INTRODUCTION
Resolution WHA59.24 of 2006 established an intergovernmental working group (IGWG) as the follow-up to the report of the WHO Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH). The IGWG is tasked with the development of a global strategy and plan of action, based on the recommendations of the CIPIH report which aims at, inter alia, “securing an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries”. Member States lead the development of the global strategy and plan of action. The IGWG on Public Health, Innovation and Intellectual Property held its first session from 4 to 8 December 2006 in Geneva with participation of more than 100 Member States of whom 24 were from the African Region.

The IGWG technical briefing sessions and subsequent discussions of Member States were held during the 60th session of the World Health Assembly (WHA) which adopted resolution WHA60.30 on public health, innovation and intellectual property. In order to enable Member States to effectively contribute to the second session of the IGWG, scheduled to take place in Geneva from 5 to 10 November 2007, the WHO Regional Office for Africa held a Regional Consultation on Public Health, Innovation and Intellectual Property in Brazzaville from 3 to 05 September 2007.

PARTICIPANTS
The consultative meeting brought together a total of 58 participants including the Vice-chairperson and rapporteur of the IGWG, and 42 delegates from 37 Member States of the WHO African Region. Delegates from the African Region included senior managers of Ministries of Health, public health research institutions; national medicine regulatory authorities and patent offices. Also present were experts on intellectual property law, representatives from the Regional Economic Communities, non-governmental and consumer organizations and international association of pharmaceutical manufacturers. WHO staff from both the Regional Office and HQ participated (list of participants attached in Annex 1).
DAY ONE: Monday 3 September 2007

OPENING CEREMONY
The Director, Division of Health Systems and Services Development, Dr Alimata DIARRA-NAMA welcomed participants to the Regional Office and presented the objective of the consultative meeting. The Vice-chairperson and rapporteur of the IGWG on public health, innovation and intellectual property rights, Dr. Ahmed OGWELL made opening remarks. And the WHO Regional Director for Africa, Dr. Luis Gomes SAMBO officially opened the meeting.

PROCEEDINGS OF THE MEETING
The meeting elected Dr Ahmed E.O. OGWELL, Vice-Chairperson of the Intergovernmental Working Group (Kenya) as the Chairperson; Mr. Etienne Nalimta (Central Afrique) as the vice-Chairperson and Ms. Hela Mandisa (South Africa) and Mr. Dagnan N’cho Semplice (Cote d’Ivoire) as Rapporteurs.

METHODS OF WORK
Plenary presentations and discussions were held on each of the eight elements of the draft global strategy and plan of action on public health, innovation and intellectual property. In addition, teleconferences were organized with resource persons from WHO/TDR/HQ and an expert on intellectual property law to respond to issues and questions that were raised during the plenary discussions.

BACKGROUND AND PROGRESSES MADE BY THE IGWG ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY
Dr. OGWELL made an introductory presentation on the background and progresses made by the IGWG on Public Health, Innovation and Intellectual Property. During his presentation, he made reference to the Resolution WHA56.27 which established the Commission on IPR and aimed at analyzing the relationship between Intellectual Property Rights, innovation and public health. He highlighted on the major recommendations of the Commission’s report including fostering incentive mechanisms to improve access for new medicines and other products. Furthermore, he
outlined the activities that have been carried out by the WHO Secretariat and IGWG bureau towards finalizing the Global Strategy and Plan of Action.

INTRODUCTION TO THE DRAFT GLOBAL STRATEGY AND PLAN OF ACTION
The Executive Secretary, WHO Secretariat on Public Health, Innovation and Intellectual Property, WHO/HQ introduced the draft Global Strategy and Plan of Action. He updated participants on global and regional activities that the Secretariat has supported since the establishment of the IGWG towards development of a draft global strategy and plan of action.

The draft Global Strategy and Plan of Action (A/PHI/IGWG/2/2) was made available on the WHO website\(^1\) in all six official languages and dispatched to member states. The Secretariat is hosting the second web-based public hearing (15 August to 30 September) to solicit comments on A/PHI/IGWG/2/2 from a variety of stakeholders.

