



**Transcript of press briefing with
Dr Harvey Fineberg, Chair,
International Health Regulations Review Committee**

2 July 2010

Good afternoon, everyone. I'm Harvey Fineberg, Chair of the Review Committee to examine the International Health Regulations 2005 and the H1N1 Pandemic of 2009. Here at the World Health Organization, we have just completed our second meeting of these last three days. I wanted to say just a few words about what we did at this meeting and then open up for any questions that you may have that I can respond to.

The Committee, as you may know is drawn by members from around the world. There are 27 of us in all. We organized this meeting to have an opportunity at the plenary sessions to hear from a number of individuals who could inform the Committee from their perspective and experience about the questions that we are being asked to answer. To remind all of you, the Committee is charged with a request to review how well the International Health Regulations are working. One of the big tests of those Regulations was the 2009 H1N1 pandemic but they apply to many other incidents and emergencies for health and so we are examining how well they are working, and then specifically we have been asked to examine the experience with the H1N1 epidemic of the role of the World Health Organization, and others, in face of the pandemic to assess not responsibilities or blame but really to attempt to identify lessons that can be learned to improve our future performance. That's the purpose.

At this meeting we heard from individuals representing quite a spectrum of backgrounds and perspective. We heard from a number of leaders in different countries who were responsible for carrying out some of the work related to pandemic preparedness and response. We heard from individuals in France, in Canada, in Mexico, in the United States and some other countries. We heard from representatives of industry who were involved in the production of vaccines and drugs, representatives from pharmaceutical manufacturer associations as well as from individual companies who could convey to us their experience. We had the opportunity to speak with one of your colleagues, a journalist, Dr. Benkimoun from Le Monde who was particularly helpful in conveying the difficulties of reporting in a subtle nuanced and accurate way, the challenge of decision making under uncertainty and that was very helpful to the Committee and we also

heard from a number of well known critics of the performance of the World Health Organization and indeed of the world, in the face of the pandemic. These included Dr Thomas Jefferson who is with the Cochrane Collaborative. Also Mr Paul Flynn who is a very prominent European critic and with Fiona Godlee who is the Editor of the British Medical Journal and has written and editorialized about procedures and practices relating to decision making on the pandemic.

The format for this meeting was a very intense series of interviews. We spent a total of 20 minutes with each of our interviewees. We forwarded them the opportunity for a brief opening statement, then they responded to questions for as much time as we could accommodate. We expect that many of them will have requests for follow up questions and the answers which they are uniformly agreed to do. We learned a great deal. Right now the staff of the Committee is trying to assemble the main points to distribute and share with the Committee Members so that we can digest everything that we learned. At the same time we know very well that we heard only from a fraction of those who can provide valuable information and our plan looking ahead, includes the decision to hold an additional meeting beyond those originally scheduled - the next meeting then will be in September. We have the tentative dates of September 27 to 29 and our purpose of that meeting again will be probably similar in format to this with the plenary sessions including the opportunity to hear from individuals who can inform us. We are particularly eager to hear at that meeting from some of the responsible officials at the World Health Organization and other leading responsible public organizations. We want to hear particularly from representatives in the developing countries who dealt with the pandemic and are responsible for the International Health Regulations. We would like to hear from additional journalists and we would like to hear from representatives of some other organizations such as the European Centres for Disease Control, other places that were involved in, and can help inform us.

We still have a timeline for our Committee's work intended to produce a report and complete our work in time to make our formal submission to the World Health Assembly in May 2011 and that's still our goal and our expectation.

So with that basic background let me invite you to pose your questions and I will do my best to respond. We will just start here on the left and work our way round.

Robert James Parsons:

In listening to the discussions what struck me was the vast chasm between those who had very little if any criticism and those who had criticism. Those who had very little criticism said thanks WHO for its help and whatever but never address the questions that the critics levelled at them. Dr Jefferson talked repeatedly about the lack of figures for example. Mr Flynn and Miss Godley also raised very serious questions. None of this was ever touched on by any of the others and so they are just questions hanging in the air. How do you figure you will be able to conciliate these two because you have got two extremes. One that seems not to want to deal with anything controversial just to say thanks we are grateful that you were trying to do a good job. And the other side that is saying you fouled up repeatedly.

