

Public policy and external affairs

Headlines

- **Advocated for the creation of a global strategy to address pandemic flu**
- **Advocated investment in chronic disease prevention and treatment**
- **Advocated stronger intellectual property rights and investment in healthcare in India**
- **Updated our guidelines so that GSK funding should make up no more than 25 per cent of a patient group's overall income**
- **Became the first pharmaceutical company to publish information on our funding of European patient groups**

The pharmaceutical industry is highly regulated. Government policy and legislation can have a significant impact on our business so it is important that we engage with governments and other stakeholders in the legislative and policy process.

Through our public policy activity we work towards legislation and policy that encourages scientific innovation and balances the interests of business with those of other stakeholders.

Some stakeholders are concerned that the pharmaceutical industry has too strong an influence over governments. However, we believe we must engage with policy makers around the world responsibly to benefit patients and our business. We aim to increase stakeholder trust in GSK by being transparent about our lobbying and public policy work.

This section covers:

- Our approach to external affairs
- Membership of trade associations
- Our lobbying activity in 2007
- Lobbying expenditures
- Political contributions
- Our relationship with patient groups

Information on our approach to working with doctors and healthcare professionals is available in the [Research practices](#) and [Ethical conduct](#) sections of this report (page 52 and 62).

More background information on our approach to public policy is available in the [external affairs section](#) of our website.

Our approach to external affairs

Employees involved in public policy work must abide by our [Employee Guide to Business Conduct](#) which is based on three principles: partnership, communication and integrity. Our public policy and lobbying efforts are backed by factual research and analysis.

Our external affairs teams in our major regions monitor changes and proposed legislative reforms and policy developments. They meet regularly with government officials and other stakeholders, for example multilateral organisations and NGOs, to explain our views on a range of public policy issues. We tailor our approach to suit different cultures and political traditions in the countries where we engage in the public policy process. We ensure that the standards set out in our [Guide to Business Conduct](#) are applied globally.

Lobbying on issues affecting the whole pharmaceutical industry is sometimes conducted through trade associations. We may also hire professional lobbyists to support our public policy work.

We have a Political Donations Policy governing our contributions to political candidates and parties.

Trade associations

GSK is a member of many trade and industry organisations including:

- Association of the British Pharmaceutical Industry (ABPI)
- BioIndustry Association (BIA)
- Biotechnology Industry Organization (BIO)
- European Federation of Pharmaceutical Industries (EFPIA)
- Intellectual Property Owners Association (IPO)
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- Japan Pharmaceutical Manufacturers Association (JPMA)
- Organisation of Pharmaceutical Producers of India (OPPI)
- International Chamber of Commerce (ICC)
- Organization For International Investment (OFII)
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- The British Pharma Group (BPG)

It is important that any lobbying conducted through trade associations reflects our policies and values. We work with other members to help set policies and may also attend lobbying meetings with governments and other stakeholders.

Sometimes we do not share the same views on a particular issue as other members of a trade association. If a trade association adopts a public policy position that we do not agree with, we will not participate in advocacy activity related to that subject. Senior GSK managers sit on the boards of the majority of industry trade associations of which we are members and raise any concerns we may have about a particular advocacy position.

Public policy activity in 2007

We engage governments on a wide range of issues that affect our industry. These are some of the key issues we engaged on during 2007:

Global

Preparation for pandemic flu

Organisations engaged: WHO, developed and developing country governments, EU institutions, the Global Influenza Surveillance Network, multilateral donor organisations such as the World Bank.

