Doctora *honoris causa*

Marie-Paule Kieny

UAB

Universitat Autònoma de Barcelona

Doctora *honoris causa*

Marie-Paule Kieny

Discurs llegit
a la cerimònia d'investidura
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PRESENTACIÓ DE MARIE-PAULE KIENY PER TOMÀS PUMAROLA SUÑÉ

Dr. Marie-Paule Kieny is a Director of Research at the Institut National de la Santé et de la Recherche Médicale (INSERM) in Paris, where she assists the French President of the Organization on International Institutional Collaboration.

Along her professional life, Dr. Marie-Paule Kieny has influenced the strategic development of several organisations through participation in their Executive Board and she also chaired the Scientific Advisory Board of many international organisations.Thus, she is:

- Chair of the Executive Board of the Drugs for Neglected Diseases Initiative (DNDi), Geneva, Switzerland
- Chair of the Governance Board of the Medicines Patent Pool Foundation (MPPF), Geneva, Switzerland
- Secretary of the Board of the Global Antibiotics Research and Development Partnership (GARDP), Geneva, Switzerland
- Member of the Board of the Human Vaccine Project (HVP, New York, USA)
- Independent Director, bioMérieux, Lyon, France
- Chair of the Wellcome Trust Joint Strategic Advisory Group, London, UK

Her work is focused on universal health coverage and sustainable development, with one of the main aspects being the development of strategies to deliver vaccines and essential medicines to the communi-

ties at the lowest possible price, especially in low- and middle-income countries.

That's the reason why Dr. Marie-Paule Kieny is awarded with a *Honoris Causa* by the Universitat Autònoma de Barcelona, in recognition of the values of solidarity that she expresses and transmits through her focus on diseases that specially affect developing countries.

Dr. Kieny received her PhD in Microbiology from the University of Montpelier in 1980, where she was also awarded a University Diploma in Economics. She received her Diplôme d'Habilitation à Diriger des Recherches from the University of Strasbourg in 1995.

Dr. Marie-Paule Kieny has published over 350 articles and reviews and directed the research of many doctoral candidates and undergraduates, mainly in the areas of infectious diseases, immunology, vaccinology, and health systems.

Before joining World Health Organization (WHO) in 2001, Dr. Kieny held top research positions in the public and private sectors in France, which included Director of R&D Programmes of Transgene S.A., from 1981 to 1988, and Director of Research and Head of the Hepatitis C Virus Molecular Virology Group at the Institute of Virology of the INSERM, from 1999 to 2000.

Dr. Kieny's research career at Transgene S.A., from Project Leader up to Director of R&D Programmes, led to the development of a novel recombinant rabies vaccine, which drove elimination of rabies in Europe and North America. She also worked on the design of several original AIDS vaccine candidates in collaboration with the Pasteur Institute, and conducted research on immuno-gene therapy targeting breast and cervical cancers, with encouraging results. During this time, she published almost 200 publications in a high impact journals, between them 4 publications in Nature and 1 in Science, and was awarded 10 patents.

During this years Dr. Marie-Paule Kieny also was:

- Member of the Virology/Immunology Scientific Committee of the Association pour la Recherche contre le Cancer (ARC), Paris, France
- Chair of WHO/TDR steering committee on Vaccine Discovery Research (VDR), Geneva, Switzerland
- Member of the Virology Scientific Committee of the Agence Nationale pour la Recherche sur le SIDA (ANRS), Paris, France
- Chair of the Biomed External Expert Monitoring panel of the European Framework Program 4, Brussels, Belgium
- Chair of the Quality of Life External Expert Monitoring panel of the European Framework Program 5 (FP5), Brussels, Belgium
- Member of WHO/TDR steering committee on Malaria vaccines (IMMAL), Geneva, Switzerland

In 2001 she moved to the WHO, initially as a Scientific Officer and from 2002 to 2010 as Director of the WHO Initiative for Vaccine Research. Major successes under her leadership were the development and licensing of new vaccines against meningitis A and against pandemic influenza in developing countries through transfer of technology and know-how. The development and implementation of health technologies against poverty-related diseases and those that disproportionately affect poor and marginalized populations are continuing priorities since her first role in WHO with the Special Programme for Research and Training in Tropical Diseases in 2001.

During the 2009 influenza pandemic she led the WHO Pandemic Influenza Deployment Initiative which was instrumental in delivering more than 80 million doses of vaccine to nearly 80 low- and middle-income countries.

