

ECOSOC Special event on Africa and LDCs 8 July 2009

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1. Lasting change is rarely sudden. Over the last decade or so, a quiet transformation has been going on, strengthening the links between the developed world and Africa, especially in the area of health.
2. Why this intensified focus on health in Africa? Perhaps because, if the health challenges there are greater, then so too are the opportunities, for even modest improvements in African health will provide a significant boost to economic development.
3. The untold story of HIV/AIDS is the amount of working time lost each year to the diseases in Africa; dealing with AIDS in Africa is both a humanitarian and an economic imperative. While the same is true of malaria, which historically has been a major brake on economic development of the continent, and it remains so today-costing Africa's economy an estimated \$12 billion per year.
4. Part of the quiet transformation that has been going on is the growing involvement of the research-based pharmaceutical industry, represented at international level by the IFPMA, in improving African's health. All in all, our industry makes a very significant contribution to helping achieve the health-related UN Millennium Development Goals (MDGs). From their inception in 2000 to end of 2007, our companies made available enough medical assistance to reach 1.75 billion people and most of those people were in Africa, because that is where the bulk of our efforts are concentrated. To set this into perspective, the value of assistance to developing countries provided by our companies in 2005 amounted to \$1.5 billion-equivalent to 11% of all health development aid provided that year by all the OECD governments.
5. How do our companies help Africa? The Health Partnerships database on our internet site (www.ifpma.org) shows the industry programs active in different countries: 23 in Burkina Faso, 19 in Ethiopia, 43 in Kenya, 28 in Mali, 41 in Uganda and 25 in Zambia.
6. If we look at Uganda, there are program in HIV, providing the latest antiretroviral medicines at preferential prices (more than 40% of the 3 million people living with AIDS in the developing world now receiving antiretrovirals get them via our preferential price programs), but also programs to prevent mother to child

transmission, to help treat children with AIDS and to teach African health workers to treat AIDS effectively.

7. There are also programs to address malaria and other tropical diseases. Some of these programs, such as the Mectizan Donation Program for River Blindness, are huge-reaching over 60 million people-and have been going for many years-21 in the case of Mectizan.
8. Some tropical diseases have been characterized as “neglected diseases”, because there was little money to be made and so industry was not interested. That situation has been quietly changing too-I invite you to see our exhibition on industry’s growing R&D effort for diseases of the developing world in the ECOSOC innovation fair. In 2005, our companies were working on 32 new medicine projects for the 10 main diseases of the developing world; this year, the number is 75.
9. Our companies are also aware that African countries’ health problems are not limited to infectious diseases. The fastest growing category of company health development program is child and maternal health, followed by chronic diseases- in the last two years, our companies added more programs to address these two health challenges than all other types of diseases combined.
10. Finally, we also run programs to help strengthen primary health care and health infrastructure in Africa-in Uganda alone, there are five capacity-building programs which are not focused on any particular disease. Capacity-building covers a wide range of activities, from teaching volunteers how to advise tuberculosis patients to stick with their lengthy treatment, to providing clinical research fellowships to promising young African postgraduate researchers.