EXHIBIT 1

Roche

Roche Annual Report 2005

Part 1

Business Report

We Innovate Healthcare

Innovative solutions spanning the healthcare spectrum

Our combined capabilities in diagnostics and pharmaceuticals enable us to meet needs across the entire healthcare spectrum. From identifying disease susceptibilities and screening for disease in at-risk populations to prevention, diagnosis, therapy and treatment monitoring, our innovative products are advancing the fight against disease on a wide range of fronts, and making a real difference for patients and health professionals.

At Roche our commitment to innovating healthcare is matched by a commitment to corporate social responsibility. Sustainability is one of our company's guiding values. We recognise that economic, social and environmental concerns are intertwined and that progress in each of these sectors requires progress in all three. As a research-intensive company with a long-term strategic focus, Roche strives to deliver sustainable value to all its major stakeholders.

Predisposition Page 8

'It's so good to know my medication really can help me.'

Early detection Page 16

'We couldn't have stood the uncertainty any longer.'

Prevention Page 42

'The medication helps against my osteoporosis, and I only have to take it once a month.'

Diagnosis Page 64

'Suddenly I realised my life was hanging by a thread.'

Therapy Pages 70 and 84

'The feeling that I had regained control over my disease gave me a huge psychological lift.'

Monitoring Page 100

'I've got my independence back.'

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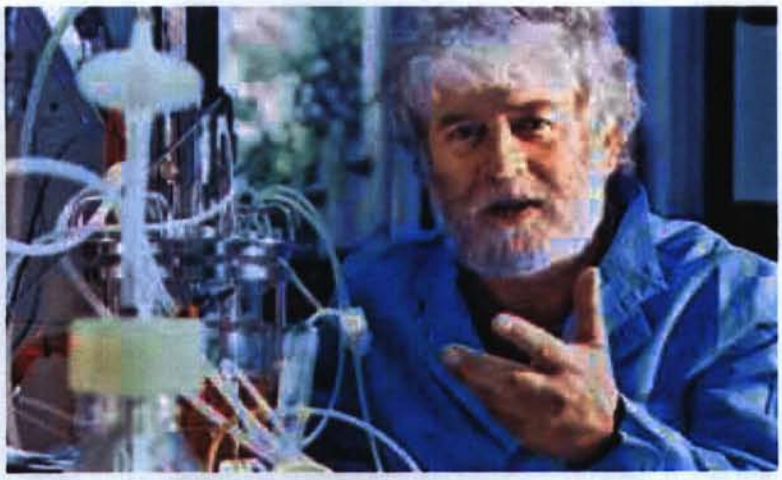
Business Report 2005

Therapeutic proteins – building a stronger portfolio

Biopharmaceuticals are promising candidates for innovative therapies in a number of disease areas. However, creating protein-based drugs is a complex process that poses challenges very different to the manufacturing of small molecules. Roche Pharmaceuticals established the Therapeutic Protein Initiative (TPI) to build and expand its expertise in this area.

TPI is a global initiative, uniting contributions from many divisional functions, with protein discovery and development activities in Penzberg and protein formulation in Basel as its cornerstones. By acquiring and developing external and internal knowledge and skills, Roche has established novel technologies in cell-line development, automated product isolation and advanced analytical technologies.

Since its inception in 2001 TPI has helped increase Roche Pharmaceuticals' R&D productivity, with the number of protein-based projects rising from four to now more than 25. Most of these are in the key areas of oncology, inflammatory and autoimmune disorders and transplantation.



'Recombinant proteins, especially monoclonal antibodies, have demonstrated their value as novel therapeutic agents due to their high target specificity. They already provide safe and effective therapies for many patients,' says Stephan Fischer, Global Head of Biologics Research and Development at Roche. 'Our expertise and competence in all functions involved in protein research, development and manufacturing put the Roche Group in a unique position to keep delivering breakthrough medicines.'

