

PROJECT FINAL REPORT



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4.1 Final Publishable Summary Report

4.1.1. Executive Summary

Innova-P2 addressed the problematic that is evident in the current international Intellectual Property Regime with regard to the pharmaceutical sector: developing new drugs requires monopoly protection to help inventors recuperate their investments, but the same protection system is becoming a major obstacle preventing less well-off (i.e. the global majority) patients from accessing new medicines.

The project explored alternatives to the current system in deliberations with a host of international experts from academia, policymaking, Pharma and NGO communities. The project consortium involved experts in political science, policymaking, philosophy, economics, law, natural science, medicine, bioethics, development, psychology, gender studies and anthropology. The partners were either attached to academic research institutions (UCLAN, CAPPE, UPM, WU, FAFO) or to related Ministries in developing countries (CASTED, RIS).

Innova-P2 undertook an exhaustive analysis of existing Intellectual Property Rights reform plans regardless of their main reward mechanism (i.e. “push” mechanisms that select and fund some particular innovator, or “pull” mechanisms that promise to reward whoever is the first to achieve a valued innovation). The most promising strategy that avoids the pitfalls of the main push and pull programs while addressing the “last-mile” problem (i.e. ways to reach patients in difficult circumstances), was found to be the Health Impact Fund (HIF). HIF is proposed as a publicly-funded initiative whereby inventor firms would be entitled to take out a multi-year patent on any essential medicines they invent, during the life of which, they will be rewarded in proportion to the impact of their invention on the global disease burden. The scheme promotes innovation in the sector while allowing for enhanced access to medicines by less-well-off people. Firms have incentives to sell innovative treatments cheaply in order to enhance profits within the scheme, they also have incentives to prioritise prevention over treatment and to ensure that patients are fully instructed in the proper use of drugs.

A Delphi study with key stakeholders in the sector (developed and developing country health policymakers, NGOs, Pharma industry, health economists, etc.) showed that HIF is perceived as a plausible solution to the main issues while being viewed as feasible and reliable. The main pitfall of the scheme was considered to be the strong political will required to fund it. In view of this, Innova-P2 undertook a reality-check for HIF involving the two most powerful developing country actors (India and China) and forged a consensus for the new system by providing a policy action plan. Policymakers from China and India agreed with the principle of HIF and showed that it can be applied regionally via bilateral initiatives that cover the immense local needs in access to medicines. A concrete plan of action was developed and presented in the policymaking communities of the two nations that involved the creation of the scheme with a focus, at first instance, in the area of traditional medicines. At the same time developed country policymakers took part in

the deliberations and showed interest in including the HIF scheme in their developing programme strategies in the health sector.

Amending the current system represents one of the major 21st century challenges, namely delivering reasonably priced health care to patients around the world. Innova-P2 attempts to explore alternatives to the current system by involving in its deliberations a host of international experts from academia, policymaking, Pharma and NGO communities.

4.1.2. Summary description of project context and objectives

One-third of all human deaths (18 million every year) are from diseases that could have been prevented, cured or treated. Hundreds of millions more people suffer from these diseases, while the lives of their families are shattered by severe illness and premature deaths. Most of these cases occur among poor people in poor countries, often due to diseases that have been almost eliminated in the developed world, creating a disease burden which perpetuates their poverty.

But not only do 200 million people not have access to existing essential medicines which could alleviate their conditions. Currently, “neglected diseases”, which account for 90% of the global disease burden, receive only 10% of all medical research funds worldwide. Of the 1556 new drugs approved between 1975 and 2004, only 18 were for tropical diseases which affect millions of people.

Under the global TRIPs agreement, inventors of new drugs can obtain a 20-year global monopoly, but this regime prices most new drugs beyond the reach of the global poor. The existing system offers few incentives for the pharmaceutical development of medicines to address the real global disease burden, when more profit can be made from me-too drugs for hair loss.

Innova-P2 work concentrated on the most promising proposal to amend the existing regime and enhance access: the Health Impact Fund (HIF) – a proposal to create an alternative system funded by international governments, where pharmaceutical innovators could choose to register new products and then make these available at cost in order to receive a 10 year reward based on the assessment of the drug’s impact on the global disease burden.

The Innova-P2 Consortium

The consortium of Innova-P2 is truly interdisciplinary, involving experts in political science, policymaking, philosophy, economics, law, natural science, medicine, bioethics, development, psychology, gender studies and anthropology. The partners are either attached to academic institutions (UCLAN, CAPPE, UPM, WU) or to related Ministries in developing countries (CASTED, RIS). In the second project period, we were joined by the FAFO Research Foundation, Oslo, Norway.

Partners in the project are:



Prof Thomas Pogge, Dr Miltos Ladikas, Julie Cook Lucas, (Project Co-ordinators) Centre for Professional Ethics, University of Central Lancashire, Preston, UK



Dr Nagesh Kumar, Dr Sachin Chaturvedi, Research and Information System for Developing Countries, New Delhi, India



Prof Zhiqian Gao, Dr Lifeng Guo, Dr Zhe Li, Chinese Academy of Science and Technology for Development, Ministry of Science and Technology, Beijing, China



Prof Peter Singer, Prof Doris Schroeder, Centre for Applied Philosophy and Public Ethics, University of Melbourne, Australia



Prof. Jon Pedersen, FAFO, Oslo, Norway



Prof Fatima Alvarez Castillo, Department of Social Sciences, University of the Philippines Manila



Prof Lynn Frewer, Dr David Coles, Wageningen University, the Netherlands

External Advisers to the project are:

Prof. Joseph Stiglitz, Professor of Economics, Columbia University, Nobel Laureate for Economics 2001, Senior Vice-President and Chief Economist World Bank, 1997-2000

Dr. Tikki Pang, WHO Director for Research Policy & Cooperation, Former Professor of Biomedical Sciences, University of Malaya, Kuala Lumpur, Malaysia

Dr. Klaus Leisinger, President and CEO of the Novartis Foundation for Sustainable Development and Professor of Development Sociology, University of Basel, Basel, Switzerland

Mr. Roger Chennells, Legal Consultant, Stellenbosch, South Africa; specialism: IPR and Human Rights in Africa

Dr. Matthew Rimmer, Senior Lecturer, Australian National University, College of Law; specialism: Intellectual Property Law

Dr. James Orbinski, Prof of Medicine, University of Toronto, Ex-President Medecins Sans Frontieres, Co-founder of Drugs for Neglected Diseases Initiative and Dignitas International

Dr. Gorik Ooms, Former Director, Medecins Sans Frontieres, Belgium

The project had four main objectives:

Advance knowledge and ethical insight into reform plans for the current IPR system. This objective was fully achieved in Period 1 through group discussions in two plenary meetings and the production of three reports on “IPR reform plans” (D1.1), “Prudential reasons for P2” (D1.2) and “Ethical reasons for P2” (D1.3). This objective has been developed further in Period 2 through group discussions in plenary meetings held in Melbourne (25 March 2010) and Delhi (13 May 2011), and the production of a special section on “IPR Reforms” (D1.4) in the Cambridge Quarterly of Healthcare Ethics, 2011.



Workshop group, Beijing, May 2009

Finalise the existing plan to amend the current IPR system in the area of pharmaceutical innovation. In Period 1 this objective was developed significantly through group discussions and two reports on “Metrics and distribution mechanisms” (D2.1) and “Protective mechanisms” (D3.1). In Period 2 this objective has been further developed through group discussions in two project meetings held in Beijing (4-5 March 2010) and Shanghai (28-29 October 2011), and the production of a publication in the Chinese journal, Forum on Science and Technology, 2011 (D2.2).



Project group, Beijing, August 2009

Provide a reality check and obtain support for the new system from the world's two most powerful developing/emerging country actors (India and China).

This objective has been developed through bilateral discussions between India and China organized as part of the overall project process (March 2010, October 2011), together with two reports in Period 2, on the “Alignment of Innova-P2 goals with related Indian and Chinese WTO-work” (D3.2), and “Common Policy Grounds between India and China on HIF” (D3.3).

Promote urgent policy developments on IPR by forging a consensus for the new system and providing a policy action plan. This objective has been achieved in Period 2 by the dialogue instigated between project participants and policymaking communities in Europe, India and China. The work in the Foresight Analysis (D4.5) involved a number of international policymakers and stakeholders, and provided the basis for wider inclusion in the debate beyond country representation in the project. Moreover, three high profile international meetings (Melbourne 24/25 March 2010, Brussels 11 April 2011, New Delhi 12/13 May 2011) took place as part of the project's effort to engage the policymaking communities across the three Continents, and further promoted the consensus achieved within the project. This dialogue has resulted in concrete action plans: a policy consensus document, “Common Policy Grounds between India and China on HIF” (D3.3), forms the basis of the final policy roadmap to be adopted in the first instance bilaterally and eventually at the global level. The project work on this objective has gone further than the contractual obligations to include two

additional reports, on Impact Assessment, and Gender Issues, that the consortium found necessary in order to complete the policy plan.



Panel at meeting at European Parliament, April 11 2011: Innova-P2 project partners are joined by German MP Karin Roth and Norbert Neuser, MEP, and Dr Andris Piebalgs, EU Commissioner for Development



HE Dr APJ Abdul Kalam, Former President of India, inaugurates the International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi 12 – 13 May 2011

4.1.3. Main S&T results/foregrounds

The project has fully achieved its objectives. In terms of each objective:

Advance knowledge and ethical insight into reform plans for the current IPR system.

This objective was addressed in Period 1 through group discussions in two plenary meetings (Oslo 26-27 August 2008; Beijing, 27-28 August 2009) and the production of three reports on “IPR reform plans”, “Prudential reasons for P2” and “Ethical reasons for P2”. The reports provide additional insights that deliver a clear verdict on the necessity for IPR reform plans and the choice of the Health Impact Fund as the most promising candidate. In Period 2 this objective has been fully achieved through group discussions in two further plenary meetings (Melbourne, 24-25 March 2010 and New Delhi, 12-13 May 2011) and the production of a special section on “IPR Reforms” (D1.4) in the Cambridge Quarterly of Healthcare Ethics, Volume 20, Number 2, Spring 2011. These papers provide additional insights from invited experts that deliver a clear verdict on the necessity for IPR reform plans and the choice of the Health Impact Fund as the most promising candidate.

