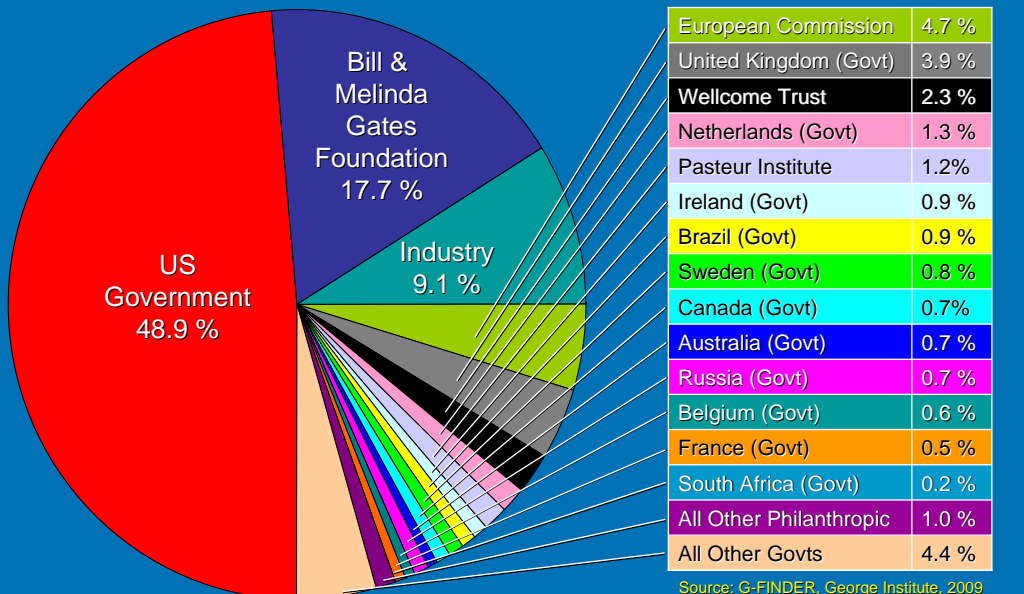
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Developing World Disease R&D Funders 2007



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8

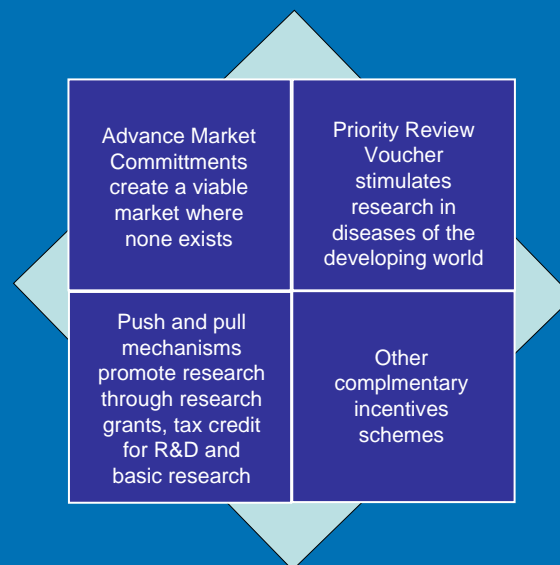
Source: G-FINDER, George Institute, 2009

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Trends that can impact financing

- **Maturing Pipelines**
 - More projects entering expensive later stages (clinical trials)
- **Some diseases: not enough funding/compounds to arrive at one approved product**
- **Portfolio fragmentation**
 - Need for prioritization and sustainable funding
- **Capacity in developing countries will have to be increased as part of the effort**
 - Need to invest in trials infrastructure and regulatory framework
 - Regulatory delays can be significant (e.g. ~4 years in S. Africa)

Incentives Help





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Enhanced Industry Contribution: Potential Next Steps

- Consult with WHO & other partners to prioritize DDW R&D needs
- Explore working with WHO Tropical Disease Research Initiative's African Network for Drugs Discovery & Innovation (ANDI)
- IFPMA working on a Developing Country Young Researcher Award
- IFPMA continues to work with WHO EWG on DDW R&D financing
- IFPMA Members looking at additional activities in partnership with DNDi *et al*
- IFPMA exploring ways to facilitate increased availability of industry resources even in-kind
- Facilitating further initiatives such as WHO TDR clinical trial research fellowships funded by Gates Foundation, etc.

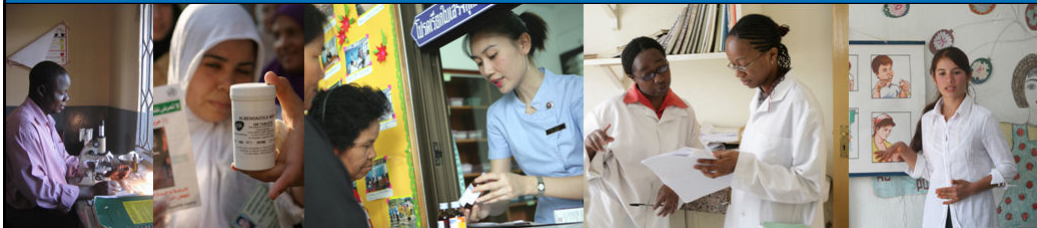
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11

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Grazie Mille!