Major development activities

Oncology

Major clinical development programmes are exploring the benefits of MabThera/Rituxan, Herceptin, Avastin, Tarceva and Xeloda in additional important indications.

Recent phase III data have shown that Avastin has significant survival benefit in metastatic non-small cell lung cancer and metastatic breast cancer, increasing the drug's potential to become a mainstay of cancer treatment (see *Setting new standards in cancer treatment*, p. 30). Regulatory filings for these new indications are planned for 2006. In addition, Avastin is being studied in phase III trials in the treatment of adjuvant colon cancer, advanced renal cell carcinoma, and pancreatic, prostate and ovarian cancer. It is also being tested in combination with Tarceva in non-small cell lung cancer (NSCLC).

Roche is evaluating MabThera/Rituxan in chronic lymphocytic leukemia (CLL) in two phase III programmes exploring its use as first-line treatment and in the therapy of relapsing CLL.

Phase III and IV trials with Herceptin are ongoing in the metastatic and adjuvant settings in breast cancer. Herceptin is also being evaluated in the treatment of gastric cancer. Data from four large clinical trials in patients with early-stage breast

R&D pipeline: all major development projects successfully brought forward

Therapeutic area	Project ID	Project/product (generic name)	Pharmacological class	Indication	Phase	Partner
Cardiovascular and metabolic diseases	R1438		enzyme inhibitor	type 2 diabetes	II	
	R1439			type 2 diabetes	I	
	R1440		enzyme modulator	type 2 diabetes	II	
	R1511			type 2 diabetes	0	
	R1579			type 2 diabetes	0	
	R1593			dyslipidemia	I	Nippon Shinyaku (NS-220)
	R1656		CETP inhibitor	dyslipidemia	II	Japan Tobacco (JTT-705)
	R1664			dyslipidemia	0	
	R483	insulin sensitiser	insulin sensitiser	type 2 diabetes	II	
Genitourinary disease	R1646			overactive bladder	0	
	R873		GPCR agonist	male erectile dysfunction	II	
Hematology and nephrology	R744	CERA	continous erythropoietin receptor activator	cancer-related anemia	II	
	R744	CERA	continous erythropoietin receptor activator	renal anemia	III	
Inflammatory, autoimmune and bone diseases	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	rheumatoid arthritis, DMARD inadequate responders	III	Genentech and Biogen Idec
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	rheumatoid arthritis, anti-TNF inadequate responders	filed	Genentech and Biogen Idec
	R127	Valcyte (valganciclovir)	inhibitor of CMV replication	ulcerative colitis	I	
	R1295			rheumatoid arthritis	I	
	R1503		kinase inhibitor	rheumatoid arthritis	II	
	R1541			inflammatory bowel disease	I	
	R1569	Actemra (tocilizumab)	humanised anti-IL-6 receptor monoclonal antibody	rheumatoid arthritis	III	Chugai
	R1569	Actemra (tocilizumab)	humanised anti-IL-6 receptor monoclonal antibody	systemic onset juvenile idiopathic arthritis	III	Chugai
	R1594		humanised anti-CD20 monoclonal antibody	rheumatoid arthritis	II	Genentech (PRO70769)
	R1599			osteoarthritis	0	
	R3421			autoimmune diseases, transplantation	I	BioCryst
	R99	CellCept (mycophenolate mofetil)	IMPDH inhibitor	lupus nephritis	III	Aspreva
	R99	CellCept (mycophenolate mofetil)	IMPDH inhibitor	myasthenia gravis	III	Aspreva
Neurological and psychiatric diseases	R1450			Alzheimer's disease	0	
	R1647			depression	0	
	R1678			schizophrenia	I	
	R641			Alzheimer's disease	0	
	R7090			anxiety	I	
	R7118			schizophrenia	0	
Oncology	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	chronic lymphocytic leukemia, relapsed	III	Genentech and Biogen Idec
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	chronic lymphocytic leukemia (1st line)	III	
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	indolent non-Hodgkin's lymphoma – maintenance	filed	Genentech and Biogen Idec
	R1273	Omnitarg (pertuzumab)	anti-HER2 monoclonal antibody	ovarian cancer	II	Genentech
	R1273	Omnitarg (pertuzumab)	anti-HER2 monoclonal antibody	metastatic breast cancer	II	Genentech
	R1415	Tarceva (erlotinib)	EGFR inhibitor	glioblastoma multiforme	II	Genentech and OSI Pharmaceuticals
	R1415 + R435	Tarceva+Avastin (erlotinib + bevacizumab)	EGFR inhibitor + anti-VEGF monoclonal antibody	NSCLC (1st line) – maintenance	III	Genentech and OSI Pharmaceuticals
	R1415	Tarceva (erlotinib)	EGFR inhibitor	NSCLC (1st line) – combo with chemotherapy	III	Genentech and OSI Pharmaceuticals
	R1415 + R435	Tarceva+Avastin (erlotinib + bevacizumab)	EGFR inhibitor + anti-VEGF monoclonal antibody	NSCLC (2nd line)	III	Genentech and OSI Pharmaceuticals
	R1415	Tarceva (erlotinib)	EGFR inhibitor	pancreatic cancer	filed	Genentech and OSI Pharmaceuticals
	R1454			solid tumours	I	
	R1492		epothilone D	solid tumours	II	Kosan Biosciences (KOS862)
