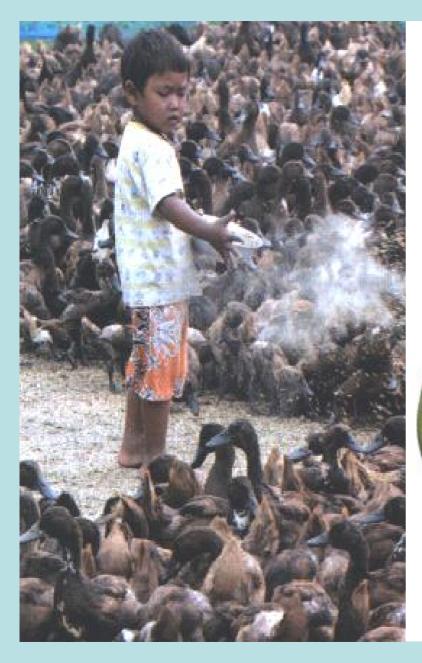
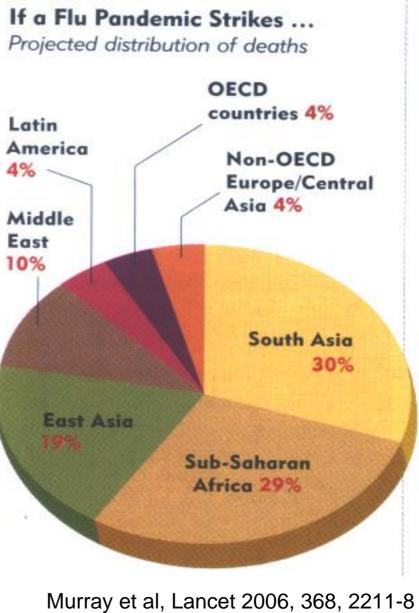


World Health Report

2007





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Public Health, Innovation and Intellectual Property		
About PHI		
Documents	Despite enormous progress in the prevention, diagnosis and treatment of disease, developing countries still remain largely excluded from the	
Submissions	benefits of modern science. Caught in a cycle of poverty and disease,	
News and events	people in the hardest-hit countries are facing shorter life expectancies and economic decline.	Inter-Governmenta
Public hearings		Working Group
Links	The issue of better access to healthcare products for poor populations has been the subject of many World Health Assembly resolutions. In May	
	2006, Member States asked WHO to establish an Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG).	
	The Working Group's mandate is to prepare a global strategy and plan of action on essential health research to address conditions affecting developing countries disproportionately. The resulting global plan of action will be presented to the World Health Assembly in mid-2008.	
	The Secretariat for Public Health, Innovation and Intellectual Property	

Elements of Draft Global Strategy

- Prioritizing R&D needs
- Promoting R&D
- Building and improving innovative capacity
- Transfer of technology
- Application and management of intellectual property to contribute to innovation and promote public health
- Improving delivery and access
- Promoting sustainable financing mechanisms
- Establishing monitoring and reporting systems



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Lentiviral Gene Transfer of Rpe65 Rescues Survival and Function of Cones in a Mouse Model of Leber Congenital Amaurosis

Photo Credit

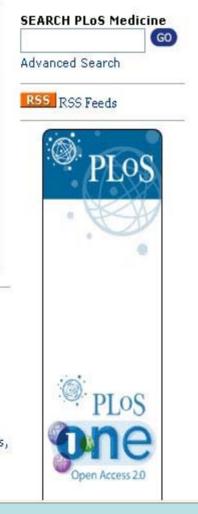
Read Research Article | Read Nicolas Perillat Editors' Summary



HIV-1 Viral Load Assays for Resource-Limited Settings Read Research in Translation

Cost-Effectiveness Study of Three Antimalarial Drug Combinations in





TDI the Tropical Disease Initiative

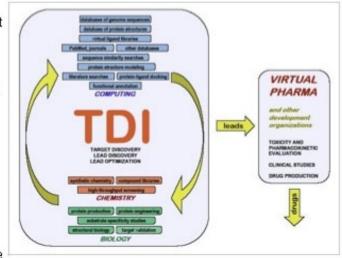
Malaria Schistosomiasis Leishmaniasis Chagas Tuberculosis Dengue

Tropical Disease Initiative

Only about 1% of newly developed drugs are for tropical diseases, such as African sleeping sickness, dengue fever, and leishmaniasis. While patent incentives and commercial pharmaceutical houses have made Western health care the envy of the world, the commercial model only works if companies can sell enough patented products to cover their research and development (R&D) costs. The model fails in the developing world, where few patients can afford to pay patented prices for drugs.

