



September 3, 2009

Secretariat to the Expert Working Group
Public Health, Innovation and Intellectual Property
World Health Organization

Re: Coordination and Financing of R&D for Diseases of the Developing World

To the Secretariat:

Pfizer thanks the Expert Working Group for the opportunity to comment on its proposed framework and criteria for evaluating new and innovative proposals for the funding of R&D for diseases that disproportionately burden the poor. Pfizer has had a long history of involvement in discovering and producing medicines for infectious diseases including the Type II and Type III diseases. Our commitment is driven by a sense of shared responsibility to search for solutions to diseases that disproportionately affect the developing world. Pfizer invests in these disease areas because of the high medical need and desire to support the development of emerging markets, as well as less tangible returns relating to our responsibility as a corporate citizen and global goodwill.

Pfizer supports the recommendations of the IFPMA but would also like to offer a few additional remarks. As a single company, we are limited in our ability to solve all the universal health problems that exist today and recognize that multi-sector solutions are needed, both to support and to execute projects that will deliver innovative medical solutions. We believe that public-private partnerships are essential to making progress on this front, with each partner contributing unique assets and expertise towards common goals.

A problem with much of the current funding for R&D is that academic researchers who are engaged in drug discovery for neglected diseases generally lack access to the full range of specialized pharmaceutical competencies and expertise. Conversely, large pharmaceutical companies tend to lack deep biological expertise on neglected disease pathogens and disease models. To appropriately address and find solutions for neglected diseases, both of these competencies are critical. Therefore, Pfizer encourages the EWG to create an enabling environment for the expansion of partnerships that bring together each party's specialized infrastructure and capabilities to work in a synergistic manner. For example, in our research partnership with the Special Programme for Research and Training in Tropical Diseases network (TDR), we have provided access to proprietary compounds for screening, computational expertise and training in medicinal chemistry and screening assay development for developing world scientists in Pfizer laboratories, while the TDR labs provide disease-specific assays and expertise.¹ Additional synergies during clinical development could be gained by fostering partnerships between pharmaceutical companies, which have strong competencies in study design and management and in working with regulatory agencies, with academic research groups that can provide bases for clinical

¹ Hopkins A, Witty MR, Nwaka S. *Mission Possible*. Nature 449:166-9, 2007.

research in disease endemic areas and detailed knowledge about the patients and epidemiology that have been accrued by longstanding disease-specific experience.

Feasibility, impact and sustainability should be three of the most important criteria for the evaluation framework. While the acute focus on additional funding is to enable and accelerate product development, proposals should be also evaluated for their potential to augment the infrastructure and capacity for biomedical R&D in developing countries, also their overall healthcare infrastructure to enable use of the anticipated products. Pfizer has incorporated the training of developing world scientists in drug discovery research at Pfizer laboratories and additionally sends its own employees on 3-6 month assignments to work with non-governmental organizations as Global Health Fellows.² We believe that direct and indirect incentives for multinational companies to partner with regional science, technology and medical institutions (both public and private) on R&D can yield long-term, sustained benefits. Furthermore, engaging with researchers from the developing countries and working with their local institutions is more likely to produce solutions that are fit for purpose and address the most urgent needs.

Although medicines for neglected disease have little to no chance of returning their full R&D costs, we recommend that the evaluation framework not preclude the possibility for private developers to earn some revenues or royalties from innovative products for type 2 diseases, and even for certain type 3 diseases, that could be shared with co-developers or co-funders. Since it is clear that donation models are not sustainable in the long-term, companies that are willing to market their products at affordable prices, for example, through socially responsible business models, should be encouraged to do so by respect for their intellectual property rights and a supportive business environment for investment.

Pfizer supports the EWG's efforts to assess and coordinate new mechanisms for R&D financing directed toward the needs of the poorest global citizens and hopes to be called upon to further contribute to this important multi-stakeholder process.

Respectfully yours,



Lydia C. Pan, PhD
Director, Worldwide Science Policy
Pfizer, Inc.

² Further information on the Pfizer Global Health Fellows Program is available at http://www.pfizer.com/responsibility/global_health/global_health_fellows.jsp