

# STAFF

## CHARLES WALLER

**MY FIRST DAY ON THE JOB** was Sunday June 12, 1994. It started at La Guardia Airport in New York when I greeted a European Commission official ahead of a tour of plasma donation centers and testing laboratories. It was a whirlwind week taking in Tennessee, Missouri, South Carolina, Michigan and Maryland. It culminated in a dramatic race to Baltimore's airport and two missed flights narrowly avoided.

I served my industry apprenticeship working as a consultant for Immuno, later acquired by Baxter, which introduced me to the fledgling association then known as the International

Plasma Products Industry Association (IPPIA). At that time I joined a group that was so small you could count on the fingers of one hand the number of people who worked there. My first introduction to the industry was through an inspirational work colleague in London who has hemophilia. Simon Taylor showed me the light into this complex and fascinating world. He also set an example for all to follow, but



that's another story. Simon and I were encouraged to compete against each other at Ogilvy & Mather, a large international advertising and communications company. Despite this, we got along better and better and I was delighted to be a guest at his wedding in the late 1990s.

It is a common error among non-Europeans to see Europe as to some extent a homogenous entity. But the richness of Europe comes from its diversity. Twenty-seven Member States of the European Union (EU) hide at least as many different ways of providing and paying for healthcare. One size does not fit all.

Unlike most European associations, PPTA is not a confederation of 27 national associations. The task for PPTA in Europe is to pick the priorities and manage resources accordingly. I keep in mind sage advice: don't take on battles you can't win and only fight those challenges that have to be won, and win them.

Delivery of healthcare in this world comes in many forms. Most of them can be found in the European Union. It is interesting to note that the European average spending on healthcare is about 10 percent of country's gross domestic product but this hides national rates that go down to less than 5 percent in some countries.

About 1.7 percent of gross domestic product (GDP) is spent on prescription medicines, 0.03 percent is spent on plasma proteins.

Our industry goal is to ensure that wherever possible doctors and patients have the choice of a plasma protein therapy that best meets their clinical need. It is frustrating that it is still common to find countries where the quantity of locally collected plasma determines the quantity of plasma derivatives that are available for doctors and patients to use, regardless of their needs.

As it is still the case that most people that need plasma products get substandard or no treatment, the collection of plasma for fractionation, be it recovered or source plasma, should be maximised.

### Tell us about your background.

The best office I ever had was also my first office. If you've seen the tower of Big Ben and the Houses of Parliament in London you've seen the window I looked out of on my first day at work (see photo above). First as a junior researcher and later a speech writer, this was a dream for an eager politics graduate. I quickly settled into the



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long hours as a political “gofer” eventually specializing in British colonial issues and working on behalf of various peoples who had suffered at the hands of the British Empire makers. Clients included the displaced people of Banaba in Micronesia, the Government of Nevis in the Caribbean, now part of the country of St. Kitts and Nevis and most memorably the native peoples of Alberta in Canada.

My linguistic challenges didn’t start at PPTA. Hard to believe, the number of languages spoken by the North American Indians makes Europe seem positively monoglot by comparison. Trying to convince a large group of distinguished native Elders who only spoke Stoney Cree, Blackfoot or Iroquois and many more unique languages I can barely remember, that Britain was never going to go to war with Pierre Trudeau’s Canada because of a 150 year old treaty their forebears signed with Queen Victoria was a challenge.

These were exotic experiences for a 25 year old fresh from Essex, that slandered county of England on the north side of the river Thames, by way of the University of Southampton: nuclear waste, tax reform in Poland and the Czech Republic, journalism and investor relations in New York and San Francisco.

I am an avid movie goer, a supporter of Chelsea football (soccer) club and once represented my county and region at field hockey. But my first love is live entertainment: concerts, the theatre and Shakespeare in particular. Living near London, one is spoiled for choice.

Those who know me know that my wife, Anne, and my two daughters, Rosie and Megan are my inspiration, though I’m not sure how they would describe me!

### What is most rewarding about working in this industry?

I realize this may be a little clichéd, but for many reasons, it is working with the people whose lives can be so affected by their access to plasma protein therapies. In these complex days it is understandable that

there are increasingly strict rules covering the relationship between patients and the producers of the drugs they need. PPTA is able to partly fill the gap, ensuring that the basis of the relationship is mutual respect and trust. Treading this sensitive path correctly is of paramount importance. The credibility of both parties depends on making the right judgements. Ingrained in my memory is the Romanian boy enduring the agony of “a bleed” at a European Haemophilia Consortium meeting in Timisoara. The seemingly magical restorative qualities of Factor VIII infused by one of the assembled leading medics quickly provided some relief. It is a tragedy that too many people with hemophilia still have to endure such suffering. This focus is important to me and it provides a very easy reference point when we have to choose priorities.

### What is your proudest professional achievement?

PPTA’s work with the International Patient Organisation for Primary Immunodeficiencies (IPOPI) and other patient organizations and physicians during the campaign to have immunoglobulin reinstated on the World Health Organization’s Essential Medicines List does shine out. Not only was this a great success for the patients that PPTA was pleased to support, but this one issue encapsulates an important reason why all the stakeholders in the treatment of plasma protein deficiencies must remain constantly vigilant and be ready and prepared to work together. I want to believe that the original decision to remove immunoglobulin from the Essential Medicines List was an innocent bureaucratic oversight. It is unlikely to be the last occasion that this happens.

I believe good policies and regulations are the result of well informed and objective decision making. I see this as the Association’s primary goal and I am guided by the proverb:

*“There is nothing in this world, next the favour of God, I so much desire as to be familiarly understood.”*



## GLOSSARY OF TERMS

|              |   |
|--------------|---|
| <b>ACBSA</b> | Advisory Committee on Blood Safety and Availability |
| <b>COPD</b>  | Chronic Obstructive Pulmonary Disease               |
| <b>DHQ</b>   | Donor History Questionnaire                         |
| <b>EHC</b>   | European Haemophilia Consortium                     |
| <b>EMA</b>   | European Medicines Agency                           |
| <b>FDA</b>   | U.S. Food and Drug Administration                   |
| <b>FTD</b>   | First Time Tested                                   |
| <b>HBIg</b>  | Hepatitis B Immune Globulin                         |
| <b>HBV</b>   | Hepatitis B Virus                                   |
| <b>HHS</b>   | U.S. Department of Health and Human Services        |
| <b>HMO</b>   | Health Maintenance Organization                     |
| <b>HTA</b>   | Health Technology Assessment                        |
| <b>IG</b>    | Immune Globulin                                     |

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|--------------|---|
| <b>IPOPI</b> | International Patient Organisation for Primary Immunodeficiencies |
| <b>IPPIA</b> | International Plasma Products Industry Association                |
| <b>IQPP</b>  | International Quality Plasma Program                              |
| <b>MA</b>    | Marketing Authorisation   |
| <b>NAT</b>   | Nucleic Acid Testing  |
| <b>NMO</b>   | National Member Organization                                      |
| <b>PID</b>   | Primary Immune Deficiency   |
| <b>PMF</b>   | Plasma Master File  |
| <b>QSEAL</b> | Quality Standards of Excellence, Assurance and Leadership         |
| <b>RTD</b>   | Repeat Tested   |
| <b>SCID</b>  | Severe Combined Immunodeficiency                                  |