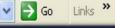
It is easy (and correct) to say that Western governments could solve this problem by paying existing institutions to focus on cures for tropical diseases. But sadly, there is not enough political will for this to happen. In any case, grants and patent incentives were never designed with tropical diseases in mind.

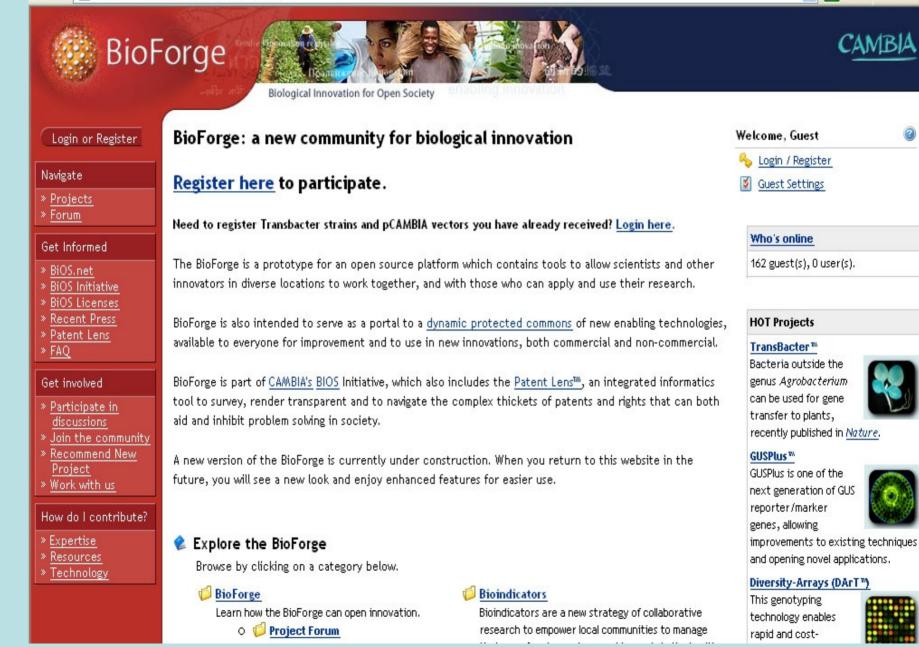
Two main kinds of proposals have been suggested for tackling the problem. The first is to ask sponsors governments and charitiesto subsidize developing-country purchases at a guaranteed price. In the second approach, charities create nonprofit venture-capital firms (Virtual Pharmas), which look for promising drug candidates and then push drug development through contracts with corporate partners. In this article, we discussed the problems with these two approaches and suggest a third, open source, approach to drug development, called the Tropical Diseases Initiative (TDI). We envisage TDI as a decentralized, Web-based, community-wide



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Schizophrenia is a complex multifactorial brain disorder with a genetic component. Convergent evidence has implicated oxidative stress and glutathione (GSH) deficits in the pathogenesis of this disease. The aim of the present

rates

R84 R8

Reviver

Indonesia's avian flu holdout

I ndonesia sent a chill through the World Health Organization recently when it refused to supply any more samples of the avian flu virus that has killed scores of its people. The move, which seemed aimed at gaining access to vaccines at an affordable price, threatens the global effort to track the virus and develop vaccines. But Indonesia has raised a valid point that needs to be addressed: if a pandemic should strike, poor countries would be left without protection.

The WHO relies on a global network of laboratories to provide virus samples so experts can determine which are most likely to spread. These strains are then used to develop the seed stocks that are given — at no cost — to manufacturers to use in making vaccines. operating with the WHO and started negotiations to send future samples to another vaccine maker in return for technology that would allow Indonesia to make its own vaccine.

That may be good for Indonesia but could be harmful to global health — especially if other countries follow. Clearly Indonesia, which is in discussion with WHO officials, needs to rejoin the global network. Unfortunately, the organization has no good answer to the inequities Indonesia has spotlighted.

