

## **THIRD MEETING**

**Tuesday, 19 January 2010, at 09:20**

**Chairman:** Dr S. ZARAMBA (Uganda)

**Following an open meeting at 09:20, the meeting resumed in public session at 10:20.**

### **1. STAFFING MATTERS:** Item 8 of the Agenda.

**Appointment of the Regional Director for Africa:** Item 8.1 of the Agenda (Document EB126/30)

Dr MILOSAVLJEVIĆ (Serbia), Rapporteur, read out the following resolution adopted by the Board during the open meeting:<sup>1</sup>

The Executive Board,  
Considering the provisions of Article 52 of the Constitution of WHO;  
Considering the nomination made by the Regional Committee for Africa at its fifty-ninth session,<sup>2</sup>

1. REAPPOINTS Dr Luis Gomes Sambo as Regional Director for Africa as from 1 February 2010;
2. AUTHORIZES the Director-General to issue to Dr Luis Gomes Sambo a contract for a period of five years from 1 February 2010, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Sambo on his reappointment.

Dr SAMBO (Regional Director for Africa) said that he was honoured to be reappointed as Regional Director and thanked the African Union for supporting his candidacy and the Member States of the African Region for nominating him. Progress had been made towards improving the health situation in Africa, but maternal and child mortality, HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, epidemics and the emerging burden of chronic disease were still hitting the Region hard, especially the poorest segments of the population. Social determinants of health and limited access to good-quality health care were critical issues, requiring more equitable management of resources at all levels. Primary health care remained fundamental.

His aim would be to work consistently within the framework of the Eleventh General Programme of Work, 2006–2015, focusing on WHO's core functions, with particular emphasis on health situation and trend analysis in order to provide evidence for policy-making, the development and enforcement of WHO's norms and standards, the promotion of health research and the provision of technical support. One strategic direction in the Region would be to support efforts to achieve the health-related Millennium Development Goals. The focus would be on monitoring of progress, advocacy for policy options; and technical support for high-priority health programmes and

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<sup>1</sup> Resolution EB126.R1.

<sup>2</sup> Resolution AFR/RC59/R1.

interventions. WHO's Country Cooperation Strategies, recently updated for all African Member States, would guide action at country level and facilitate collaboration with other international health partners, in particular within the United Nations system.

The limited budget for support to Member States in the areas of health systems management, health information systems, noncommunicable diseases, maternal health and neglected tropical diseases was a concern. More flexible and predictable funding of WHO would allow health issues to be considered in a more holistic and efficient manner through systems approaches. The current dialogue between the Secretariat, Member States and other health partners seemed promising. The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action had already helped to improve harmonization among international health partners and coordination of support to countries. The Regional Office for Africa would continue striving to be more efficient and effective in its role within international health cooperation, and he would do his best to improve WHO's performance and the impact of its work on the lives of people in Africa.

Dr DJIBO (Niger), speaking on behalf of the Member States of the African Region, thanked the Board for having reappointed Dr Sambo. He wished Dr Sambo well in the performance of his duties and assured him of the Region's full support.

The DIRECTOR-GENERAL, welcoming the reappointment of Dr Sambo, said that she looked forward to continuing their close collaboration towards improving the health situation of the people in Africa, particularly women.

**Appointment of the Regional Director for Europe:** Item 8.2 of the Agenda (Document EB126/31)

Dr MILOSAVLJEVIĆ (Serbia), Rapporteur, read out the following resolution adopted by the Board during the open meeting:<sup>1</sup>

The Executive Board,  
Considering the provisions of Article 52 of the Constitution of WHO;  
Considering the nomination made by the Regional Committee for Europe at its  
fifty-ninth session,

1. APPOINTS Ms Zsuzsanna Jakab as Regional Director for Europe as from 1 February 2010;
2. AUTHORIZES the Director-General to issue to Ms Zsuzsanna Jakab a contract for a period of five years from 1 February 2010, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Ms Jakab on her appointment.

**At the invitation of the CHAIRMAN, Ms Jakab took the oath of office contained in Staff Regulation 1.10 and signed her contract.**

Ms JAKAB (Regional Director elect for Europe) said that she was honoured to be appointed as the Regional Director for Europe and would do everything she could to meet the expectations placed in her. The time she had spent working in the Regional Office for Europe had changed the direction of her professional life to international public health under the valuable guidance of previous Regional Directors. She was pleased to be returning to WHO after spending the previous five years with the

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<sup>1</sup> Resolution EB126.R2.

