

Translated from French

Ladies and Gentlemen,

It is a great pleasure for me to welcome you today to Geneva, to the Forum on Intellectual Property, Innovation and Public Health. This Forum has been made possible by the Ford Foundation, to whom our deep thanks are due. Thanks are also due to the World Health Organization for having made its Executive Board room available to us.

As you can see, I am in good company; on my right, you have the nine other members of the Commission and on my left, Ms Tomris Türmen, the Representative of the Director-General of WHO and the Commission's Secretary, Mr Charles Clift. I shall shortly hand over the Chairmanship of this meeting to Mr Jean Larivière, who has agreed to guide us through this Forum and to light the way for us with his vast experience of public health. All the members of the secretariat and the interpreters, to whom I also extend greetings, are at our service to ensure the success of this meeting.

Two years ago, the World Health Assembly requested the Director-General of WHO to set up a commission to *produce an analysis of intellectual property rights, innovation and public health, including the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect developing countries*

With regard to the methods of work, the World Health Assembly stipulated the adoption of *a consultative and receptive mode of working, including appropriate arrangements for liaison with governments and relevant bodies in the United Nations system, other international agencies, and private-sector and civil-society bodies.*

This is indeed what we have done in the fourteen months since our Commission was established. We have been to four continents (to Washington, Ottawa, Delhi, Rio de Janeiro and Brasilia, Brussels, Johannesburg and Pretoria). On each occasion, we have

consulted interested groups, given mandates to specialists to produce studies to complement the reports already produced and with which we have acquainted ourselves, organized a broad electronic forum and studied the various proposals and analyses submitted to us. We have concerned ourselves with the numerous initiatives taken in this field, which has suddenly found itself at the core of the international community's concerns, at the UN, at WTO and at WIPO as well as within the many foundations and NGOs committed to working for the health of the vulnerable populations of the South. The workshops held during the last two days and today's Forum mark a pause in this vast consultation, which has nourished our own theoretical and drafting sessions.

The Forum is being held at a critical juncture: in the months to come, by September or October, our Commission will be called upon to bring together this wealth of information and opinions, before taking up its principal challenge: *to produce concrete proposals for action by national and international stakeholders*, and, I would add, for both public and private stakeholders, be they industrial or public interest. We have to consider what may be done, and by whom, to encourage innovation in order to control the diseases that mainly affect the developing countries and especially the most disadvantaged populations. The Commission appreciates that it needs to consider the question of innovation in close association with that of access to vaccines, medicines, diagnoses and other medical products, as the task at hand is to offer solutions of use to the victims of these diseases. Frequently, when I hear the expression "neglected diseases" - which needs moreover rigorously to be defined - I wonder whether we should not replace it by "neglected patients" to whom we wish and are duty bound to provide the treatment that is, or that could be available if we gave ourselves the means. Science has the means to invent such treatments or to improve or adapt existing treatments to the conditions of the developing countries. However, as Bill Gates so rightly observed before the most recent World Health Assembly

*Rich governments are not fighting some of the world's most deadly diseases because rich countries don't have them. The private sector is not developing vaccines and medicines for these diseases, because developing countries can't buy them. And many developing countries are not doing nearly enough to improve the health of their own people.*

Addressing the representatives of the Member States of WHO, he further observed that in order *to find new discoveries and deliver them, we need to make political and market forces work better for the world's poorest people.*

If the present situation may be accounted for by the fact that political and market forces made it what it is, how then is it possible to transform the situation by relying on those very same political and economic forces? It is possible only if they fully appreciate that change is both necessary and possible. We are now witnessing a gradual realization, which already goes beyond words: initiatives are being taken, particularly through the creation of numerous "public-private partnerships", to develop products which are amply funded by private foundations. Governments and parliaments are amending their intellectual property laws, in particular in order to exploit the possibilities offered at Doha in the field of public health. Some, albeit too few, are increasing their research budget and focusing more on the diseases that affect the developing countries. The G8 Summit is heralded as the summit that will mark a greater effort on behalf of Africa.

This climate, versatile as it, like all political climates, may be, favours the creation of sustainable solutions. These are the solutions that we would like to develop and put forward in our report, which is to be submitted to the Executive Board next January. It is because our Commission brings together individuals from industry, from academia and from politics, from both the developed and the developing countries, that we have the possibility to achieve a consensus over our analysis of the prevailing situation and the improvements required. We must grasp this opportunity, and we hope that all of you, representing the various interested groups, will help us to do so.

Our work is not restricted to the impact of intellectual property on innovation and public health. We are equally interested by other measures capable of promoting innovation and facilitating access to care and to medicines: we also examine the incentives, in the tax and regulatory spheres, with which governments may foster private-sector initiative. We are also convinced that States have a decisive role to play through direct intervention (and not solely by means of incentives), such as through their own science policy, their

responsibility for the organization of the system of care and in particular their purchasing power on the market for pharmaceuticals. If you acquaint yourselves with our programme of work, you will easily realize the vast scale of our field of activity. We invite you first of all to turn your minds to the link between the burden of disease in the developing countries and research and development priorities (R&D: enriched by one of the contributors to the workshops held yesterday and the day before, who spoke of R&D&A, where A means access). We know that it is not enough to concern ourselves only with communicable diseases, a recognized scourge of the developing countries; we must also concern ourselves with noncommunicable diseases. This is a two-fold burden (rich before old, or old before rich).

We shall also call on you to turn your attention to the multiple factors that influence both innovation and access. Building innovative capacities depends on a blend of policies covering education, science and technology and industrial policy. In this context, the interest shown in traditional medicines must be subject to the intellectual rigor of modern science and show respect for the knowledge developed by peoples.

The cost of developing remedies, vaccines, diagnoses and medical products must also be our concern. The price must inevitably cover the cost and the question of cost structure and how to reduce costs must also be put. Lastly, the system of regulation and control plays a role in both access and cost. If cheaper means are available for testing the safety, efficacy and quality of new medicines, then they must be explored.

As you see, this simple list of the topics we are to address today and which represents the overall picture the Commission is endeavouring to paint clearly shows that we are all concerned. I invite you to set out on the table we share your analyses, your proposals and your experience; in other words your hopes, nourished by the urgent need to act. Millions of people are dying for want of care in a world that has the intellectual means to find solutions to their suffering.

All the members of CIPIH are looking forward to hearing you.

Our very warm thanks are also due to Mr Jean Larivière, who has already chaired the two days of workshops in which we have participated and which have given us an opportunity to submit to review by our peers the studies we have already requested. They have also allowed us to evaluate our knowledge, to perfect concepts and to provide the Commission with numerous stimuli and recommendations. We are pressing on together with this task and I should like, by way of conclusion, to urge you to seek practical solutions and to expose them to the scrutiny of ideas and experience.