If a pandemic struck, the current vaccine makers could produce only 500 million doses of vaccine per year if they ran 24 hours a day. That is far short of what would be needed to vaccinate all 6.7 billion people in the world. Thus there seems no doubt that in a crisis, the countries that are We are sending out our virus to rich countries to produce vaccines. And when the pandemic occurs, they survive and we die



Dr Suwit Wibulpolprasert, Head of Thai delegation, WHO Executive Board January 2007



AVIAN INFLUENZA

More Bumps on the Road to Global Sharing of H5N1 Samples

A battle between Indonesia and the World Health Organization (WHO) is escalating. Indonesia's health minister, Siti Fadilah Supari, has claimed that WHO is refusing to This is for the sake of our country's sovereignty," the newspaper quoted Supari as saying. Health ministry officials could not be reached to confirm the report. Heymann

Science, Nov 23, 2007

EPIDEMIOLOGY

Outbreak Investigation and Response Training

Andres G. Lescano,^{1*} Gabriela Salmon-Mulanovich,¹ Elena Pedroni,² David L. Blazes¹

The resurgence of poliomyelitis and cholera (1, 2) and the advance of avian influenza (3) highlight the need for prompt and accurate response to disease outbreaks. Epidemic events often arise in the developing world (4) where countries are less prepared to respond. The World Health Organization's 2007 World Health Report identifies global outbreak response as one of its highest priorities (4). Field Epidemiology Training Programs (FETPs) sponsored by the U.S. Centers for Disease Control and

> Science, Oct 26, 2007

and postcourse outbreak reports. The **COURSE OUTCOMES** to the co ations Other diseases Peru Total Countries settings a to various No. of courses supportir All 20 33 13 p. 19]. Duration (5-day/2-day/half-day) 4/8/1 16/2/2 20/10/3 Cours Spanish/English 29/4 12/117/3from the Organized by graduates province-8/7 10/9 (with NMRCD/independent) 2/2 participar 2 No. of graduates All 430 913 1343 12 39 51 Foreign Trainee performance No. of outbreak reports 286 95 191 Students reporting outbreaks* (%) 40.9 34.0 44.0 Attendance (% of enrolled) 94.9 91.8 97.7 Mean overall satisfaction⁺ 4.68 4.70 4.69

*From participants in NMRCD 5-day courses. *†Post-course anonymous student ratings (1-to-5 scale, where 5 is best).*

Short courses that build skills for investigating and responding to disease outbreaks may enhance response to potential epidemics in resource-limited settings.



Conclusions

- Current interest in global health security and development of a global framework and governance of R&D
- Innovation, access, transparency, equity, capacity building, benefit sharing and ownership

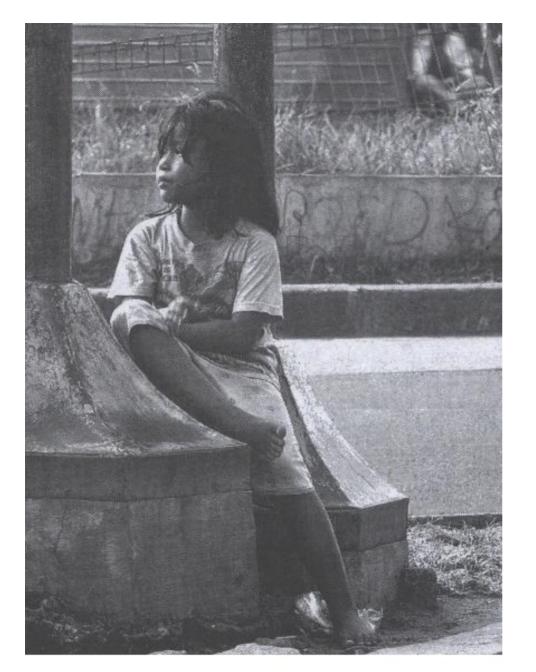
(= responsibility for safety & security)

Conclusions

- Current interest in global health security and development of a global framework and governance of R&D
- Innovation, access, transparency, equity, capacity building, benefit sharing and ownership (= responsibility for safety & security)
- Take advantage, be opportunistic, place biosecurity on a larger platform
- International collaboration to achieve the above-why WHO?

"WHO is uniquely placed as the only organization where the voice of Bhutan has the same weight as the voice of the USA"

Participant, WHO Research Strategy Dialogue Manila, Nov 19, 2007





MISSION

The attainment by all peoples of the highest possible level of health