	R1507			solid tumours	0	
	R1530			solid tumours	I	
	R1550		monoclonal antibody	metastatic breast cancer	I	Antisoma
	R1594		humanised anti-CD20 monoclonal antibody	hematologic malignancies	I	Genentech (PRO70769)
	R1645		epothilone D	solid tumours	I	Kosan Biosciences (KOS1584)
	R340	Xeloda (capecitabine)	fluoropyrimidine	adjuvant breast cancer	III	
	R340	Xeloda (capecitabine)	fluoropyrimidine	adjuvant colon cancer – combo	III	
	R340	Xeloda (capecitabine)	fluoropyrimidine	metastatic colorectal cancer (1st line) – combo	III	
	R340	Xeloda (capecitabine)	fluoropyrimidine	metastatic colorectal cancer (2nd line) – combo	III	
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	NSCLC, squamous	II	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	adjuvant colon cancer	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	metastatic breast cancer (1st line)	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	metastatic breast cancer (1st line) – extension	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	metastatic colorectal cancer (1st line) – combo extension	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	renal cell carcinoma	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	NSCLC (1st line)	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	pancreatic cancer	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	ovarian cancer	III	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	prostate cancer	III	Genentech
	R547			solid tumours	I	
	R597	Herceptin (trastuzumab)	anti-HER2 monoclonal antibody	metastatic breast cancer – combo with hormonal therapy	III	Genentech
	R597	Herceptin (trastuzumab)	anti-HER2 monoclonal antibody	adjuvant breast cancer	III	Genentech
	R597	Herceptin (trastuzumab)	anti-HER2 monoclonal antibody	gastric cancer	III	
	R925	Bondronat (ibandronic acid)	bisphosphonate	metastatic bone pain	III	
Respiratory diseases	R35	(daclizumab)	anti-CD25 monoclonal antibody	asthma	II	PDL BioPharma
	R411		dual integrin antagonist	asthma	II	
	R667		nuclear receptor agonist	emphysema	II	
Transplantation	R35	(daclizumab)	anti-CD25 monoclonal antibody	transplant maintenance	I	PDL BioPharma
Viral and other infectious diseases	R1206			HIV	0	
	R1558		antibiotic	bacterial infections	II	Sankyo (CS023)
	R1626			HCV	I	
	R1656			HCV	I	Pharmasset
	R7025			HCV	0	Maxygen
	R7128			HCV	0	Pharmasset
Participation through Chugai	SG-75	Sigmart (nicorandil)		acute heart failure	filed	
	EPOCH	Epogin (epoetin beta)		chemotherapy-induced anemia	III	
	CHS13340		recombinant parathyroid hormone	osteoporosis	II	Daiichi Asubio Pharma
	ED-71		activated vitamin D derivate	osteoporosis	III	
	AVS	Antevas (nicaraven)	hydroxyl radical scavenger	subarachnoid hemorrhage	filed	
	CAL		humanised anti-PTHrP monoclonal antibody	bone metastases	II	
	CHC12103			solid tumours	I	Cell Therapeutics
	CGS20267	Femara (letrozole)	aromatase inhibitor	breast cancer	filed	Novartis
	GM-611	(mitemcinal fumarate)	motilin agonist	gastroparesis, irritable bowel syndrome	II	
	VAL	(valine)		post-hepatectomy	II	
Participation through Genentech		Raptiva (efalizumab)	anti-CD11a antibody	adult atopic dermatitis	I	
		Lucentis (ranibizumab)	antibody fragment to VEGF	age-related macular degeneration	filed	Novartis Ophthalmics
		Xolair (omalizumab)	anti-IgE antibody	pediatric asthma, peanut allergy	II, III	Novartis and Tanox
Opt-in opportunities	PRO128115	VEGF	topical VEGF	diabetic foot ulcer	I	Genentech
		BR3-Fc	BAFF inhibitor	rheumatoid arthritis	I	Genentech
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	primary progressive multiple sclerosis	III	Genentech and Biogen Idec
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	relapsed remitting multiple sclerosis	II	Genentech and Biogen Idec
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	lupus nephritis	II	Genentech and Biogen Idec
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	ANCA-associated vasculitis	III	Genentech and Biogen Idec
	R105	MabThera/Rituxan (rituximab)	anti-CD20 monoclonal antibody	systemic lupus erythematosus	III	Genentech and Biogen Idec
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	glioblastoma multiforme	II	Genentech
	R435	Avastin (bevacizumab)	anti-VEGF monoclonal antibody	adjuvant breast cancer	II	Genentech
	G-024856		topical hedgehog antagonist	basal cell carcinoma	I	Genentech and Curis
	PRO1762	Apo2L/TRAIL		cancer	I	Genentech
	R1564		vascular targeting agent	solid tumours	II	Antisoma (DMXAA)
	R1668		E2F modulator	solid tumours	I	ArQule (ARQ501)
	R1583	GLP-1	GLP-1	type 2 diabetes	II	Ipsen (BIM51077)
	R1524		calcineurin inhibitor	renal transplant	II	Isotechnika (ISA247)
	R1495		non-nucleoside reverse transcriptase inhibitor	HIV	0	Medivir
	R1589			Alzheimer's disease	I	Memory Pharmaceuticals