Industry associations involved: EFPIA, IFPMA

GSK's position: An influenza pandemic could affect all countries. The world's poorest nations lack the resources to prepare for a pandemic. A new public-private partnership is needed between industry, the WHO, and developed and developing countries to support these nations. A global strategy is needed which should include:

- Advanced market commitments (a financial commitment to subsidise the future purchase of a vaccine for use in developing countries) for pandemic vaccines
- The creation of a pre-pandemic stockpile of vaccine doses for distribution to developing countries
- An appropriate regulatory framework
- Continued free sharing of viruses for vaccine production
- Support for tiered pricing policies

We have invested more than \$2 billion in expanding seasonal flu vaccine capacity, developing an avian flu vaccine, and increasing production capacity for the anti-viral flu treatment *Relenza*.

In 2007 we announced our intention to donate 50 million doses of our pre-pandemic H5N1 vaccine to the WHO. In the event of an outbreak these can be rapidly distributed to the world's poorest countries. See [Access to medicines](#) (page 32).

Access and benefit sharing and a disclosure obligation in patent law

Organisations engaged: Secretariat to the Convention on Biological Diversity (CBD), Ad Hoc Working Group on Access and Benefit Sharing, UK DEFRA, DG Trade (European Commission), national European governments, US government, World Intellectual Property Organization.

Industry associations involved: BIO, BPG, EFPIA, ICC, IFPMA, PhRMA

GSK position: Benefit sharing means the sharing of benefits arising from the use of genetic resources. The proposed International Regime on Access and Benefit Sharing currently under discussion within the Convention on Biological Diversity (CBD) should be consistent with the CBD treaty. It should provide guidance on how to achieve access benefit sharing objectives, rather than prescribing rules. It should apply only to genetic resources as defined in the CBD, not a broader class of materials, and should not extend to human genetic resources or to derivatives.

Notwithstanding our close involvement in discussions around an international regime, we believe that once countries have adopted local laws as envisaged by the CBD, they will receive protection and compensation envisaged under the Convention. In this respect, we firmly believe that the introduction of a disclosure obligation, whereby patent applications would have to disclose the origin of genetic resources used in an invention, is unnecessary. Further it would create legal and commercial uncertainties for researchers and companies developing products using genetic resources. This would discourage innovation and ultimately mean there are fewer benefits to share.

For more information see our policy on [Biodiversity](#) in the background section of our website for more information.

United States

Investment in chronic disease prevention and treatment

Organisations engaged: US Department of Health and Human Services, Office of the First Lady, US Congress, White House, state legislators, Governors' Offices, various state health agencies

Industry associations involved: PhRMA

GSK position: Chronic diseases such as diabetes, heart disease and lung disease account for three-quarters of healthcare spending. Relatively little is invested in prevention even though many chronic diseases and their costly complications are preventable and increasingly manageable. We are advocating a three-part approach to achieving lower cost, higher quality healthcare: increasing prevention, improving treatment, and accelerating research into better treatments for chronic disease. Healthcare providers need incentives to promote preventive services that address major causes of chronic disease such as obesity and smoking. Healthcare policy needs reform to better encourage and reward medical research into improved treatments for costly, unmet medical needs such as Alzheimer's disease. Preventing and better managing chronic diseases will reduce overall healthcare costs in the long term.

Legislation on prescription medicine imports

Organisations engaged: US Department of Health and Human Services, Food and Drug Administration (FDA), US Congress, state Boards of Pharmacy, state legislators, Governors' Offices

Industry associations involved: BIO, PhRMA

GSK position: Current US law prevents prescription medicine imports to the US without safety and cost savings certifications from the Secretary of Health and Human Services. Pending legislation would remove the safety and savings certification requirements, making it easier to legally import medicines. This would undermine the FDA's ability to protect the US distribution system from counterfeit and unsafe medicines that could harm patients. There is also no guarantee that consumers would save any money as the Department of Health and Human Services has found that third-party payers such as insurance companies are most likely to benefit.

GSK supports safer alternatives to help patients afford their medicines. The Partnership for Prescription Assistance (PPA), for example, gives access to more than 475 public and private patient assistance programmes, for patients who lack prescription drug coverage. See [Access to medicines in the developed world](#), on page 45 for more information on GSK's Patient Assistance Programs.

