

## WHO's web-based public hearings: hijacked by pharma?

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See **Editorial** *Lancet* 2007;  
370: 1666

To promote research and development for neglected diseases and access to medicines in developing countries, the World Health Assembly asked WHO to establish an Intergovernmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property Rights in 2006. A draft global strategy and plan of action was completed after its first meeting in December, 2006. Regional consultations provided 193 member states with opportunities to review the draft strategy. The draft strategy and plan of action were discussed but not finalised at its second meeting in November, 2007.

To facilitate input from interested organisations, individuals, and the public, web-based public hearings were organised by the IGWG secretariat. On review of the second round of such public hearings, we were disturbed by what we found.

The issue that attracted the most responses was intellectual property (IP), which was cited in 43 of 68 submissions. Although we were not surprised to see that 11 of 12 organisations directly affiliated with the pharmaceutical industry supported strong IP protection, it was surprising that 14 patient advocacy groups took a similar position, which in several cases was the only point raised in their submissions; three professional associations also took similar positions.

We further investigated the sources of funding of these organisations using publicly available data (organisation websites and internet searches). For 11 of the 14 patient advocacy groups and all three professional associations, financial support had been received from pharmaceutical companies, either directly to the organisation or for activities undertaken by its executive director. For example, a Canadian

patient advocacy group whose submission was in favour of IP received financial support from Actelion Pharmaceuticals, Amgen Canada, Bayer, Gilead Sciences Canada, INO Therapeutics, Merck Frosst Canada, Novartis Pharmaceuticals Canada, Ortho Biotech, Amicus Therapeutics, ApoPharma, BioMarin Pharmaceutical, Hoffmann-La Roche, and Sigma-Tau Pharmaceuticals. Additionally, we found near identical phrases or concepts in their submissions.

The problem of the pharmaceutical industry compromising patient advocacy groups is not new.<sup>1</sup> In this case, we have serious doubts as to the motives and the credibility of these submissions to the public hearings. We strongly suggest that contributors to public hearings must disclose any conflicts of interest, as required of authors submitting papers to peer-reviewed journals.

We declare that we have no conflict of interest.

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1 Lofgren H. Pharmaceuticals and the consumer movement: the ambivalences of 'patient power'. *Aust Health Rev* 2004; 8: 228-37.

## Foresight report on obesity

Andrew Jack's cynical claim that the conclusions of the Foresight report on obesity are driven by political correctness (Nov 3, p 1528)<sup>1</sup> is absurd. He misses a crucial point in the Foresight process: the report has the ownership of the scientists who produced it; now that their work is complete, it is the task of Government ministers to deliver a political response.

The Foresight Programme is led by the Government Chief Scientific Adviser and guided by evidence, not political expediency. Reference to the 38 reviews of scientific and other evidence, summarised in the final report, makes clear the overwhelming scientific consensus that modern life has become a major driver of obesity. The report concludes that individual responsibility is important but insufficient to tackle obesity on its own. Crucially, it emphasises that political responsibility for tackling obesity lies not only with the Department of Health but across Government.

The system map, coupled with the projections (not "guesstimates") using well established modelling techniques, have been pivotal in making the case for radical change away from single-focused interventions to a comprehensive, long-term strategy. It is for multiple government departments, and not Foresight, to draw up specific integrated policies. Contrary to Jack's assertion, the system map is a serious piece of work which will be used to develop and test future policies and strategies.

The report acknowledges that evidence for successful prevention strategies is limited but our quantitative predictions confirm that there is no time for prevarication. To dismiss this unique collaboration between biological and social scientists, health professionals, industry representatives, voluntary organisations, and policy-makers as prevaricating and hand-wringing seriously misjudges the importance and relevance of the report. Moreover, the Government's initial response to our proposals has been very encouraging.

I declare that I have no conflict of interest.

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1 Jack A. Obesity plan lacks foresight. *Lancet* 2007; 370: 1528-29.