Based on the introductory presentation made on the draft global strategy and plan of action, participants raised general issues and discussed. Generally, participants expressed their views that the document is comprehensive and addresses most of the relevant issues under each topic.

In their subsequent discussions, participants raised the following general issues and suggested to the Secretariat to take appropriate actions to clarify and further improve the draft strategy and plan of action accordingly.

- The draft global strategy and plan of action (medium term framework) is linked to Millennium Development Goal timeframe
- Funding issues have not been dealt with substantively in the draft document. There is a need for clearer funding needs assessment.
- The need for similar consultations at Regional, Sub- regional and at Country levels
- Noted the web-based hearings on this draft document which will be closing at the end of September 2007

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\(^1\) http://www.who.int/phi
• Definitions need to be agreed upon and the language used in the draft document must be consistent.

• Traditional medicine needs to be handled as a separate topic / sub-element

• Style of the document different from the usual UN format

• Regulatory capacity needs to be strengthened to accommodate evolving demands linked to R&D

• Stakeholders must be stratified to reflect the lead stakeholders, those who will play advisory roles and those ones who will be responsible for monitoring and evaluation.

• Government must take the lead.

• Existing platforms must be used to enable implementation of plan of action

• This document must be submitted to the WHO Executive Board as an action document. Therefore, language needs to be modified to action oriented to ensure desired outcomes and accountability are realized

• Indicators need to be aligned with objectives, be specific, measurable and attainable

• There are 80 specific actions proposed in the draft document. This document is intended for global negotiation. The number of elements may need to be reviewed – expanded or reduced.

• Benchmarking progress to change the 10/90 gap is critical

• Member states and Regional Economic Communities (RECs) were reminded to engage with WHO on its ongoing works

• Participants were concerned about the deadline for least developing countries to be TRIPs compliant by 2015, whether this is realistic and feasible. They reiterated that gains fought for must not be lost through inability to implement strategies.

• Participants were apprehensive about limited financial capacities of governments to support their attendance at the second session of the IGWG consultations that is scheduled to take place in Geneva from 5 to 10 November 2007.
SUMMARY OF PRESENTATION AND DISCUSSIONS ON THE EIGHT ELEMENTS OF THE DRAFT GLOBAL STRATEGY AND ACTION PLAN

Following the general introductory and discussion sessions held on the draft global strategy and plan of action, resource persons and members of the WHO Secretariat at WHO/HQ and AFRO introduced each of the eight elements. Broad principles and salient issues that were raised and discussed during the plenary sessions are summarized under each of the elements as follows:

ELEMENT 1: PRIORITIZING RESEARCH AND DEVELOPMENT NEEDS

Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

- Definition of Types I, II and III diseases. Currently 14 diseases are targeted. Member states should be able either to expand or narrow the list of diseases as appropriate
- Research and development through public funding should not be patented
- Disease determinants not followed through
- Biotechnology to be brought into the agenda
- There is progress with compound libraries but more still needs to be done. Traditional medicines and biotechnologies may need another library
- Some of the progress indicators are not clear, terms such as “accessible” and “affordable” should be clearly defined

ELEMENT 2: PROMOTING RESEARCH AND DEVELOPMENT

Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

- Infrastructure must be built
- developing countries as well as developed countries should commit to fund R&D
- Setting up new research centers and strengthening existing ones are essential
• Need to engage with pharmaceutical industry
• To decide whether R&D treaties are required or not
• Strengthen existing regional and sub-regional institutions and global forums to coordinate health research
• Need to find creative incentive mechanisms for research
• TRIPS flexibilities only apply to WTO Members
• Need for ethical review bodies during development

ELEMENT 3: BUILDING AND IMPROVING INNOVATIVE CAPACITY
Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

• Need for both qualitative and quantitative assessment of trained researchers.
• Need for protection of indigenous knowledge to promote ownership of innovation
• The pharmaceutical industry is already contributing to chemical libraries
• Use of Regional Economic Communities for training to ensure efficiency
• Centers of excellence need to be explored

DAY TWO: Tuesday 4 September 2007

ELEMENT 4: TRANSFER OF TECHNOLOGY
Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

• Technology transfer audits are required
• In collaboration with pharmaceutical industry, tertiary institutions must also consider establishing technology transfer offices.
• Principles governing the transfer of technology are needed and preferential arrangements for transfer to developing countries and also where the outcomes of the research are not patented.