US patent system reform – Federal legislation

Organisations engaged: Patent and Trademark Office, US Congress

Industry associations involved: BIO, Coalition for 21st Century Patent Reform, PhRMA

GSK position: A patent law framework that provides business certainty over a long period and promotes investment is essential to the research-based pharmaceutical industry and a wide range of other manufacturers that have long lead times from research to market. The US Congress is considering patent reform legislation that could have a negative effect on the current framework. Specifically, the proposals fail to strike an appropriate balance in the areas of restricting abuse of the inequitable conduct doctrine (which encourages infringers to try to prove in litigation that a patent was improperly obtained so that a completely valid patent may be held 'unenforceable') and the allocation of damages for infringement. In addition, giving the PTO substantive rulemaking authority removes responsibility for establishing substantive patent law from Congress and innovation policy from the public debate.

GSK is working with a coalition of research-based companies, manufacturers, universities and small inventors to promote US patent reform that stimulates investment in research and strengthens the patent system. We support patent reforms that are clear, provide business certainty, improve the quality of patents and remove subjectivity in litigation issues.

US patent system reform – PTO regulations

Organisations engaged: Patent and Trademark Office, Federal District Court

Industry associations involved: None

GSK position: In August 2007, the US Patent and Trademark Office substantially altered regulations regarding the number of 'continuation' patent applications and patent claims that can be filed. The change would cause a negative effect on innovation, limit business certainty and retroactively damage millions of pending US patent applications.

In November 2007 GSK's request for a preliminary injunction was granted by the Federal Court on the basis of the company's argument that the new rules are contrary to established law and the PTO does not have the authority to enact such regulations. Furthermore, the court found it in the public interest to bar the rules from taking effect until a full trial on the merits can be heard. The judge heard arguments in the case in February 2008, however the outcome of the case is awaited.

Pharmacovigilance (patient safety)

Organisations engaged: US Congress

Industry associations involved: BIO, PhRMA

GSK position: The US government recently enacted significant new laws relating to drug safety, through the FDA Amendments Act (FDAAA). The Act's provisions include:

- New powers for the FDA to require post-marketing studies and clinical trials
- A new Risk Evaluation and Mitigation Strategy (REMS) infrastructure that will allow the FDA to require additional communication and reporting on drug safety
- Development of a Clinical Trial Registration and Results Database
- Increased industry funding for drug safety efforts

We support the new provisions and will continue to work with the FDA to create a more effective pharmacovigilance framework. See the [Research practices](#) section of this report, page 57, for information on our long-standing Clinical Trial Register and efforts to improve patient safety.

Europe

EU regulation on clinical trials for children

Organisations engaged: DG Enterprise (EU Commission), EU Parliament, UK Parliament, UK Department of Health, UK Department of Trade and Industry, Medicines and Healthcare Products Regulation Agency, various European governments

Industry associations involved: ABPI, BIA, BPG, EFPIA

GSK position: Medicines that are safe for adults are not necessarily safe for children. This means additional trials are required before new medicines can be approved for use in children. To support this work, the EU has introduced a regulation requiring companies applying for marketing authorisation for new products or indications for patented products to conduct studies in children in accordance with a Paediatric Investigation Plan (PIP). In return for conducting these studies, regardless of outcome, companies are granted either an extra six months of market exclusivity for non-orphan products (commercially viable medicines), or an extra two years of market exclusivity for orphan products (medicines which are not considered commercially viable, often for rare diseases).

If medicines are unlikely to benefit children (for example Alzheimer's therapies) companies can apply for a 'waiver' from the requirement. When it is too early to start testing medicines in children, because of lack of appropriate safety data for use in adults, companies can be granted a 'deferral', excusing them from the PIP requirements in the short term.