During this time Dr. Marie-Paule Kieny also was:

- Member of the Science Advisory Board in Health of the European Commission Framework Program 7 (FP7), Brussels, Belgium
- Chair of the Scientific Advisory Board (SAB) of the Jenner Institute, Oxford, UK
- Member of the Board of Trustees (BOT) of the International Vaccine Institute (IVI), Seoul, Republic of Korea
- Member of the Scientific Advisory Group (SAG) of the International Vaccine Institute (IVI), Seoul, Republic of Korea
- Member of the Scientific Consultants Group (SCG) of the Malaria Vaccine Development Program of the U.S. Agency for International Development (USAID), Washington DC, USA
- Member of the Scientific Advisory Committee (SAC) of the European Vaccine Initiative (EVI), Heidelberg, Germany – previously European Malaria Vaccine Initiative (EMVI), Copenhagen, Denmark
- Member of the European Developing Country Clinical Trials Partnership (EDCTP) Partnership Board, The Hague, Netherlands
- Member of the Scientific Advisory Committee of the International AIDS Vaccine Initiative (IAVI), New York, USA
- Member of the Board of Counsellors (BOC) of the Pediatric Dengue Vaccine Initiative (PDVI) at IVI, Seoul, Republic of Korea
- Member of the Project Management Subcommittee (Chair from 2003 to 2010) of the International AIDS Vaccine Initiative (IAVI), New York, USA
- Advisor to the Director-General of INSERM, Paris, France in the fields of Biotechnology and Innovation

From 2010 to 2017, Dr. Marie-Paule Kieny served as the Assistant Director-General for Health Systems and Innovation at the World Health Organization. Her main mandate was to support develop-

ing countries strengthening their health systems towards Universal Health Coverage. She was also in charge between August 2014 and September 2016 of Ebola R&D for WHO, and she oversaw the design and implementation in Guinea of the only clinical trial which successful demonstrated the efficacy of an Ebola vaccine.

From May 2015 to June 2017, she led the implementation of the WHO R&D Blueprint, a global preparedness plan for action against emerging diseases' epidemics with the aim to accelerate the availability of medical technologies during epidemics by focusing on a list of prioritized emerging diseases for which medical countermeasures are insufficient or nonexistent.

In WHO, she oversaw more than 250 staff, assisted by a group of 9 directors, with a budget of over US$ 115 million per year.

During this time she also was:

- Member of the Advisory Group for Societal Challenge "Health, demographic change and wellbeing" of the European Commission Horizon 2020, Brussels, Belgium.
- Member of the Hilleman Labs Strategic Advisory Group (SAG), Delhi, India
- Member of the Executive Board of the Health Metrics Network, Geneva, Switzerland
- Member of the Executive Board of the Global Health Workforce Alliance, Geneva, Switzerland

Dr. Marie-Paule Kieny has also received several prizes and distinctions:

- Prix de l'Innovation Rhône-Poulenc
- Prix Génération 2000-Impact Médecin
- Chevalier de l'Ordre National du Mérite, au titre du Ministère de la Recherche

- Chevalier de la Légion d'Honneur, au titre du Ministère des Affaires Etrangères
- Prix International de l'Inserm

Finally, I would like to repeat and emphasize that beyond her extraordinary *Curriculum Vitae*, what has been really impressive in Dr. Marie-Paule Kieny professional achievements is her constant and excellent work on low- and middle-income countries in order to:

- Get universal health coverage and sustainable development where every child, man and woman can afford and has access to the quality essential medicines, vaccines and diagnostics they need to lead a healthy and productive life.
- Make vaccines and essential medicines available to the whole population at the lowest possible price.
- Transfer technology and know-how for the development and implementation of health technologies against poverty-related diseases and those that disproportionately affect poor and marginalized populations.
- Decrease the impact of public health emergencies through accelerating the availability of medical technologies during epidemics; promoting international sharing of data and results during public health emergencies and developing a regulatory policy for research and development of vaccines for public health emergencies.

It is for all these reasons that it is my pleasure, my honour and my privilege to request that the Rector of the Universitat Autònoma de Barcelona, confer the degree of Honorary Doctorate on Dr. Marie-Paule Kieny.

Tomàs Pumarola Suñé

DISCURS
DE
MARIE-PAULE KIENY

Madame la Rectrice, Monsieur le Secrétaire Général, professors of the Universitat Autònoma de Barcelona, thank you very much. I am humbled and very proud at the same time to have been awarded this title of Doctor *honoris causa* of your great university.

So, it is a pleasure to address this audience. I will describe to you my journey, which brought me from research to vaccine development and to global health, ending up at where I am now - and I am very glad that you recognise me for this - an activist for health for all.

My lecture is thus on Vaccines to Global Health. As a rebellious adolescent in the early 1970s I swore that would never, ever study medicine nor work in health. My two parents were medical doctors and my two younger brothers ended up being also medical doctors, so I'm the black swan in this family. I thought I needed to do something different and I wanted to do teach agriculture in Africa, helping the population getting out of poverty.

Accordingly, I didn't study medicine, I competed and was selected to join the National School of Agronomy in Montpellier and I ended up as an engineer in agronomy. I wanted to work in what is now called

This is an adapted transcription of the lecture by Marie-Paule Kieny on the occasion of her being awarded the Honorary Doctorate from the Universitat Autònoma de Barcelona. At some points during her address Dr. Kieny makes reference to the slides in her presentation.

the IRD, the 'Institute for International Development' (Institut de Recherche pour le Développement). But when I was twenty, the IRD director presented the Institute to my schoolmates and I and bluntly said, "I'm so happy to see so many girls in this room", we were sort of shocked but pleasantly surprised. And then he added, "because it will be less competition for you – the boys"! 1973. Less competition because how would you young girls think you can do anything doing agriculture in Africa???