Dr Harvey Fineberg:

The Committee in structuring these discussions did not purposely, did not structure it as a debate. We were not trying to hear people challenging one another at this meeting. What we were interested in trying to do is to elicit from each of our informants, each of the people who were willing to come and speak with us, their perspective, their ideas, their questions or their experience. Some of the people as you describe in positions of Government or others talked about their perceptions of success and value of interactions. Others who are the critics raised the critical questions. But we didn't ask the non-critics to respond to the critics nor did we ask the critics to respond to the criticism of the critics.

Robert James Parsons:

My question is what are you going to do?

Dr Harvey Fineberg:

So what are we going to do? We are going to have to come to resolution in our minds as a Committee. How can we do that? Well part of it is that we are looking at a set of materials that we have been assembling about the background. The policies and procedures and practices of organizations including the World Health Organization. We will have the opportunity at our next meeting to hear directly from some of the officials from the World Health Organization who are in a better position to respond to certain questions than for example a Senior Health Official in Mexico whose criticism is not really levelled at him. And we have available to us already, materials where there are written responses in part to some of the criticisms. So for example the World Health Organization has posted response to the report that Mr Flynn co-authored. Other publications, we didn't hear for example from the Editors of Nature. Nature Magazine has published a number of editorials posing their point of view critical of some of the critics. So we have many avenues to look at. Our job as a Committee is not going to be to specifically to resolve every controversy what we I think need to do is to understand the nature of the criticisms with the goal of using those criticisms to help gain lessons for the future. We do need to make some judgments ultimately about our sense of the validity and relevance of the various criticisms. That's part of the job this Committee is going to have to do. I hope you didn't come to the gathering with the idea that we were expecting others to do that work for us. We have to do that. Yes.

John Zarocostas:

Good afternoon, with apologies for having stepped down the other day. With reference to the epidemiological evidence what has come in to the Committee, will that be posted in the public domain? As journalists we have a problem that there isn't a website where evidence that's going forward before your Committee is not being shared in a public forum or on a public website is that being set up. For instance various submissions that you have mentioned that have come in, since its a public enquiry, should there not be a public website?

Dr Harvey Fineberg:

The Committee intends in its Report to include ultimately a reference set of materials that will mostly be in the form of electronic web-based material that will be available for perusal or examination in depth if one wishes, relevant to the work that we are doing.

We are getting a great variety of submission from individuals or sometimes from organizations. We are not posting those at this point in a public site. At the moment we are using a system to help inform and communicate among the Committee Members but ultimately as we produce our report all the relevant materials that found their way into our deliberations will be made part of the public record so it will be available at the time our Report is available.

John Zarocostas:

Not before?

Dr Harvey Fineberg:

I don't want to promise that.

John Zarocostas:

I was thinking of the congressional system where for instance you appear before our Committee. You present your statement for the record and then you take QandA.

Dr Harvey Fineberg:

Now lets take the case of the presentations here. We didn't in advance tell every presenters that their presentations would be posted in public. Some of them may not have expected or may not have expected that. We did tell them that we expected the press to be in present at the time that they were interviewed but we didn't request their permission to post what they submit publicly. But I think if I could take the question in the form of a possible suggestion, I will look into it and see whether we can, how much of it we can make public because the goal, let me say in that spirit, the goal of having these interviews in the plenary sessions before all of the journalist community and the state parties was to have a degree of openness that essentially said you have heard everything that the Committee has heard. That doesnt mean you are going to come out the same place the Committee comes out but you will know what we had to work with and what the burden of our Report will be is to explain the reasoning for the conclusions that the Committee ultimately reaches. Yes.

Frank Jordans, AP:

You stressed several times in your opening statement that this was not about finding blame it was about learning lessons for the future situations where World Health Regulations might come into play. Now I think the public will probably expect some sort of explanation and possibly verdict of what happened during the outbreak or the course of it. Will you be presenting anything that goes at all in that direction? I

mean something that tells the general public, you know, this is what happened and this is what should have happened and this is why it didn't happen?