GSK welcomes the EU regulation and supports the overall policy objective. We agree that the incentives should not be linked to confirmation that a medicine is effective in children. In many cases negative data will help prescribers understand paediatric populations or indications in which the product should *not* be used. An EU regulation with fixed incentives and a predictable regulatory framework, together with better paediatric networks, will benefit children across Europe.

Similar incentives exist under US legislation, the [Best Pharmaceuticals for Children Act](#).

Health Technology Assessments and pricing

Organisations engaged: The European Commission; selected member states

Industry associations involved: EFPIA

GSK position: Government funding decisions are often based on an assessment of a medicine's clinical or cost-effectiveness. We believe that these value assessments should be conducted transparently and in a timely manner. The price a government subsequently agrees to pay for the medicine must reflect the result of the value assessment. Governments should allow greater pricing flexibility when the long-term value of a medicine is not certain at launch.

We have worked with EFPIA to agree an industry-wide approach to the issue. We aim to establish a broader consensus among the European Commission and EU member states, especially within High Level Pharmaceutical Forum discussions.

Asia

Compulsory licensing in Thailand

Organisations engaged: Thai government including the Thai Ministry of Public Health; academics, NGOs and members of the business community in Thailand; World Health Organization; international NGOs; US and EU member state governments; European Commission

Industry associations involved: BPG, EFPIA, IFPMA, PhRMA, PReMA,

GSK position: In late 2006 the Thai government issued compulsory licences on three pharmaceutical products. There have been reports that more may be issued. We support the Thai government's public health goals and want to help improve health outcomes for people in Thailand. Compulsory licences are a legitimate policy option for the Thai government but they should not be used as a routine policy tool or for commercial purposes. Rather than unilaterally using compulsory licences to increase access to medicines, we believe it is more effective to engage in dialogue with industry and other stakeholders to find sustainable ways to address healthcare issues. We welcome the establishment of the Joint Industry-government committee which will provide a forum in which to discuss these issues and develop solutions to Thailand's healthcare needs together with the Thai government.

Healthcare and intellectual property in India

Organisations engaged: Relevant agencies in the Indian government; members of the pharmaceutical industry and the wider business community in India; Indian academics and civil society representatives; US and EU member state governments; European Commission

Industry associations involved: BPG, EFPIA, OPPI, PhRMA

GSK position: We believe that India's tremendous strengths in science and pharmaceuticals, coupled with its rapid economic growth, offer the government an opportunity to tackle some fundamental characteristics of its healthcare system and policy base. Further improvements in India's intellectual property (IP)

regime to the level provided in the EU and US could further encourage investment in collaborative R&D. Issues of IP rights are not the fundamental barrier to access to healthcare and we believe that reform and increased investment in the Indian healthcare system should be a priority. We want to be active partners in addressing these challenges. We are exploring differential pricing models to increase access to medicines in India. See [Access to medicines](#) in middle-income countries for more information (page 41).

Advocacy on issues relevant to corporate responsibility

We engage with governments and other stakeholders to advance the debate on issues relevant to responsible business practices.

Advocacy for access to medicines

We advocate for a sustainable approach to improving healthcare in the developing world. For example in 2007:

- We urged the G8 to continue making healthcare in the developing world a major issue
- We participated in the design of the OECD High Level Forum on neglected diseases

See the [Access to medicines](#) section of this report for more information.

Advocacy on research practices

We regularly engage with policy makers and other stakeholders on issues relating to research practices. For example in 2007:

- We participated in discussions in the US on appropriate elements of a national registration system for clinical trials results. These discussions have informed new legislation in the US.
- We continued to engage in the [European Partnership for Alternatives to Animal Testing \(EPAA\)](#) with the European Commission and companies from seven industry sectors across Europe

See the [Research practices](#) section of this report for more information.