European Union as the first director of the European Centre for Disease Prevention and Control in Stockholm.

She pledged to do everything in her power to ensure that the strong public health tradition of the Regional Office was continued in order to meet the diverse needs and high expectations of Member States and that its work was fully embedded in global and interregional development. Europe's diverse health needs were the source of a unique reservoir of health policy and health system solutions that should be shared among the countries of the Region and with the rest of the world. She aimed to make the Regional Office a strong, respected and evidence-based European centre of excellence and innovation in public health; and a leader in health policy in Europe, in the forefront of developments and effectively meeting the needs of Member States.

The current economic crisis had sharpened the focus on health needs both in Europe and worldwide. The health inequities and the changing demographic and social landscape in Europe were a cause of grave concern. The combined challenges of the H1N1 pandemic, the growing epidemic of noncommunicable diseases and the health impact of climate change called for modern public health tools and new ways of responding to public health issues through intersectoral approaches. The Regional Office as a proactive leader and robust partner in joint action must adapt effectively to a changing environment, and take full advantage of the collective wisdom, experience and know-how of the Region and respond to global challenges. The health of all Europe's citizens could be improved by building partnerships for health; in particular, she aimed to make heard the voice of the most vulnerable. She extended her good wishes to the outgoing Regional Director for the next stages of his professional life.

Dr MILOSAVLJEVIĆ (Serbia), Rapporteur, read out the following resolution adopted by the Board during the open meeting:<sup>1</sup>

The Executive Board,

Desiring, on the occasion of the retirement of Dr Marc Danzon as Regional Director for Europe, to express its appreciation of his services to the World Health Organization;

Mindful of his lifelong devotion to the cause of international health, and recalling especially his ten years as Regional Director for Europe,

1. EXPRESSES its profound gratitude and appreciation to Dr Marc Danzon for his invaluable contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

The DIRECTOR-GENERAL congratulated Ms Jakab on her appointment as Regional Director for Europe and wished her success. She expressed appreciation to the outgoing Regional Director for his achievements and wished him well in his future endeavours.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, expressed appreciation to the outgoing Regional Director for the many achievements within the Region during his tenure, such as the certification of all 52 countries in the Region as free of poliomyelitis in 2002, and welcomed the appointment of Ms Jakab.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) praised Dr Danzon's dedication and achievements as Regional Director for Europe and wished his successor well.

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<sup>1</sup> Resolution EB126.R3.

Mr HOUSSIN (France) commended the work of the outgoing Regional Director for Europe, particularly with regard to assisting countries in the south and east of the Region, and congratulated Ms Jakab on her appointment.

Dr MILOSAVLJEVIĆ (Serbia) expressed congratulations to Ms Jakab and commended the outgoing Regional Director, in particular for his leadership in dealing with lead poisoning in Roma groups in parts of former Yugoslavia.

Dr DANZON (Regional Director for Europe), thanking the Board for its good wishes, said that, during his 10 years as Regional Director, the Regional Office had striven to improve the health of populations in the Member States it served and he paid tribute to its staff, to his fellow Regional Directors and to the Director-General. He expressed particular satisfaction that the European Region had helped to highlight the importance of health systems and to make health a platform for peace in the south and east of the Region. He wished Ms Jakab every success in her new post.

## **2. TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda (continued)**

### **Public health, innovation and intellectual property: global strategy and plan of action** (Documents EB126/6 and EB126/6 Add.1) (continued from the second meeting, section 2)

The DIRECTOR-GENERAL said that she regretted any confusion that had arisen with regard to the report of the Expert Working Group on Research and Development Financing, which concerned only element 7 of the global strategy and plan of action. As had been explained in the previous meeting, the full report would not be available in all six of the Organization's official languages for some weeks and an executive summary<sup>1</sup> had been prepared for the Board's information. The full report would be submitted to the Sixty-third World Health Assembly, together with an opinion by the Secretariat on the Expert Working Group's recommendations, which were still being evaluated. Further guidance and advice would be sought from Member States at that time. For the moment, she suggested that the Board should focus its comments on the report contained in document EB126/6, which outlined progress made with respect to all eight elements of the global strategy and plan of action.

