

Access to healthcare

Our greatest contribution to society is through our products, which help to prevent and cure diseases, hasten recovery and alleviate symptoms – improving quality of life and saving lives.

Our products also provide economic benefits by reducing treatment times, minimising hospital stays and speeding patients' return to work.

But healthcare needs and standards vary greatly around the world. So does public awareness of the causes, prevention and treatment of disease. All those involved must play a part in increasing access to healthcare. The healthcare industry is one of many players in the provision of healthcare. In discovering and developing medical products and diagnostic tests, we take seriously our responsibility to facilitate access to our products and services around the world. We work with other key players – such as regional and local governments, NGOs and healthcare professionals – to develop programmes appropriate for different regions that increase access to our products for those who need them.

Global access to healthcare

We sell our products in approximately 180 countries, where patients can access them through doctors, hospitals and pharmacies.

Patients taking part in clinical trials of new tests and medicines receive those products for free. We continue to provide medicines at no cost to patients who still need them when the trial has ended, until the product is commercially available. We only perform clinical trials in countries where we intend to apply for marketing approval.

In 2007 we ran over 100 clinical trials, involving over 17,000 hospitals and clinics worldwide. As a result, 201,752 patients received free medicines and care.

Access for those most in need

The world's poorest countries are also those hardest hit by disease, and have limited access to healthcare. There are many reasons for this, including lack of infrastructure, availability of clinicians and laboratories, and the price of medicines. We are committed to increasing and sustaining the availability of our medicines in resource-poor countries, through:

- Fair patent and pricing policies
- Partnership working with governments, NGOs and other organisations
- Education, training and knowledge-sharing.

We need patents to ensure that our products are used and we are compensated for our investment in innovation. This allows us to continue to develop new medicines and tests that improve and save lives. However, to increase access to those most in need, we do not file patents on any new products or enforce any existing patents in the least developed countries (LDCs) as defined by the United Nations.

We offer our second line HIV/AIDS medicines Viracept and Invirase at no-profit prices to the LDCs. We also offer Valcyte, our treatment for CMV retinitis (an eye condition common in those suffering from HIV/AIDS), at a substantially reduced price to not-for-profit HIV/AIDS treatment programmes in the LDCs and sub-Saharan Africa.

Drug donations are not a significant element of the strategy, as they do not support sustainable treatment. Unlike emergency aid such as food, painkillers and vaccines, chronic diseases such as HIV/AIDS require life-long monitoring and therapy. We believe it is unethical to donate drugs without the guarantee of an indefinite supply or clinical monitoring of their use.

Instead, we are involved in a number of programmes to help improve the resources, knowledge and expertise available in developing countries in

Roche launches drug development centre in Shanghai

In October 2007 we launched the first fully-functioning drug development centre in Asia (excluding Japan), a move that will dramatically increase our competitiveness in the region.

With more than 90 employees, the Pharma Development Centre in Shanghai has all the basic skills required to carry out clinical development activities. It will initially focus on developing innovative cancer, arthritis and anemia therapies using Roche's new drugs to target these diseases.

Until now, drug development has taken place in Europe and North America. Patients in China must wait up to five years for medicines already approved in the US. But because of rapid economic growth and improved scientific capabilities in China, pharmaceutical companies are moving elements of R&D there to capitalise on the increased market opportunities.

The development centre, along with the research centre we established in China in 2004, makes Roche the first company to bring to Asia all the components required to fully develop a product in the clinical phase.

By developing drugs in China and increasing the number of Chinese patients taking part in clinical trials globally, we hope to get drugs registered and brought to Chinese patients more quickly. There is a particular need to speed up the approval of innovative treatments for cancer, a fast growing killer in China.

the longer term. Below are progress updates for 2007 for some of our most significant access programmes.

Cambodia Treatment Access Programme (CTAP): This public-private partnership aims to help combat HIV/AIDS. In 2007 Roche committed to fully fund the operational costs of CTAP's clinic in Phnom Penh for a further year. The Cambodian Ministry of Health is identifying other sources of funding, both national and international, to help the clinic become fully independent of Roche. Over 1,700 patients have visited the clinic at its new site since September 2006.