Finalise the existing plan to amend the current IPR system in the area of pharmaceutical innovation.

This objective developed significantly in Period 1 through group discussions and two reports on “Metrics and distribution mechanisms” and “Protective mechanisms”. The reports considerably advance the function of the reform plan by distinguishing areas that need particular attention and suggesting solutions. In Period 2 this objective has been developed significantly through group discussions and the production of a publication in the Chinese journal, *Forum on Science and Technology*, 2011 (D2.2). The reports considerably advance the function of the reform plan by distinguishing areas that need particular attention and suggesting regional solutions. With the results of the Delphi study (“Outcome of Foresight Analysis” (D4.5)), the group has all the information needed to achieve this objective at global level and offer a finalized version of the reform plan (D4.6 Oxford University Press book). The additional project work on Impact Assessment and Gender Issues has completed this part of the project work.

Provide a reality check and obtain support for the new system from the world’s two most powerful developing/emerging country actors (India and China).

This objective was developed significantly in Period 1 through bilateral discussions between India and China organized as part of the project process. The discussion provided important feedback on the reform plan from the policymaking communities in the two countries, and resulted in tentative agreement that the area of Traditional Medicine was an excellent candidate for a regional application of the Health Impact Fund involving both countries. More detailed discussions were planned in the next year to work out details of this agreement (D3.2). This objective has therefore been developed significantly through bilateral discussions between India and China organized as part of the project process in Period 2, resulting in the production of a report on the “Alignment of Innova-P2 goals with related Indian and Chinese WTO-work” (D3.2). The discussion has provided important feedback on the reform plan

from the policymaking communities in the two countries, and has also resulted in agreement that a regional application of the Health Impact Fund involving both countries is both desirable and feasible in areas of common interest (e.g. Traditional Medicines). The final project conference in New Delhi (12-13 May 2011) provided the chance to promote this collaboration and involve directly the policymaking communities of the two countries. The proceedings of this conference will be published in the form of a Cambridge University Press book in the near future.

Promote urgent policy developments on IPR by forging a consensus for the new system and providing a policy action plan.

This objective was partially achieved in Period 1 by the dialogue instigated between the policymaking communities in India and China. In Period 2 the dialogue instigated between the policymaking communities in India and China has resulted in concrete action plans: a policy consensus document has been developed by the two project partners, “Common Policy Grounds between India and China on HIF” (D3.3), which forms the basis of the final policy roadmap to be adopted in the first instance bilaterally and eventually at the global level. The two policy focused meetings at 1) the European Parliament (11 April 2011), with the participation of the EU Commissioner for Development, Dr Andris Piebalgs, and 2) New Delhi (12-13 May 2011), with the participation of the former President of India, HE Dr APJ Abdul Kalam, have been pivotal in promoting consensus for the new system.

Workpackage 1: Ethical Insights

The objective of this WP is to advance knowledge and ethical insight into reform plans for the current IPR system. The Deliverables that have been accomplished are:

D1.1 Report on IPR Reform Plans

This report, led by CAPPE, explores current reform plans to achieve access to life-saving medicines for the poor. Approaches described include philanthropy of individuals, NGOs and pharmaceutical corporations, as well as compulsory licensing and “push” and “pull” mechanisms. The report concludes that only three reform plans address both the accessibility and the availability problem of life-saving medicines. And only one of the three, the Health Impact Fund, is broad enough in scope to cover all relevant diseases.

D1.2 Prudential reasons for Patent-2

This report, led by CAPPE, provides an overview of the patent regime and its consequences for science innovation and public health. It concludes that the prudential reasons for IPR reforms are considerable, a result which may be surprising to some.

D1.3 Ethical reasons for Patent-2

This report, led by CAPPE, explores the question of whether the current IPR system is ethically defensible, either because it protects the natural rights of inventors or because it provides – on balance – the highest social utility. The report comes to a negative conclusion on both issues and describes state and pharmaceutical industry obligations with regard to access to life-saving medicines. It concludes that the

Health Impact Fund is currently the most likely reform plan to provide an ethical supplement to the TRIPS regime.

D1.4 IPR Reforms

Cambridge Quarterly of Healthcare Ethics special section, Volume 20, Number 2 Spring 2011. Postponed from May to July 2010, with the permission of the Project Officer. This symposium brings together leading thinkers from the project consortium with invited experts to discuss how the right to IPR protection relates to the right to health; how the World Health Organization contributes towards resolving the availability of drugs problem; whether the pharmaceutical sector has a co-responsibility to resolve drug access problems and how industry responds to this argument. The symposium also includes reflections on indigenous collaborations with the pharmaceutical industry, and the prospects of new drugs for neglected diseases.

Deadline 31 July 2010

Contribution	Authors	Count
Editorial	Doris Schroeder	808
Access to Life-Saving Medicines and Intellectual Property Rights – An Ethical Assessment	Peter Singer and Doris Schroeder	5,817
Developing Medicines in Line with Global Public Health Needs – The Role of the World Health Organization	Tikki Pangestu	3,362
Does the Pharmaceutical Sector have a Co-Responsibility to Secure the Human Right to Health?	Doris Schroeder	5,088
"Lifting all boats" – Access to Medicines and the Pharmaceutical Sector	Klaus Leisinger	4,247
Collaborating with the Pharmaceutical Industry: An Aboriginal Perspective	Jack Beetson	1,723
Epilogue – New Drugs for Neglected Diseases	Thomas Pogge and Aidan Hollis	2,717

Workpackage 2: Reform plan

The objective of this WP is to finalise the existing plan to amend the current IPR system in the area of pharmaceutical innovation. The Deliverables that have been accomplished are:

D2.1 Report on metric and distribution mechanisms

This report, led by CASTED, explores the basic form of impact measurement for pharmaceuticals and applies this to a case study in a developing country. The Global Burden of Disease is discussed as the main standard for impact assessment that could be used in the Health Impact Fund approach. A case study of Hepatitis B in China is used to generate new data and provide comparisons between developed and developing country measurements. The lack of quality raw data in developing countries is highlighted as the main obstacle to truly global impact measurements.

D2.2.

The original Deliverable, a report in the journal *Ethics and International Affairs*, was changed, with the agreement of the Project Officer, to publication in a Chinese journal, *Forum on Science and Technology*, 4, 2011 in order to reach the much larger and more significant audience for policymaking communities in China. The article, “Policy Suggestion for China-India Traditional Medicine Health Impact Initiative”, puts forward a proposal of CITHII (China-India Traditional Medicine Health Impact Initiative) based on HIF. The main point is focusing on solving higher medical expenditure of developing countries. China and India should undertake close collaboration on quality control and standardization of TMs, clinical trials for TMs, global regulatory systems, cooperation in protecting TM from misappropriation, cooperation in adapting a conventional IP system to the special requirements of traditional medicine, cooperation in developing a sui generis model for protection of TM.



Workpackage 3: Reality check

The objective of this WP is to provide a reality check and obtain support for the new system from the world's two most powerful developing/emerging country actors (India and China). The Deliverables that have been accomplished, led by RIS, are:

D3.1 Report on protective mechanisms against gaming

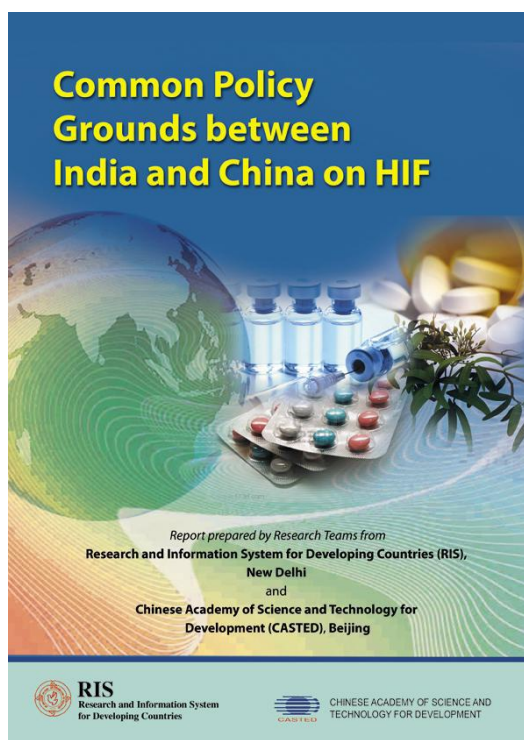
This report discusses the protective measures that would be needed to ensure that the objectives of the Health Impact Fund are met. It suggests many measures for this and cautions against unrealistic assumptions and expectations. It takes into consideration the lack of data and infrastructure availability in many developing countries to provide specific recommendations on the focus and prioritization of diseases and treatments under HIF.

D3.2 Report on the “Alignment of Innova-P2 goals with related Indian and Chinese WTO-work”.

The report argues that access to drugs cannot be viewed in isolation from global and national developments in trade, IP law and regimes and health governance. Globalization, harmonization of the global trade regime under WTO, the changes in the global innovation system and the emergence of China and India as economic powers have significant implications for access to drugs and the development of new drugs, as well as for re-orienting resources in drug development. The report describes the global debate so far, and the role of China and India within it and offers recommendations for closer collaboration in order to provide a clearer developing country perspective on it.

D3.3 Report on “Common Policy Grounds between India and China on HIF”.

The report argues that access to health care, stemming from the high costs of medicines, health services and diagnostics, has become a major source of concern in developing countries. The problems afflicting health care systems stem from the fact that disease prevention forms a relatively small part of the overall efforts. The introduction of the product patent regime under the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), has brought with it the spectre of global drug majors imposing their monopoly control over the market for pharmaceuticals. It is in this context that the idea of the HIF has evolved to achieve the delicate balance between the public policy objective of access to medicine and due recognition of the IP regime. This suits well the needs of the two countries, particularly in the area of Traditional Medicine where there is a strong culture of know-how. In this area, the idea of payment for ‘new medicine’ would have to be reassessed and if required may be expanded. However, performance indicators like patient usage data, clinical trial data, etc. may remain at par with what was originally conceived as part of the HIF. The report ends with a suggestion to instigate a China-India Traditional Medicine Health Impact Initiative (CITHII) as a regional HIF initiative and provides detailed thoughts on its structure and functions.