The world has changed, as you know. So, I didn't study medicine, and I didn't do agriculture after all. I finally did a PhD, and started to work in one of the first French biotechs, Transgene, located in Strasbourg. My very first project in 1981 was to develop a vaccine against rabies. At the time when we started this project in 1981, what was the situation with human rabies? There was a very rough estimate of 60,00 cases in total, mainly in Asia. The African number is certainly underestimated because nobody really knew what was happening in Africa, but very few cases in Europe and the Americas.

Rabies is an infectious disease transmitted to humans by animals. While domestic animals like cows, cats and dogs can transmit the disease, it is mainly transmitted by wild animals. In continental Europe, across Russia and in North America foxes were the main vectors and they were responsible for transmitting rabies to domestic animals, who then infected humans. The years 1980 were the early days of molecular biology. The first step was to identify the antigen and to isolate and sequence the viral genome- and this had been done by the Wistar Institute scientists in Philadelphia. From there you could either go down the chemical route and synthesise peptides to use as candidate vaccines, or you could express the coding sequence in a new host.

For rabies this was tried with absolutely no success. It took us a few months to finally produce a recombinant live vaccine based on the vaccinia virus, which produces the glycoprotein of the rabies virus.

We obtained a glycoprotein whose phenotypic profile was very similar to that of rabies virus antibodies, and this seemed to be a good candidate for a vaccine. So where did we go from there? Remember, this was the early 1980s.

First we immunised mice. We saw that our candidate vaccine was very efficacious because if you look at 'protection' here (the diamonds) you can see that you can protect 100% of mice with only 0.01ml of in vitro cell culture supernatant. The next step was to published our results in *Nature*. These results generated a little controversy, as highlighted by the title of an article published in Newswatch: 'Cowpox-cloned rabies vaccine, highly effective – cheap but controversial'. Indeed, the recombinant vaccine was based on vaccinia virus, which has been used since Edward Jenner as smallpox vaccine. Since the 1970s and the eradication of smallpox, vaccinia virus was not used in man anymore and health officials were not willing to consider using vaccinia in humans again because it had a track record of severe side-effects.

As further development as a human vaccine was blocked, we were very lucky to work with scientists in Belgium who were trying to find a solution to eliminate and eradicate rabies in foxes. They showed that foxes could be vaccinated through the oral route, just by administration of 0.01 ml of cell culture supernatant. And so what??? Do you try and catch all the foxes around and administer vaccine with a pipette? That doesn't really work.

We collaborated with the Mérial company, which developed a bait to encapsulate vaccine filled in a small plastic bag. The baits had a smell which attracted foxes and were resistant to climatic factors – temperature, UV light, etc. They could be dropped by helicopter in forests and places where foxes come to feed.

The first vaccination campaign was carried out in a small area of 10,000 km^2 between France and Belgium. Following five vaccination

campaigns rabies cases nearly disappeared in both wild and domestic animals. Based on this success, the vaccine was used to eliminate rabies from Europe.

So how long did it take to get from the start of the project to the large-scale implementation of vaccination campaigns? The cloning of a gene was done in the early 1980s. In 1984 we constructed the recombinant vaccine. We started immunisation of foxes in captivity in 1986. The first field trial took place in 1987 and trials ended in 1991. Marketing started in 1993, so it took ten years to get from the concept to use in the field.

So, thanks to this project I had got closer to health... but I had not done anything in Africa yet…

Leaving Transgene, I started in WHO in 2000, where I was responsible for vaccine research and development. One of my first projects there was to develop a vaccine against meningitis. A change in the business model for medical innovation was imperative. Indeed, in spite of epidemic meningitis A striking sub-Saharan Africa every year, no vaccine manufacturer was interested in producing a vaccine against meningitis A because there was no market in the rich world. After the 1996 epidemic which peaked at nearly 200,000 cases of meningitis A, the international committee said, 'this cannot continue'.

A group of international experts and African ministries endorsed the project to develop a conjugate meningitis A vaccine for Africa. The Bill and Melinda Gates Foundation provided $70m to a ten-year partnership – starting in 2001 - between WHO and PATH, an international NGO, to eliminate epidemic meningitis as a public health problem in sub-Saharan Africa through the development, testing, licensure and use of conjugate meningococcal vaccines. Consultations with African officials brought to the conclusion that the vaccine needed to cost less than 50 cents a dose if we wanted to have it sustainably introduced

into Africa. The project set up a partnership with Serum Institute of India Ltd, a very large vaccine manufacturer in India. The company agreed to work with the WHO and PATH to manufacture vaccine at a target price of less than 50 cents a dose. The conjugation method was developed by FDA in the USA and was transferred and scaled up at Serum Institute of India. The objective was to start with mass vaccination to interrupt transmission of the bacteria in the population. After a few years of development and clinical testing, the first vaccine introduction took place in 2010 in 1- to 29-year olds in three countries of the meningitis belt: Burkina Faso, Mali and Niger, with financial support for the Gavi Alliance.