Mr TAKAKURA (adviser to Dr Omi, Japan) said that the lack of a specific financing mechanism had presented a serious obstacle to research and development activities and in that respect the report of the Expert Working Group was an important step forward. An intellectual property rights system was an important tool for promoting research and development of pharmaceutical products. However, a range of factors, including health systems, drug regulation systems, quality assurance systems, appropriate use of medicines, and delivery systems and supply chains all affected access to medicines for diseases that disproportionately affected developing countries. In tackling those factors in a comprehensive and balanced manner, the global strategy and plan of action remained an effective tool for promoting international cooperation, and WHO should continue to exercise leadership on the issue.

Dr KENYA-MUGISHA (alternate to Dr Zaramba, Uganda), speaking on behalf of the Member States of the African Region, took note of the modest progress reported in document EB126/6. Implementation of the global strategy and plan of action was a top priority in the Region and a core function of WHO in addressing the health needs of people living in developing countries. He expressed appreciation for the work done on the Quick Start Programme and acknowledged the considerable funding difficulties hampering implementation. He therefore suggested that the Director-General, in partnership with her counterparts at WTO and WIPO, convene a high-level consultative

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<sup>1</sup> Document EB126/6 Add.1.

meeting with donors and main stakeholders in order to identify possible sources of financing for the Quick Start Programme.

Ensuring access to affordable health products and technologies and strengthening research capacity must be priorities for WHO in implementing the Quick Start Programme, and he requested further information on the Secretariat's initiative to make core health products affordable in resource-limited settings. Expressing support for the steps taken by the Secretariat to provide royalty-free licensing agreements to China, India and Thailand for vaccine-manufacturing technology, he requested that similar agreements for essential health products and technologies should be reached for the public sector in Africa and other resource-limited settings. He also requested the Secretariat to support the networks for medicines and diagnostics launched in Africa, Asia and the Americas to drive innovation, promote research and development, and build capacity. The African Network for Drugs and Diagnostics Innovation promoted African-led product research and development through the discovery, production and delivery of affordable new health products, including those based on traditional medicine.

The full report of the Expert Working Group, on which the Board was unable to have an informed discussion, should be discussed by the Sixty-third World Health Assembly. If that proved impossible, a side meeting should be held for that purpose during the Health Assembly, or the Board should have the opportunity to discuss the report before it went to the Health Assembly. He asked the Director-General to provide support for informal consultations with Member States on the full report.

Dr SAID (Syrian Arab Republic), speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the report, notably the launching of the Quick Start Programme and the development of the monitoring and reporting framework, which should enable tracking of progress in implementing the global strategy and plan of action. Stressing the need for further funds to allow the full implementation of the plan of action, he expressed confidence that the Director-General would exercise leadership in order to find innovative funding solutions for those activities that fell within the purview of WHO. Further detail was needed on several aspects, in particular the guidelines to support technology transfer; the activities implemented in conjunction with other organizations in the United Nations system; and the form and limits of the cooperation between WHO and those bodies. WHO should play the leading role in those activities.

He supported the Regional Office's approach to cooperation with Member States through the establishment of a consultative group to oversee implementation of the global strategy and plan of action in the Region. Member States attached particular importance to the implementation of activities under element 5, which would enhance access to medicines and other health products in developing countries. The purchase of medicines represented a huge burden on the budgets of such countries, and the Organization should assist them in benefiting from the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS).

Dr ALI (alternate to Professor Haque, Bangladesh) welcomed the extended executive summary but regretted that the Board had not been able to examine the full report in detail. The Board should do so, preferably before the Sixty-third World Health Assembly, and thus he supported the proposal by the member for Brazil on the convening of intersessional consultations.

He had expected bolder proposals from the Expert Working Group. Furthermore, the report of the Commission on Intellectual Property, Innovation and Public Health had provided important recommendations which had not been adequately addressed in the report of the Working Group. The scant attention given to intellectual property as a potential tool for stimulating research and development for diseases in developing countries was a glaring omission. The issues of capacity building for research and development in developing countries and strengthening of regulatory frameworks also were only sparsely addressed. Another omission related to the development of proposals for de-linking the costs of research and development from the price of health products, with the objective of concentrating on diseases that disproportionately affected the developing countries. Innovation was valuable only when its results were widely available and affordable for the beneficiaries. How would the various proposals contained in the Working Group's report enhance or

facilitate such access? Bangladesh and three other countries had submitted proposals on prize funds, but the Expert Working Group had concluded that “end” prizes were probably suitable only for the development of diagnostics. How had that conclusion been reached?

