



*In the Name of God, the Compassionate, the Merciful*

**Message from**  
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**to the**

**REGIONAL CONSULTATIVE MEETING ON THE INTER-GOVERNMENTAL  
WORKING GROUP ON PUBLIC HEALTH, INNOVATION AND  
INTELLECTUAL PROPERTY RIGHTS**

**Cairo, Egypt, 15–16 August 2007**

Distinguished Participants, Dear Colleagues, Ladies and Gentlemen,

I welcome all of you to this important regional consultative meeting. This meeting, as you know, is part of a larger process and has a global context, but in particular it is most important for the future of health care in the developing countries. This meeting is about discussing and finding how to ensure and sustain investments in research and development for new treatments for diseases which continue to affect people in developing countries disproportionately, and how, once developed, to make such essential medicines available to those who need them the most.

Ladies and Gentlemen,

The issues of access and affordability to medicines are not new. We are well familiar them and we continue to deal with them in our countries. We are also familiar with the host of factors, or determinants, concerned in accessibility and affordability of medicines, many of which are internal, such as political will, financing for essential medicines, national medicine supply systems and use of medicines. But we also know

that some of the critical determinants are largely external in nature, such as prices of medicines, patent protection and development of new essential medicines. At best we can tame some of these determinants to be subservient to our national public health objectives but in a limited way, and it is complex and difficult. This is the reason that prices of medicines continue to remain high in our countries and that legitimate public health safeguards, such as compulsory licence, provided in the TRIPS agreement, are not easy to use.

When it comes to development of new essential medicines then, unfortunately, by and large, things are not in our control as this determinant is almost entirely external for most of the developing countries. There is, at best, minimal R&D effort within developing countries on this front. The complex interplay of all these internal and external determinants of access to medicines leaves us with the present highly unsatisfactory situation. The importance of this meeting, and that of the Intergovernmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property Rights, is that it is specific to the above mentioned external determinants. Its importance is underscored by the fact that the initiative is backed by a solid resolution of the Health Assembly and the commitment of our Member States to search for viable solutions to the problems.

The concerns about these specific issues have been rising since 1995, when WTO came into being along with the TRIPS agreement, which set mandatory minimal standards of patent protection—both processes and products have to be protected at least for 20 years. Realizing that these obligations would further constrain the ability of developing countries to make essential medicines available to their people, WHO immediately started work in this area. There are a number of Health Assembly resolutions on record which have clearly spelled out the principle that while dealing with trade issues, the public health considerations remain supreme. These resolutions have also mandated the secretariat to monitor the impact of the trade agreements on public health.

Ladies and Gentlemen,

One of the fundamental arguments for strong and long patent protection—allowing pharmaceutical companies to charge high and monopoly prices for at least for 20 years according to the TRIPS agreement—is to provide incentives to the companies to invest in R&D for new inventions. From the perspective of developing countries, it is right to ask what new treatments have been developed in the past 12 years for diseases which continue to kill people in poor countries. The Commission on Macroeconomics and Health, in 2001, suggested in its report – *Quote* – “left to market forces, there will be an inadequate volume of research on Type II diseases, such as Malaria and TB...” – *Unquote*. Another crucial report, presented to the World Health Assembly by the Commission on Intellectual Property Rights, Innovation and Public Health in 2000, also recognizes that (despite high patent protection) companies’ investments in R&D are driven by market demand. Companies do not invest in development of treatment for those diseases which affect poor countries because they simply do not see sufficient financial return. It makes sense in commercial terms. But from public health point of view it leaves us with a huge challenge. This was precisely the central issue which led the late Director-General of WHO, Dr JW Lee, to set up the independent commission which took comprehensive stock of the situation and made around 60 recommendations in its report. The Commission noted that – *Quote* – Access to drugs cannot depend on the decisions of private companies but is also a government responsibility. – *Unquote* –

The recommendations of the Commission’s report were grouped into eight categories, and the draft global strategy and action plan, which you will discuss in this meeting, follows that lead. These groups or elements are: prioritizing R&D needs; promoting R&D; building innovative capacity; transfer of technology; management of intellectual property; improving delivery and access; enhancing sustainable financing mechanisms; and establishing monitoring and reporting mechanisms. From the point of view of promoting R&D, it is pertinent to note that in 2001 our regional committee agreed through a resolution to dedicate 2% of the biennial working budget for research-related activities based upon national priorities. Health Assembly resolution WHA 59.24 established the Intergovernmental Working Group to develop a global strategy and action

plan based upon the recommendations of the Commission's report. Around 100 countries participated in the first meeting of the working group last December and the second meeting is planned in November this year. All WHO Regional Offices are therefore convening regional consultations to provide input to that meeting which will finalize the global strategy and action plan in time for presentation to the World Health Assembly in May 2008.

Ladies and Gentlemen,

The issues under discussion are complex, crucial and futuristic. The outcomes of these discussions and those that will take place in the Intergovernmental Working Group will decide the approaches and direction of future R&D of the essential medicines and other health technologies so badly needed in developing countries. There are a number of neglected tropical diseases which are overwhelmingly or exclusively incident in developing countries, such as trypanosomiasis and onchocerciasis, for which new and effective treatments need to be developed. Very little R&D is currently dedicated to these diseases primarily because they are diseases that largely affect the poor, who cannot afford the cost of medicines. New treatments need to be continuously developed to replace existing resistant treatments, such as for tuberculosis, malaria and HIV/AIDS. These are also neglected diseases where not enough R&D is taking place. New and effective treatments for chronic diseases exist but are not introduced in the developing countries because of the cost. All these are issues of immense public health importance and it seems that the current system of incentives in the form of patent protection is not working, at least for the neglected diseases in developing countries.

The Commission report refers to a number of approaches, including patent pools, open ended patents, a new global R&D treaty, innovative public-private partnerships, and deepening the research base in developing countries. Personally, I have advocated the creation of an international fund through which patents can be bought for use in developing countries. Of course this and other ideas need exploration. This is why I say that this will be a very creative, futuristic and challenging debate.

Ladies and Gentlemen,

The objective of our meeting is to discuss thoroughly the draft global strategy and action plan which has been distributed to you, and which will be negotiated finally in the next IGWG meeting in November in Geneva. You should not feel bound by this document however. We would like you to bring your own ideas, discuss them and, if thought appropriate by the meeting, we may incorporate them. The final product of this meeting should be, ideally, an agreed document from the countries of the Region which will serve as a joint input in the Intergovernmental working group meeting in November.

Dear Colleagues, Ladies and Gentleman,

I am sure that, with the calibre of the participants, the meeting will come out with an important document which we can also share with our health ministers in the Regional Committee meeting in October, before taking to the Intergovernmental working group meeting.

I thank all of you for your participation and wish you a fruitful, successful and enjoyable stay in beautiful and historical city of Cairo.