Workpackage 4: Consensus

The objective of this WP is to promote urgent policy developments on IPR by forging a consensus for the new system and providing a policy action plan. The Deliverables that have been accomplished as part of the work in this WP to date are:

D4.1 Project Website

The project website was created in period 1 under the following link:

<http://www.uclan.ac.uk/innova>

It continues to provide updated information about the project in accordance with Commission guidance together with links to the reports generated by the project, information on project meetings and the project's Delphi study materials.

D4.2 EuPolitix presence

The project has also been linked to the EuPolitix website for view by the European policymaking community and interested parties that are part of this service. The following link has been used:

http://www.theparliament.com/no_cache/forums/forum-site/sites/genbenefit-uclan-1/pages/innova/

As indicated in the contract, the EuPolitix link was active during a period until 31 August 2009, paid by UCLAN as part of a Framework 6 project deliverable. This has now expired but the link remains active at the time of writing.

D4.4 Project brochure

The project brochure was produced with the agreement of all partners on its design and content.



INNOVA P2
Pharma-Innovation Patent-2

D4.3 Three high-profile global dissemination efforts through existing networks

The project has been fortunate in having existing expert networks at its disposal for dissemination purposes. New networks have also been created as part of the project. These networks have been utilised in many dissemination efforts that could meet the targets for this Deliverable. The consortium has agreed on the choice of the following three main dissemination events to be included in this Deliverable:

1) International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi 12 – 13 May 2011



HE Dr. APJ Abdul Kalam, Former President of India, inaugurates the International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi 12 – 13 May 2011

The conference was opened by HE Dr Abdul Kalam, former President of India, a globally respected figure in the S&T sector. It included a wide range of representation in high-level policymaking as well as Indian industry and NGO

representation (see programme). The project's work received wide approval and the HIF was confirmed as a means to increase access to medicines in the region. Further details are available at http://www.ris.org.in/index.php?option=com_content&view=article&id=268&Itemid=42 The full conference proceedings will be published as an edited book by the Academic Foundation, New Delhi.

International Conference on Equity and Access to Medicine: Role of Innovation and Institutions 	
PROGRAMME	
DAY I, May 12, 2011	
1000hrs	Registration
1100 hrs	Inaugural Session <i>Welcome Remarks:</i> Dr. Biswajit Dhar, Director General, RIS, New Delhi <i>Introduction of the Conference:</i> Dr. K. Satyanarayana, Deputy Director General, Indian Council of Medical Research (ICMR), New Delhi <i>Remarks by:</i> Dr. Mihos Ladikas, University of Central Lancashire, Preston, UK <i>Special Remarks:</i> Shri Jayant Prasad, Special Secretary (PD), Ministry of External Affairs, Government of India (TBC) <i>Inaugural Address:</i> H. E. Dr. A. P. J. Abdul Kalam, Former President of India <i>Vote of Thanks:</i> Dr. Sachin Chaturvedi, Senior Fellow, RIS, New Delhi
1200 hrs	Tes Break
1215-1330 hrs	Session I: Public Policy and Access to Health <i>Chair:</i> Dr. Biswajit Dhar, Director General, RIS, New Delhi <i>Topic:</i> Incentives for Innovation (Pull and push mechanisms); Partnerships for drug development <i>Speakers:</i> Dr. Andrew Alexandra, University of Melbourne Dr. K. Satyanarayana, Deputy Director General, ICMR, New Delhi Dr. Swati Bal-Tamhe, Vice-President, Piramal Life Sciences, Mumbai Dr. Dinesh Abrol, NISADS, New Delhi
1330-1430 hrs	Lunch Break
1430-1600 hrs	Session II: Pharmaceutical Innovation: Issues and Challenges <i>Chair:</i> Dr. T. Ramasami, Secretary, Department of Science and Technology, Government of India <i>Speakers:</i> Mr. Tapan Ray, Director General, Organisation of Pharmaceutical Producers of India (OPPI), Mumbai Dr. D. G. Shah, Indian Pharmaceutical Alliance, Mumbai Dr. G. J. Sureshbabu, Advisor, Department of Science and Technology (DST), New Delhi <i>Discussion:</i> Dr. Vasudha Madhwarani, Retd. Senior Deputy Director General, Indian Council of Medical Research (ICMR), Chennai Professor Fatima Alvarez-Castillo, Professor of Politics, University of the Philippines, Manila
1600-1615hrs	Tes Break
1615-1745 hrs	Session III: Health Impact Fund and Innova project <i>Chair:</i> Dr. Sun Xiao Yun, Deputy Director General, CASTED, Beijing <i>HIF Basics:</i> Dr. Mihos Ladikas, University of Central Lancashire, Preston, UK <i>Global Patent Debate:</i> Dr. Krishna Ravi Srinivas, Associate Fellow, RIS, New Delhi <i>Opinion Survey:</i> Dr. David Coles, Wageningen University, The Netherlands <i>Impact Measurement Issues:</i> Dr. Jon Pedersen, Head of Research & Deputy Managing Director, FAFO Institute for Applied International Studies, Norway HIF and Innova Project: Perspectives from China and India Prof. Guo Zhaoping, CASTED Dr. Sachin Chaturvedi, Senior Fellow, RIS
DAY II, May 13, 2011	
0930 hrs	Session IV: Mainstreaming Traditional Medicine in Public Health Discourse <i>Chair:</i> Ms. Anita Das Former Secretary, Department of AYUSH, New Delhi <i>Speakers:</i> Dr. Arvind Chopra, Director, Center for Rheumatic Diseases (CRD), Pune Dr. G. N. Qazi, Vice-Chancellor, Jamia Hamdard University, New Delhi Dr. Rama Jayaraman, AITMS, New Delhi Mr. T. C. James, Consultant, RIS, New Delhi <i>Discussion:</i> Dr. D. C. Katoch, Advisor, AYUSH, New Delhi Dr. Nandini Kumar, Consultant, ICMR
1100 hrs	Tes Break
1130 hrs	Panel Discussion: Perspectives from Chairs of Different Sessions <i>Chair:</i> Mr. Sanjay Datta, Joint Secretary, Ministry of Health, Government of India <i>Discussion:</i> Ms. Anita Das Former Secretary, Dept of AYUSH Dr. Sun Xiao Yun, Deputy Director General, CASTED Dr. K. Satyanarayana, Deputy Director General, ICMR Dr. Mihos Ladikas, University of Central Lancashire, UK Dr. Biswajit Dhar, Director General, RIS
1300 hrs	Lunch Break
1400 hrs	Internal Meeting – Innova P2 Partners

2) The Health Impact Fund – An Innovation in Global Health, Hosted by Norbert Neuser MEP, April 11 2011, European Parliament, Brussels



Karin Roth MP (Germany), and Dr Andris Piebalgs, EU Commissioner for Development, discuss the project's findings at the European Parliament meeting, 11 April 2011

This dissemination event took place at the European Parliament, targeting policy making communities in Europe. The keynote speech was made by the EU Commissioner for Development, Dr Andris Piebalgs, who showed keen interest in the work of the project and suggested further detailed discussions on HIF within the framework of the EU's development policy. Representation in this meeting included European policymakers, pharma industry, NGOs and a number of developing country ministerial officials.



The Health Impact Fund – An Innovation in Global Health

Hosted by Norbert Neuser, MEP

Monday, April 11th, 2011
12h30 – 14h45

Venue:
European Parliament
Room A1E-1
Rue Wiertz 60
1047 Brussels

The last decade has seen exceptional political attention to global health, resulting in a four-fold increase in resources for health care in low- and middle-income countries since 1990 to reach USD 21.8 billion in 2007. It has also led to a number of new health initiatives. Nevertheless, many diseases, particularly those common in developing countries still lack a cure and effective vaccines. There is hence an urgent need to think about new ways of addressing global health issues and particularly in regard to how the effectiveness of already existing structures can be enhanced in an innovative way. The European Commission funded project Innova-P2 has worked with a global team of experts on this issue and has found the Health Impact Fund (HIF) as the most promising solution for tackling global health problems more effectively – especially in regards to developing countries.

We hence cordially invite you to join us to discuss the concept of the HIF and the possibilities of its implementation with a selected group of global health specialist and committed politicians.

Draft Programme

- | | |
|-------|--|
| 12h30 | WELCOME
André Gärber , Director, FES Brussels
Karin Roth , Member of the German Bundestag |
| 12h40 | INTRODUCTION
The EU's Role in Global Health – Tackling Neglected Diseases in Developing Countries
Andris Piebalgs , EU Commissioner for Development |
| 12h55 | PRESENTATION
The Health Impact Fund (HIF) – An Innovation in Global Health
Thomas Pogge , Professor, Yale University and University of Central Lancashire |
| 13h15 | COMMENTS:
The HIF from an Indian Perspective
Satyanarayana Kanikaram , Deputy Director General of the Indian Council for Medical Research representative from the Indian government |

The HIF from the NGOs Perspective
Gorik Ooms, former president of Médecins sans frontières
The HIF from the Perspective of Pharmaceutical Companies
Thom Segerson, Vice President for Medical and Scientific Affairs, Bayer

13h30 DISCUSSION
Chair: **Miltos Ladikas**, Coordinator, Innova P2

14h30 WRAP-UP:
Potential Synergies with the Global Fund
Christoph Benn, Director External Relations, The Global Fund

14h45 End

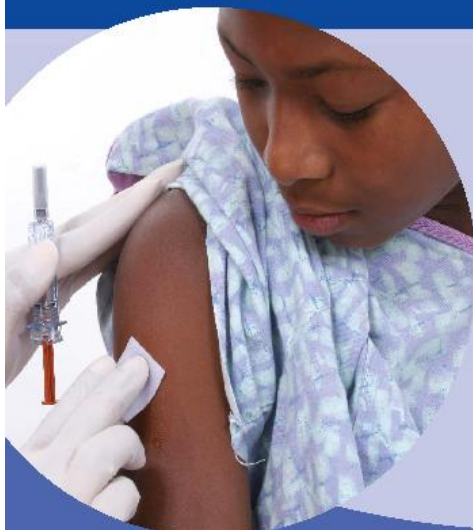
A sandwich lunch will be provided during the meeting.

