

**International Federation of Pharmaceutical Manufacturers & Associations**  
**Federation Internationale de 'Industrie du Medicament**  
**HIM**  
**IFPMA** **FederaciOn Internacional de la Industria del Medicamento**

**Dr Harvey E. Bale, Jr.**  
**Director General**

Mr. Robert Weissman  
 Director  
 Essential Action  
 P.O. Box 19405  
 Washington, DC 20036  
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Dear Mr. Weissman,

I write to you in response to your letter of 26 July 2007. Excuse me for a rather late response, which is due to my travel away from the office over recent weeks and the need to consult with industry colleagues on your letter's content .

I underscore the fact that our industry shares the support for transparency on a global basis and we do not at all condone the type of alleged conduct highlighted in your letter. For example, with respect to the promotion of prescription medicines, the newly-updated IFPMA Code of Marketing Practices, supported by the IFPMA Code Compliance Network consisting of company and association experts, allows formal complaints to be made to IFPMA regarding alleged improper practices, such as the type you mention in your letter the promotion of off-label uses. The IFPMA Code's standards are applicable worldwide and are supplemented, and even sometimes exceeded, by very stringent internal company marketing codes, national codes and national legislation. For more information, see <http://www.ifpma.org> and please click on "Ethical Promotion of Medicines." Here you will find the standards and mechanisms to use in the event of alleged violations of our industry's ethical marketing rules.

Marketing codes are continually evolving. You refer to the ABPI Code of Practice for the Pharmaceutical Industry applicable in the United Kingdom, which includes some of the requirements mentioned in your letter. We would see transparency about charitable and educational grants made by companies as a matter for national requirements, since the proposal for global declaration would not only be difficult and burdensome for companies; and it is also out of proportion to the magnitude of the issues that you assert "may" be problems. I come back to the more pressing issue shortly.

A second area where an important and practical commitment to transparency exists is with regard to clinical trials. See <http://clinicaltrials.ifpma.org> for our IFPMA searchable web portal that accesses ongoing clinical trials and clinical trial results. This portal is searchable in multiple languages: English, French, German, Japanese and Spanish.

These two areas are but a few that demonstrate our industry's commitment to patients, transparency and business integrity – and these areas are kept under review for compatibility with the evolving needs of patients. On the other hand, we are concerned that the approach suggested in your letter would divert focus and resources from the more pressing issue of

our shared priority: the welfare of today's and tomorrow's patients. Access to health care for patients, including access to medicines, is very frequently dictated by nontransparent and restrictive governmental financing, pricing and formulary policies. We should explore common ground to promote transparency and adequate funding for health care systems. Moreover, the industry is willing to explore with any interested stakeholders the critical need of patient and medical organizations, as well as governments, to address the goal of enhanced access.

Beyond this, in practical terms, the implications of the broad scope of "disclosure" of whatever may be deemed to be, according to your letter, company "affiliates" and "associated foundations" would inadvertently and unfairly create risks for companies in being criticized for non-compliance. We believe a more productive approach to prevent abuses is strengthening a values-based emphasis on integrity that can be built into the health care delivery system and business model. The system that you suggest would, instead, create unnecessary administrative burden while, in practice, not promoting access to medicines nor addressing the alleged abuses described in your letter.

You mention in your letter that, for a global company, every contribution in kind or in funds, whatever the size, is somehow accounted for centrally on an up-to-date basis. This is often not the case. Contributions are made by company organizations on a country-level and differences exist in accounting for these based on the nature of such contributions. For example, the IFPMA has carried out surveys of the contributions that companies make to the populations of developing countries, and have shown that this amounts to over 530 million positive, people-focused health interventions since the launch of the Millennium Development Goals. These interventions vary by type and scale, and not all companies have this information readily available centrally, but IFPMA's survey clearly indicates that there is extensive positive work being undertaken by our industry toward the common goal of enhancing access to medicines in developing, especially the poorest, countries.

Incremental changes to codes of practice (including company codes) are important and in this area, as in others, mean that the industry is more and more transparent. It is also important that those with whom the industry interacts also approach issues in a similarly transparent manner -- as should every organization or institution that engages in the public health policy debate. And the most important public policy priority is to ensure that patients have access to the best care available. We would suggest that it would be preferable to work in tandem to find methods to work toward our shared priority of access to medicines and to find the most productive and efficient methods of moving forward.

Yours sincerely,



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Dr Harvey E. Bale, Jr.  
Director General, IFPMA