The report indicated that only one third of the total investment in health-related research and development was directed towards communicable diseases, yet those accounted for a major share of the disease burden in developing countries. Research gaps in the field of neglected diseases should be indentified through country-specific assessments and the sharing of knowledge within regions. It might be useful to map existing regional research on tropical diseases and on intellectual property regimes and barriers to the export of medicines related to trade and intellectual property issues. He supported the recommendation on the creation of a coordinating and funding mechanism for global health research and innovation and with a focus on research and development on Type II and III diseases.

He appreciated the Secretariat’s report on implementation of the global strategy and plan of action, but future reports should focus more on the Secretariat’s activities and detail the progress achieved. He supported the proposal of the member for India that the Director-General should invite the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health to address the Sixty-third World Health Assembly.

Dr KÖKÉNY (Hungary), speaking on behalf of the European Union, observed that the executive summary of the report touched on many complex issues that would require further consideration. Time would be needed to study the various ideas and recommendations set forth, and it would thus be preferable if the full report were discussed at the Sixty-third World Health Assembly, as the Director-General had suggested, rather than at the present meeting.

He informed the Board that two agreements between the European Commission and WHO had been finalized in December 2009. Those related to elements 3 and 4 of the global strategy and plan of action, and would enable WHO to build capacity and support research and development on poverty-related, tropical and neglected diseases through regional networks in Africa, Asia and Latin America; and also to improve access to medicines in developing countries through transfer of pharmaceutical-related technology and local production.

Mrs ESCOREL DE MORAES (adviser to Dr Buss, Brazil) thanked the Director-General for her clarifications, and, as a complement to her suggestion, proposed that the Board adopt a procedural decision requesting the Director-General to consider convening open-ended informal consultations on the Expert Working Group’s report to be held before the Sixty-third World Health Assembly. The consultations would be an opportunity for an exchange of views on the full report and could also assist the Director-General in the preparation of her report to the Health Assembly. Recalling her earlier suggestion that WHO might host and manage the UNITAID patent pool,<sup>1</sup> she proposed that the matter should be included as an item on the provisional agenda of the Sixty-third World Health Assembly.

Dr MUÑOZ (Chile) said that he appreciated in particular the suggestions on the financing and coordination of research on diseases prevalent in the developing world. However, perhaps because the Expert Working Group’s terms of reference had been strictly limited to finance, it had failed to address the need for developing countries to strengthen their research infrastructure, especially their capacity to carry out phase III and IV clinical trials. It was important to strengthen relevant regulations and build capacity for critical analysis of the ethical aspects of research involving human subjects, and to bolster the capacity of health services in developing countries to organize clinical trials and negotiate conditions so that local populations would benefit from such research. That topic should be addressed in future iterations of the report.

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<sup>1</sup> See the summary record of the second meeting, section 2.

He supported the proposal by the member for Brazil for a consultative process before the Sixty-third World Health Assembly.

Dr DODDS (Canada) said that filling the gaps in research and development for diseases that mainly affected developing countries would require a bold international response. The global strategy and plan of action provided a balanced and comprehensive framework for international collaboration to increase access to and innovation in medicines and other health products in the developing world. She endorsed the comments made by the member for Japan, appreciated the Director-General's clarifications concerning the Working Group's full report, and looked forward to reviewing the full report.

Dr GIMÉNEZ (Paraguay) said that under his Government's health policies access to medicines and strategic health products was a fundamental human right; they emphasized strengthened capacity for research and the promotion of innovation in relation to public health priorities. The high cost of medicines represented, in practical terms, a major barrier to access, particularly for the poorest segments of the population.

He keenly awaited the Spanish version of the full report and therefore agreed with the proposal of the Director-General. He also recognized the value of informal consultations sponsored by WHO on matters of importance to the Organization and said that Paraguay would be pleased to take part in such consultations.