Translation English – French – German

3) Pharmaceutical Innovation and Access to Life-Saving Medicine, University of Melbourne, 24-25 March 2010

The conference that took place at the University of Melbourne involved a number of key international experts in the area of access to health, including representations from the World Health Organisation and Novartis Foundation. The work of the project gained significantly from the input received during this dissemination event in order to tailor it further to the needs of the international policymaking community.

Pharmaceutical Innovation and Access to Life-Saving Medicines



Wednesday 24 March 2010

From 18.00 – 20.30

(incl. *FREE* wine reception and buffet)
Trinity College, Royal Parade

Prof. Peter Singer, Princeton and Melbourne
Dr. Joshua Kimani, Kenya Aids Control Project Nairobi



Thursday 25 March 2010

From 9.30 – 17.10

(incl. *FREE* lunch & wine reception) Queens' College, College Crescent

Prof. Tikki Pang, World Health Organization
Prof. Klaus Leisinger, Novartis Foundation
Prof. Aidan Hollis, University of Calgary
Prof. Judith Whitworth, Australian National University
Prof. Jack Beeton, University of New England
Prof. Jon Altman, Australian National University
Dr. Clive Aspin, University of Sydney
Roger Chennells, Cape Town
Professor Wu Qunhong, Harbin Medical University Beijing

Limited spaces for both events: please email Prof. Doris Schroeder at doriss@unimelb.edu.au to register for this *FREE* CAPPE event.

INNOVA P2



This workshop is supported by the Commonwealth of Australia under the International Science Linkages program.



Programme **Pharmaceutical Innovation and Access to Life-Saving Medicines**

24 March 2010 - Evening Event at Trinity College (18.00 – 20.30)

Prof. Doris Schroeder, University of Melbourne, Centre for Applied Philosophy and Public Ethics	18.00 – 18.05	Welcome and Introductions
Prof. Peter Singer, University of Melbourne and Princeton University	18.05 – 18.30	Intellectual Property Rights and Access to Life-Saving Medicines
Dr. Joshua Kimani, Clinical Research Director, Kenya Aids Control Project, Nairobi	18.30 – 18.50	Aids, Malaria, Tuberculosis – How Pharmaceutical Innovation fails the Poor
Discussion with audience	18.50 – 19.15	
Free Buffet Dinner and Wine Reception	19.15 – 20.30	

25 March 2010 - Day Event at Queen's College (9.30 – 17.10)

Tea and Coffee	9.30	
Prof. David Runia, Master of Queen's College	9.45 – 9.55	Welcome
Prof. Doris Schroeder, University of Melbourne, CAPPE	9.55 – 10.00	Purpose of Workshop
Intellectual Property Rights Reform Panel (10.00 – 12.30)		
Prof. Judith Whitworth, Australian National University	10.00 – 10.10	Setting the Context (Chair)
Prof. Tikki Pang, World Health Organization	10.10 – 10.30	Incentivising Pharma to Align Innovation with Global Public Health Needs – The Role of the WHO
Prof. Klaus Leisinger, President Novartis Foundation	10.30 – 10.50	Access to Life-Saving Medicines and the Corporate Responsibility Hierarchy
Prof. Aidan Hollis, University of Calgary	10.50 – 11.10	The Health Impact Fund
Tea break	11.10 – 11.30	
Discussion with Audience	11.30 – 12.30	
Lunch	12.30 – 13.45	

Traditional Medicines/Knowledge Panel (13.30 – 15.30)

Prof. Doris Schroeder, University of Melbourne, CAPPE	13.30 – 13.40	Setting the Context (Chair)
Prof. Jack Beetson, University of New England	13.40 – 14.10	Collaborating with the Pharmaceutical Industry – An Aboriginal Perspective
<i>The following panellists will speak for 10 minutes each, followed by a prepared question and answer session (questions to the panel can be sent with the registration email).</i>		
Roger Chennells, Legal Consultant for Indigenous Peoples, Cape Town	14.10 – 14.20	Collaborating with the Pharmaceutical Industry – Lessons from the Hoodia Case
Dr. Clive Aspin, Research Director SCIPPS, University of Sydney	14.20 – 14.30	The Role of Traditional Knowledge in Achieving Equitable Health Outcomes for Indigenous Peoples – A Maori Perspective
Prof. Jon Altman, Director Centre for Aboriginal Economic Policy Research, ANU	14.30 – 14.40	Intercultural Collaboration on Accessing Traditional Knowledge/ Medicine – A perspective from Australia's Indigenous estate
Question & Answer Session	14.40 – 15.00	
Tea break	15.00 – 15.20	
Discussion with Audience	15.20 – 16.00	

Traditional Medicine Innovation in China and India (16.00 – 17.10)

Professor Fatima Castillo, University of Manila, the Philippines	16.00 – 16.05	Setting the Context (Chair)
Professor Wu Qunhong, Harbin Medical University, Beijing	16.05 – 16.25	Chinese Approaches to Innovation in Traditional Medicine
Dr. Biswajit Dhar, Director RIS, New Delhi	16.25 – 16.45	Indian Approaches to Innovation in Traditional Medicine
Questions from Audience	16.45 – 17.00	
Dr. Mitos Ladikas, University of Central Lancashire, UK	17.00 – 17.10	Closing Remarks

- 75 places are available for each event.
- Registration by email (to doris@unimelb.edu.au) is **ESSENTIAL**.
- Preference will be given to those registering for both events.
- The event is **FREE**, including meals and drinks.

D4.5 Outcome of Foresight Analysis

Led by WU this report addressed a critical issue regarding the effectiveness of the HIF, ie acceptance by key stakeholders and end-users, including industry and national governments, and international organisations. A two stage, international, expert stakeholder Delphi survey was conducted to identify:

- Potential barriers to implementation of the Patent-2 scheme, and how these can be overcome.
- Requirements for acceptance, harmonisation and implementation of the Patent-2 scheme globally and by individual stakeholders.
- The conditions and approach required to develop an international consensus policy.

The results of the Delphi survey suggest that there is considerable stakeholder and end-user support for an HIF scheme in principle, although some practical difficulties will require resolution prior to practical implementation of an HIF (e.g. impact assessment). The work in this Deliverable suggested further opinion elaborations both within the Delphi study itself and also further work on impact assessment measures that has been undertaken by partner FAFO.

D4.6 OUP Book

The in principle agreement to publish a book that incorporates the Innova-P2 work has been finalised with the Oxford University Press. The book will contain a revised version of the Health Impact Fund based on the project results in terms of ethical argumentation, Intellectual Property Rights structures, impact assessment, stakeholder opinions, anti-gaming safety precautions, the Last Mile problematic and possibilities for regional initiatives.

The submitted content is as follows:

Table of Contents: Health Impact Fund Book

Preface

Table of Contents

Executive Summary

1. The Health Impact Fund: A Summary Overview

- The Health Impact Fund: Pay-for-Performance
- Why the Health Impact Fund Is Necessary
- Properties of the Health Impact Fund
- The HIF is not Charity for the Developing World
- How the Health Impact Fund Would Work
- The Health Impact Fund: Directions for Progress

2. Reward Mechanism

- Introduction
- Detailed Description of the Reward Mechanism
- Design Options
- Summary

3. Health Impact Measurement

- Introduction
- Measures of Health Impact
- Measuring Health Impact
- The Cost of Health Impact Assessment
- Foreseeable Difficulties
- Summary
- Comments: Joshua Salomon (Harvard)

4. Pricing

- Introduction
- Four mechanisms to control price
- Costs
- Mark-ups
- Innovation
- Effects on the generic industry
- Technical problems of implementation

Comments: Paul Grootendorst (U of Toronto)

5. Governance and Administration

Introduction and Summary

Governance

Administration

Expense of Administration

Comments: Devi Sridhar (All Souls College, Oxford University)

6. Financing the Health Impact Fund

The Commitment Term of the Funding Partners

Annual Contributions by the Funding Partners

The HIF Budget

Commencement of Funding

Leaving the Funding Partnership

Sharing the Cost of the HIF Budget

Coping with Uncertainty

Expanding the HIF over Time

Conclusion

Comments: Michael Hofmann (Executive Director for Germany, World Bank)

7. A Moral Argument for Instituting the Health Impact Fund

The Difficulty of Assessing Supranational Institutional Arrangements

Assessing TRIPS-pure through a Focused Comparison

Human Rights as a Globally Sharable Minimal Standard
of Institutional Assessment

The Applicability of Human Rights to Supranational Rules such as
TRIPS-Pure

Appeal to the Poor Being Doomed Anyway

Appeal to "*Volenti Non Fit Iniuria*"

The Libertarian Appeal to Property Rights

Comments: Peter Singer (Princeton)

8. The Last Mile Problem

What Is the Last Mile Problem?

Pharmaceutical Companies, the Health Impact Fund, and the
Last Mile Problem

Conclusion

Comments: Gorik Ooms (Antwerp, Institute of Tropical Medicine)

9. An Economic Analysis of Patents and the Health Impact Fund

Introduction

Patents

The Health Impact Fund and Its Relationship to Patents

Summary

Comments: Mark Pauly (U Penn, Wharton School)

10. Natural products and traditional medicines

Introduction

As in discussion paper

Comments: Sachin Chaturvedi (RIS: Research and Information System for Developing Countries)

11. Alternative and Complementary Solutions

Introduction

Governmental and Nongovernmental Direct Purchases

Drug Price Reduction Efforts

Patent Pools

Push Mechanisms

How the HIF fits with PDPs and open science

Pull Mechanisms

Conclusion

Comments: Kevin Outterson (Boston University)

12. Conclusion

Introduction

Steps forward

Appendix A: Poverty, Global Health, and Essential Medicines

Introduction

Income Poverty and Health

The Disease Burden in Developing Countries

Conclusion

Appendix B: Pharmaceutical Markets and Innovation

Introduction

Global Pharmaceutical Markets

Insurance and Pricing

Innovation and Patents

Bibliography

4.1.4. The potential impact and the main dissemination activities and exploitation of results.

Innova-P2 activities had significant impact on international debates and policymaking during the lifetime of the project and more importantly, produced a policy action blueprint that is taken up in Europe as well as China and India.