At the end of 2005 the Pharmaceuticals Division's R&D pipeline comprised 108 projects, including 59 new molecular entities (NMEs) and 49 additional indications. Fourteen NMEs are currently in phase 0, 21 in phase I, 19 in phase II and five in phase III or filed for regulatory review. In 2005 13 projects entered phase I development, 12 entered phase II and 13 entered phase III.

Blue type signifies first indication, **black** type additional indications.
Current as of 31 December 2005.

■ Therapeutic protein
■ Small molecule

Phase 0: Transition from preclinical to clinical development
Phase I: Initial studies in healthy volunteers and possibly in patients
Phase II: Efficacy, tolerability and dose-finding studies in patients
Phase III: Large-scale studies in patients for statistical confirmation of safety and efficacy

Partnering for innovation

Partnering is a key element in Roche's strategy to develop innovative, differentiated medicines for patients. Pharma Partnering (PP), the company's business development and licensing department, analyses over 1,500 external opportunities each year to find cutting-edge science to complement Roche's own R&D.

How does Roche find external innovation? 'We focus on emerging, innovative science,' says immunologist and marketing veteran Hari Kumar, one of PP's 'finders'. 'Strategy teams tell us what they need, be it a drug for a condition with no effective treatment or a technology, and we go out and look for it.'

