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Today I am accepting the role as John Lechleiter's successor, and John you are such a role model for all of us, having had the opportunity to work with you closely over past 2 years.

You are a true leader, you are a gentleman, and as I said, you are a role model for many of us. John, thank you very much for the tremendous work you have done, you have elevated together with Eduardo, and together with team and together with Nogimori-san, IFPMA to a totally new level.

Ladies and gentlemen, friends, guests, colleagues, I am very honored to be here today and to accept the role as president at IFPMA.

And building on the point that John shared earlier this morning, the next two years will be critical for global health. 2015 marks the end of the UN's Millennium Development Goals and the launch of the Sustainable Development Goals agenda.

The UN's Millennium Development Goals, the ambitious strategy launched in year 2000, gave governments and other stakeholders a set of clear, concrete, and achievable targets to adopt in order to improve the lives of citizens, wherever they live.

Tremendous progress has been made towards achieving these goals, and we can be proud of the significant contribution of our industry. For instance, child mortality has dropped dramatically, while targeted investments in fighting malaria, and notably HIV/AIDS and tuberculosis have saved millions of lives. That has been the work of institutions like the Gates Foundation, such as GAVI, governments, international organizations, but also our industry has played a major part.

I also want to again personally acknowledge, as John did, some of the great work that IFPMA has accomplished over the past two years.

- Anti-counterfeiting efforts through the "Fight the Fakes" campaign
- Science-based regulatory pathways for biosimilars, as well as good practices around in-country training with government and regulatory authorities
- Regulatory convergence, particularly in Asia and Africa, and
- Trust, reputation and promotion of ethical practices with the first-of-its-kind Consensus Framework for ethical collaboration with healthcare professionals and the APEC initiative.

These are major initiatives and major achievements.

Let me also commend the collaborative effort of IFPMA with its sister associations: PhRMA, EFPIA and JPMA, particularly exemplified by the joint position on Universal Health Coverage.

Looking forward, we will build upon the two important lessons that we have learned from the MDGs experience:

1. First, clear, tangible and measurable objectives keep stakeholders focused.
2. Second, ambitious goals can only be achieved through collaboration amongst all public and private stakeholders



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And as Henry Ford once said "If everyone is moving forward together, then success takes care of itself".

Post-2015, we will continue to build on what IFPMA has accomplished and, more broadly, on everything that has been set in motion over the past 15 years. To quote Dr. Chan, Director General of the World Health Organization, "the first of our challenges is to help reach, and surpass, the health targets set in the MDGs era" and world leaders have called for an ambitious, long-term agenda to improve people's lives for future generations.

We must keep the momentum and we must accelerate access to health and this is an opportunity for us as an industry to contribute to meeting these challenges.

Before I get into the details of our vision for IFPMA, let me first say a few words to introduce myself.

I have graduated in veterinary medicine, a long time ago, and went right after that into biomedical research mostly in the diagnostics area. After completing my PhD, and a stint in academic research, I joined different UN agencies, in the field of R&D and health and also in agriculture. And I had the tremendous opportunity to on the one hand lead the research team and research lab and on the other hand to do work primarily in Africa. I had the opportunity to work in Zambia, Tanzania, Ethiopia, Ghana, Nigeria and in Cote d'Ivoire. These were years that really shaped myself and shaped my opinion about how the world should look like. And after joining our industry, I have always kept this passion, especially for global health and for the African continent.

After the experience in the UN system, I joined the pharmaceutical industry. And I was always proud to be working in this great industry and I never understood some of the attitudes against it. I think it is equally naïve to believe that the people involved in the pharmaceutical industry are only driven by profit as it is to believe that people in public institutions are only driven by the common good.

People in the pharmaceutical industry, whether they are researchers with a medical, biology, pharmacist background, whether they work in other functions, obviously want to be part of a financially sustainable and successful operation but they are, like anybody else, driven by values that go far beyond the money.