Mr ROSALES LOZADA (Plurinational State of Bolivia)<sup>1</sup> welcomed the Director-General's clarifications regarding the report of the Expert Working Group. However, resolution WHA61.21 called for the final report to be presented to the Sixty-third World Health Assembly through the Executive Board. Because the full report had only recently been released and was currently available only in English, he supported the proposal by the member for Brazil that informal consultations be held before the report was submitted for consideration by the Health Assembly.

It was essential to ensure transparency in order to avoid situations that might call into question the credibility of the Expert Working Group's such as the recent claims in certain specialized publications that the report had been obtained by some private bodies before it had been made available to Member States.

His Government prioritized public health and access to medicines, particularly for the poorest populations, and the country's constitution established the State's responsibility for ensuring such access. In line with that policy, Bolivia, together with Bangladesh, Barbados and Suriname, had submitted four proposals for innovative financing mechanisms to the Working Group. He asked whether consideration had been given to those proposals, which had focused on how to de-link the price of medicines from the cost of research and development, particularly for medicines used to treat Type II and Type III diseases. He looked forward to discussing several other substantive aspects of the report during the proposed informal consultations.

Dr SIRIWAT TIPTARADOL (Thailand)<sup>1</sup> expressed appreciation for the work carried out by the Expert Working Group and thanked the Director-General for her explanation of the process of documentation and consultation. He found two aspects of the process disappointing. First, the time frame for presentation and discussion of the Working Group's report had been clearly defined two years earlier, sufficient time to have ensured that the full report would be ready for consideration by the Board during the present session. Expressing concern that the Board was being called on to approve a report that had only been made available two days earlier, he strongly supported the proposal made by the member for Brazil for informal consultations in order to discuss the report before the Sixty-third World Health Assembly. Secondly, he was not confident that the issue of

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

intellectual property, which should have been an essential element of the Working Group's work, had been adequately discussed, especially in relation to de-linking the price of products from the cost of research and development.

The issue of transparency was also cause for great concern, particularly in the light of the report recently published in *The Lancet*. He asked the Director-General to initiate an investigation into the leaking of the report.

Mr HOHMAN (United States of America)<sup>1</sup> expressed thanks to the Chair of the Expert Working Group for his informative introduction of the report and aligned himself with the statements made earlier by the members for Japan and Hungary. The Director-General's proposal of a way forward seemed a sensible and productive approach to the situation created by the late release of the report. However, he expressed some ambivalence concerning the proposal for informal consultations. He recognized that those could complement the work of the Director-General in preparing a report for the Sixty-third World Health Assembly, but had concerns about the number of informal consultations on various topics that would probably be scheduled to take place before the Health Assembly.

The proposal to give WHO responsibility for hosting and managing the UNITAID patent pool caused particular concern: he questioned whether the Secretariat should be given such a responsibility. A decision on the patent pool issue should not be rushed. The governing bodies should, as suggested by the Director-General in her report to the Board,<sup>2</sup> first discuss WHO's role.

Mr BIÉLER (Switzerland)<sup>1</sup> observed that the global strategy and plan of action had been approved by consensus; therefore Member States, the Secretariat and partner institutions had a shared responsibility to ensure effective and coordinated implementation. In Switzerland, all actions to be taken by the Government and other stakeholders in order to implement the plan of action were subject to extensive evaluation.

Referring to document EB126/6, he welcomed the actions already taken by WHO and its partners. However, the report could have more clearly linked all the various initiatives to the relevant elements of the global strategy. WHO's regional offices had a key role in prioritizing implementation as they were in direct contact with health ministries in Member States.

Ms CHILDS (MSF International), speaking at the invitation of the CHAIRMAN, said that the Expert Working Group's report did not appear to build on the conclusions of the Commission on Intellectual Property Rights, Innovation and Public Health or the global strategy and plan of action, particularly in relation to the need to develop financing mechanisms to de-link the cost of research and development from the cost of products. The report of the Working Group seemed to endorse intellectual property as an incentive for research whereas the Commission's findings had shown that intellectual property failed as a tool to stimulate research and development for diseases that affected low-income populations in developing countries and hindered access to the results of innovation. The global strategy aimed to promote new thinking, but the recommendations contained in the executive summary seemed to favour organizations and companies already involved in research and development. As part of the review of the full report, the selection criteria for proposals should be re-examined. In the meantime, she urged the Organization not to delay implementation of the global strategy.

