1964–2004
40 Years
Working for Self-medication
“The story of AESGP is an illustration of the way industries can come together to achieve maturity and to achieve effectiveness in presenting its positive contribution to society”

D.J.C. Sutherland, Chairman of the Executive Committee of AESGP at the General Assembly of the World Federation of Proprietary Medicine Manufacturers, Ottawa, 1981.
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Message from the President

When looking at the day-to-day activities of an association, you sometimes lose sight of the overall progress and achievements made over a longer period of time. The 40th Annual Meeting is an occasion to present a publication showing the incredible progress self-medication and the European umbrella organisation representing manufacturers of self-care products have made in the last four decades.

Initiated in the early 1960s by three “multi-national” companies, nowadays all integrated in far larger corporations, an infrastructure has been put in place and is today recognised as one of the principal voices in international debates around pharmaceuticals and food supplements.

While in the early days the scope of AESGP’s activities focused on the acceptance of self-medication for minor and self-limiting illnesses and on the right to advertise medicines for such conditions, the agenda has moved on and has become larger and larger. At present, a lot of attention is paid to gaining acceptance for non-prescription medicines in the treatment of chronic conditions, thereby widening choices and at the same time improving public health. This will evidently also have a positive impact on the financing of the social security systems.

The area of self-care and AESGP as the representative body of its manufacturers have a promising future ahead of them. To a large extent, it is up to us to turn the numerous opportunities into reality.
In the daily management of the association, our overruling principles are Competence and Service. This refers to the internal communication with our membership as well as to our relations with all external stakeholders. Both go hand in hand as it is not possible to be a respected service provider without a good understanding of the issue and the capability of giving appropriate guidance. In a political environment that is full of competition for a share of attention and politicians receiving thousands of submissions, only high-quality advice is likely to have an impact.

From our early contributions to home medicines – as self-medication products were often called in the 1960s – up to our active involvement in the revision of the European Union’s pharmaceutical legislation, e.g. in our publication “Deregulation 2001”, AESGP has argued for positive change with the benefits to society as much in mind as those of manufacturers. This has allowed us to see tremendous improvement in Western Europe as well as in Central and East European countries.

Taking into account the growing recognition of the economic and public health value of self-medication, many opportunities lie ahead of us. AESGP is well positioned to facilitate this process by providing guidance to its members and to other stakeholders. This includes a comprehensive information service as well as political advice and input wherever appropriate. Our conferences and meetings, which usually try to combine personal interaction, information provision and political impact, are often referred to as the “gold standard”. To maintain this is a huge but rewarding challenge.

AESGP has always been keen to take into account the human side of our business activities, and we are eager to provide the occasion for people to enjoy their involvement in the self-care sector, now and in the future.
The History

The Association of the European Self-Medication Industry is the representative body of the European manufacturers of non-prescription medicines and food supplements. In 2004, its membership includes 25 national representations made up of manufacturers and distributors of self-care products as well as 18 companies – primarily the leading multinationals operating in this sector.

AESGP – which stands for Association Européenne des Spécialités Pharmaceutiques Grand Public – was founded in Paris on 3 February 1964. One year earlier, a small group of representatives, primarily from the companies Miles, Nicholas and Vick, came together in Paris under the Chairmanship of Ben McClure of Vick International to discuss the possible need for collective action in light of the many threats and opportunities for the self-care industry, which was then referred to as the Proprietary Medicines Industry.
In 1963 the manufacturers of non-prescription medicines had established trade associations in primarily two countries: Great Britain and Germany. With the evolving influence of the European Economic Community, the need for industry to deal with matters on a Pan-European level was becoming evident. Legislation to harmonise the way products were manufactured and sold was being drafted and there was a distinct possibility that the standards to be applied across Europe could become those of the most restrictive of its members. In 1965 the basic rules defining the framework for medicinal products were laid down.

The political environment for the manufacturers of non-prescription medicines was difficult, in particular for those companies which advertise medicines to the public. It was facing tighter marketing authorisation procedures, tighter manufacturing controls, stricter rules over distribution and, maybe more importantly, threats concerning the ability to advertise and the consumers’ right to self-medicate.

There was some reluctance from the side of some parts of the industry, primarily those with purely national interests, to fight such battles outside national borders. Companies with international interests in advertised medicines felt that their political representation should be better organised on a European level.
By 1967, just four years later, the initial national association base had enlarged into a body of nine national groups, and represented more than 300 companies throughout Europe.