Dr Harvey Fineberg:

Well I think in order to identify lessons you have to have a sense of what happened, how did it happen, why did it happen, was the judgment at the time given what was known, properly based and appropriately made or not and if not why not? If so how did it work well, how did it work if it was inappropriate. We do have to come to conclusions about those elements. I would say though that the point that we want to emphasize is that our purpose in seeking those conclusions is not in order to affix blame. Our purpose is to identify lessons and if in the course of doing it, it's inevitable that you have judgements about what is good and what is less good. That's just a part of the process of the Committee's work. We will have to reach conclusions and we will have to come to grips with recommendations.

Frank Jordans:

Can I just follow up ? You are going to have to reach conclusions and you have conflicting opinions being presented to you by the people you interview. Will all of the expertise necessary to reach these conclusions come solely from the 27 remaining members of the Committee or will you be seeking further outside help in?

Dr Harvey Fineberg:

Well both avenues are open to us. I mean we are, as an independent Committee, we are able to make additional enquiries to seek additional expert input to search what's already been done in the literature. We have that available to us and it will be up to the Committee on each issue to decide what of this do we want to seek additional expert input on. What of this do we feel comfortable and capable to reach our own judgment about. So it could go in both directions and it depends on the Committee's choice with the particular issue.

Frank Jordans:

But the final decisions will come from?

Dr Harvey Fineberg:

From the Committee

Frank Jordans:

Not from the WHO

Dr Harvey Fineberg:

No. In fact this is a really important point to me. Our job isn't to reconcile opposing views or to convey accurately per se what someone thinks. Our job is to ultimately conclude what we believe to be correct and that's based in part on what we learn from informants on all sides of the issue and in part on what we learn from other expert input. What we learn from the literature and from evidence including the epidemiologic data and what we conclude through our own internal deliberations. All of that is going to come into play and ultimately it gets distilled into a set of findings, conclusions and recommendations. So that's the job we have. Let me come here. We will work our way back around.

Lisa Schlein, Voice of America:

I know its premature to ask you what lessons you have learned, you are still in school and you are learning.

But I wonder whether there are any patterns which are emerging, you are hearing people who are fairly supportive of what has been done and also more critical of it and Im wondering if there are any big themes that have emerged, that are emerging that you think are important to continue in your enquiry?

Dr Harvey Fineberg:

It is premature for me even to comment even on big themes or small but I would say this - that one of the evident realities is that the perception of what happened and why and how is radically different from different vantage points in this arena of world health and influenza. The vantage point of the responsible public officials in countries is very different from the vantage point of others who are now coming to perhaps be critical of what those individuals and the WHO did. It's striking if you just listen to the variety of perspective. Its very striking to hear how diverse those perspectives are. So one of the things that I think is a challenge in this kind of an exercise is what do you ultimately believe to be the essential reality? What is it that was true and has a direct bearing on what happened without getting distracted totally by this vast diversity of opinion and perspective and thats a very big challenge for us and I think that if you listened, if you were there for the time that we heard even for these few days you can appreciate that if your work was just summarizing, if all you tried to do was summarize the views that you hear from others you would not get very far in actually coming to grips with what you think the lessons are because the lessons that individuals see are very very radically different.

Lisa Schlein:

Well, given the divergence of opinions and perceptions, do you think that you can ever really bring them all together to the satisfaction of most people... certainly not all of them ?

Dr Harvey Fineberg:

Actually I doubt that. I mean *[laughter]* I think that our job can't be to, you know, reconcile everybody's views. That's not our job. Our job is to apply our own best judgement and we have a diversity in our Committee of backgrounds from all countries of the world. It's a marvellous group and we are really going to have our work cut out for us to see where the Committee comes down but that's our job and

everybody who is on the Committee comes to it with the spirit of an open mind, we are trying to look at the evidence with a genuine desire to learn and in an honest exchange and an opportunity to try to ultimately distill what we come to believe are the most important realities and that's a big job. Yes. I will come back here.