• Referring to 15.4.1(a) in the draft document, participants proposed a specific action should be taken to develop a list of essential technologies in relation to research and production of medicines relevant to developing countries. Particular attention should be paid to technologies of general application and which are production related. It is proposed that WHO should solicit, receive and document difficulties faced by developing countries and their entities in access.

• A one size fits all approach and does not take into account different levels of development and also the AFRO proposal for affirmative or preferential treatment of developing countries and particularly Least Developing Countries.

• The appropriateness of patent pools for medicines and other health technologies need to be investigated.

• The issue of technology transfer needs to be investigated for effectiveness & appropriateness and remedial measures should be taken, if required.

ELEMENT 5: MANAGEMENT OF INTELLECTUAL PROPERTY

Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

• The issue is not just about management of IP but about the “right” type of IP policy to promote public health – proposed the title for this element to read as “Management of IP from a Public Health Perspective.”

• Training in patent examination, negotiation skills, etc. is required

• Need for international legal instrument to facilitate protection of Traditional Medicine and benefit sharing,

• Access enabling actions to be included
• Reducing IP protection is not a magic bullet. A balance of several other issues should be considered.

ELEMENT 6: IMPROVING DELIVERY AND ACCESS
Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

• TRIPs plus and bilateral agreements should not be used to hinder broader access
• Good Manufacturing Practice should apply to both developing and developed countries
• Funding agencies must invest in health delivery infrastructure
• Attention must be paid to entire supply chain (cost, efficiency, effectiveness)

ELEMENT 7: ENSURING SUSTAINABLE FINANCING MECHANISMS
Following the introductory presentation, participants reviewed the draft document and proposed actions, made suggestions and raised some issues for discussion. Summary of the discussion points are outlined below:

• A structure for the development of a Resource mobilization plan is essential to enable easy access
• Affordability is the major bottleneck
• Financing must be linked to R&D incentives
• Other funding mechanisms beyond PPPs (e.g. prize funds, global fund, government contributions etc.) need to be explored. Identification of targeted projects will facilitate implementation

ELEMENT 8: ESTABLISHING MONITORING AND REPORTING SYSTEMS
Dr. Lindiwe MAKUBALO (Chief Director, Department of Health, South Africa) introduced this element and made the following general comments and principles to facilitate discussion among participants on the draft global strategy and plan of action:
- Best approach is to finalize the text and then refine the indicators
- Numerous proposals made and noted to improve the listed indicators in this consultation.
- This is a dynamic, working plan of action
- Need to review the plan of action to align the objectives with actions and indicators. Need to be clear about where we are looking to output, impact indicators etc.
- May need a different structure to the plan of action which includes targets & other elements
- Need to ensure that the indicators are in some way measurable.
- Need to give consideration to baseline data collection.
- The current framework is a generic document. Countries could make this more meaningful by drilling down where appropriate to set to national level to targets.
- Approach needs to strategic – how can these indicators assist us to leverage the outcomes we require and ensure appropriate accountability by industry, governments, donors etc
- Need to review the ‘system’ – clarify whether there will be need for repositories of information, to whom and how frequently reporting will take place etc.
- May need a mechanism perhaps a small group to consolidate inputs. Make revisions and ensure that critical elements are monitored with appropriate indicators.