AESGP was also active in supporting the concept of a worldwide body and, in April 1970, the Proprietary Association of the USA, the Proprietary Association of Canada and AESGP formed the World Federation of Proprietary Medicine Manufacturers (WFPMM), whose First General Assembly was held in London, in 1971, in conjunction with the 8th Annual Meeting of the AESGP.

70s Testing requirements for medicinal products in order to obtain a marketing authorisation were further specified in 1975, at the time when the Committee for Proprietary Medicinal Products (CPMP) was set up. The creation of the CPMP together with the numerous activities of the European Commission and other European institutions with their various thoughts, discussions and proposals concerning a future harmonisation of the EU’s pharmaceutical market, encouraged the proprietary industry (as it was then often called) to become a full consultation partner in the development of the future systems for product authorisation and control. AESGP became the key liaison between the self-care industry and the EU legislative bodies as well as the main promoter of all ideas around the concept of responsible self-medication.
At a meeting in London in 1976, AESGP created a working party to clarify the industry’s responsibilities in light of strong criticism the industry had been facing in these years. Through consumer research AESGP could confirm that the general public used “home medicines”, another term often used for non-prescription medicines at that time, sensibly and properly, and that the advertising of proprietary medicines contributed to more effective public health education and intelligent application of self-medication. These and many other positive statements supported by hard evidence were published in a book “The Role of Home Medicines as an Integral Part of the Health-Care System”, which became widely known as the “Red Bible”. This publication put the role of home medicines as an integral part of the health care system of any country on the map. This book helped to deepen the dialogue with European bodies such as European Commission and European Parliament as well as with consumer organisations and many national health authorities.

80s The European Commission’s comprehensive proposals for a revision of the pharmaceutical legislation dated 26 November 1980 reflected AESGP’s specific desire to see a system based on the mutual recognition of national authorisations of medicinal products rather than a centralised system. While many discussions in the preceding two decades were characterised by negative positions towards self-medication and
threats for the self-medication industry, the industry received greater recognition in the 80s and gained in stature. The industry’s views were being heard and properly taken into account by many governmental bodies in the European arena. The recognition of the essential role of non-prescription medicines was leading to price liberalisation in countries such as Italy and Spain, where such a move had been requested for a long time.

Doctors, pharmacists, consumer groups and governments started to recognise and positively support the concept of self-medication.

AESGP’s efforts allowed them to bury the belief widely held up to then according to which “people will use it better if we make it more difficult to get”. This better understanding had a positive impact on legislation, which in turn allowed a growing recognition of the economic and social benefits of self-care for the benefit of the people of Europe.

In 1981, AESGP obtained the status of non-governmental organisation with the Council of Europe.

The major challenges during this decade came from the wish to develop a single pharmaceutical market, from price deregulation, from the efforts to improve the safe and correct use of medicines but also from the dramatic overall political changes in Central and Eastern Europe. Following more than two years of discussions, the EU’s Council of Ministers in 1992 adopted
four Directives concerning the classification status of medicines, pharmaceutical advertising, patient information (labelling and package leaflets) and wholesale distribution. The adoption of these Directives was an important milestone in the establishment of a proper legal environment for non-prescription medicines.

In these years, the European Commission requested AESGP’s collaboration to carry out a study on how to improve patient information leaflets in order to make them more readable and useful to patients. This project influenced a number of further efforts to improve the information around medicines, and promoted new alliances such as the Medicines Labelling Group (MLG) that brings together consumer advocates and industry leaders.

In 1993 the European Council of Ministers adopted a Regulation setting up the European Medicines Evaluation Agency (EMEA) which – together with three Directives containing the detailed provisions of the different marketing authorisation procedures – further consolidated the European pharmaceutical market’s legal framework.

AESGP articulated and represented the industry’s views and concerns in many debates organised or initiated by the European institutions. Moreover, the AESGP Annual Meetings developed into the major opportunity for taking stock of progress, analysing problematic issues and suggesting solutions in a European and worldwide perspective. In 1994, at the 30th AESGP Annual Meeting, a kind of update of the “Red Book” was presented under the title “The Individual and Health Care: Added Value through Self-Medication”.

The 34th Annual Meeting in 1998 provided the occasion to present a new book on the economic and social value of responsible self-medication for an efficient healthcare system.