Unknown journalist:

Firstly just to follow up on what John said earlier. It would be great to have the documentation available to us.

Dr Harvey Fineberg:

Sooner rather than later.

Unknown Journalist:

Yes because our resources are limited and we can't have someone sitting there the whole time and it opens up the process, it really does make it transparent if everything is available. The second thing is maybe to follow up on what Lisa was saying. What have you found most striking in what people have been telling you in the sense that I assume some of this you didn't already know or maybe you are surprised to hear people saying it out loud but what are the points that you found so far to be maybe something we should be keeping in mind or that you found striking?

Dr Harvey Fineberg:

Well there are many many issues but lets just take one example. The issue about characterizing the pandemic. How do you characterize a pandemic? We actually if some of you were here I know at the first meeting, already this was evident as its going to be an issue. There is a lot of controversy about whether or not WHO altered a definition of pandemic over time. There are some who are adamant that it did and there are others who explained repeatedly it did not. This is an instance in which I think our Committee at the minimum has to come to understand why do people believe it did or did not change and what was done and what was done in describing the pandemic consistent with the intent was of the people who were setting the definition. Now this question is related to the relationship of severity to spread and the severity question is a really tricky one. Now the one thing we heard that I thought was interesting on this question was from Dr Kraus if you remember from Germany and his observation was that severity is very important, spread is very important. He had in mind a proposal that I want to look at in more detail. This is one of the things I am eager to see in the follow up but his notion was that the global assessment should be what he called a risk assessment which is really about risk of spread and he wanted a threat assessment which would include severity to be done on a national level. That was interesting because if you remember when we talked even last time about the challenge of incorporating severity into spread with spread in a characterization is the variety of severity that there can be at the same time. One country, it's very severe, another country it's less severe. Even within a country, county A and county C are very different etc. So I found that very interesting as a, let me say, its a third way, you know the third way incorporates severity leave it out or do it in some interesting geographic way. So thats the kind of fresh

thinking that I hope the Committee will examine and try to take on board, try to reflect on, come back to our conclusions about how this definitional question evolved and also how one could do a better job going forward. So that would be lesson identified and direction ahead. So that's one example that I would say was something that I would say advanced in at least our ability to come to grips with it in the course of these presentations over the last couple of days.

Lisa Schlein, Voice of America:

On this question. Do you expect a new definition of the pandemic to emerge ?

Unknown journalist:

Thats a very good question.

Dr Harvey Fineberg:

It's a very good question. Do I expect the, well a new definition to emerge from our Committee? I think our Committee is going to have to opine about the characterization, I won't call it definition, characterization of pandemic. Now whether what it does is just reinforce what already is, it's not new, saying on balance this is good or its something new and if new what is it going to be - we will see. But I would say that our Committee, as part of our effort has got to come to grips with that question. Yes, I will give you one more follow up and then we come here.

Unknown journalist:

Just to understand, you said that this is the type of fresh thinking that you are looking for. Are you also looking at whether or not there was fresh thinking in the drawing up of the pandemics. I mean in a sense of what actually, what thought process actually went into drawing up these rules and whether that process... I mean how far to the origins are you going to examine or are you just looking at the end product of the actual guidelines themselves?

Dr Harvey Fineberg:

No the Committee does want to understand how use of characterization evolved over time. That is part of this. Did it change and into what ways? We do want to look at that definitely. Yes.

Laura MacInnis, Reuters:

.....I wanted to ask you about one of your projects.[unclear] my impression is that public health is fast changing situation and there could be new threats that may emerge, lessons would be useful to know before May 2011. I mean how are you sort of dealing with that question?

Dr Harvey Fineberg:

If something happens that calls on the application of the International Health Regulations prior to the appearance of our Report it won't have the benefit of our Report; it's as simple as that but I know a year might seem like a long time in the sense that something could happen in January that we wished we had done this but it could also happen in January 2012 and so I would say that we are better off trying to do it with reasonable confidence and thoroughness than we are to try to do a slapdash hasty assessment. I think there could be an argument that this is too short a time to really get to the depths of lessons and I would accept that as a valid point of view as well as I accept the notion that we wish we would have it done by November rather than by May of next year.