In addition, participants reviewed the draft document and proposed actions, made suggestions and raised some more issues for discussion. Summary of the discussion points are outlined below:
- Monitoring is critical to sustainability
- May need to review reporting cycle from 3yrs to 2 yrs to have at least two reports between 2008 and 2015
- Systems, platforms, repositories may need to be reviewed
- A small working group may be necessary for further alignment of the indicators

DEFINITIONS OF TERMS
Participants realized that definition of some of the key words (terms) used in the draft document is not exhaustive. The Secretariat indicated that some basic documents including glossary of terms will be provided on the PHI website and additional inputs on what the region would like
to add to the definitions are welcome. Accordingly, participants suggested the following terms to be clarified:

- Need for clear definition and understanding of incremental innovation
- Access needs to be defined
- Linkage to CIPIH recommendations and clarity of definitions mentioned in the two documents
- Definition of upstream and downstream R&D
- R&D treaties
- Technology transfer
- Patent pools

**DAY THREE: Wednesday 05 September 2007**

The third day was dedicated to summarize and synthesize key points from previous days’ discussions and to draft recommendations. The two groups of rapportiers presented their draft summary reports to participants and suggestions and inputs were incorporated into the reports.

**RECOMMENDATIONS**

Based on the summary discussion points on the draft strategy and plan of action, participants of the meeting made specific recommendations. Ms. Hela Mandīsa (rapporteur) read out the following recommendations of the consultation.

**WHO Secretariat**

1. Should support similar national, sub-regional and regional Inter-Governmental Working Group consultative meetings that will be taking place between September and November 2007.

**Member States**

2. Ministry of Health should lead the process and set-up national mechanisms to follow up the Inter-Governmental Working Group process through establishment of national advisory committees, organization and facilitation of national consultations among stakeholders
**Partners**

3. Should actively support the process to ensure timely completion of the Inter-Governmental Working Group negotiations.

**CONCLUDING REMARKS AND THE WAY FORWARD**

The Chairperson of the Regional consultation, Dr. Ahmed OGWELL congratulated delegates for their active participation and thus making it possible to achieve the objectives and expected outcomes set for the consultation. In addition, he encouraged participants to make reference and better understand important Resolution such as WHA58.34 which recognizes the need to strengthen and promote evidence based evaluation of consequences of health and other policies and practices impacting on health at national, regional and local levels. He also encouraged participants to maximize the use of existing resources including WHO websites. He urged participants to share information and provide feedback to national authorities on the outcome of the Regional consultation. The IGWG together with the Secretariat will provide support for Least Developing Countries and requested delegates to mobilize additional resources from governments and partners to ensure continued participation of countries in the African Region during the subsequent consultations and the second session of the IGWG consultation.

In his concluding remark, the Chairperson stated that the IGWG process is not all about Intellectual Property but is all about promoting public health and improving access to health products and technologies. He indicated that the IGWG together with the WHO Secretariat will make all the necessary effort to ensure continuity of participation of delegates who already have been involved in the process to attend the second and final session of the Working Group will be held in Geneva from 5-10 November 2007. Dr. Mamadou Campaore (Burkina Faso), on behalf of the participants, made the vote of thanks.

**CLOSURE OF THE MEETING**

In his closing remarks, the WHO Regional Director for Africa, Dr Luis G. SAMBO who was represented by the Director, Division of Health Systems and Services Development, Dr Alimata J. Diarra-Nama noted with satisfaction the work that participants have carried out to achieve the objectives of the three days consultation. He encouraged member states to continue with this spirit
of playing an active role in the Second Session of the IGWG Meeting to be held in Geneva from 5 to 10 November 2007. He underscored the important opportunity that the global draft strategy and plan of action has offered to address the health priorities of Africa and the need for adequate preparation for effective negotiation and finalization of the global strategy and plan of action which will be submitted to the 61st World Health Assembly in May 2008 through the Executive Board. The Global strategy and plan of action will provide guidance to countries to develop and implement realistic national policies and plan of actions. He wished participants a safe journey back to their respective countries and declared the meeting officially closed.