

for diseases, such as tuberculosis, and vaccines for HIV/AIDS and malaria needed in developing countries? How do you see WHO's role in terms of promoting these alternatives? What are the next steps?

A: Much of that will depend on the way WHO Member States react to the CIPIH report during the World Health Assembly. Countries clearly must use all the available legal instruments at their disposal to ensure their populations have access to enough quality medicines. We must provide the technical assistance so that countries know what the options are. Then it's up to countries to choose from those options.

Q: What is WHO doing to improve access to patented and generic drugs for developing countries?

A: We have a number of programmes that assist countries or other organizations to ensure that they are selecting and buying cost-effective, safe medicines for major public health threats, such as HIV/AIDS and malaria. We're also looking at creating a database on the status of patents for antiretrovirals in different countries. Many researchers would find it useful to be aware of

which medicines are under patent and which ones are not. This information is out there, but you must scavenge for it through web sites. My vision is to create some transparency. We need to come up with a web-based system to help countries streamline this process of patent identification. We can start with HIV/AIDS pharmaceuticals given the severity of this problem. The web site could function as follows: you have a map, you put the cursor on a country, click, and the country window opens, then you click on pharmaceuticals information, and then you have details about patents in that country.

Q: How can traditional knowledge and traditional medicines based on this knowledge be recognized?

A: The main issues with traditional medicines are safety and efficacy. The best way to solve the problem is to utilize the framework we use for other kinds of pharmaceuticals, while respecting traditional and local knowledge that have accumulated over centuries. People are either blindly enthusiastic about traditional and alternative medicines or hesitant to embrace them because they

have misgivings about their effectiveness. Many developing countries use traditional medicines for primary health care, therefore quality and safety must be assured. We have also to find a way to monitor the composition of herbal preparations, which are subject to climate variations.

Q: The patent system was originally established to encourage researchers to share their findings for the public good. Today, research results can be accessed worldwide using the internet and open-access journals, why do we need the patent system?

A: Discussion about what kind of information should be published has evolved partly because of the internet, 15 years ago this was not even a discussion. The patent system is there to give people the incentive to create new ideas, there has to be some way someone is inspired. People need some personal reward. Not that I think patents are the only system, there is benefit in making information available on the internet.

For more information please see: www.who.int/medicines_technologies. ■

Recent news from WHO

- Dr LEE Jong-wook, Director-General of the World Health Organization, 61, died on 22 May, two days after surgeons at Geneva Cantonal Hospital removed a blood clot from his brain. "The sudden loss of our leader, colleague and friend, is devastating," WHO said in a statement. Dr Lee was the first WHO Director-General to die in office. Dr Anders Nordström, Assistant Director-General for General Management, took over as Acting Director-General. News of Dr Lee's death came as representatives from WHO's 192 Member States gathered for the first day of the World Health Assembly (WHA). Delegates paid tribute to Dr Lee and his achievements and staff sent messages of condolence to his family.
- At the WHA, the annual meeting of WHO's top decision-making body, from 22 to 27 May, delegates discussed topics, including: pandemic-influenza preparedness and response; child nutrition; HIV/AIDS; polio eradication; sickle-cell anaemia; destruction of variola virus stocks; prevention of blindness; international trade and health; tobacco control; and intellectual property rights. The keynote speaker was His Royal Highness, The Prince of Wales.
- WHO called on all research institutions and companies on 19 May to register all medical studies that test treatments on human beings, including initial studies, whether they involve patients or healthy volunteers, as part of the International Clinical Trials Registry Platform initiative. (See stories on pp. 429–431)
- WHO launched an interactive Flash feature on 19 May describing its work, priorities, Member States, staff, funding, partners, history and achievements. http://www.who.int/about/brochure_en.pdf
- WHO announced on 11 May that a group of 13 pharmaceutical companies had agreed to comply with WHO's recommendation to phase out single-drug artemisinin medicines for oral treatment of malaria.
- A new WHO report, *Fuel for life: Household energy and health*, released on 4 May showed that halving by 2015 the number of people worldwide who cook with solid fuels by providing them with access to liquefied petroleum gas would cost a total of US\$ 13 billion per year and would provide an economic benefit of US\$ 91 billion per year. <http://www.who.int/indoorair/publications/fuelforlife.pdf>

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2006/en/index.html>



The late Dr Lee Jong-wook.

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