Finders are specialists who combine scientific expertise with business acumen. Their job is to identify opportunities that could lead to new treatments, including new uses for existing Roche products.

Once a finder identifies an opportunity, a larger PP team assesses it based on three key questions: Is the science viable and differentiated? Will the opportunity complement Roche's overall strategy? What is its commercial potential? Senior management then make a decision based on the answers.

PP's alliance directors take over once a deal is approved. While the contract is being negotiated, they prepare Roche for the project's integration and ensure that communication with partners is open and clear.

Throughout the process Roche relies on its core partnering values: flexibility, respect for partners' culture and autonomy, and commitment that both sides will benefit from the collaboration. An organisation-wide partnering culture helps ensure our continued access to a broad range of external innovation and expertise.

cancer (adjuvant setting) have shown that adding Herceptin to chemotherapy significantly reduces the risk of cancer recurrence in this population. US and EU filings for this indication are planned for the first quarter of 2006.

Tarceva, a human epidermal growth factor receptor (HER1/EGFR) inhibitor, is designed to interfere with a molecular signal that plays a significant role in tumour cell growth in numerous types of cancer. It is currently being tested in the first-line and adjuvant NSCLC settings and in combination with Avastin in second-line NSCLC. Tarceva is also being evaluated in the treatment of glioblastoma multiforme, one of the most aggressive types of primary brain tumour.

Extensive late-stage programmes studying Xeloda in adjuvant breast cancer, in combination with chemotherapy in the adjuvant colon cancer setting, and in first- and second-line therapy of metastatic colorectal cancer are continuing. Recent interim analysis of a large collaborative group study of the drug as first-line treatment for advanced pancreatic cancer showed that adding Xeloda to standard chemotherapy (gemcitabine) significantly extends patient survival and improves quality of life.

A head-to-head phase III study comparing Bondronat and zoledronic acid in the treatment of metastatic bone pain has commenced, with results expected in 2007. Filings for this indication are planned in the US and Europe.

Hematology and nephrology (anemia)

Clinical development of CERA, the first continuous erythropoietin receptor activator for the treatment of anemia, is progressing on track. The phase III renal programme for this product includes six trials involving over 2,400 patients with chronic kidney disease (both on dialysis and not on dialysis). The first four phase III trials in dialysis patients were successfully completed at the end of 2005. CERA is the only anti-anemia drug ever studied using long dosing intervals (once every four weeks) in all patients for its initial filing. Roche plans to file marketing applications worldwide for CERA in renal anemia in 2006. Roche does not view the patent infringement litigation initiated by Amgen in the US as an impediment to the development and launch of CERA in the United States.

Rheumatoid arthritis and autoimmune diseases

Rheumatoid arthritis (RA) is an autoimmune disorder characterised by joint inflammation that, even when treated, can result in progressive joint destruction and, ultimately, loss of function. Its exact cause is unknown, and as yet there is no cure. Within two years of developing RA, up to 70% of patients have X-ray evidence of joint destruction, and within ten years 80% are unable to work or perform everyday tasks. RA is one of the most common autoimmune disorders and is now thought to affect over 21 million people worldwide. Current treatments include disease-modifying antirheumatic drugs (DMARDs) and biologic therapy such as the anti-TNF drugs.

In 2005 Roche significantly advanced the development of two medicines with the potential to substantially improve the treatment of RA.

MabThera/Rituxan is the first selectively targeted B cell therapy to be studied in this disease. The US and EU filings in August and September for the product's first rheumatoid arthritis indication represent a significant milestone. The filings, based on data from the pivotal REFLEX trial, cover the use of MabThera/Rituxan in patients who have failed to respond adequately to current biologic therapies, the subgroup of RA patients considered to be the most difficult to treat. Positive outcomes have also been seen in a phase IIb clinical trial (DANCER) with patients who had previously failed treatment with one or more DMARDs.