The reports on ethical argumentation as well as impact assessment were discussed with policymakers from India and China (during the first period bilateral meetings) as well as with officials from the World Health Organisation, medical foundations and NGOs (at the first main dissemination event in Melbourne, March 2010). As a result, the HIF was further discussed as a blueprint for bilateral action between India and China, it was included in the WHO debates on ways to increase access to medicines

globally and it was also included in discussions between the German foundation FES (Friedrich Ebert Stiftung) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The second period of the project showed even more concrete impact. Further bilateral discussions between Indian and Chinese policymakers resulted in a common action plan that was published in Chinese in the *Forum of Science & Technology* and presented in the project dissemination conference in New Delhi, thus reaching the wider policymaking communities of the two countries. A sign of the willingness to take up this suggestion was the fact that the Former President of India, HE Dr APJ Abdul Kalam, decided to open the Delhi project conference. At the same time, FES, The Global Fund, and the European Commission took up HIF in their debates on development policies in Europe. The project dissemination event in Brussels was attended by key policymakers, chief amongst them the European Commissioner for Development, Dr Piebalgs.

As a result of the above, the impact of the project beyond its lifetime is guaranteed to be significant. The reports, policy blueprints and debates that were instigated as part of the project are still expanding. In Europe, the discussions at the European Commission are including HIF; the German Social-Democratic Manifesto on development policy supports the creation of the HIF, and the Global Fund is discussing HIF as a possible part of its expanded remit. In India and China, the bilateral discussions on an HIF type of initiative focusing on traditional medicines are intensified and will hopefully result in the creation of the initiative in the near future.

The project resulted in a great number of dissemination activities, utilising the significant international networks affiliated with individual partners. The dissemination events at the European Parliament and New Delhi (as described above) are the most prominent events in relation to the difficult aim of involving high-level policymaking communities in the work of the project. However, members of the project have contributed on a number of publications and public events where the project, or aspects of it, have been publicly discussed, as well as a range of non-academic writings. Peer-reviewed publications and all dissemination events are listed below, see section 4.2:

Non-academic writings:

“The Health Impact Fund,” an exchange with Pfizer Executive Managing Director Philip Hedger, *Chemical and Engineering News* 86/48 (December 2008), 33-40.

“Globale medizinische Gerechtigkeit,” conversation with Thomas Mündle, *Die Furche* 48 (28 November 2008), 7.

“Geen aalmoezen geven, maar verantwoordelijkheid nemen,” interview with Aagje Leven, *Tijdschrift voor Mensenrechten* 6/1 (2008), 4-6.

["Companies Prodded to Develop Medicines to Help the Poor." January 9, 2010, *Globe and Mail*.](#)

[Thomas Pogge, Sinead Deery and Aidan Hollis, "Innovative Health Impact Fund Aims to Save Lives." *Edmonton Journal*, January 30, 2010.](#)

[The Philosopher's Zone: Thomas Pogge interviewed on "The Right to Property and the Right to Health." February 6, 2010.](#)

[Thomas Pogge and Aidan Hollis, "New-drug Fund Can Fix Thorny Pricing Problem." *Business Day*, March 11, 2010.](#)

Life-saving drugs to the poor, *The University of Melbourne Voice* Vol. 6, No. 5 3, May - 13 June 2010

"HIF Initiator Professor Thomas Pogge from Yale University," interview with Yonhap News (Seoul), August 15, 2010.

["A novel idea to spur life-saving drugs," OpEd with Peter Lindsay in *Atlantic Journal Constitution*, September 21, 2010.](#)

China, India 'should boost traditional medicine innovation', 23 May 2011, <http://www.scidev.net/en/health/traditional-medicine/news/china-india-should-boost-traditional-medicine-innovation--1.html>

On April 7, 2011, World Health Day, the Guardian UK's Poverty Matters Blog carried a feature on the HIF by Thomas Pogge, "How the Poor Can Pay for Life-Saving Medicines".

The push and pull in generic drugs, Biswajit Dhar, *Mint ePaper* 5/10/11.

4.1.5. The address of the project public website, if applicable as well as relevant contact details.

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4.2 Use and dissemination of foreground

Throughout the time span of Innova-P2, consortium members have been very active in disseminating the project results in relevant venues. Table A provides a detailed description of the dissemination activities for the past three years that relate to project work. Moreover, the project ended with two further major dissemination activities set to take shape after its official end. The first is the production of a book on HIF that is based on the work of the project. The Oxford University Press has shown keen interest in publishing the book and there is a preliminary deadline for publication in the second half of 2012. The second planned activity is the publication of the New Delhi conference proceedings in book form. The Cambridge University Press has already agreed a publication schedule with partners CASTED and RIS. Publication of this book is also expected in 2012.

Section A (public)

TEMPLATE A1: LIST OF SCIENTIFIC (PEER REVIEWED) PUBLICATIONS, STARTING WITH THE MOST IMPORTANT ONES

NO.	Title	Main author	Title of the periodical or the series	Number, date or frequency	Publisher	Place of publication	Year of publication	Relevant pages	Permanent identifiers ¹ (if available)	Is/Will open access ² provided to this publication?
1	<i>World Poverty and Human Rights: Cosmopolitan Responsibilities and Reforms, second, expanded edition;</i>	Pogge, T.			Polity Press	Cambridge	2008		http://www.amazon.com/World-Poverty-Human-Rights-Responsibilities/dp/0745629954	No
2	<i>Incentives for Global Public Health: Patent Law and Access to Essential Medicines</i>	Pogge, T. (ed)			Cambridge University Press	Cambridge	2010		http://www.cambridge.org/gb/knowledge/isbn/item2703038/?site_locale=en_GB	No
3	<i>Health Rights</i>	Pogge, T. (ed)			Ashgate	London	2010		http://www.gowerpub.com/default.aspx?page=639&edition_id=10982&title_id=7984&calctitle=1&lang=cy-gb	No
4	<i>The Health Impact Fund and Its Justification by Appeal to Human Rights</i>	Pogge, T.	<i>Journal of Social Philosophy</i>	40/4			2009	542–569	http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9833.2009.01470.x/full	Yes
5	<i>Health Care Reform that Works for the U.S. and for the World's Poor</i>	Pogge, T.	<i>Global Health Governance</i>	2/2			2009		www.ghgi.org/ http://www.ghgi.org/Pogge_Health%20Care%20Reform.pdf	Yes

¹ A permanent identifier should be a persistent link to the published version full text if open access or abstract if article is pay per view) or to the final manuscript accepted for publication (link to article in repository).

² Open Access is defined as free of charge access for anyone via Internet. Please answer "yes" if the open access to the publication is already established and also if the embargo period for open access is not yet over but you intend to establish open access afterwards.

6	<i>The Health Impact Fund: Boosting Innovation Without Obstructing Free Access</i>	Pogge, T.	Cambridge Quarterly of Healthcare Ethics	18/1 Winter			2009	78-86	http://journals.cambridge.org/action/displayJournal?jid=CQH	No
7	<i>Why We Need A New Approach to Pharmaceutical Innovation – A Pragmatic Answer to a Moral Question</i>	Pogge, T. & Schroeder, D.	in: Marc Noppen and Marleen Wynants (eds.) <i>In Sickness and Health – The Future of Medicine</i> ,		Universiteit Brussel Press	Brussels: Vrije	2009	197-213	http://www.amazon.co.uk/Sickness-Health-Future-Medicine-Crosstalks/dp/9054875496	No
8	<i>The use of Delphi methodology in agrifood policy development: Some lessons learned</i>	L.J. Frewer	Technological Forecasting & Social Change				2011	tbc	doi:10.1016/j.techfore.2011.05.005	No
9	<i>Policy Suggestion for China-India Traditional Medicine Health Impact Initiative</i>	Sachin Chaturvedi	Forum on Science and Technology in China	4		Beijing	2011	151-155		No
10	<i>Access to Life-Saving Medicines and Intellectual Property Rights – An Ethical Assessment</i>	Doris Schroeder	Cambridge Quarterly of Healthcare Ethics	Volume 20, Number 2 Spring			2011	279-89	http://journals.cambridge.org/action/displayJournal?jid=CQH	No
11	<i>Developing Medicines in Line with Global Public Health Needs – The Role of the World Health Organization.</i>	Tikki Pangestu	Cambridge Quarterly of Healthcare Ethics	Volume 20, Number 2 Spring			2011	290-97	http://journals.cambridge.org/action/displayJournal?jid=CQH	No
12	<i>Does the Pharmaceutical Sector have a Co-Responsibility to Secure the Human Right to Health?</i>	Doris Schroeder	Cambridge Quarterly of Healthcare Ethics	Volume 20, Number 2 Spring			2011	298-308	http://journals.cambridge.org/action/displayJournal?jid=CQH	No

13	<i>"Lifting all boats" – Access to Medicines and the Pharmaceutical Sector.</i>	Klaus Leisinger	Cambridge Quarterly of Healthcare Ethics	Volume 20, Number 2 Spring			2011	309-325	http://journals.cambridge.org/action/displayJournal?jid=CQH	No
14	<i>Collaborating with the Pharmaceutical Industry: An Aboriginal Perspective.</i>	Jack Beetson	Cambridge Quarterly of Healthcare Ethics	Volume 20, Number 2 Spring			2011	326-328	http://journals.cambridge.org/action/displayJournal?jid=CQH	No
15	<i>Epilogue – New Drugs for Neglected Diseases.</i>	Thomas Pogge	Cambridge Quarterly of Healthcare Ethics	Volume 20, Number 2 Spring			2011	329-334	http://journals.cambridge.org/action/displayJournal?jid=CQH	No
16	<i>New Approaches to Rewarding Pharmaceutical Innovation</i>	Thomas Pogge	Canadian Medical Association Journal	April 2011; 183			2011	681-685	doi:10.1503/cmaj.100375 http://www.cmaj.ca/cgi/content/citation/cmaj.100375v1	No
17	<i>The Health Impact Fund: a potential solution to inequity in global drug access</i>	Thomas Pogge	Indian Journal of Medical Ethics	Vol VII (4) Oct Dec 2010			2010	240-243	http://www.ijme.in/pdfs/issue184.html.pdf	Yes