Between 2010 and 2017, at least 300,000 cases and 30,000 deaths were averted in the African meningitis belt through mass vaccination of 300 million people with the conjugate meningitis A vaccine. The project was led entirely by the public sector along with an NGO in collaboration with a 'generic' manufacturer in India.

In 2014 I was asked by Dr. Margaret Chan, the then Director-General of WHO, to lead on behalf of the Organization on the clinical development of a vaccine against Ebola in the context of a Public Health Emergency of International Concern. In spite of Ebola having been there for quite a number of years, no vaccine was available because there was no profit to be made. In spite of that, a number of vaccines had been researched but none had reached clinical evaluation. Two vaccines were the most advanced. The GSK product was based on a non-replicating chimpanzee adenovirus (ChAd-EBO), and the NewLink product, which had been developed by PHAC, the Canadian health authority, was based on a live VSV virus (VSV-EBO). NewLink vaccine was later bought by Merck. For these two candidate vaccines, Phase 1 clinical trial started in September and October 2014, respectively. WHO took the responsibility to organised clinical trials of the VSV-based vaccine in Hamburg, in Geneva, in Kilifi (Kenya) and in Lambarene (Gabon).

Thanks to so much goodwill from so many people, there were enough safety and immunogenicity data to decide that it was possible to move forward with Phase 3 efficacy trials in West Africa with both vaccine candidates. In March 2015, in the midst of the epidemic, a consortium made of the Guinean Ministry of Health, MSF, the Norwegian Government and WHO started the Phase 3 clinical trial of an Ebola vaccine in Guinea. The trial was called 'Ebola ça suffit' and used the VSV-EBO vaccine.

At that time there two other consortia were starting Phase 3 evaluation of the candidate vaccines in Liberia and in Sierra Leone, using a randomized, placebo-control and a cluster-randomized trial design, respectively. Following extensive consutation among the WHO consortium, there was a decision to use another strategy that would add value to these other two Phase 3 trials.

The design chosen for the "Ebola ça suffit" trial was based on a strategy which had been used to eradicate smallpox, and which was called ring vaccination. How did this work? As soon as there was a new case of smallpox, in spite of vaccinating the whole district or province, vaccinators identified the contacts of the smallpox case and the contact of these contacts. These persons formed the group which was then vaccinated to prevent further transmission. So, great for eradication but how can you use this strategy for a vaccine clinical trial?

The ring vaccination trial starts with the identification of a newly laboratory-confirmed case of Ebola. Around this case vaccinators define the socio-geographical ring of contacts and contacts of contacts. And then as soon the ring determined, it received a randomization number which dictated whether it would be either vaccinated immediately or after 21 days. The rings vaccinated after 21 days served as controls for the ones vaccinated immediately. Thus, the ring vaccination trial belongs to the larger group of cluster-randomised trials and efficacy was determined by comparison of the number of Ebola cases in rings vaccinated immediately, compared with those vaccinated at 21 days.

Intermediate results became available in July 2015 and were published in August, 5 months after the start of the trial. The table shows that, in the clusters vaccinated immediately, all the Ebola cases occurred before ten days after vaccination. In the clusters vaccinated at day 21, there were of course more cases because day 0 was the day when vaccination occurred in the clusters vaccinated immediately. Nevertheless, no case was reported in the delayed clusters after 10 days after vaccination. Therefore these intermediate results – zero versus sixteen cases in the immediate versus delayed vaccination rings, respectively – showed that the VSV-EBO vaccine was likely to be very efficacious. This vaccine, although not registered yet, is currently used in North Kivu in the Democratic Republic of Congo, where more than 50,000 people have already been vaccinated.

What did we learn during Ebola? We learned that it is possible to accelerate R&D during emergencies and that it is feasible to safely and effectively implement research interventions in an affected country, even though there had not been any clinical research before 2014 in any of the three countries. It also highlighted the fact that it is imperative to advance R&D preparedness before an epidemic. To this effect, WHO initiated in 2015 the 'R&D Blueprint for Action to Prevent Epidemics – accelerating R&D and saving lives'. There are three lines of work: improving coordination and fostering an enabling environment for research; accelerating research and development processes; and developing norms and standards adapted to the epidemic context.

I left the WHO in June 2017and since this time I have been a director of research at Insem, where one of my focusses is on access to and pricing of medicine. This topic is important for low and middle incomes, but it also becomes more and more important for high-income countries. Indeed, public finances cannot sustain the current skyrocketing increase in the pricing of medicines.