Development of Actemra (tocilizumab, formerly MRA) in RA is progressing well. Phase III data from Japan were presented at the American College of Rheumatology meeting in November. They show that treatment with Actemra significantly reduces the progression of joint damage and improves RA signs and symptoms. Based on these data, Chugai plans to file a marketing application for Actemra for RA in Japan in the first half of 2006. Patient recruitment for international phase III trials is proceeding as planned. Regulatory filings in the US and EU are expected in 2007. In 2005 Chugai launched Actemra in Japan in its first indication, Castleman's disease, a rare condition that causes severe enlargement of the lymph nodes.

CellCept is being developed in collaboration with Aspreva Pharmaceuticals for autoimmune applications, including the treatment of lupus nephritis (kidney complications associated with the autoimmune disease lupus erythematosus) and myasthenia gravis (a chronic autoimmune disease characterised by episodes of muscle weakness). Phase III clinical trials of the drug in both indications are under way. CellCept is the first potential new treatment for either of these debilitating and sometimes fatal conditions in many years. In January 2006 CellCept was designated an orphan drug in the treatment of myasthenia gravis by the FDA.

Diabetes

Roche has now completed the two-year animal carcinogenicity programme for the insulin sensitiser R483, required by the FDA for all members of this class of agents. A final decision on the commencement of phase III clinical testing of the compound in type 2 diabetes will be taken once the FDA and other agencies have completed their reviews of the carcinogenicity data.

Two other compounds being developed for the treatment of type 2 diabetes moved into phase II clinical testing in 2005, a glucokinase activator and a dipeptidyl peptidase (DPP-IV) inhibitor.

Setting new standards in cancer treatment

At the 41st meeting of the American Society of Clinical Oncology (ASCO), in Orlando, Florida, in May Roche and its partners presented data from an unprecedented eight major phase III trials that had successfully met their primary endpoints.

Product (generic name)	Indication (clinical trial)	Benefit
Avastin (bevacizumab)	Metastatic HER2-negative breast cancer, 1st line treatment (E2100)	49% improvement in overall survival
	Metastatic non-small cell lung cancer, 1st line treatment (E4599)	30% improvement in overall survival
	Metastatic colorectal cancer, 2nd line treatment (E3200)	24% reduction in risk of death
Herceptin (trastuzumab)	HER2-positive breast cancer, adjuvant treatment (NSABP B-31 and NCCTG N9831, joint analysis)	52% reduction in risk of disease recurrence
	HER2-positive breast cancer, adjuvant treatment (HERA)	46% reduction in risk of disease recurrence
MabThera / Rituxan (rituximab)	Relapsed indolent NHL, maintenance treatment (GSLG)	100% improvement in response duration at 3 years
Tarceva (erlotinib)	Pancreatic cancer, 1st line treatment (PA3)	23% improvement in overall survival

Expanding biotech production capacity

In 2005 the Roche Group continued to reconfigure its manufacturing capacities to meet the requirements of a changing product portfolio and increase the efficiency of its global manufacturing operations. In particular, a shift from chemically derived active pharmaceutical ingredients towards biologics and a corresponding trend towards sterile liquid dosage forms are driving current activities in this area. Technical development activities also reflect the impact of the Pharmaceuticals Division's dynamic R&D portfolio (including development of in-licensed products by Roche). Ongoing projects to further reduce supply chain complexity and optimise inventory levels remain on track.

Four major new facilities were dedicated last year: new biotech production facilities for epoetin and CERA in Penzberg (Germany); a state-of-the-art packaging and storage facility for injectable drugs in Mannheim (Germany); and a plant for high-potency pharmaceutical products in Shanghai. The new Penzberg and Mannheim facilities have been operational since the middle of 2005. The Shanghai facility, the first of its kind in China, is scheduled to come on stream this year; it will produce CellCept and Xeloda for the Chinese market.

The Oceanside (California) facility acquired by Genentech from Biogen Idec last June is currently being converted to produce Avastin; manufacturing of bulk drug substance is expected to commence in 2006, with FDA licensure expected in the first half of 2007. In 2005 Genentech received FDA licensure for a new Avastin manufacturing facility in Porriño, Spain.