The timing I think is reasonable given the scope and the density of the issues, the complexity of the questions, the amount of information to absorb, the number of individuals that we want to get information from so all of that comes into play with the timing of it. And my hope is that from the moment it appears, it will be helpful for things to come after but I can't expect it will be helpful to anything that comes up before.

Laura MacInnis:

Do you have any sort of reporting to WHO of preliminary findings ?

Dr Harvey Fineberg:

The format or the form of the Report is actually specified in the International Health Regulations. In form this Committee will present its Report to the Director-General of WHO for transmission to the World Health Assembly. The Director-General has assured the Committee that her intent is to transmit the Report unaltered which is sensible. However she will also have the opportunity and indeed I think the expectation that she would provide her comment at the same time to the Assembly. So the formal routing of this Report will be the Committee's complete Report then submitted to the Director-General for transmission to the World Health Assembly.

Laura MacInnis:

But before the Report is complete there will be no communication....for instance a really important lesson.

Dr Harvey Fineberg:

That's correct.

Unclear female:

[Unclear...]

Dr Harvey Fineberg:

Well it's difficult for everyone to be at every meeting. Let me say this. We are very fortunate to have as many as 25 of our Committee at the meeting I believe. It's a terrific group but its a big commitment from people to come to all of these meetings, especially now we are adding additional meetings so I'm very appreciative. The two who were not here at this meeting were here at the first meeting. Two who were here at this meeting were not at the first meeting so you know people have to catch up they have to review the materials and the minutes and we try to make sure everybody is thoroughly informed but we do the best we can.

Female journalist:

The practical resume is not a resume for Dr McKenzie and Evans

Its just that.... [*unclear*].

Dr Harvey Fineberg:

No, no no nothing like that. Its simply time availability. The two individuals that you mention, Dr McKenzie and Dr Evans withdrew from the Committee so they are no longer members.

Female journalist:

Actually I have a question on that particular point last week during the parliamentary association of the Council of Europe. Flynn said that there were actually 6 numbers of the IHR Committee that were on the Emergency Committee for the pandemic preview and that two of them were I forget, McKenzie..and that there were four others still on the IHR Committee. Is that true and is there anything that's going to be done about it ?

Dr Harvey Fineberg:

It's definitely not true if you are talking about current members of the Emergency Committee. There is at least one member that I'm aware in the past had been a member of the Emergency Committee but thats kind of irrelevant to the effort to review decisions made after the time she was a member.

Female journalist:

So the emergency committee membership is actually changing.

Dr Harvey Finneberg:

Oh it does evolve sure but the emergency committee is to a task. So if you were asked to come to be on the emergency committee to respond to SARS you are dismissed at the end of the emergency, your names are then public. The members are identified after the Committee is disbanded – that's my understanding of the WHO practice. So for any previous committee service it would be a matter of public record.

Female journalist:

But members of this particular committee their names are released or they are held.

Dr Harvey Fineberg:

No once this Committee is dismissed they will be made public if its according to usual practice.

Female journalist:

Yes I understand but you said that this particular emergency committee on the 2009 pandemic that the members of that committee itself are evolving and

Dr Harvey Fineberg:

No I didn't mean to say that. I apologize if I left that impression. What I meant to say is that different emergency committees may have overlapping membership. There is no rule to prohibit the Director-General from asking the same person who served on emergency committee X to service on emergency committee Y but each emergency committee as I understand it is convened for the purpose of responding to the given emergency. Once that given emergency has abated the Committee is disbanded and the names are then revealed.

Kaitlin Mara, Intellectual Property Watch:

That was also my understanding but my understanding of what Paul Flynn was saying during the Committee.....was there... *[unclear]*

Dr Harvey Fineberg:

That most definitely is correct. No.

Let me make sure I understand to be sure. You are saying that 6 members of our Committee are simultaneously members of the Emergency Committee for the 2009 H1N1 pandemic.