TEMPLATE A2: LIST OF DISSEMINATION ACTIVITIES

NO.	Type of activities ³	Main leader	Title	Date	Place	Type of audience ⁴	Size of audience	Countries addressed
	<i>Workshop</i>	Prof. Gao Zhiqian	Workshop on Global Burden Diseases in China with China Disease Control and Prevention (CDC).	12-3-2008	Beijing	Scientific Community (higher education, Research) Civil Society, Policy makers,	20	China
	<i>Presentation</i>	Professor Thomas Pogge		4th February 2009	Yale University Bioethics Centre USA	Scientific Community (higher education, Research)	40	USA
	<i>Workshop</i>	Prof. Gao Zhiqian	Workshop on Economic assessment of Medicine	5-4-2009	PEKING University Health Science Center	Scientific Community (higher education, Research)	35	China

³ A drop down list allows choosing the dissemination activity: publications, conferences, workshops, web, press releases, flyers, articles published in the popular press, videos, media briefings, presentations, exhibitions, thesis, interviews, films, TV clips, posters, Other.

⁴ A drop down list allows choosing the type of public: Scientific Community (higher education, Research), Industry, Civil Society, Policy makers, Medias ('multiple choices' is possible).

	<i>Presentation</i>	Professor Thomas Pogge		6th April 2009	Georgetown University, Washington DC, USA O'Neill Center	Scientific Community (higher education, Research)	35	USA
	<i>Presentation</i>	Professor Doris Schroeder	"Can philosophers assist Africa?"	6 April 2009	Queen's College, University of Melbourne	Scientific Community (higher education, Research)	50	Australia
	<i>Presentation</i>	Professor Thomas Pogge	USA Poverty & Solidarity Program	28th April 2009	John Carroll University, Cleveland	Civil Society, Policy makers, Scientific Community (higher education, Research)	50	USA
	<i>Presentation</i>	Professor Thomas Pogge	Lecture Series: Novas Tendências na Filosofia dos Direitos Humanos	18th May 2009	Universidade do Minho, Braga Portugal, Centro de Estudos Humanísticos	Civil Society, Policy makers, Scientific Community (higher education, Research)	25	Portugal
	<i>Presentation</i>	Professor Thomas Pogge	USA Nord-Sud XXI	2nd June 2009	United Nations, New York,	Civil Society, Policy makers	55	USA
	<i>Presentation</i>	Professor Thomas Pogge		24th July 2009	Fudan University, Shanghai, China Institute for Advanced Studies	Scientific Community (higher education, Research)	40	China
	<i>Presentation</i>	Professor Doris	"Was schulden wir vulnerablen	31 August 2009	Europäische Akademie	Scientific	35	Germany

		Schroeder	Populationen in Entwicklungslandern?"		Bad Neuenahr,	Community (higher education, Research)		
	Conferences	Professor Thomas Pogge	14th Forum of National Ethics Councils.	18th September 2009	IVA Conference Centre, Stockholm Sweden,	Civil Society, Policy makers	40	International
	Conference	Professor Thomas Pogge	Conference on International Health.	29th October 2009	Ottawa Canada,	Civil Society, Policy makers, Scientific Community (higher education, Research)	150	International
	Presentation	Prof. Gao Zhiqian	Workshop in IPR of Medicine.	8-11-2009	Beijing	Civil Society, Policy makers, Scientific Community (higher education, Research)	25	China
	Presentation	Prof. Doris Schroeder	Trinity College, Melbourne	3 March 2010	The Human Right to Health and its Challenges	Scientific Community (higher education, Research)	20	Australia
	Presentation	Prof. Doris Schroeder	Queen's College, University of Melbourne	12 April 2010	Drugs for the Poor	Scientific Community (higher education, Research)	50	Australia
	Presentation	Prof. Doris	Trinity College, Melbourne	21 April 2010	Lecture about HIF and	Scientific	15	Australia

		Schroeder			Global Justice, MA Development studies students	Community (higher education, Research)		
	<i>Presentation</i>	Prof. Peter Singer	Trinity College, University of Melbourne	24 March 2010	Intellectual Property Rights and Access to Life-Saving Medicines	Scientific Community (higher education, Research). Civil Society, Policy makers	110	Australia
	<i>Presentation</i>	Mr TC James	Queen's College, University of Melbourne	25 March 2010	Indian Approaches to Innovation in Traditional Medicine	Scientific Community (higher education, Research)	70	Australia
	<i>Presentation</i>	Prof. Doris Schroeder	Sciences Po, Paris	24 June 2010	Access to Drugs and Human Rights – Corporate Responsibilities	Scientific Community (higher education, Research)	50 senior American and European bioethicists	France
	<i>Industry Consultation</i>	Dr Sachin Chaturvedi		22 nd July 2010	New Delhi	Scientific Community (higher education, Research)	15	India
	<i>Presentation</i>	Prof. Thomas Pogge	Harbin Medical School	4 th August 2010	Lecture and discussions	Scientific Community (higher education, Research)	35	China
	<i>Presentation</i>	Prof. Thomas Pogge	Yonsei University, Seoul	16 th August 2010	Roundtable with Academics and Policiticans	Scientific Community (higher education, Research). Civil	35	S Korea

						Society, Policy makers		
	<i>Presentation</i>	Prof. Thomas Pogge	Keio and Senshu Universities, Tokyo	20 th August 2010	Joint Seminar	Scientific Community (higher education, Research)	50	Japan
	<i>Presentation</i>	Prof. Thomas Pogge	FLACSO and CLASCO, Buenos Aires	23 rd August 2010	Joint Seminar	Scientific Community (higher education, Research). Civil Society, Policy makers	120	Argentina
	<i>Interviews</i>	Prof. Thomas Pogge	Buenos Aires	24 th August 2010	Interview with Pagina/12 journalist Maria Carbajal	Civil Society, Policy makers	1	Argentina
	<i>Presentation</i>	Thomas Pogge (Uclan)	University of Buenos Aires, Faculty of Law	26 th August 2010	Lecture and discussion	Scientific Community (higher education, Research)	250	Argentina
	<i>Workshop</i>	Prof. Thomas Pogge	CEPID and FAPESP, Sao Paolo	30 th August 2010	Joint Workshop	Scientific Community (higher education, Research)	50	Brazil
	<i>Presentation</i>	Prof. Thomas Pogge	Berlin	18 th September 2010	Workshop with FES and Medico International	Civil Society, Policy makers	120	Germany
	<i>Presentation</i>	Dr Sachin Chaturvedi	Study on Access to Medicine and Options from the Traditional Medicine Sector	20 th September 2010	National Institute of Siddha, Chennai	Scientific Community (higher education,	20	India

						Research) Industry		
	<i>Presentation</i>	Dr Sachin Chaturvedi	Meeting with NGOs and Industry	21 st September 2010	Institute of Ayurveda and Integrative Medicine, Bangalore	Civil Society, Policy makers Scientific Community (higher education, Research) Industry	35	
	<i>Presentation</i>	Prof. Thomas Pogge	Georgia State University, Jean Beer Blumenfeld Center for Ethics	23 rd September 2010	Mtg with Andrew Cohen And HIF presentation	Scientific Community (higher education, Research)	60	USA
	<i>Presentation</i>	Prof. Doris Schroeder	Bruederlicher Kreis, Unna-Hemmerde.	13 October 2010	Internationale Menschenrechte, Millennium Entwicklungsziele und die Obligationen der pharmazeutischen Industrie	Civil Society, Policy makers	15	Germany
	<i>Presentation</i>	Prof. Thomas Pogge	Washington	28 October 2010	Mtgs including presentation to about 50 people at the World Bank on HIF and also to members of the Global Health Council	Civil Society, Policy makers	50	USA
	<i>Presentation</i>	Dr Sachin Chaturvedi	Indian Institute of Integrative Medicine Jammu	7-8 February 2011	Meeting with integrative medicine experts	Scientific Community (higher education, Research). Civil Society, Policy		India

						makers		
	<i>Presentation</i>	Prof. Thomas Pogge	The European Parliament, Brussels	11 April 2011	The Health Impact Fund (HIF) – An Innovation in Global Health	Scientific Community (higher education, Research). Civil Society, Policy makers	50	International
	<i>Presentation</i>	Prof. Doris Schroeder	Trinity College, Melbourne	14 April 2011	Lecture about HIF and Global Justice, MA Development studies students	Scientific Community (higher education, Research)	15	Australia
	<i>Conference</i>	Prof. Thomas Pogge	The Hague	18 th April 2011	Presentation on HIF at the Responsible Innovation Conference	Scientific Community (higher education, Research). Civil Society, Policy makers	200	Netherlands
	<i>Presentation</i>	Dr Sachin Chaturvedi	Tamil Nadu Industrial Investment Corporation, Chennai and Centre for Studies in Traditional Medicine, Chennai	18 th April 2011	Meetings with health delivery experts and administrators	Scientific Community (higher education, Research). Civil Society, Policy makers	30	India
	<i>Presentation</i>	Dr K Ravi Srinivas	Karnataka Indian Medicine Manufacturers Association, Bangalore	23 rd May 2011	Industry Consultation on TM Industry in Karnataka cluster	Scientific Community (higher education, Research) Industry	18	India