Let us first look at the situation with HIV, tuberculosis and hepatitis C. Although there was a lot of progress in the last two decades for HIV, with

nearly 21 million people now on treatment, more than 16 million persons (more than 40%) remain untreated despite the fact that treatments available. The case of tuberculosis is even more dramatic – only 2 per cent of people who need treatment for drug resistant TB have access to it, because the manufacturer is not willing to provide licenses to generic manufacturers or to lower prices. Likewise, only three million patients (4 per cent of the 71 million people who live with hepatitis C) have access to treatment, whereas there is medicine available which is 100 per cent curative. Why is that? Price and absence of generics is one reason. The Sofosbuvir-Daclatasvir regimen is priced (for a 12-week course) at 142,000 US$ in the USA while in France it stands at US$ 50,000. This contrasts sharply with the production cost, which is estimated at US$ 50.

But the high price of medicines is not only a problem with new innovative drugs. Indeed, when a generic manufacturer purchased the rights for EpiPen, a treatment against septic shock which has been long off patent, it increased over a 10 years time the price from 100 to nearly 700 dollars.

In preparation for moderating a session for students, I recently looked at what the internet says about return on investment for the pharmaceutical sector, I was very surprised to find that the first ten hits talk about the current financial model not being sustainable because of the high cost of research. This seem to contradict data published in the Financial Times showing that Health Technologies is bay far the most profitable industry in 2015, at 21% average profit margin.

Finally, I would like to discuss briefly two Foundations of which I have the honour to chair the governance Board since 2017, DNDi and MPP.

DNDi, the Drugs for Neglected Diseases initiative, was created 15 years ago following receipt in 1999 by MSF of the Nobel Prize. MSF made a commitment to invest the value of the prize in the creation of DNDi in order to develop drugs for the most neglected tropical diseases and allow the people who needed these drugs to have access to them.

After 15 years of existence, DNDi has a mature and dynamic portfolio with 39 R&D projects, has incubated GARDP, an initiative to develop new antibiotics, is developing new chemical entities and has raised more than US$ 500 million. DNDi has already delivered seven treatments for malaria, leishmaniasis, Chagas disease, paediatric HIV and sleeping sickness. Following close collaboration with DNDi, Sanofi obtain in 2018 an article 58 European Medicines Agency authorisation for Fexinidazole, an oral drug for sleeping sickness, one of the most horrible neglected tropical diseases. We are also on track to deliver 16-18 new treatments by 2023.

MPP, the Medicines Patent Pool, aims to decrease the price of innovative medicines through generic manufacturing. MPP negotiates voluntary licences with patent holders and sub-licences them to generic manufacturers in low- or middle-income countries. Though generic competition, major price decreases ensure access of the best drugs to the people who need them in poor countries. MPP has currently licences for 13 antiretroviral drugs, three drugs against hepatitis C, and one tuberculosis treatment. This has led to 130 ongoing pharmaceutical development projects with generic manufacturers, to the delivery of six billion doses of treatment, especially for HIV, and to half a billion dollars saving for the global health community through access to cheaper drugs.

MPP is now trying to see how the Patent Pool model can be adapted to other medicines, and especially medicines against diabetes, cardiovascular diseases or cancer.

So, in conclusion... I haven't done any agriculture! Africa has been the focus for much of my work but for sure, I have been working all my professional life in health.

Thank you very much for your attention.

DISCURS
DE
MARGARITA ARBOIX
RECTORA DE LA UAB

Avui la nostra universitat ha nomenat doctora *honoris causa* la Sra. Marie-Paule Kieny en el marc de la celebració del cinquantè aniversari de la fundació de la UAB, en l'eix de la solidaritat.

Congratulations, Dra. Kieny.

És un honor i un plaer tenir-la a partir d'ara com a membre del Claustre de professors de la UAB.

La Dra. Kieny, com molt bé ens ha descrit el seu padrí, el Dr. Pumarola, ha demostrat en la seva trajectòria personal i professional un compromís indiscutible amb l'ajuda a les persones desfavorides. Ha lluitat per aconseguir una àmplia disponibilitat de medicaments, en particular vacunes, per a les persones de països tercers on, a causa de les dificultats econòmiques, educatives i socials, és molt difícil garantir als ciutadans la medicació adequada per a la seva salut. Per tant, crec que queden clars el seu perfil personal i professional en l'àmbit de la solidaritat, i les raons que han portat el Consell de Govern de la UAB a proposar-la com doctora honoris causa.

Aquesta universitat té clar, i així ho expressen els nostres estatuts, que les nostres activitats s'inspiren en els principis de llibertat, democràcia, justícia, igualtat i solidaritat.

En aquest sentit, s'han definit en el nostre ordenament jurídic les funcions de la Universitat al servei de la societat. I, de manera general, s'ha d'entendre que la Universitat té com un dels seus objectius prioritaris el de ser factor de desenvolupament, orientació crítica i transformació de la societat en la qual s'insereix. És a dir, crec que ha de subratllar-se que la Universitat exerceix una funció social, s'incardina plenament en la societat, serveix els interessos de la societat i hi influeix, i, amb el coneixement generat i transmès, pretén també transformar-la. Aquesta és també la responsabilitat social de la Universitat, és a dir, el seu compromís amb la societat.