I was in a large US based corporation for 21 years, where I had the great opportunity to work in the first ever public-private partnership to address a neglected tropical disease. And that was a project to eliminate Onchocerciasis from Africa, a very successful project. I started in R&D in the industry and then moved through the ranks, and then joined my current company.

At my company, Merck, we have in the past, stepped up our efforts in the NTD area and I again used the opportunity to spend as much of my time as possible in Africa and in several other countries to get firsthand experience on the roll out of this important program to eliminate Schistosomiasis.

What I really want to say is I have some personal experience in this field and I have passion for this area.

But today I don't want to talk only about me or about our industry; I want to talk also about the people we serve.

I step into this role as IFPMA President with one question in my mind...

...How can we contribute to accelerating access to health for people in low and middle income countries?

A question that is so very pertinent and so important to all of us. We, as an industry, need to be a trusted partner in global health. I believe we can do so by accelerating access to health for people in low and middle income countries.

The SDGs provide us with the opportunity and the platform to do this. Many private and public actors also recognize that health is central to the post-2015 Sustainable Development agenda.

Access is complex and multifaceted: we have heard that in today's discussions in the session in the morning. It is about how to help "people command appropriate health care resources in order to preserve or



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improve their health”¹. Access goes beyond the mere supply and availability of drugs and medicines. But access is not only about awareness, prevention or treatment, but it is also about the physical accessibility, financial affordability, and acceptability of health services by populations.

For us to have a meaningful impact on these very complex challenges that limit access, we will need to look beyond our industry towards new and transformational partnerships.

Every player in global health needs to break away from a siloed and vertical mindset. We all need to engage with non-traditional stakeholders, and adopt a novel approach.

I believe our success will depend on innovation, trust and sustainability.

John addressed innovation and trust. I also at this stage want to reiterate the importance of intellectual property, and effective legal framework for intellectual property as the enabler for innovation and access.

Let me remind you what sustainability stands for by quoting Dr. Gro Harlem Brundtland, former Prime Minister of Norway and previous Director General of the WHO, and currently Special Envoy with the United Nations, first defined the term “sustainability” in the health content in a 1987 landmark WHO report. She said, in this report called Our Common Future, “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

Despite public skepticism, tremendous progress has been achieved by our industry over the last 20 years in developing health solutions to dramatically improve health, well-being and longevity – and, as a consequence, broader economic health. Let me just name a few examples:

- Vaccination and immunization programs
- Fight against Neglected Tropical Diseases
- NCDs
- Child mortality
- HIV/AIDS, as well as
- Innovative partnerships with new actors, such as the Gates Foundation.

We can be proud of the contribution of our industry. Nevertheless, the fact remains that there still are enormous challenges ahead with important gaps across the whole care pathway.

For instance:

- An estimated 1.3 billion people have no access to effective and affordable health care.
- While more than 96% of the medicines on the WHO Essential Drug List, covering everything from immunization to cardiovascular and metabolic treatments, are off-patent, fewer than 46% are accessible by patients who need them most, in markets where resources are most constrained.

It is actually clear that IP is not the problem, but it is part of the solution.

The reason why I talk about accelerating access to health is because of the urgency to broadly address the growing challenges to population health.

Developing countries now face a triple burden of disease:

- First there is still the backlog of infectious diseases,
- Secondly, the current challenge of non-communicable diseases as the number one killer, and
- Thirdly, problems associated with globalization, such as pandemics, pollution and the consequences of climate change.

¹ [Gulliford M.](#) et al., “What does access to health care mean?”, J Health Serv Res Policy. 2002 Jul;7(3):186-8.



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This triple burden has the potential to halt and even reverse economic progress that has been achieved in vulnerable countries.

Our industry, in turn, has the opportunity and the capability to contribute to solving these issues. By building on our past achievements and looking forward, as President of IFPMA, I would like our organization to focus efforts on accelerating access through two initiatives:

1. Stimulating sustainable innovation through local entrepreneurship and the recognition and promotion of tomorrow's health innovators.
2. Secondly, strengthening, scaling and fostering capacity building through local empowerment.