Mr MBEWU (Global Forum for Health Research), speaking at the invitation of the CHAIRMAN, said that low- and middle-income countries should become active participants in, not just beneficiaries of, research and innovation through transfer of technology. Research should address the health priorities of those countries and include the effective application of new knowledge generated.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> Document EB126/2.

He welcomed the Working Group's recommendations and encouraged further study on the effectiveness and sustainability of both current and future financing proposals. Conducting and commissioning such studies could be a key role for the proposed global health research and innovation coordination and funding mechanism.

Mrs BLOEMAN (Stichting Health Action International), speaking at the invitation of the CHAIRMAN, said that innovation incentives based on protection of intellectual property had failed to meet the needs of developing countries because the neglected diseases that affected people in those countries did not represent a lucrative market and therefore did not attract adequate investment for research and development. Moreover, the current patent system did not ensure sufficient supplies of medicines to developing countries as prices remained too high.

The conclusions of the Expert Working Group fell short of expectations with regard to innovative financing mechanisms that could respond to the public health needs of developing countries. Furthermore, the report omitted real discussion of the issue of intellectual property that was central to the global strategy and plan of action. The executive summary emphasized global coordination to improve resource allocation but failed to mention the proposals for a health and biomedical research and development treaty. She supported the proposal to review the report with an eye to ensuring its consistency with the global strategy and plan of action.

Mrs MATSOSO (Public Health, Innovation and Intellectual Property) thanked speakers for their comments and questions and said that the Secretariat had prepared a compact disc that contained detailed information on many of the issues raised during the discussion; the information would also be made available on the WHO web site.

Clearly there was a need to ensure a coherent response from WHO and other stakeholders so that progress on realizing the four main action areas of the global strategy and plan of action – innovation, access to medicines, capacity strengthening and resource mobilization – proceeded in parallel. Document EB126/6 summarized the Secretariat's actions, which included the establishment of matrices to coordinate the activities to implement the global strategy and plan of action across the different departments at headquarters and in the regional offices. Regional consultations had been held on regional workplans for implementation. An analysis by the Regional Office for the Eastern Mediterranean had indicated that the work would comprise 50 different activities.

A monitoring and evaluation framework was being prepared. The indicators on which it was based had been adopted by the Health Assembly in May 2009 (resolution WHA62.16), and the work would include collection of data on activities undertaken by the Secretariat (49 specific activities) and in Member States (80 activities) before the review of the global strategy and plan of action in 2014. Tools were being designed for use at country level, including a grid to support Member States in identifying gaps and barriers to innovation and which would be discussed at a forthcoming meeting hosted by the Regional Office for Africa. It would be important to streamline the monitoring and evaluation process to avoid duplication of effort, for example in relation to collection of information on the indicators for the Medium-term strategic plan, 2008–2013.

Referring to specific issues raised, she noted that, as indicated in paragraph 7 of the report, WHO was engaged in a global study on pharmaceutical-related technology transfer in collaboration with UNCTAD and the International Centre of Trade and Sustainable Development, and, with the support of the European Commission, to determine the extent, directions and mechanisms of transfer, barriers to transfer, and related capacity building, regulatory and licensing issues. The activity was linked to work on regional networks, including the African Network for Drugs and Diagnostics Innovation, and network initiatives in the Region of the Americas and South-East Asia Region.

Element 1 of the global strategy and plan of action referred specifically to the mapping of research and development, and resolution WHA61.21 called for reflection of the global strategy and plan of action in the development of WHO's research strategy. Mapping work was being conducted by five WHO departments and three partners; a report on that activity was in preparation.

The initiative outlined in paragraph 15 would include activities to determine whether innovative technologies responded to the priority needs of countries. The list of proposals had been closed, and

partners to undertake the work would be selected in April 2010. Work on the transfer of technology in relation to post-exposure prophylaxis of rabies, outlined in paragraph 16, had been undertaken by six WHO collaborating centres; the relevant report would be distributed to the Board.

Action in relation to intellectual property included collaboration at the highest level between WIPO, WTO and WHO. A joint workplan had been agreed and baseline data were being collected on intellectual property matters, including the flexibilities in the TRIPS agreement.

Sir George ALLEYNE (Chairman, Expert Working Group on Research and Development Financing) said that the Working Group had interpreted its mandate to mean that it should focus on the current financing of research and development, coordination of research and development, and proposals for new and innovative sources of financing to stimulate research and development. Although he considered the question of intellectual property and its impact on access to medicines very important, the consensus of the Working Group had been that the issue fell outside its mandate. He acknowledged that some might question that interpretation, and that the Board might wish to broaden its discussion to include such matters.