En aquest àmbit de la relació Universitat/societat, la UAB sempre ha donat la màxima rellevància a la solidaritat i, per aquesta raó, ha treballat en dos grans àmbits: la cooperació al desenvolupament i l'acció social. Moltes persones (professors, PAS i estudiants de la nostra comunitat universitària) de forma voluntària treballen en diversos projectes, iniciatives i accions de solidaritat.

Així mateix, la recerca en l'àmbit de les vacunes i d'una salut global ha estat una de les línies a les quals la Dra. Kieny ha dedicat grans esforços, com avui hem pogut constatar quan el Dr. Pumarola ha fet la defensa del doctorat honoris causa. I és, amb aquesta recerca, que ha impulsat polítiques per afavorir l'accés als medicaments a ciutadans de països amb grans dificultats socials i econòmiques.

Sense cap dubte, a la UAB la recerca es considera un dels objectius essencials de la nostra raó de ser com a universitat, recerca entesa com a fonament i garantia d'una docència de qualitat, com a mitjà per al progrés de la societat i de la mateixa comunitat universitària i com a ampliació i transferència de coneixements en tots els àmbits del saber, element cabdal de la seva relació amb la societat. Per tant, també des d'aquesta recerca cal treballar per incrementar polítiques solidàries que permetin el desenvolupament social de les dones i els homes d'aquest món global, com ho ha fet la Dra. Kieny.

L'actuació de la UAB es basa en uns valors cívics que inspiren el compromís, la responsabilitat, la igualtat de totes les persones i els seus drets i l'acció de rebuig davant les situacions d'injustícia i desigualtat social.

Per això no tenim cap dubte que la Dra. Kieny ha lluitat, i continua lluitant, per la igualtat i els drets de totes les persones, sense que el seu origen, raça, sexe, religió, país d'origen, etcètera s'interposin perquè els drets de les persones es preservin de forma integral. I és així com, a partir de la seva formació com a microbiòloga i immunòloga, ha dedicat una gran part de la seva vida a aconseguir medicaments i vacunes que garanteixin la salut de les persones en aquests països poc desenvolupats, on, a causa de la manca de condicions de vida salubres (educació, alimentació, sanitat, ambient, etcètera), la vida hi és difícil i l'esperança de vida, curta.

Gràcies, Dra. Kieny, per la vostra contribució a fer un món millor, més just, més igualitari, més segur i segurament més feliç.

El seu exemple ens ha de servir per avançar en el compromís amb la lluita contra les injustícies socials treballant en particular per:

1. Facilitar una vida digna als ciutadans dels pobles on els conflictes socials, la fam, les persecucions i la salut els obliguen a emigrar.
2. Garantir als homes i dones amb discapacitats unes condicions adequades per facilitar-los un desenvolupament integral en el nostre campus i en la nostra societat.
3. Fer possible que, a la UAB, totes les persones LGTB puguin gaudir del dia a dia sense cap discriminació.
4. Garantir que totes les dones tinguin les mateixes possibilitats de desenvolupament personal i professional en el nostre campus i que no hagin de patir cap discriminació o assetjament per raons de gènere.

Col·laborar amb aquells països on la transferència del nostre coneixement pugui ser d'utilitat per millorar la seva formació/educació, desenvolupament i apoderament.

Estic segura que la Dra. Kieny ha tingut sempre clares totes aquestes coses i que ha fet tot el que estava en les seves mans per millorar-les, sigui des del laboratori, des de les fundacions i institucions on ha treballat, des del treball de camp allà on els problemes l'han portada i, en particular, des de la seva contribució a l'OMS.

Gràcies, Dra. Kieny, per haver acceptat de formar part del nostre claustre. És un honor tenir-la, a partir d'ara, entre nosaltres.

Estic segura que d'ara endavant comptarem amb la seva «saviesa» per millorar i que ella podrà comptar amb nosaltres per desenvolupar projectes solidaris.

Moltes felicitats de nou, Dra. Marie-Paule Kieny.

Congratulations, again.

Encore beaucoup de félicitations.

CURRICULUM VITAE
DE
MARIE-PAULE KIENY

Dr. Marie-Paule Kieny is currently Director of Research at Inserm (Institut national de la santé et de la recherche médicale) in Paris, where she assists the President on International Institutional Collaboration.

Dr. Kieny serves as the Chair of the Board of the Drugs for Neglected Diseases Initiative (DNDi, Geneva, Switzerland) and of the Medicines Patent Pool Foundation (MPPF, Geneva, Switzerland) since July and August 2017, respectively. She is also a member of the Board of the Global Antibiotic Research and Development Partnership (GARDP, Geneva, Switzerland) and of the Human Vaccine Project (HVP, New York, USA) and a Non-Executive Independent Director of bioMérieux (Lyon, France).