I believe that through these parallel initiatives, we can create sustainable win-win solutions for society, people, as well as our industry.

Regarding innovation through local entrepreneurship, as stated by the OECD: "the links between innovation, productivity, health and wealth are recognized by many countries and the need to encourage innovation is also clear".²

But a lot remains to be done to ensure sustainability through innovation. The UN action plan for SDGs emphasizes that it is essential to stimulate entrepreneurship in low-income countries.³

Innovation comes in many shapes and forms. We all know that there is no such thing as "one size fits all" when it comes to addressing human health. The same applies to health innovation – it has to be tailored to local contexts and needs, particularly in resource restrained environments.

As Steve Jobs said: "innovation has nothing to do with how many R&D dollars you have." But there is no shortage of entrepreneurial talent, as emerging economies benefit every day from large pools of entrepreneurs within their populations. However, we see more than 30% of 25-35-year-olds in Sub-Saharan Africa are engaged in early-stage entrepreneurial activities nowadays.⁴

There is a clear need to tap into this talent pool. Entrepreneurial talent need encouragement and innovators in many countries simply need platforms on which their talent and solutions can be recognized.

I want to underscore and build upon the work done by IFPMA to date and particularly welcome the 3 young innovators who are with us today.

IFPMA already plays a role in promoting local innovation. For instance, it has formulated policy recommendations to foster a favorable environment for entrepreneurs involved in vaccine R&D and access.⁵

There are many examples of local innovation in health care that have grown beyond their initial design to address specific local access barriers. Let me share two examples:

1. First, providing physical access to care: Greenstar, in Pakistan, an NGO initially focused on family planning dating back to 1995, now operates an entire network of retail outlets that provide health services for women and children, and that includes health services for tuberculosis, nutritional supplements for children and safe water. Greenstar's products are distributed through a nation-wide network of over 7000 franchised clinics, 75,000 retail outlets and community based distribution.⁶
2. Secondly, health awareness: Medical Home of Mexico, offers for a fixed of \$5/month, to its 1 million subscribers unlimited access to professional health advice over the phone at a cost far below a physician visit.⁷ It is currently expanding across Latin America, the Caribbean and the US.

² <http://www.oecd.org/sti/biotech/biotechnologyinnovationandhealth.htm>

³ World Investment Report 2014, UNCTAD

⁴ GEM Consulting, Global entrepreneurship monitor 2011

⁵ IFPMA press release; <http://www.ifpma.org/news/news-releases/news-details/article/-ec51d627ad.html#sthash.uGYJ7r1O.f6mckFRR.dpuf>

⁶ <http://www.greenstar.org.pk/>

⁷ <http://www.medicalhome.com>



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In light of these challenges, I think there is a crucial need to recognize and promote local entrepreneurship and promising innovators.

Local innovations which provide health solutions specific to the local context, spurred from resource-challenged settings, have a vital role to play. As an industry, we must not overlook their importance and recognize their value in accelerating access to health. We need to support this creativity by fostering environments where innovation ecosystems can thrive through transformational partnerships.

Regarding the second initiative about strengthening, scaling and fostering capacity building through local empowerment, we know that capacity building is a critical challenge to be addressed in developing countries. Let me illustrate this through a few examples:

1. When it began to track the progress of the Millennium Development Goals, the WHO pointed out that the people in most need of medicine were not receiving it – among key barriers were inefficiencies in supply and distribution chains.⁸
2. Secondly, many countries face a scarcity of trained health care professionals. The global average is 14 care providers for every 10,000 people; yet in most low-income countries, the figure is less than 3.
3. Lack of training for care workers is one factor behind this, another is brain drain. About 20% of the doctors trained in India are now working in Australia. Nearly half of Ghana's trained nurses have moved to Canada, the UK and the US.
4. Thirdly, limited regulatory capacity in many countries constitutes a major constraint leading to inefficiencies and delays in registration, resulting in suboptimal availability of medicines for patients. Indeed in Africa, as little as one third of 350 medicines on the Essential Medicines List of the WHO are currently available.
5. Fourthly, lack of reliable demographic and health data is a compounding factor, which prevents evidence-based decisions on how care is allocated. It is challenging to manage health systems in countries such as Bangladesh, Haiti or Mozambique when one has to rely only on outdated information or no data at all.⁹

Capacity building plays a prominent role in the UN SDGs Goals, which focus on recruitment, development, training and retention of health care providers in developing countries.