	<i>Presentation</i>	Prof. Thomas Pogge	Berlin	25 th May 2011	AG Soziale Sicherheit and the Ethikrat	Scientific Community (higher education, Research). Civil Society, Policy makers	20	Germany
	<i>Conference</i>	Rosa Castillo	Philippine General Hospital, University of the Philippines Manila. Universalizing Health Care: Philippine Health Social Science Association National Conference	April 30, 2011	Gender-Based Barriers to Access to Health Care and Medicine: The Case of India and China	Scientific Community (higher education, Research). Civil Society, Policy makers	74	Philippines
	<i>Presentation</i>	Prof. Thomas Pogge	Pisa	9 th May 2011	HIF presentation at the Scuola Superiore Sant'Anna	Scientific Community (higher education, Research)	100	Italy
	<i>Presentation</i>	Prof. Thomas Pogge	Barcelona	12 th May 2011	HIF Presentation at Univeritat Autonomia de Barcelona	Scientific Community (higher education, Research)	150	Spain
	<i>Presentation</i>	Dr. Andrew Alexandra	International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi	12 – 13 May 2011	Incentives for Innovation (Pull and push mechanisms); Partnerships for drug development	Scientific Community (higher education, Research). Civil Society, Policy Makers, Industry	100	India
	<i>Presentation</i>	Dr Miltos	International Conference on	12 – 13 May 2011	HIF Basics	Scientific	100	India

		Ladikas	Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi			Community (higher education, Research). Civil Society, Policy makers Industry		
	<i>Presentation</i>	Dr. Krishna Ravi Srinivas	International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi	12 – 13 May 2011	Global Patent Debate	Scientific Community (higher education, Research). Civil Society, Policy makers Industry	100	India
	<i>Presentation</i>	Dr.David Coles	International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi	12 – 13 May 2011	Opinion Survey	Scientific Community (higher education, Research). Civil Society, Policy makers Industry	100	India
	<i>Presentation</i>	Dr. Jon Pedersen	International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi	12 – 13 May 2011	Impact Measurement Issues	Scientific Community (higher education, Research). Civil Society, Policy makers Industry	100	India

	<i>Presentation</i>	Prof. Gao Zhiqian Dr. Sachin Chaturvedi	International Conference on Equity and Access to Medicine: Role of Innovation and Institutions, New Delhi	12 – 13 May 2011	HIF and Innova Project: Perspectives from China and India	Scientific Community (higher education, Research). Civil Society, Policy makers Industry	100	India
	<i>Presentation</i>	Dr Sachin Chaturvedi	Kerala Ayurvedic Manufacturing Association, Thrissur	23 rd May 2011	Industry consultation on HIF	Scientific Community (higher education, Research) Industry	12	India
	<i>Presentation</i>	Mr TC James	Tropical Botanical Garden and Research Institute, Thiruvanthapuram	26 May 2011	Medicinal Plant Experts	Scientific Community (higher education, Research).	25	India
	<i>Presentation</i>	Dr Sachin Chaturvedi	Dhootpapeswar Ltd., Mumbai	27 May 2011	Industry experts	Scientific Community (higher education, Research). Industry	20	India
	<i>Presentation</i>	Dr K Ravi Srinivas	ICMR Advanced Centre for Reverse Pharmacology, Mumbai	28 May 2011	Reverse pharmacology and Ayurveda	Scientific Community (higher education, Research). Industry	15	India

Section B

This section is not applicable to Innova-P2

Part B1

The applications for patents, trademarks, registered designs, etc. shall be listed according to the template B1 provided hereafter.

The list should, specify at least one unique identifier e.g. European Patent application reference. For patent applications, only if applicable, contributions to standards should be specified. This table is cumulative, which means that it should always show all applications from the beginning until after the end of the project.

TEMPLATE B1: LIST OF APPLICATIONS FOR PATENTS, TRADEMARKS, REGISTERED DESIGNS, ETC.					
Type of IP Rights ⁵ :	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Application reference(s) (e.g. EP123456)	Subject or title of application	Applicant (s) (as on the application)

⁵ A drop down list allows choosing the type of IP rights: Patents, Trademarks, Registered designs, Utility models, Others.

Part B2

Please complete the table hereafter:

Type of Exploitable Foreground ⁶	Description of exploitable foreground	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Exploitable product(s) or measure(s)	Sector(s) of application ⁷	Timetable, commercial or any other use	Patents or other IPR exploitation (licences)	Owner & Other Beneficiary(s) involved
	<i>Ex: New superconductive Nb-Ti alloy</i>			<i>MRI equipment</i>	<i>1. Medical 2. Industrial inspection</i>	<i>2008 2010</i>	<i>A materials patent is planned for 2006</i>	<i>Beneficiary X (owner) Beneficiary Y, Beneficiary Z, Poss. licensing to equipment manuf. ABC</i>

In addition to the table, please provide a text to explain the exploitable foreground, in particular:

- Its purpose
- How the foreground might be exploited, when and by whom
- IPR exploitable measures taken or intended
- Further research necessary, if any
- Potential/expected impact (quantify where possible)

¹⁹ A drop down list allows choosing the type of foreground: General advancement of knowledge, Commercial exploitation of R&D results, Exploitation of R&D results via standards, exploitation of results through EU policies, exploitation of results through (social) innovation.

⁷ A drop down list allows choosing the type sector (NACE nomenclature) : http://ec.europa.eu/competition/mergers/cases/index/nace_all.html

4.3 Report on societal implications

Replies to the following questions will assist the Commission to obtain statistics and indicators on societal and socio-economic issues addressed by projects. The questions are arranged in a number of key themes. As well as producing certain statistics, the replies will also help identify those projects that have shown a real engagement with wider societal issues, and thereby identify interesting approaches to these issues and best practices. The replies for individual projects will not be made public.

A General Information *(completed automatically when Grant Agreement number is entered.*

Grant Agreement Number:

Title of Project:

Name and Title of Coordinator:

B Ethics

1. Did your project undergo an Ethics Review (and/or Screening)? <ul style="list-style-type: none"> If Yes: have you described the progress of compliance with the relevant Ethics Review/Screening Requirements in the frame of the periodic/final project reports? <p>Special Reminder: the progress of compliance with the Ethics Review/Screening Requirements should be described in the Period/Final Project Reports under the Section 3.2.2 'Work Progress and Achievements'</p>	0Yes 0No
2. Please indicate whether your project involved any of the following issues (tick box) :	NO
RESEARCH ON HUMANS	
• Did the project involve children?	
• Did the project involve patients?	
• Did the project involve persons not able to give consent?	
• Did the project involve adult healthy volunteers?	
• Did the project involve Human genetic material?	
• Did the project involve Human biological samples?	
• Did the project involve Human data collection?	
RESEARCH ON HUMAN EMBRYO/FOETUS	
• Did the project involve Human Embryos?	
• Did the project involve Human Foetal Tissue / Cells?	
• Did the project involve Human Embryonic Stem Cells (hESCs)?	
• Did the project on human Embryonic Stem Cells involve cells in culture?	
• Did the project on human Embryonic Stem Cells involve the derivation of cells from Embryos?	
PRIVACY	
• Did the project involve processing of genetic information or personal data (eg. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)?	
• Did the project involve tracking the location or observation of people?	
RESEARCH ON ANIMALS	

• Did the project involve research on animals?	
• Were those animals transgenic small laboratory animals?	
• Were those animals transgenic farm animals?	
• Were those animals cloned farm animals?	
• Were those animals non-human primates?	
RESEARCH INVOLVING DEVELOPING COUNTRIES	
• Did the project involve the use of local resources (genetic, animal, plant etc)?	
• Was the project of benefit to local community (capacity building, access to healthcare, education etc)?	
DUAL USE	
• Research having direct military use	0 No
• Research having the potential for terrorist abuse	
C Workforce Statistics	
3. Workforce statistics for the project: Please indicate in the table below the number of people who worked on the project (on a headcount basis).	
Type of Position	Number of Women Number of Men
Scientific Coordinator	0 2
Work package leaders	4 7
Experienced researchers (i.e. PhD holders)	3 1
PhD Students	0 0
Other	3 0
4. How many additional researchers (in companies and universities) were recruited specifically for this project?	
Of which, indicate the number of men:	0

D Gender Aspects

5. Did you carry out specific Gender Equality Actions under the project?	<input type="radio"/> <input type="radio"/>	Yes No
6. Which of the following actions did you carry out and how effective were they?		
	Not at all effective	Very effective
<input type="checkbox"/> Design and implement an equal opportunity policy	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="checkbox"/> Set targets to achieve a gender balance in the workforce	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="checkbox"/> Organise conferences and workshops on gender	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="checkbox"/> Actions to improve work-life balance	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> Other:		
7. Was there a gender dimension associated with the research content – i.e. wherever people were the focus of the research as, for example, consumers, users, patients or in trials, was the issue of gender considered and addressed?		
<input type="radio"/> Yes	<div>A gender analysis of core issues was produced</div>	
<input type="radio"/> No		

E Synergies with Science Education

8. Did your project involve working with students and/or school pupils (e.g. open days, participation in science festivals and events, prizes/competitions or joint projects)?	<input type="radio"/> Yes- please specify	
	<input type="radio"/> No	
9. Did the project generate any science education material (e.g. kits, websites, explanatory booklets, DVDs)?	<input type="radio"/> Yes- please specify	
	<input type="radio"/> No	

F Interdisciplinarity

10. Which disciplines (see list below) are involved in your project?	<input type="radio"/> Main discipline ⁸ : 1.1, 5.2, 5.4, 6.3	<input type="radio"/> Associated discipline ⁸ : 1.3, 1.5, 3.2, 5.1,	<input type="radio"/> Associated discipline ⁸ :
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G Engaging with Civil society and policy makers

11a Did your project engage with societal actors beyond the research community? (if 'No', go to Question 14)	<input type="radio"/> <input type="radio"/>	Yes No
11b If yes, did you engage with citizens (citizens' panels / juries) or organised civil society (NGOs, patients' groups etc.)?	<input type="radio"/> No	

⁸ Insert number from list below (Frascati Manual).