An important part of AESGP’s work during the 90s was related to communicating the relevance of self-medication in Central and Eastern Europe. Following the political changes in the early 90s, many governments in this part of Europe changed their pharmaceutical legislation and incorporated
a categorisation of medicines into prescription and non-prescription medicines, a differentiation so far widely unknown in this part of Europe. This was linked to the permission to publicly advertise non-prescription medicines and the abolition of price control. It also allowed the establishment of a competitive market place with the best service for the people as well as a smooth enlargement process for our sector.

In light of these developments AESGP supported a number of discussions with the countries of Central and Eastern Europe, amongst which the AESGP 1997 Annual Meeting in the Hungarian Parliament attracted particular attention.
Members

AESGP has two different types of members: Full Members and Associate Members.

FULL MEMBERS

Full Members are the national associations or groups of manufacturers/distributors of non-prescription medicines and food supplements.

The European countries currently represented in AESGP are: Austria, Belgium/Luxembourg, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey and United Kingdom.

ASSOCIATE MEMBERS

Associate Members are companies or individual organisations which are involved in the area of non-prescription medicines and/or food supplements. They contribute their expertise to the activities of the Association and are entitled to benefits such as the information service, attendance at general meetings and appointment to AESGP committees. Top company top executives acting Europe-wide in the field of self-medication may attend Board meetings.
Management and Administration

Management and administration are carried out by the Board, the Officers and the Director General of the Association.

BOARD
The Board is composed of representatives of Member Association and appointed company representatives and decides on the overall direction of the association and important policy statements.

OFFICERS
The AESGP officers are the President, two Vice-Presidents and the Treasurer. The officers are appointed by the members of the Board.

DIRECTOR GENERAL
The AESGP administration is headed by the Director General, who is in charge of the day-to-day running of the Association. This includes the formulation and communication of the association’s position – in close interaction with the AESGP Board and the AESGP Committees.
Priorities and Objectives

The mission of AESGP is to represent the interests of its members in a way that facilitates consumers’ access to high-quality, safe and effective consumer healthcare products and to create a favourable climate for growth of the self-care market while avoiding damaging influences.

AESGP is working to achieve this mission by focusing on the following strategic objectives:

- To ensure that the views and the interests of the self-care industry are recognised by the European Institutions concerned within legislations and policies on pharmaceutical, food and health matters.
- To define and defend the principle of responsible self-medication through the use of safe and efficacious medicines which are lawfully available without prescription.
- To promote the highest standards for the production, distribution and advertising of non-prescription medicines through the adoption of rules of practice and to secure their observance through methods of voluntary control.
- To ensure access to consumer healthcare products throughout Europe.
- To promote cooperation and exchange of information, not only among its members but also in their behalf with international, professional and governmental organisations concerned with health matters.
- To keep their members fully informed on all relevant international developments related to self-medication.
AESGP provides the connection between the manufacturers of self-care products and policy makers at European and international level. Support on the national level is provided whenever national organisations request it. The Association is regularly consulted on draft proposals related to pharmaceutical, food and health matters. Its comments and considerations are usually appreciated and welcomed by the EU institutions as well as, at international level and through the involvement of AESGP in the World Self-Medication Industry (WSMI), by UN bodies such as the World Health Organisation.

The Association is asked to give advice and to elaborate proposals and position papers in a wide range of areas. To carry out these tasks, AESGP has set up a number of Committees and Task Forces to deal with specific items in greater depth and prepare decisions of the AESGP Board. All this work is coordinated and facilitated by the AESGP offices led by the Director General.
IN ORDER TO

- Manage the interface between the industry and European institutions and decision makers
- Develop a unique knowledge base and acting as key spokesperson for, and provider of information on, the self-care industry
- Influence the adoption and implementation of EU legislation and other relevant international rules
- Facilitate information exchange amongst its members
- Develop optimum relationships, through effective strategic alliances, with the European bodies representing other stakeholders in healthcare
- Support national political activities as appropriate
- Communicate a positive image of the industry and self-medication to stakeholders and the community at large
- Maintain the integrity of and confidence in self-regulation by taking the lead in the development of appropriate guidelines and codes of practice for the industry
Achievements
...a success story – without doubt

The European Self-Medication Industry can be proud of its achievements over the last 40 years, which have led to an overall favourable climate for the self-care market.