Work on the new Basel (Switzerland) and Penzberg production facilities for therapeutic antibodies, both scheduled for technical completion in 2007, is moving ahead as planned.

Access to medicines

While the primary role of the Roche Pharmaceuticals Division is to discover, develop and commercialise innovative medicines, the adoption of policies that extend access to critically needed products to people affected by poverty throughout the world is an integral part of healthcare's mission. Therefore, in addition to supporting local initiatives to expand healthcare access, Roche has implemented patent and pricing policies and joined major international efforts aimed at addressing this problem.

Roche does not file new patents for its medicines in the 50 Least Developed Countries (as defined by the UN), nor does it enforce patents it already holds in these countries. In response to the devastating HIV/AIDS pandemic, the company has extended this policy to sub-Saharan Africa, the poorest and hardest-hit region.

The prices Roche charges for its products in low and lower-middle income countries are below the corresponding prices in Switzerland at launch. Roche supplies the HIV medicines Invirase and Viracept at no profit to Least Developed Countries and sub-Saharan Africa. As a result, reduced prices for these products apply to 93% of all people living with HIV/AIDS worldwide.

In addition, Roche is a member of the Accelerating Access Initiative, which is helping increasing numbers of HIV/AIDS patients in developing countries to receive treatment. The company also supports two other HIV treatment access programmes, the CARE programme in four African countries and the Cambodian Treatment Access Programme. In addition to providing funding, medicines and diagnostics through these programmes, Roche has also contributed to providing training in HIV/AIDS care and treatment to hundreds of healthcare professionals from more than 14 African countries and Cambodia. (See also *Ensuring access to healthcare worldwide*, p. 79, and visit www.roche-hiv.com.)

In its most recent move to extend access to vital HIV/AIDS treatments in the world's neediest areas, Roche announced in January 2006 that, as part of its new Technology Transfer Initiative, the company will provide local manufacturers within sub-Saharan Africa and Least Developed Countries with the technical expertise required to produce generic HIV medicines. This assistance will be offered free and with no conditions attached.

The threat of an avian flu pandemic represents another critical global health challenge, and Roche is closely involved in ensuring that vital medicines are available where they are most needed. Following warnings by the WHO that the next global influenza pandemic is imminent, Roche has been doing all it can to ensure worldwide availability of its influenza drug Tamiflu for pandemic use. The steps taken include implementing a tiered pricing system with significant reductions for pandemic use and licensing agreements with local companies for production of the drug for pandemic use in India and China. In addition to taking unprecedented steps to ramp up Tamiflu production capacity (see *Meeting world demand for Tamiflu*, p. 23), Roche is working with the US National Institute of Allergy and Infectious Diseases and international virology experts to expand the information base regarding the optimal use of Tamiflu against the H5N1 avian influenza strain.

Access to medicines is an issue that affects more than the developing world – it can pose significant challenges in industrialised countries, as well. In the United States, for example, Roche is committed to making sure that every patient who needs a Roche drug has access to it, whether that patient is a senior citizen being treated for cancer, or a member of a working family facing an organ transplant. The Roche Patient Assistance Program, established in the 1960s, was the first in the industry to provide prescription drugs free of charge to qualifying patients who need them but lack prescription coverage and the means to pay for them.

Roche is also a founding member of the Partnership for Prescription Assistance, a programme sponsored by the Pharmaceutical Research and Manufacturers of America, which represents the country's leading pharmaceutical research and biotechnology companies. The programme offers a single point of access to over 475 public and private patient assistance programmes.

Similarly, Genentech provides its marketed products free of charge to eligible uninsured patients treated in the United States through the Genentech Access to Care Foundation and the Genentech Endowment for Cystic Fibrosis. Genentech is also a member of the Partnership for Prescription Assistance. To further support patient access to therapies for various diseases, in 2005 Genentech donated approximately 21 million dollars to independent, third party, public charities that offer copayment assistance to eligible patients.