Advocacy on malaria

We advocate for more resources to be committed to prevention and control of malaria. Through our advocacy programme, 'Mobilising for Malaria', we aim to engage politicians, the media and the public in tackling the disease. For example in 2007:

- We awarded three 'Innovation Grants' in partnership with the Malaria Consortium, to civil society organisations covering twelve African countries
- We supported national 'Coalitions Against Malaria' in Cameroon, Ethiopia and Benin plus similar coalitions in the UK, France and Belgium

Our position on issues relevant to corporate responsibility

We publish our position on key issues relating to corporate responsibility in the background section of our website. We are happy to discuss our position on these or any other issues with legitimate parties. Contact our corporate responsibility team at csr.contact@gsk.com.

The current public policies published on www.gsk.com/reportsandpublications cover the following areas:

- [GSK access and developing countries](#)
- [GSK research and development](#)
- [GSK and intellectual property](#)
- [GSK and the environment](#)
- [GSK and public health](#)
- [GSK and competitiveness](#)
- [GSK pricing, reimbursement and market access](#)
- [GSK and other issues](#)

Lobbying expenditures

We report our US lobbying expenditures to the US Congress in accordance with the Lobbying Disclosure Act of 1995.

We spent \$8.24 million in federal lobbying activities in the US during 2007. This includes the costs of salaries and benefits for all employees registered to lobby the US government; use of lobbying consultants; support for lobbying contacts such as planning activities and research; running the GSK Washington DC government affairs office; support staff; and the portion of trade association fees associated with federal lobbying.

We also report our state lobbying expenses, in line with applicable state laws.

Political donations

GSK makes political donations with corporate funds where these are authorised by law and are culturally appropriate.

In 2007 we contributed £276,000 to political organisations in the US and Canada. All donations are covered by the [GSK policy on political donations](#).

GSK does not make donations to political parties or other political organisations in the European Union. See our [Annual Report](#) for more information.

Contributions in the US

In the US, political candidates are financed primarily by contributions from companies, individuals, NGOs and other parties. Corporate contributions are an accepted and important way for companies to engage in the political debate.

Corporate contributions to national political parties and candidates running for federal office are prohibited by US law.

Contributions to state candidates

GSK corporate funds are only given to candidates at the state level, in states where this is permitted by law. In 2007, we donated £249,000 to candidates for state-held offices.

Our contributions are not made on the basis of political party. GSK supports candidates who seek an environment that appropriately rewards high risk, high-investment industries and preserves free market principles and intellectual property rights. During 2007 we made approximately 51 per cent of contributions to Republicans, 47 per cent to Democrats, and two per cent to unaffiliated or other party candidates. All states publish information about political donations.

Political Action Committee contributions

In accordance with the Federal Election Campaign Act, there is a GSK Political Action Committee (PAC) that facilitates voluntary political contributions by eligible employees.

The PAC is not controlled by GSK but by our participating employees, who have the legal right to make contributions to candidates and political parties at the federal and state levels. All PAC contributions are voluntary and donations are subject to strict limitations. For example, the GSK PAC may not contribute in excess of \$5,000 to an individual candidate for federal office per election.

PAC contributions are determined by a governing board of PAC-participating GSK employees from across the company. As required by law, PAC contributions are reported to the Federal Elections Commission (FEC).

In 2007, the GSK employees' PAC contributed £522,172 to candidates for state and federal offices.

'527' organisations

'527' organisations are not regulated by the Federal Electoral Commission. These organisations cannot expressly advocate the election or defeat of a federal candidate. However they may be involved in political advocacy and voter mobilisation.

In 2007 GSK supported '527' organisations in the US including:

- Democratic Legislative Campaign Committee
- Democratic Governors' Association
- New Democratic Network
- Republican Governors' Association
- Republican State Leadership Committee

Contributions in Canada

In 2007, GSK donated £27,000 in Canada to political candidates in those provinces where it is legal.

Patient advocacy

Patient groups are non-profit organisations founded by patients, caregivers, family members and health professionals. They provide their members with information about their condition and guidance on how to live with their disease. They engage with healthcare providers, governments and the media to promote improved treatment and services for patients.