Starting from the more basic recognition of the value of self-medication and the right to communicate on non-prescription medicines, the political and regulatory environment has both on the European level and in many countries improved in such a way that nowadays the following three basic principles are widely recognised:

- Medicines are classified as prescription or non-prescription
- Non-prescription medicines can be advertised
- Manufacturers of non-prescription medicines should have the possibility to freely set their prices
Since its foundation, the Association has constantly provided the position of the self-care industry on legislative and regulatory activities, in particular within the European Union. The effects of its activities are reflected in many pieces of legislation.

This recently became evident in the results of the debate on the revision of the EU’s pharmaceutical legislation, which was finalised in March 2004 after several years of very intensive debates. Major achievements advocated by AESGP include:

- An optional use of the centralised procedure leading to a pan-EU approval is available for non-prescription applications provided that the applicant shows that the medicinal product is a significant therapeutic, scientific or technical innovation or is of interest to patients at Community level.

- Provisions have been agreed to ensure a better working mutual recognition procedure.

- The scientific objections due to serious risks to public health are expected to be discussed in detail in a specific guideline.

- National licensing remains a full option in the marketing authorisation system.

- Several legislative requirements ensure strict adherence to the timelines in the assessment of dossiers, including those for self-medication medicines.

- Switching will remain a national decision as the legal status of a product remains a non-mandatory part of the Summary of Products Characteristics.

- Provisions are made to protect the innovator of new scientific data that result in new indications and licensing for non-prescription use.

- Provisions are introduced to achieve usage of pharmacovigilance data in a transparent and accessible manner.

- Some existing restrictions on the advertising of self-medication products have been lifted.

- The legal requirements related to traditional herbal medicinal products have been clarified.

- The ad hoc working party on herbal medicinal products at the EMEA will be transformed into a permanent committee with sufficient resources and a clearly defined mandate.

- Herbal ingredients will be selected for the development of Community monographs.

Self-medication also received important recognition within a process initiated by the European Commission in 2003 that looked at the competitiveness of the European pharmaceutical industry while safeguarding public health. In this process, which became known as “G10 Medicines”, AESGP had the occasion to be directly involved. Major recommendations included:
- Permission for manufacturers of non-prescription medicines which are not reimbursed to set their prices freely.

- Permission to advertise to the public all non-prescription medicines, evidently with full respect for the general requirements concerning honest, truthful and non-misleading advertising.

- Verification of the mechanisms to change a medicine’s classification status from prescription to non-prescription and the need to establish incentives for pharmaceutical manufacturers to carry out relevant scientific work in support of an application.

- Encouragement for Member States to allow manufacturers to keep the trade name of a medicine which has been moved from prescription to non-prescription status.

- Full use of the legal provisions concerning well-established use and the need to establish additional legislation on traditional herbal medicines which will clarify the legal basis of many existing products. This is particularly important for accession countries.

The Commission’s Communication¹ on these Recommendations adopted in July 2003 included all these points.

In order to succeed on the legislative and regulatory front, it was vital for AESGP to work together with health authorities, health care personnel, professional bodies, patient groups and consumer organisations. Indeed, the solution does not lie with pharmaceutical companies alone.

With this in mind, AESGP has established strategic alliances with many stakeholder groups, including in particular the European umbrella association of medical doctors, pharmacists, patients and consumers, health insurers and pharmaceutical wholesalers. The constructive interaction is broadly visible at AESGP Annual Meetings and Conferences.

AESGP has always recognised that a major mobilisation is essential to improve prevention, health information, education, care and treatment. In 1993 AESGP signed a Charter of Collaboration with the Pharmaceutical Group of the European Community (PGEU) representing community pharmacists in 29 European countries. Recognising that
today’s society demands a high quality of health, this co-operation aims at promoting the responsible development of the self-care health market.

AESGP recognises that the pharmacist plays a pivotal role in providing professional advice in people’s responsible use of self-medication and is a partner of the manufacturers and the suppliers of non-prescription medicines. Both share the common goals of high-quality service for the patients, high standards of self-medication advice and encouragement of the rational use of medicines.

AESGP has also worked with the European umbrella organisations of medical doctors, the Standing Committee of European Doctors (CPME), medical specialists (UEMS) and general practitioners (UEMO) to realise a consumer brochure on self-medication. This project was supported by the European Commission. As a follow-up to a common position agreed at the joint CPME/PGEU/AESGP Symposium of February 1997, this brochure included important endorsements such as “When practised correctly, self-medication can also save expenses for the national healthcare systems”.