I am always amazed when looking through the IFPMA's Partnership Directory, at the increasing wealth of initiatives and programs dedicated to capacity building. However, capacity gaps still linger, fueled by the growing burden of diseases and demographic shifts.

While pursuing individual initiatives and respective activities, there is a great opportunity for us to join forces. By pooling our experiences and expertise to reach sustainable, scalable and replicable capacity building, we can make a real difference.

Although success will only be measured tomorrow, there are many ongoing challenges, which our industry must focus on today.

First, international organizations, governments, NGOs and the private sector together must address emerging threats to global health. Ebola and other infectious diseases remind us that we need to improve responses in an appropriate, transparent, and coordinated effort.

Along with the global health community, I am deeply concerned about the Ebola outbreak in West Africa, specifically Liberia, Guinea and Sierra Leone. And yet, I am encouraged to see the latest positive developments in Nigeria and Senegal where there is evidence that the epidemic is contained at this point in time. We, as an industry, are fully committed to support the global efforts. We heard in the discussion this

⁸ <http://www.who.int/medicines/mdg/MDG08ChapterEMedsEn.pdf>

⁹ WHO, report Strengthening health information systems to address health equity challenges, Bulletin of the World Health Organization, 2005; Improving health information systems for decision making across five sub-Saharan African countries: Implementation strategies from the African Health Initiative, BMC Health Services Research 2013



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morning that we are looking for quality dialogue with the WHO and other institutions who have the mandate to govern this space and the answer cannot be a blame game; it must be a partnership.

Secondly, innovation and intellectual property rights are at the core of our industry. We must continue to advocate for the recognition of the value of innovation and intellectual property as an enabler of sustainable access. There is zero-evidence that intellectual property is a hindrance to access to medicines. We feel that part of the intellectual property debate, at the global health level, is more influenced by industrial policy considerations rather than patient access.

Thirdly, Universal Health Coverage is a top priority of the global health agenda. UHC as Dr Chan says “it is a powerful equalizer that abolishes distinctions between the rich and poor, the privileged and the marginalized, the young and old, ethnic groups, and women and men.” As an industry, it is critical that we get our act together and actively contribute to the innovation thinking and response around alleviating the financial risk for disadvantaged populations.

Finally, we must continuously and relentlessly aim to strengthen our reputation and earn trust. Ethical business practices and compliance must be at the heart of everything we do. It is our license to operate.

As John said, 2015 will be a turning point for all of us.

I look forward to working with my fellow CEOs – Nogimori-san and Bob and Eduardo, the IFPMA Staff, and all of you, as well as all our partners. Together, we will support IFPMA in engaging around the UN SDG agenda towards accelerating access for people, by:

- Continuing the good work that each and every one of you are doing
- Driving local innovation and building long-term capacity through empowerment
- And standing ready to address any new challenge that may lie ahead.

Let me close with a few words from Dr. Martin Luther King:

“We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now, in the unfolding life and history. There is such a thing as being too late. Now is the time.”

We have come a long way in the past decade and achieved great strides in global health and so much more needs to be done, now.

You have my full commitment to contribute to reaching this shared goal of accelerating access in low- and middle-income countries. I am honored to represent our industry and call upon your support to ensure that IFPMA, through our collective efforts, remains a valued strategic partner to improve global health and serve people.

Thank you very much.

See full speech (video) at: [link](#)