Kaitlin Mara:

That's my understanding of what Paul Flynn said.

Dr Harvey Fineberg:

That assertion is untrue.

Kaitlin Mara:

Ok. Thank you.

Male journalist:

McKenzie and Evans were

Dr Harvey Fineberg:

They were. *[Unclear....]*

Now let me just say all members of the Review Committee as I understand it were recommended by someone but our Committee is appointed by the Director-General.

Male journalist:

It's just that someone raised the problem with secrecy saying that if members of the Emergency Committee were vulnerable to undue influence through publication of their names then what about you people. That means then that you're vulnerable to undue influence also. Why are you not and if you are vulnerable why are your names published. How do you conciliate this ? *[laughter]*

Dr Harvey Fineberg:

Well I don't consider us vulnerable to influence.

Male journalist:

Well why are these people particularly vulnerable then ?

Dr Harvey Fineberg:

That I can't answer. I think that all I can say is that my understanding of the current policy about Committee's other than mine is that they have been attempting to protect the integrity of the Committee by cloaking its membership in secrecy during the time that it was established.

Male journalist:

But not the SARS Committee?

Dr Harvey Fineberg:

To the best of my knowledge that's correct.

Male journalist:

So the emergency committee has no protection.

Dr Harvey Fineberg:

Well it's different in the protection.

Female journalist:

Just to clarify. When the names will be known, when the pandemic will be....or next WHA.

Dr Harvey Fineberg:

No I think. Again this is something where other officials here could respond with greater authority so please just take this as my understanding because it's not my responsibility. I believe that once an emergency committee is disbanded, that is once the emergency is declared concluded at that time the membership is made public. It doesn't await the next World Health Assembly. I could look to my colleagues, is that correct ? I think that's generally correct. Please....

Male journalist:

Concerning the Committee from 27 to 29 June what was seen as a conflict of interest. If you actually look at the list of authors of the pandemic preparedness plan ... [unclear] there are 8 authors who are on the list of authors are also a member of your / correct me but about a third, why is there no conflict of interest there ?

Dr Harvey Fineberg:

Well for a lot of reasons. Let me say about conflict of interest generally and then come to this question specifically. You know with conflict of interest what you are trying to identify is where an individual has a financial or other interest in the outcome of the deliberations which would potentially be affected by the result.

Now most of the time when you talk about conflict of interest you are talking about financial interests that an individual has or could be affected by the outcome. In general in my view a potential involvement can rise to one of three levels.

It could be so tangential and so indirect as to not require any notice. So for example, let us say that I, 14 years ago gave a talk at a particular meeting and received an honorarium at that time from the sponsors and it turned out that the sponsors were supported by a set of companies one of whom was a vaccine manufacturer. Now I made that as hypothetical, that's not true by the way I hasten to add. But suppose it were. I would say that would not rise to the level of noticeability. It just doesn't qualify.

There is another level at which you would say well there are experiences, responsibilities, financial interactions that you may have had that warrant disclosure because a reasonable person could wonder whether your view was affected by that past experience. And here for example or that current reality, I will give you an example which is correct.

In the Organization in which I work my own salary is unrelated to specific support that comes in. We try to in fact insulate the earnings of our senior officers so that we do not take any personal honorarium for any outside activity whether it's on profit or non profit it doesn't matter and our own set salary doesn't depend on any of that coming or not coming it's irrelevant but the Organization may be supported in some

of its activities from companies that may in turn have a bearing on some activity like they may be a drug maker or a vaccine manufacturer. Now you could say well that's pretty remote to you but you know the companies support an activity that's in your Organization it doesn't have any direct relationship to you but it is a current activity and it is about a company that is you know being studied here so in my judgment I would say that that rises to more than, it's not that it's not worth noticing but it's at the level of disclosure. You ought to make sure that that's known.

Now I would say when it comes to prior involvement of a professional character like involvement in the preparation of a plan that is not the direct subject of your study but is related to it ; so for example many of the members of our Committee in their national responsibilities were involved in policy decision making or execution related to flu whether they contributed to a global plan, a national plan, whether they were responsible for administration policy, whether they carried out the work in general I would say that also rises to a level where disclosure would be the proper course.