GSK works with a wide range of patient groups in disease areas such as cancer, asthma, diabetes, Alzheimer's disease, multiple sclerosis and HIV/AIDS. GSK and patient groups share a common concern that healthcare systems should focus on preventing, treating and managing disease. Both parties believe that patients should have access to quality medicines, services and information on disease.

Patients groups are important stakeholders for GSK and we engage with them as part of our commitment to be a patient-focused company. Our relationships with patient groups help us to better understand patient needs and their illnesses. We also support these groups to help give patients the ability to have their voice heard in the healthcare debate, alongside other stakeholders.

Our approach

Our relationship with each patient group is defined by a written agreement specifying how the group will use our funding to benefit its members.

We support patient groups across the world in a number of different ways. These include:

- Providing core funding to support the day-to-day running of the group
- One-off donations to help patient groups conduct a specific event or activity, for example a breast cancer awareness day
- Educational support
- Training staff in management skills and disease education
- Working together on disease awareness/prevention projects

Some stakeholders are concerned that pharmaceutical companies use patient groups as a way of marketing their products. Our support for patient groups is about the bigger agendas which dictate whether or not new medicines are made available to patients, and whether patients have access to the kind of treatments that they need. It can also help raise awareness of prevention and treatment options. We are committed to maintaining the highest ethical standards and transparency in this area.

In 2004 we were the first company to establish global principles for working with patient groups. Since then we have developed detailed guidance and Standard Operating Procedures (SOP) for employees in each of our major regions. The principles are published in the [background section of our website](#). All relevant employees receive training on our policies and global

principles. We require outside agencies working for GSK that are likely to interact with patient groups to abide by our guidelines.

We have patient advocacy teams in our Europe and International regions to coordinate interaction with patient groups and adherence with our policies and global principles. In the US, patient advocacy is decentralised across a number of functions including state government affairs, R&D, communications and marketing, but is coordinated by the state government affairs group.

Employees in all regions can access our patient advocacy resource intranet site. In Europe, we also publish a newsletter to raise employee awareness about internal and external developments relating to patient groups.

In 2007, we conducted a review of departments that have relationships with patient groups in the US. This will enable us to more effectively raise awareness of our guidelines and SOP.

Encouraging independence

We believe that patient groups should be independent and we encourage them to seek financial support from as wide a range of organisations as possible. We ensure that the funding we give to patient groups is appropriate to their size.

We updated our guidelines in 2007 to state that GSK funding should make up no more than 25 per cent of a group's overall income. In the vast majority of instances the actual percentage is much lower. We allow some exemptions to the 25 per cent cap as some of the groups supported have limited incomes, so a small donation (for example £1,000) would exceed the limit, and because some groups have difficulty attracting funding because of the nature of their activity (for example providing needle exchange for drug users). These cases must be approved by the general manager of each local operating company.

We also encourage patient groups to seek funding from multiple sources and we hold workshops on how to make funding applications.

Transparency

We believe that being transparent about our support for patient groups helps build trust with our stakeholders, including the groups themselves.

In February 2007 we were the first pharmaceutical company to publish information on all our work with European patient groups including details of the funding received. In 2008 we are publishing the same level of information for work with patient groups in the Pharmaceuticals International region. This goes beyond industry codes of practice that at most require a list of the groups funded. You can read more at www.gsk.com/responsibility.

In the US, this information is publicly reported by the patient groups themselves as they are required to declare the source of their funding to the Internal Revenue Service.

Understanding patients

To help us better understand patient needs we have set up advisory boards in the US and Europe with representatives from a wide range of patient groups. These have independent chairs, meet regularly and are attended by senior GSK managers. The boards enable the voice of patients to be heard at the highest levels of GSK. They also allow us to access the views of patient groups and we seek feedback on subjects such as clinical trials, pharmacogenetics, information provided to patients and ethical issues.