Between October 2010 and June 2017, she served as Assistant Director-General at the World Health Organization and was in charge of Health Systems and Innovation. She strived in particular towards the vision of a world where every child, man and woman can afford and has access to the quality essential medicines, vaccines and diagnostics they need to lead a healthy and productive life.

In WHO, she oversaw more than 250 staff, assisted by a group of 9 directors, with a budget of over US$ 115 million per year.

In addition to her main work on Health Systems, Marie-Paule Kieny was in charge between August 2014 and September 2016 of Ebola R&D for WHO, and she oversaw the design and implementation in Guinea of the only clinical trial which successful demonstrated the efficacy of an Ebola vaccine. Since May 2015, she leads the implementation of the WHO R&D Blueprint for action against epidemics.

Prior to this, Dr. Kieny directed the WHO Initiative for Vaccine Research since its inception in 2001. Major successes under her leadership were the development and licensing of a new vaccines against meningitis A and against pandemic influenza in developing countries through transfer of technology and know-how. The development and implementation of health technologies against poverty-related diseases and those that disproportionately affect poor and marginalized populations are continuing priorities since her first role in WHO with the Special Programme for Research and Training in Tropical Diseases in 2001.

In 2009-2010 she led the WHO Pandemic Influenza Deployment Initiative which was instrumental in delivering more than 80 million doses of vaccine to nearly 80 low- and middle-income countries.

Before coming to WHO, Dr. Kieny held top research positions in the public and private sectors of her home country, France. The positions included Assistant Scientific Director of Transgene S.A. from 1981 to 1888, and Director of Research and Head of the Hepatitis C Virus Molecular Virology Group at the Institute of Virology, Institut national de la santé et de la recherche médicale (INSERM) during 1999-2000.

Dr. Kieny's research career at Transgene S.A. led to the development of a novel recombinant rabies vaccine, which drove elimination of rabies in Europe and North America. She also worked on the design of several original AIDS vaccine candidates in collaboration with the Pasteur Institute, and conducted research on immuno-gene therapy targeting breast and cervical cancers, with encouraging results.

Marie-Paule Kieny influenced the strategic development of several organisations through participation in their Executive Board. She also chaired the Scientific Advisory Board of many international organisations.

Dr. Kieny directed the research of many doctoral candidates and undergraduates. She has published over 250 articles and reviews, mainly in the areas of infectious diseases, immunology, vaccinology and health systems.

Professional experience:

Since July 2017:
Inserm
Director, International Institutional Collaborations
110, rue de Tolbiac
75013 Paris - France

2010-2017: World Health Organization
Avenue Appia 20
CH1211-Geneva 27 - Switzerland
Assistant Director-General
Health Systems and Innovation

2002-2010: World Health Organization
Director
Initiative for Vaccine Research

2001: World Health Organization
Scientific Officer
WHO/TDR

1999-2000: INSERM U544
67000 Strasbourg – France
Director of Research, Head of the HCV Molecular Virology Group

1980-1999: TRANSGENE S.A.
67000 Strasbourg - FRANCE

1998-1999: Director of R&D Programmes

1990-1998: Assistant Scientific Director

1998-1986: Project leader

Since 9-2018: Secretary of the Board of the Global Antibiotics Research and Development Partnership (GARDP), Geneva, Switzerland

Since 9-2017: Chair of the Governance Board of the Medicines Patent Pool Foundation (MPPF), Geneva, Switzerland

Since 8-2017: Independent Director, bioMérieux, Lyon, France

Since 7-2017: Chair of the Executive Board of the Drugs for Neglected Diseases Initiative (DNDi), Geneva, Switzerland

Since 7-2017: Chair of the Wellcome Trust Joint Strategic Advisory Group, London, UK

2015-2017: Member of the European Commission Horizon 2020 Advisory Group for Societal Challenge "Health, demographic change and wellbeing", Brussels, Belgium

2009-2017: Member of the Hilleman Labs Strategic Advisory Group (SAG), Delhi, India

2010-2013: Member of the Executive Board of the Health Metrics Network, Geneva, Switzerland

2012-2016: Member of the Executive Board of the Global Health Workforce Alliance, Geneva, Switzerland

2006-2012: Member of the European Commission Framework Program 7 (FP7) Science Advisory Board in Health, Brussels, Belgium

2006-2012: Chair of the Scientific Advisory Board (SAB) of the Jenner Institute, Oxford, UK

2008-2010: Member of the Board of Trustees (BOT) of the International Vaccine Institute (IVI), Seoul, Republic of Korea

2006-2010: Member of the Scientific Advisory Group (SAG) of the International Vaccine Institute (IVI), Seoul, Republic of Korea