Now, let me just finish this and then Frank I will come back to you.

There is another level at which if you had a current active involvement of a financial nature it might require either recusal or ultimately withdrawal. If you were directly the object that's being studied or you were taking money as a part of the payroll or you were a major stockholder in a company that is currently stands to benefit or lose by what is said well that's a conflict of interest that might require you to withdraw or at least in the case of some involvement you might have to recuse yourself from certain discussions. So my personal view is that involvement such as well they participated in a plan or they actually managed the immunization programme or they were involved in some other way by and large may rise to a level where disclosure would be indicated but it does not rise to a level in my judgment that would indicate recusal or withdrawal. Frank.

Frank Jordans, AP:

On the issue of conflict of interest I wonder how proactive the Committee is in asking not its own members just that those involved in the decision making process that led to the definition of pandemic and various other things about their potential conflicts of interest such as you mentioned stockholdings. I mean you don't need to be a major stockholder to benefit if the shares in LaRoche go up 25% - 40% as they did over the past year whether there is a pandemic or not. That's another question. Are you asking those kinds of questions of the people you speak to?

Dr Harvey Fineberg:

What we are doing, it's more than that. The Committee does expect to examine certain materials that are confidential within the World Health Organization including some materials about the memberships of the undivulged organizations and their conflict of interest disclosures. We will take a look at that but we are not asking each person who is testifying or giving us information about it routinely. We are trying to judge what they say but we haven't gone to ask them in every instance whether they are stockholders. I don't know if the Chief Epidemiologist of Mexico has stock in any of the companies. If you were there you heard the Committee. I don't know the answer to that.

Frank Jordans:

So that information would only reach you if it was publicized for other purposes, through other channels for that individual.

Dr Harvey Fineberg:

Then that would be in a way what we gain from that individual isn't really dependent on knowing as much about his personal holdings because we are not judging his decisions so much as we want to learn from him what they did and why. So if he was a stockholder, it's not really that central to our understanding at the same time part of our concern is about dealing with the accusations of influence by pharmaceutical companies on the decisions which is an accusation that has been made. Well you would like to know what possible routes there are for that to have actually happened. Were there any channels by which that could have occurred and this is a channel so you would like to investigate that.

Well I think anyone who has not asked a question yet and who would like to.

Male journalist

[Unclear]

I'm wondering if you have any plan to examine.....if there was any potential influence from the people who didn't want the Committee to declare something. Many people are talking about and actually I think there were some who didn't want the Director-General to declare a pandemic in the very early stage so do you have any specific plan to examine and their risk assessment.

Dr Harvey Fineberg:

That's a really interesting question. It's a little bit like looking for why things did not happen even though some might have wanted it to happen a different way. Not directly will we be examining that point. I think the departure for us will be more what did happen and why rather than the motives of someone who wanted something else to happen but did not occur but it's an interesting angle on the story I would agree.

Male journalist:

Coming back to the trail is your enquiry to look at besides the possible conflict of interest or interests in other pharmaceutical .

Like the travel industry in SARS there were travel alerts and in this case there were arguments across the cuff about travel bans to countries.....and also given that one of the questions on the Emergency Committee is a senior scientist at AK which is a global umbrella body for the aviation industry, we are going to be following the trails on that and also looking at how the agency operated in the Avian and SARS cases, how to see the patterns of operation in 3 different crisis in the space of 5 or 6 years.

Dr Harvey Fineberg:

I think its a very interesting set of suggestions which I take on board. We have not specifically talked about that thus far. One of the things that's very useful in looking at the IHR is of course trying to see how it played out in different instances and those that you mention are very good comparative instances which I take your point on the travel industry as equally valid to the drug industry. Its even larger than pharmaceutical thats right. Many more players however. Yes.

Male journalist:

Coming back to the conflict of interest. You stated your own case that your salary is outside of the realm of any influence at the same time your Organization takes money from pharmaceutical companies is that correct ?

Dr Harvey Fineberg:

Yes.