Technology Transfer Initiative (TTI): Through the TTI, Roche employees provide the technical expertise (free of charge) to produce saquinavir, our sec-

ond-line HIV medicine, to local manufacturers in the LDCs and sub-Saharan Africa. The manufacturers can then freely produce the drug for use in the LDCs and sub-Saharan Africa because, in line with Roche policy, we do not enforce the patent in these countries. We signed agreements with two additional manufacturers in 2007 in Ethiopia and Zimbabwe, and four additional agreements in Bangladesh, Kenya, Tanzania and Zimbabwe were announced in early 2008. Nine manufacturers have signed up since the TTI was launched in January 2006. Manufacturers can also use their new expertise to make other products, as described by Archibald Chimuka, Director of Regulatory Affairs, Varichem Pharmaceuticals, Zimbabwe:

'For us the benefits go beyond the production of saquinavir, the TTI improves our entire technical and quality systems.'

NGO pilot training scheme: The Roche Centre for Applied Development provides clinical pharmacology, sample handling and drug supply management services. The centre is partnering with NGOs to help them build healthcare capacity in developing countries. We are sponsoring pharmacists and doctors from LDCs to spend between three and six months at a Roche clinical pharmacology unit. The training will concentrate on the requirements for registering pharmaceuticals, good clinical practice and drug development, as well as the conduct of Phase I studies. Trainees will then use their new skills to manage clinical trials in their own countries.

Working with public health organisations: Roche is working with international public health organisations to help increase access to laboratory services. Together with organisations such as the Clinton Foundation HIV/AIDS initiative, we are providing sustainable diagnostic solutions for early infant diagnosis in 35 resource-limited countries. Our innovative dried blood spot technology has further increased access to laboratory tests and HIV care for people living in rural areas. Other initiatives include HIV monitoring for patients on government ARV programmes, the development of screening techniques for tuberculosis and resistant strains, and capacity-building initiatives such as our training academies.

Rochagan technology transfer: In 2003, we shared the methodology for manufacturing Rochagan – the only commercially available treatment for Chagas disease – with the Brazilian government. The intention is for them to supply the drug globally now that Roche has ceased production. In November 2007 the state-owned manufacturers released the first batch of 200,000 units to the Ministry of Health, for distribution in Brazil. The value of donating this technology has been estimated at over 1 million Swiss francs.

There is a full list of our programmes to increase access to medicines and share our expertise on our website at www.roche.com/sus-access_summary

Access in lower middle-income countries

We recognise that some more developed countries also need help to make healthcare available to all those in need. We continue to supply our second-line HIV medicines at reduced prices in the low and lower middle-income countries as defined by the World Bank – 56 nations in total.

Access in the developed world

Even in wealthier countries, those on lower incomes can struggle to afford healthcare, or the insurance to pay for it. In the United States, we support several patient assistance programmes providing free healthcare to people who have no or inadequate health insurance. In 2007 over 34,000 patients benefited from these programmes.

Genentech launched its Avastin Patient Assistance programme in February 2007. This provides patients being treated for an FDA-approved cancer indication, and who reach a dosage of 10,000mg within a year, with free Avastin for the remainder of the 12-month period. The programme is open to all patients receiving Avastin, regardless of insurance coverage.

Roche also sponsors the National Foundation for Transplants' Home Away from Home programme in the US. This provides free hotel accommodation to transplant patients and their families who need to stay near the hospital during transplant operations and related care. Roche's support helped more than 100 patients in 2007.

Roche Group access programmes in 2007

Patients taking part in phase I-IV trials globally	201,752
% of all HIV/AIDS patients living in countries eligible for no-profit Roche medicines	63%
% of all HIV/AIDS patients living in countries eligible for reduced-price Roche medicines	86%
Patients benefiting from patient assistance programmes (USA only)	34,482

Goal: Continue to develop innovative medicines and ways to increase access to our products globally.

More on the web:

- Progress and goals: www.roche.com/sus-progress_goals
- Access to healthcare: www.roche.com/sus-access_programmes
- HIV/AIDS medicine patent and pricing policies: www.roche-hiv.com
- Roche Patient Assistance Foundation: www.rocheusa.com/programs/patientassist.asp
- Genentech Patient Access Programs: www.gene.com/gene/products/access
- Chugai Pharmaceutical Corporate Social Responsibility Report: www.chugai-pharm.co.jp/english/corporate/csr



A chemotherapy patient receiving NeoRecormon during dialysis

Anemia. An abnormally low red blood cell count, usually due to chronic kidney disease or cancer chemotherapy. Worldwide more than 500 million people suffer from anemia, which can cause debilitating fatigue and severely reduce quality of life. Genetically engineered medicines from Roche correct anemia by stimulating the production of red blood cells. As a result, they also prevent potential long-term complications, including decreased survival in cancer patients and cardiovascular disease.