2005-2010: Member of the Scientific Consultants Group (SCG) of the Malaria Vaccine Development Program of the U.S. Agency

for International Development (USAID), Washington DC, USA

2003-2010: Member of the Scientific Advisory Committee (SAC) of the European Vaccine Initiative (EVI), Heidelberg, Germany – previously European Malaria Vaccine Initiative (EMVI), Copenhagen, Denmark

2003-2010: Member of the European Developing Country Clinical Trials Partnership (EDCTP) Partnership Board, The Hague, Netherlands

2003-2010: Member of the Scientific Advisory Committee, International AIDS Vaccine Initiative (IAVI), New York, USA

2003-2008: Member of the Board of Counsellors (BOC) of the Pediatric Dengue Vaccine Initiative (PDVI) at IVI, Seoul, Republic of Korea

2000-2002: Member of the Project Management Subcommittee (Chair from 2003 to 2010), International AIDS Vaccine Initiative (IAVI), New York, USA

1999-2002: Advisor to the Director-General in the fields of Biotechnology and Innovation, INSERM, Paris, France

1997-2001: Member of ARC (Association pour la Recherche contre le Cancer) Virology/Immunology Scientific Committee, Paris, France

1998-2000: Chair of WHO/TDR steering committee on Vaccine Discovery Research (VDR), Geneva, Switzerland

1998-2000: Member of ANRS (Agence Nationale pour la Recherche sur le SIDA) Virology Scientific Committee, Paris, France

1999: Chair of the European Framework Program 5 (FP5), Quality of Life External Expert Monitoring panel, Brussels, Belgium

1998: Chair of the European FP4 Biomed External Expert Monitoring panel, Brussels, Belgium

1994-1997: Member of WHO/TDR steering committee on Malaria vaccines (IMMAL), Geneva, Switzerland

Prizes and distinctions:

2017: Prix International de l'Inserm

2016: Chevalier de la Légion d'Honneur, au titre du Ministère des Affaires Etrangères

2000: Chevalier de l'Ordre National du Mérite, au titre du Ministère de la Recherche

1994: Prix Génération 2000-Impact Médecin

1991: Prix de l'Innovation Rhône-Poulenc

Education:

2016: Executive High Performance Boards program of the International Institute for Management Development (IMD) in Lausanne (Switzerland)

2014: Global Health Diplomacy, Executive Course at the Graduate Institute of International and Development Studies, Geneva (Switzerland)

1995: Diplôme d'Habilitation à Diriger des Recherches, University of Strasbourg (France)

1980: PhD-Thesis of the University of Montpellier (France)

1978: DEA of the University of Montpellier
Diplôme d'Agronomie Approfondie (ENSAM)

1973: Scientific Baccalauréat

Additional diploma:

1977: Economics. University of Montpellier

Languages:

French, English, German.

ACORD 44/2018 en relació amb el punt 8 de l'ordre del dia de la sessió del Consell de Govern de data 3 de maig de 2018: Nomenaments de doctors honoris causa en commemoració del 50è aniversari de la UAB.

Vista la proposta de l'Equip de Govern pel qual se sol·licita al Consell de Govern, en commemoració del 50è aniversari de la UAB, el nomenament de la doctora Linda Randall, del senyor Jaume Plensa Suñé, de la senyora Caddy Abduza, de la doctora Marie-Paule Kieny, i del senyor Joaquim Maria Puyal Ortiga, com a doctores i doctors honoris causa de la Universitat Autònoma de Barcelona.

Atès que tant del currículum de les candidates i dels candidats com de la documentació referent als seus mèrits i de les circumstàncies que concorren, queda acreditat que la seva activitat en el camp de la docència i de la recerca les i els fan mereixedors d'obtenir la distinció de doctor honoris causa de la Universitat Autònoma de Barcelona.

Atès que l'article 3.1.b la Normativa que regula el procediment per a l'atorgament del títol de doctor Honoris Causa aprovada pel Consell de Govern en data 26 de maig de 2004 estableix que la iniciativa per a la proposta de nomenament de doctor honoris causa por partir, excepcionalment, del rector a proposta de l'Equip de govern.

Ateses les circumstàncies excepcionals referents a la commemoració del 50è aniversari de la UAB, la rectora, a proposta de l'Equip de Govern, presenta al Consell de Govern aquesta proposta de nomenaments com a doctores i doctors honoris causa de la UAB.

Vista la conformitat del Gabinet Jurídic.

Per tot això, a la vista de les consideracions anteriors, a proposta de la rectora, el Consell de Govern ha adoptat els següents

ACORDS

Primer.- Nomenar la doctora Lisa Randall, el senyor Jaume Plensa Suñé, la senyora Caddy Abduza, la doctora Marie-Paule Kieny, i el senyor Joaquim Maria Puyal Ortiga, doctores i doctors honoris causa de la UAB.

Segon.- Encarregar a la secretària general i al vicerector de Relacions Institucionals i de Cultura l'execució i el seguiment d'aquest acord.

Bellaterra (Cerdanyola del Vallès), 3 de maig de 2018