AESGP also agreed with the European Association of Pharmaceutical Wholesalers (GIRP) to cooperate mutually in the active presentation of non-prescription medicines in pharmacies and on appropriate space/category management taking into account and respecting national particularities and differences.

Both associations recognise the importance of promoting and supporting the training of pharmacists and their staff in their role of communicating the benefits of non-prescription medicines to their customers, on the exchange of data and statistics on the supply and purchase of non-prescription medicines in the marketplace, and on how to realise the most efficient way to supply non-prescription medicines to pharmacies.
...Consultations and Dialogues

Dialogues and debates are periodically promoted and supported by AESGP. Numerous conferences have provided opportunities for exchange. The AESGP Annual Meeting, traditionally seen as the major event of the self-medication industry's calendar, was complemented by specific conferences on regulatory or commercial issues. Particularly successful were several meetings on the revision of the EU’s pharmaceutical legislation and its implications, which were often held near the premises of the European Medicines Evaluation Agency (EMEA) in London, and a meeting on herbal and food related issues held in Brussels in October 2003.

AESGP very much appreciated the setting-up of the EMEA in 1995 and from the beginning developed a constructive interaction with the agency’s leadership. Assistance was provided in particular in the context of the Pan-European Regulatory Forum on Pharmaceuticals (PERF), a major exercise to prepare candidate countries for accession to the European Union. This included the co-organisation of the first major PERF conference in Budapest in February 2000, and of a similar meeting in Ljubljana in July 2003.

Jean-Michel Alexandre, CPMP Chairman, Strachan Heppel, Chairman of the EMEA Management Board, Fernand Sauer, EMEA Executive Director together with AESGP Board member Johannes Burges and AESGP past President Roberto Montanari at the Opening of the AESGP satellite offices in London in May 1996, with in the background the EMEA premises
For more than 10 years, the AESGP Annual Reception held in Brussels has provided opportunities for representatives of the European institutions and other major stakeholders to discuss current topics and share ideas on future developments. It has acquired the reputation of an event not be missed.
“Responsible self-medication can mean better health for people all over the world”

Hiroshi Nakajima, Former WHO Director-General
Future Challenges

Entrusting communities and individuals with more responsibility for and understanding of their own health continues to be a key issue for the future development of self-care as empowering individuals has the capacity of guiding the individual’s interest in his/her own health in a positive direction. For such a process to succeed, it is important that knowledge about healthy behaviour and the meaningful use of self-care products becomes more widely available.

AESGP is committed to facilitating this process through close cooperation with all interested stakeholders. A lot of common ground has been covered over the last 40 years, but there are a lot of unused potential needs to be activated. This will lead to a “self-medication culture” which would clearly establish self-care as the first choice of treatment. “Healthcare starts with self-care” is nowadays forever more accepted as the theory without however being put into practice. The growing interest of healthcare professionals – including particularly medical doctors, pharmacists and nurses – as well as patient and consumer groups, social security institutions and not least the media, is indicative of a promising future.

This is even more evident when looking at the indications nowadays accepted for self-medication. While concepts of the past
centred on minor, self-limiting illnesses, it is currently widely accepted that chronic conditions might well be included in the indications of a non-prescription medicine, often after an initial medical diagnosis. The industry has even been requested to provide a wider choice of non-prescription medicines with such indications. This has in turn initiated a debate on incentives for research. To maximise the innovative potential of the European self-care industry is a main challenge ahead.

AESGP feels obliged to clearly state in all these debates that self-medication is an option providing more choices for the individual but should not be seen as an obligation to medicate without professional advice. Individual differences need to be carefully taken into account whenever the appropriateness of self-medication is evaluated.

While there is a wide consensus on many principles around self-medication all over Europe, national legislation and regulations still differ considerably from one country to another. In spite of all efforts to bring European countries closer together, national sovereignty will continue to play an important role in the future political environment in Europe. As a results, the legislative and regulatory environment for self-care will also continue to differ to a certain, albeit decreasing, extent. To support national organisations and their efforts in making progress will continue to be an important issue for AESGP.

This will go hand in hand with many initiatives on the European level to further develop the legislation for self-care products. The budget of the European Medicines Agency is exceeding the one hundred million euro mark, and the European Food Safety Authority is quickly expanding. To bring the right understanding of the importance of responsible self-care to all these European institutions will be a tremendous task for AESGP requiring commitment from all its members.
AESGP provides comprehensive information services to its members. On a daily basis, numerous European events are checked on their relevance for the self-care industries and communicated to the membership with the objective of making members immediately aware of developments that may have a direct or indirect impact. Besides the intensive and detailed service to the members of the different committees, timely information on relevant outcomes and developments in the context of the EU as well as international legislative frameworks are summarised in AESGP Euro OTC News issued around 10 times per year.