<input type="radio"/> Yes- in determining what research should be performed <input type="radio"/> Yes - in implementing the research <input type="radio"/> Yes, in communicating /disseminating / using the results of the project					
11c In doing so, did your project involve actors whose role is mainly to organise the dialogue with citizens and organised civil society (e.g. professional mediator; communication company, science museums)?				<input type="radio"/> <input type="radio"/>	Yes No
12. Did you engage with government / public bodies or policy makers (including international organisations)					
<input type="radio"/> No <input type="radio"/> Yes- in framing the research agenda <input type="radio"/> Yes - in implementing the research agenda <input type="radio"/> Yes, in communicating /disseminating / using the results of the project					
13a Will the project generate outputs (expertise or scientific advice) which could be used by policy makers? <input type="radio"/> Yes – as a primary objective (please indicate areas below- multiple answers possible) <input type="radio"/> Yes – as a secondary objective (please indicate areas below - multiple answer possible) <input type="radio"/> No					
13b If Yes, in which fields?					
Agriculture Audiovisual and Media Budget Competition Consumers Culture Customs Development Economic and Monetary Affairs Education, Training, Youth Employment and Social Affairs		Energy Enlargement Enterprise Environment External Relations External Trade Fisheries and Maritime Affairs Food Safety Foreign and Security Policy Fraud Humanitarian aid		Human rights Information Society Institutional affairs Internal Market Justice, freedom and security Public Health Regional Policy Research and Innovation Space Taxation Transport	

13c If Yes, at which level? <ul style="list-style-type: none"> <input type="radio"/> Local / regional levels <input type="radio"/> National level <input type="radio"/> European level <input type="radio"/> International level 		
H Use and dissemination		
14. How many Articles were published/accepted for publication in peer-reviewed journals?		17
To how many of these is open access⁹ provided?		3
How many of these are published in open access journals?		3
How many of these are published in open repositories?		
To how many of these is open access not provided?		14
Please check all applicable reasons for not providing open access:		
<input type="checkbox"/> publisher's licensing agreement would not permit publishing in a repository <input type="checkbox"/> no suitable repository available <input type="checkbox"/> no suitable open access journal available <input type="checkbox"/> no funds available to publish in an open access journal <input type="checkbox"/> lack of time and resources <input type="checkbox"/> lack of information on open access <input type="checkbox"/> other ¹⁰ :		All of these.
15. How many new patent applications ('priority filings') have been made? <i>("Technologically unique": multiple applications for the same invention in different jurisdictions should be counted as just one application of grant).</i>		n/a
16. Indicate how many of the following Intellectual Property Rights were applied for (give number in each box).	Trademark	0
	Registered design	0
	Other	0
17. How many spin-off companies were created / are planned as a direct result of the project?		0
<i>Indicate the approximate number of additional jobs in these companies:</i>		
18. Please indicate whether your project has a potential impact on employment, in comparison with the situation before your project:		
<input type="checkbox"/> Increase in employment, or <input type="checkbox"/> Safeguard employment, or <input type="checkbox"/> Decrease in employment, <input type="checkbox"/> Difficult to estimate / not possible to quantify	<input type="checkbox"/> In small & medium-sized enterprises <input type="checkbox"/> In large companies <input type="checkbox"/> None of the above / not relevant to the project	

⁹ Open Access is defined as free of charge access for anyone via Internet.

¹⁰ For instance: classification for security project.

19. For your project partnership please estimate the employment effect resulting directly from your participation in Full Time Equivalent (FTE = one person working fulltime for a year) jobs:	<i>Indicate figure:</i> <input type="checkbox"/>												
I Media and Communication to the general public													
20. As part of the project, were any of the beneficiaries professionals in communication or media relations? <input type="radio"/> Yes <input type="radio"/> No													
21. As part of the project, have any beneficiaries received professional media / communication training / advice to improve communication with the general public? <input type="radio"/> Yes <input type="radio"/> No													
22 Which of the following have been used to communicate information about your project to the general public, or have resulted from your project? <table border="1" data-bbox="225 936 1469 1176"> <tr> <td><input type="checkbox"/> Press Release</td> <td><input type="checkbox"/> Coverage in specialist press</td> </tr> <tr> <td><input type="checkbox"/> Media briefing</td> <td><input type="checkbox"/> Coverage in general (non-specialist) press</td> </tr> <tr> <td><input type="checkbox"/> TV coverage / report</td> <td><input type="checkbox"/> Coverage in national press</td> </tr> <tr> <td><input type="checkbox"/> Radio coverage / report</td> <td><input type="checkbox"/> Coverage in international press</td> </tr> <tr> <td><input type="checkbox"/> Brochures /posters / flyers</td> <td><input type="checkbox"/> Website for the general public / internet</td> </tr> <tr> <td><input type="checkbox"/> DVD /Film /Multimedia</td> <td><input type="checkbox"/> Event targeting general public (festival, conference, exhibition, science café)</td> </tr> </table>		<input type="checkbox"/> Press Release	<input type="checkbox"/> Coverage in specialist press	<input type="checkbox"/> Media briefing	<input type="checkbox"/> Coverage in general (non-specialist) press	<input type="checkbox"/> TV coverage / report	<input type="checkbox"/> Coverage in national press	<input type="checkbox"/> Radio coverage / report	<input type="checkbox"/> Coverage in international press	<input type="checkbox"/> Brochures /posters / flyers	<input type="checkbox"/> Website for the general public / internet	<input type="checkbox"/> DVD /Film /Multimedia	<input type="checkbox"/> Event targeting general public (festival, conference, exhibition, science café)
<input type="checkbox"/> Press Release	<input type="checkbox"/> Coverage in specialist press												
<input type="checkbox"/> Media briefing	<input type="checkbox"/> Coverage in general (non-specialist) press												
<input type="checkbox"/> TV coverage / report	<input type="checkbox"/> Coverage in national press												
<input type="checkbox"/> Radio coverage / report	<input type="checkbox"/> Coverage in international press												
<input type="checkbox"/> Brochures /posters / flyers	<input type="checkbox"/> Website for the general public / internet												
<input type="checkbox"/> DVD /Film /Multimedia	<input type="checkbox"/> Event targeting general public (festival, conference, exhibition, science café)												
23 In which languages are the information products for the general public produced? <table border="1" data-bbox="225 1249 1013 1317"> <tr> <td><input type="checkbox"/> Language of the coordinator</td> <td><input type="checkbox"/> English</td> </tr> <tr> <td><input type="checkbox"/> Other language(s)</td> <td></td> </tr> </table>		<input type="checkbox"/> Language of the coordinator	<input type="checkbox"/> English	<input type="checkbox"/> Other language(s)									
<input type="checkbox"/> Language of the coordinator	<input type="checkbox"/> English												
<input type="checkbox"/> Other language(s)													

Question F-10: Classification of Scientific Disciplines according to the Frascati Manual 2002 (Proposed Standard Practice for Surveys on Research and Experimental Development, OECD 2002):

FIELDS OF SCIENCE AND TECHNOLOGY

1. NATURAL SCIENCES

- 1.1 Mathematics and computer sciences [mathematics and other allied fields: computer sciences and other allied subjects (software development only; hardware development should be classified in the engineering fields)]
- 1.2 Physical sciences (astronomy and space sciences, physics and other allied subjects)
- 1.3 Chemical sciences (chemistry, other allied subjects)
- 1.4 Earth and related environmental sciences (geology, geophysics, mineralogy, physical geography and other geosciences, meteorology and other atmospheric sciences including climatic research, oceanography, vulcanology, palaeoecology, other allied sciences)
- 1.5 Biological sciences (biology, botany, bacteriology, microbiology, zoology, entomology, genetics, biochemistry, biophysics, other allied sciences, excluding clinical and veterinary sciences)

2. ENGINEERING AND TECHNOLOGY

- 2.1 Civil engineering (architecture engineering, building science and engineering, construction engineering, municipal and structural engineering and other allied subjects)
- 2.2 Electrical engineering, electronics [electrical engineering, electronics, communication engineering and systems, computer engineering (hardware only) and other allied subjects]
- 2.3. Other engineering sciences (such as chemical, aeronautical and space, mechanical, metallurgical and materials engineering, and their specialised subdivisions; forest products; applied sciences such as geodesy, industrial chemistry, etc.; the science and technology of food production; specialised technologies of interdisciplinary fields, e.g. systems analysis, metallurgy, mining, textile technology and other applied subjects)

3. MEDICAL SCIENCES

- 3.1 Basic medicine (anatomy, cytology, physiology, genetics, pharmacy, pharmacology, toxicology, immunology and immunohaematology, clinical chemistry, clinical microbiology, pathology)
- 3.2 Clinical medicine (anaesthesiology, paediatrics, obstetrics and gynaecology, internal medicine, surgery, dentistry, neurology, psychiatry, radiology, therapeutics, otorhinolaryngology, ophthalmology)
- 3.3 Health sciences (public health services, social medicine, hygiene, nursing, epidemiology)

4. AGRICULTURAL SCIENCES

- 4.1 Agriculture, forestry, fisheries and allied sciences (agronomy, animal husbandry, fisheries, forestry, horticulture, other allied subjects)
- 4.2 Veterinary medicine

5. SOCIAL SCIENCES

- 5.1 Psychology
- 5.2 Economics
- 5.3 Educational sciences (education and training and other allied subjects)
- 5.4 Other social sciences [anthropology (social and cultural) and ethnology, demography, geography (human, economic and social), town and country planning, management, law, linguistics, political sciences, sociology, organisation and methods, miscellaneous social sciences and interdisciplinary, methodological and historical S1T activities relating to subjects in this group. Physical anthropology, physical geography and psychophysiology should normally be classified with the natural sciences].

6. HUMANITIES

- 6.1 History (history, prehistory and history, together with auxiliary historical disciplines such as archaeology, numismatics, palaeography, genealogy, etc.)
- 6.2 Languages and literature (ancient and modern)
- 6.3 Other humanities [philosophy (including the history of science and technology) arts, history of art, art criticism, painting, sculpture, musicology, dramatic art excluding artistic "research" of any kind, religion, theology, other fields and subjects pertaining to the humanities, methodological, historical and other S1T activities relating to the subjects in this group]