He was gravely concerned at, and rejected, accusations of lack of transparency and of the existence of opportunities for the pharmaceutical industry to exert undue influence on the Working Group's conclusions, and urged those making such accusations to provide evidence. He had been surprised and disappointed that a prestigious journal should have commented on a leaked draft report that had subsequently undergone substantive amendments, and had drawn spurious conclusions about undue influences.

He looked forward to discussions on the full report, which should assist the Director-General in selecting which of the recommendations to implement. Many of the recommendations relating to sources of funding were the same as those made by the High-Level Task Force on Innovative Financing for Health Systems, about which there had been no controversy. The Working Group's suggestion was that some of the funding currently available from various sources should be allocated to research and development. Consideration of the full report should include the proposals on efficiency, coordination of research, and separation of funding for research and development on the different types of disease, as well as financing. He trusted that Member States would consider that the Working Group's recommendations were worth further discussion.

The DIRECTOR-GENERAL, expressing appreciation for the comments made, said that it was a tribute to Member States' commitment to health and their flexibility that they had been able to adopt such a complex instrument as the global strategy and plan of action. The importance she attached to it was demonstrated by the location within the Director-General's Office of the team appointed to oversee the implementation of the global strategy and plan of action, the only such initiative located in her Office. She paid tribute to the hard work undertaken by the team to date, in what was a difficult area. She also thanked the Regional Directors for their support and welcomed the appreciation expressed by Member States for the regional initiatives.

Her counterparts at WTO and WIPO had indeed agreed to meet her on a regular basis, at head-of-agency level, with a view to guiding the development of technical activities in the three organizations on the basis of a joint workplan. The Secretariat's work in the area under discussion required financial support and she therefore welcomed the important contribution from the European Union, since it was difficult to reallocate funding that had been earmarked for use elsewhere.

She reiterated her earlier explanation that the Board was not being asked to approve the full report at the current session. To date the report was available only in English and, for reasons of equity, would be disseminated to countries only when it was available in all six official languages. It was also important to allow sufficient time for Member States to review the report. For the time being, it was sufficient for the Board to note the progress made in the process of preparing the report.

She was extremely troubled by the leaking of Expert Working Group documents and had already instituted an enquiry into the matter. If the source of the leak was internal, appropriate action would be taken in accordance with Staff Regulations and the rules of due process. She attached great importance to the avoidance of conflict of interest, so it would also be necessary to determine whether

the source of the leak was external or in any way related to the Working Group's activities. She had appointed the members of the Working Group and did not believe that any of them would engage in improper conduct, but it was her duty to conduct a thorough investigation. Transparency was vital. She would not accept criticism, however, until there was clear evidence that WHO or the Working Group had been unduly influenced: she could not manage the Organization on the basis of rumour and innuendo. However, she was prepared to waive the diplomatic immunity of WHO staff members in order to ensure a proper investigation.

She requested guidance from the Board as to whether it wished to institute informal consultations on the full report in advance of her presentation of the report to the forthcoming Health Assembly.

Mrs ESCOREL DE MORAES (adviser to Dr Buss, Brazil) said that many Board members from across the regions had expressed support for informal consultations whose outcome could be taken into account by the Director-General in her presentation to the Health Assembly. The Director-General should therefore be requested to convene informal consultations before the Health Assembly in accordance with an appropriate timetable.

Dr KÖKÉNY (Hungary) suggested that the matter should be considered informally with the aim of achieving consensus on a decision at the start of the next meeting.

Dr DAHL-REGIS (Bahamas) said that Member States required time to review the full report and any additional information to be provided by the Secretariat before they could determine whether informal consultations were needed. Any decision on such consultations should be made after dissemination of the report in the six official languages.

Professor ADITAMA (alternate to Dr Sedyaningsih, Indonesia) supported the proposal to convene informal consultations.

The CHAIRMAN suggested that the Board take up the proposal made by the member for Hungary that the matter should be considered informally and that a decision should be taken at the next meeting.

**It was so agreed.**

(For continuation of the discussion, see summary record of the fourth meeting, section 2.)

**The meeting rose at 13:00.**