A general overview of the market situation is provided in the annually updated study “Economic and Legal Framework for Non-Prescription Medicines”, whose 10th edition is issued in 2004.
Thanks to...

...all the participants in the AESGP 40th Annual Meeting as well as to those who attended the past meetings, conferences and debates...

...and to all those who cooperated with AESGP to support the value of self-medication by emphasising the responsibility and integrity of Europe’s industry in fulfilling the need to provide safe and effective non-prescription medicines of high quality as an integral part of the healthcare system.
Publications

- The Economic and Public Health Value of Self-medication, 2004
- Economic and Legal Framework for Non-Prescription Medicines, 10th edition, 2004
- Common statement and Report of the PGEU-AESGP Workshop How appropriate presentation of non-prescription medicines enhances the role of the pharmacist, 2002
- Final report of the AESGP research project Development of an information policy for medicinal products, 2002
- Deregulation 2001 – The Future of Medicine Regulation in Europe, 1999
- Encouraging self-medication can reduce the healthcare cost burden: An Economic Analysis of Self-Medication, 1998
- Improving Visibility of Self-Medication in Pharmacies, 1998
- CPME/AESGP Brochure on Self-Medication, supported by the European Commission, 1997
- The Visibility of Self-Medication Products in the Changing Pharmacy Environment, 1997
- The Value of the same Trademark for medicines with a different Legal Status, 1996
- The Individual and Health Care: Added Value through Self-Medication, 1994
- Self-Medication and the Pharmacist, 1993
- Developing Self-Medication in Central and Eastern Europe, 1993 (available in English, Russian, Bulgarian, Czech, Hungarian, Polish and Ukrainian)
Annual Meetings

1. November 1963  Paris (foundation)
2. March 1965  Paris
3. December 2, 1966  Paris
4. October 30, 1967  Brussels
5. October 24–25, 1968  Lausanne
7. October 11–14, 1970  Baden-Baden
   (together with the 1st General Assembly of WFPMM)
11. October 3–4, 1974  Vienna
   (together with the 4th General Assembly of WFPMM)
15. May 2–4, 1979  Madrid
16. April 23–25, 1980  Amsterdam
17. May 20–23, 1981  Funchal (Madeira)
18. May 12–14, 1982  Athens
22. June 11–13, 1986  Copenhagen
23. May 20–22, 1987  Vienna
25. June 7–10, 1989  Rome
   (together with the 9th General Assembly of WFPMM)
27. June 2–4, 1991  Cannes
31. June 7–10, 1995  Lisbon
32. May 29–June 1, 1996  Istanbul
33. June 18–21, 1997  Budapest
34. May 20–23, 1998  Athens
35. June 9–12, 1999  Berlin
   (together with the 13th General Assembly of WSMI)
36. May 17–20, 2000  Helsinki
37. June 6–9, 2001  Rome
38. June 5–7, 2002  Dublin
39. June 4–6, 2003  Cannes
40. June 2–4, 2004  Madrid
## Presidents and Directors General

**Presidents:**

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<th>Years</th>
<th>Name</th>
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<tr>
<td>1963–1969</td>
<td>Jean Sallé</td>
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<td>1969–1972</td>
<td>Daniel Callewaert</td>
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<td>1972–1974</td>
<td>Hans W. Bach</td>
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<td>1974–1975</td>
<td>Frederick G. Razzell</td>
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<td>1975–1978</td>
<td>Pierre Teisseire</td>
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<td>1978–1980</td>
<td>D.N.A. McLure</td>
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<td>1980–1981</td>
<td>P. Giorgio Aquino</td>
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<td>Antony B. Claasen</td>
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<td>José-Antonio Perez-Espana</td>
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<td>1988–1989</td>
<td>John R. Markley</td>
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<td>Heinz Schmidgall</td>
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**Directors General:**

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<th>Years</th>
<th>Name</th>
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<tr>
<td>1964–1968</td>
<td>Beverley Landrey</td>
</tr>
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<td>1978–1988</td>
<td>Werner Sedlag</td>
</tr>
<tr>
<td>Since 1988</td>
<td>Hubertus Cranz</td>
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