In all regions we invite speakers from patient groups to meet GSK employees, including scientists, researchers and marketers, to discuss issues affecting their members. As well as improving our understanding of patient needs it shows GSK employees the difference their work can make to people's lives.

We also engage with patient groups through Patient Advocacy Leaders' Summits (PALS). These bring groups together to discuss health policy concerns, develop new skills and identify ways to collaborate to expand their influence. PALS also give patient groups the opportunity to learn about GSK and tell the company how it can better support their work. There is typically a range of workshops for attendees, including sessions on media training and sharing best practice. In 2007 we held summits in Canada, Germany, Poland, Latvia, Switzerland and Japan as well as 17 summits throughout the US. Since 2002, we have held over 50 PALS attended by around 5,000 leaders from 2,000 patient groups in 49 countries.

In 2007 we co-sponsored the European Patient Forum's annual conference in Brussels with the pharmaceutical company Pfizer. This brought together 100 patient groups and other stakeholders to exchange ideas about improving healthcare and the role of patient organisations.

Developing industry standards

We are taking a leadership approach in developing industry standards for engaging with patient groups.

In the US, we are working with the industry trade group, PhRMA, to develop guidelines for its members when working with patient groups. We are also working with the National Health Council to develop guidelines for patient groups to follow when working with companies.

In Europe, we have been involved in leading the development of the first EFPIA code of practice on relationships with patient organisations. The code is closely based on GSK's SOP for working with patient groups, and a senior GSK manager chaired the EFPIA Patient Relations network that developed the code.

The EFPIA code contains many of the requirements of GSK's SOP. It states that companies cannot promote their medicines to patient groups, there must be written agreements in place for all interactions with patient groups, and companies must list all patient groups they work with and describe the nature of any support. The code will be effective from July 2008.



How do you make sure that your lobbying activity doesn't contradict or undermine your corporate responsibility work?

Corporate responsibility is central to our business. We aim to ensure that all our lobbying activity reflects the values set out in this report as well as being sensitive to the views of our stakeholders. Employees involved in public policy must abide by our Employee Guide to Business Conduct which commits them to acting with honesty and integrity.

We have well-established public policy positions. These are developed through wide consultation and are approved by our Corporate Executive Team. Employees who lobby for GSK are closely involved in developing these positions. We believe transparency is key to building trust with our stakeholders and we disclose our public policy positions in this report and on our [website](#).

Does GSK make political donations through so-called '527' organisations?

Yes, we support a number of '527' organisations such as the Democratic Legislative Campaign Committee and the Republican Governors' Association (see [page 20](#)).

Isn't your support for patient groups just another marketing tool?

Our support for patient groups is primarily about the bigger agendas which dictate whether new medicines are made available to patients, and whether patients have access to the kind of treatments that they need. It can also help raise awareness of prevention and treatment options. We do not promote our medicines to patient groups.

When GSK provides funding are you trying to 'buy' favours from the patient organisation?

No. We never ask for endorsement of any of our medicines or a return on investment for our support. We are careful that our support for an organisation does not compromise its independence and is based on trust, mutual respect and complies with the highest standards of our code of conduct.

How do these groups maintain their independence if they receive significant funding from companies such as GSK?

We encourage patient groups to diversify their funding from sources in both the public and the private sector. Patient groups should never become dependent on any one funder from either sector. Our guidelines state that we should provide no more than 25 per cent of a group's overall income, apart from in exceptional circumstances, see page x.

Links

In the background section of our website:

- Full details of our funding for [patient organisations](#) in the UK and Europe
- Our current public policies cover the following areas:
- [GSK access and developing countries](#)
- [GSK research and development](#)
- [GSK and intellectual property](#)
- [GSK and the environment](#)
- [GSK and public health](#)
- [GSK and competitiveness](#)
- [GSK pricing, reimbursement and market access](#)
- [GSK and other issues](#)