Mexico Dolder Group Meeting September 27, 2011

Related Dolder Themes and 2011 Recommendations	Progress to Date	Recommended Next Steps	Responsible Party and Due Date
Vision statements and strategic plans	Vision statement and strategic plan in place, to be reviewed at November Strategy session and updated as necessary.	Update as necessary in November strategy session.	AMIIF Board
	Development of a crisis management communications plan is a best practice and should be replicated in other markets by our associations.	AMIIF still very reactive to changes in the environment – must strive to build infrastructure so they can be proactive.	AMIIF Board
Alignment with Global Policies			
Rec: Balance short- term vision of GMs with longer term regional/global perspectives.		Need to develop a pharmaceuticals strategy coherent with government objectives as base platform for industry and to ensure internal company coherence.	AMIIF Board and staff with PhRMA assistance
Rec: Improve cross- regional/association sharing of best practices related to advocacy.			
Rec: Consider renewing membership in FIFARMA or creating other informal	Regional Cooperation: AMIIF participated in regional meetings of associations to set parameters for renewal of membership in FIFARMA. Expectations are that AMIIF and	Consider rejoining FIFARMA when conditions are met.	AMIIF Board

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Recommendations			
mechanisms to share information on regional developments and coordinate on PAHO and WHO activities in the region.	the Brazilian association will rejoin next year, which will improve ability to advocate on region-wide issues, e.g., at PAHO		
Rec: Broaden scope of coherent materials to include pricing and reimbursement and health system policy issues	Access Commission is developing materials, but seeks more analytic support on access issues including comparative data from European markets.	PhRMA to work with IMAP experts to support AMIIF Access Commission analytic needs. Specifically, AMIIF needs significant analytical support to strengthen advocacy around access, pharmaco-economics, and HTA, including training (internal and external.)	PhRMA and AMIIF Access Committee (Q4 2011/Q1 2012)
Tangible objectives			
Rec: Narrow focus of advocacy priorities to fewer "asks"	Better focus achieved in IPR; now underway in access area, using IPR approach as model.		AMIIF Q4 2011/Q1 2012
 Association Leadership, Governance, and Participation 	Leadership of Organization: AMIIF has established a new structure, with "Commissions" led by a GM Chair and Vice Chair as well as a Secretary from AMIIF staff, aligned with the association's key priorities (access, IP, regulatory, image,	Continue implementation as established and refine as necessary after November strategy session.	AMIIF: Through 2012

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	lobbying). AMIIF's internal website provides information on the issues, meetings, activities of each Commission to ensure transparency, inclusion, and accountability. Both structure and practice should be considered industry best practice.		
	AMIIF progress has been hampered by turnover in GMs (6 new GMs in top 10 companies)	Consolidate engagement with new GMs and encourage active participation in 2012. Outreach to new GMs is planned.	AMIIF
Rec: Consider elimination of LAWG and European Association and direct all resources to AMIIF.	Meetings of the European Group are currently suspended; while LAWG is still active, there are now joint objectives/meetings, shared funding and cooperation on advocacy with AMIIF.	AMIIF to determine whether (and when) LAWG should be eliminated and all funding should move through AMIIF.	AMIIF
Rec: Consider mechanism to encourage more focused priorities and streamlined decision-making processes.	Annual strategy meetings are the key mechanism for identifying priorities and integrating them into committee work. This is working well.		
Rec: Re-evaluate use of consultants in favor of in-house expertise.	AMIIF has reduced reliance on outside consultants by hiring several new professional staff. May wish to consider		AMIIF