Robert James Parsons:

Well doesn't that immediately put you under pressure because they can put pressure and you would say, we will pull the plug on your Organization if you don't shape up? I mean you are in a situation where you are vulnerable. It's not like you are drawing your money from an endowment which is handled by a banking house or whatever. Perhaps a significant amount of your money is coming from pharmaceutical company or companies that can tell the board of directors of your Organization or even come to you directly. If you want to have a job here you have to have an Organization, if you want an Organization you need our money and if you want our money you need to go easy on us.

Wouldn't that put you in a class of 3 rather than a class of 2.

Dr Harvey Fineberg:

Yes, well, first I was very taken with your idea of endowment. I like that. *[Laughter]*

So I would like to come back to that as soon as we finish. But everything is proportional of course. Now if it were the case that I would claim look I have an independent salary but it turns out that 40% of the enterprise is supported by two drug companies well that would raise a different kind of question. If it's, you know, .3% of the total then that puts it in a totally different category.

Robert James Parsons:

So what is it... 39.5% ?

Dr Harvey Fineberg:

It's much closer to .3 than 30 I can tell you that.

Unidentified male journalist:

So it's less than 1%.

Dr Harvey Fineberg:

I wouldn't even, I just said I don't want to say exactly what it is, but I can tell you this in our Organization of the total programme budget roughly half, closer to 55 or 60% is from public sources – that's Government. Roughly all but about 4% of the rest is from non-profit foundations, so not from companies. The remainder is from miscellaneous contributions of membership and other donors which are not corporate and that very tiny amount of precious endowment income and then there is a remainder which I would be confident is considerably less than 1% but I don't want to state with certainty what it is but it's a fraction. To give you another idea, the work that we do at the Institute of Medicine is largely about building these kinds of consensus activities. I can tell you that when we have a consensus conference or a committee that we formulate we exclude funding for that purpose from any entity that has a commercial interest in the outcome so zero dollars go to any of those.

We have another set of activities that we call forums. The forums are intended to be discussion groups openly exchanging ideas about a topic. For example, they typically include representatives from industry from Government from academia from the public and sometimes from other organizations depending on the topic. One of the forums that we have is a forum on new drug development. That particular forum which does not produce reports, does not make recommendations is an opportunity to exchange ideas, I'm quite confident does have support from pharmaceutical companies, so that's about where it comes in. Does that give you a proportionality?

Male journalist:

I can accept that.

I was wondering again on another commercial link if you will be looking into it.? One of the critical points in the run up to the pandemic I think was a change in the swine flu to completely drop any reference, pressure put at least in some Governments by industry who felt that their commercial interests were being threatened or undermined by the use of swine flu. Will you be looking into the pattern of decision making how that went from Governments to three or four multilateral agencies who simultaneously on the same day changed their definition?

Dr Harvey Fineberg:

It's a really interesting point. It's not a major issue for us the labelling. What I remember about the.....

Male journalist:

It just shows a pattern.

Dr Harvey Fineberg:

It's an interesting point but I remember extraordinary actions. Like do you remember that there were pork bans, I mean bans on pork exports or imports you know which is about as relevant to stopping the spread of influenza as fountain pens. You know it has nothing whatsoever to do with it but the label does make a difference apparently. I think it was experiences like that that may have been related to the choices of how to label this thing and not stigmatize. You know they used to give the flues always were characterized by the city that it was first detected. You have heard of the Hong Kong flu epidemic, others you know the 1918 was called the Spanish flu, that great pandemic. It had nothing to do with Spain actually as it turned out. So I think there is an effort to try to align the label with the, let's say implications of the label but I don't frankly put too much stock in it myself. Your point though it might have lessons about influence on decisions in organizations is interesting I hadn't thought about it. Any other questions?

John Zarocostas:

The two dates when Dr Evans and Professor McKenzie - when did they submit the letters of resignation to you? Was it on the same day, or how many weeks apart ?

Dr Harvey Fineberg:

To the best of my recollection their original communications were electronic and those came in May and I believe it was May 20 and 21.

Well, thank you all very much.

Tape ends