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Members Commitment	further augmenting permanent staff with lobbying expertise in 2013 after recent staff is consolidated.		
Rec: GMs should be directed by CEOs/executives to participate more actively in AMIIF activities, with clear accountability in company plans.	Letters sent from CEOs or Senior Executives to most GMs over last three months, some notable improvement in engagement, but more is needed. GM engagement improved through new organizational structure, but more engagement is still necessary. Some members have only participated in Board meetings once in the year.	Leadership group to continue to engage GMs and encourage ongoing or increased participation. Dolder Group representatives should continue to monitor and encourage GM participation throughout the year.	Dolder Leadership Group and Member Regional Executives, through 2012.
Rec: PhRMA and EFPIA to review AMIIF internal tracking website as a best practice useful in other markets, including PhRMA and EFPIA.	Dolder Group has listed AMIIF internal tracking site as a best practice and is sharing with other markets.	Share at regional meetings of members and national associations, as appropriate and at upcoming Dolder Association meeting.	Dolder Group, PhRMA, EFPIA in 2012.
Adequacy of Association Resources	Additional resources and support needed, particularly on analytics to support access work and messaging .	See above.	
Rec: Expand messaging for all advocacy efforts	AMIIF wants to be a strategic partner of government but needs strengthened	Support data needs on access issue (PhRMA IMAP, EFPIA) and bring in	PhRMA to coordinate regional experts Q4 2011/Q1

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to provide more politically targeted and publicly compelling information on industry value to patients, the value of industry science, innovation and the pharmaceutical ecosystem.	industry value proposition messaging (need to better define why we matter)	other regional experts (Asia, Europe teams) for workshop.	2012
Rec: Increase industry presence at key healthcare events in Mexico and regionally.	No action to date.		
Rec: Develop new efforts to reach out to other constituencies, e.g., consumer groups, unions, more patient groups	AMIIF must improve its ability to leverage patient organizations; capacity building of such organizations necessary.	PhRMA has agreed to do capacity building/training in patient group outreach and management in 2012.	PhRMA with AMIIF
Rec: Direct additional resources toward improvement of industry image with government and other stakeholders and training key staff on advocacy, PR, lobbying and leadership.	Significant work on industry image under way, but more facts are necessary.	(See recommendations above and below re: augmenting analytic work, and specific training needs, e.g., stakeholder training.)	PhRMA/AMIIF

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Relationship with Government		To combat budget-driven policies, consider pilot program to measure quality outcomes (i.e., demonstrate	
Rec: Improve capacity to understand and	Dialogue increased with some government actors but pre-election strategy is still not	benefits of rational use of medicines	
work with government priorities in partnership	fully in place.	New access issue related to methodology of national basic formulary transparency requires immediate support. Need data to drive advocacy around this issue and to gain support/advocacy by patient groups.	
Rec: Train local teams on lobbying techniques, substance, message on key policy issues to improve advocacy capacity.	Initial advocacy training held earlier in 2011.	Advocacy workshop planned for November 2011 – need some ex-Latin America industry experts to help build agenda Educational engagement on IP should be maintained as there will be many inexperienced officials elected in 2012	
Stakeholder Engagement			
Rec: Requested assistance in training on patient group outreach.		PhRMA Alliance Development to provide training in 2012. Specific date needs to be established.	

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Rec: Broaden efforts to	Still needs work.	Build credibility with stakeholders and	
establish alliances		base advocacy on a few positive	
beyond direct political		platforms (e.g., healthy aging, quality	
actors.		of medicines, rural healthcare,	
Improve/accelerate		childhood obesity, etc.)	
implementation of			
outreach to		Mapping of NGO and other potential	
congressional and		partners would be important next	
administration officials		step.	
and undertake mapping			
exercise of NGOs and			
other stakeholders,			
with broader			
consideration of			
possible coalition			
partners on specific			
issues.			
Rec: Provide additional			
funding to expand			
public			
affairs/educational			
messaging.			
Rec: Partner with	AMIIF established a highly successful	Continue campaign and/or devise	
generic and other	campaign to educate consumers on the	additional issues to pursue in	
stakeholders in public	need to rely on doctor's prescriptions	coalitions using doctor-based	
service messaging	rather than on untrained local pharmacists	prescription campaign as a model.	
should be expanded.	in partnership with generic association and	p. coonpeton campaign as a model.	
one and expense of	other stakeholders.		
	333.33333.		

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Rec: Consider support for establishment of a regional think tank or association with expertise in health systems and P&R issues.	AMIIF has begun to consider supporting a university program on HTA or related issues.		