WHO-EM/EDB/106/E

Summary report on the

# Training workshop on the WHO assessment instrument for measuring transparency and vulnerability to corruption in the pharmaceutical sector

Amman, Jordan
17–19 June 2012

World Health Organization
Regional Office for the Eastern Mediterranean

WHO-EM/EDB/106/E

Summary report on the

# Training workshop on the WHO assessment instrument for measuring transparency and vulnerability to corruption in the pharmaceutical sector

Amman, Jordan
17–19 June 2012

World Health Organization
Regional Office for the Eastern Mediterranean

Document WHO-EM/EDB/106/E/01.13

Contents

## 1. Introduction

The WHO Good Governance for Medicines (GGM) programme was initiated by WHO in 2004 as part of the broader international development and health agenda focused on the MDGs and prioritizing the strengthening of health systems. The goal of the GGM programme is to contribute to health system strengthening and to prevent corruption by promoting good governance in the pharmaceutical sector. The programme was launched in the Eastern Mediterranean Region in 2004. To date, it has been introduced to 15 countries in the Region and 31 countries globally.

The GGM programme is implemented in a 3-phase model process, starting with a national transparency assessment and followed by the development and implementation of a national programme for promoting good governance. This model process is meant to provide countries with a flexible road map to implement the national GGM programme. It will also help institutionalize the GGM programme in government structures.

An intercountry training workshop on the WHO assessment instrument for measuring transparency and vulnerability to corruption in the pharmaceutical sector was held on 17–19 June 2012 in Amman, Jordan.

The objectives of the workshop were to:

- Train national assessors on the Good Governance in Medicine (GGM) assessment methodology;
- Fully brief the government counterparts on the GGM programme in order to support the national assessment;
- Develop action plans for GGM phase 1 in participating countries.

In the first phase of the WHO proposed approach to improving good governance in the pharmaceutical sector, two independent national assessors are trained on the GGM assessment methodology and two

government counterparts are fully briefed about the GGM programme so they can support the national assessment. In subsequent phases, government counterparts are the main focal point for implementation of the national programme (phases 2 and 3). In this training, five countries from the Eastern Mediterranean Region joined the GGM programme: Bahrain, Islamic Republic of Iran, Palestine, Tunisia and Yemen.

The opening session was attended by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, H.E. Dr Abdulla Wreikat, Minister of Health of Jordan, Dr Hayel Obeidaat Director General of Jordanian Food and Drug Administration, and Dr Ahmed Basel Al-Yousfi, Acting WHO Representative to Jordan. Other dignitaries participating in the opening ceremony included presidents of the Jordanian orders of pharmacists and physicians, a representative from the League of Arab States, and Senior Regional Adviser for Middle East and North Africa, U.S. Food and Drug Administration. This high level representation in the training demonstrates the strong commitment which has developed over the years to support the GGM programme.

The training was designed in a participatory manner to allow maximum interaction between country groups. The purpose of this was to facilitate learning and rely on collective experiences of the group in conducting national assessments. Experience from other countries of the Region that had previously conducted assessments were also shared in order to provide insights on moving the assessment results forward to phases 2 and 3 of the GGM programme.

The training used the expertise of trainers from the Region who have gained exposure through the programme’s implementation in several countries of the Region and globally. This regional focus was an attempt to tailor the programme and make it most useful to Member States by adapting the content as suits national needs.

## 2. Summary of discussions

*Proceedings*

On Day 1, an interactive introduction session was conducted with the aim of creating motivation for engaging fully in the topic and activities, benchmarking participants' expectations and noting concerns in order to address them during the following sessions. The remaining morning sessions introduced the WHO GGM programme, raising participants' awareness on the potential for corruption in pharmaceutical sector, the impact of corruption in health sector and the need for good governance practices. The WHO methodology for assessing transparency and vulnerability to corruption in the pharmaceutical sector was presented, and the Jordanian team presented its experience as a practical example. In the afternoon sessions, a detailed explanation of each of the 8 functions assessed was initiated. On Day 1, the functions of medicines registration and licensing of pharmaceutical establishments were covered. Through presentations, group work and plenary discussions, participants received hands-on training on how to conduct the questionnaire in each of the functions.

On Day 2, the workshop continued to explore the remaining functions which are covered in the assessment. The functions covered were inspection, control of medicines promotion, control of clinical trials, selection, procurement and distribution. For each of the functions, an overview of best practices was presented, followed by an explanation of the indicators used to assess the functions. The hands-on training continued through group work and plenary discussions. In addition, role plays were conducted by participants to familiarize them with the interview process. In the late afternoon sessions, useful tips on conducting the assessment were shared by the lead national assessor from Lebanon, and the WHO platform for communicating and sharing

information was presented as one of the tools available to GGM country teams.

On Day 3, an exercise to monitor progress on the level of transparency in the pharmaceutical systems of countries previously assessed was shared with participants. This exercise was conducted in 2010 and the report is available through the Alliance for Health Policy and Systems Research website[1]. To demonstrate the partnerships established and encouraged through the GGM programme, an official from the League of Arab States presented Arab League initiatives and progress in the pharmaceutical sector followed by a presentation by an official from the Jordanian anti-corruption commission. The remainder of the day focused on appropriate selection of key informants followed by the preparation and presentation of preliminary country action plans.

*Conclusions*

The national assessment exercises aim to obtain a picture of the level of transparency and potential vulnerability to corruption in the public pharmaceutical sector, using the standard WHO assessment instrument. The assessment looks at eight functions of the pharmaceutical system: medicines registration, licensing and inspection of pharmaceutical establishments, promotion, clinical trials, selection, procurement and distribution.

The national assessment represents a baseline to monitor the country's progress over time in terms of transparency. However, by dealing with unethical practices, concepts of transparency and accountability, the

[1] http://www.who.int/entity/alliance-hpsr/projects/mohlebanon_medicines/en/index.html [Accessed on 15 September 2012]

assessment raises sensitive issues and it is imperative that it should be conducted in a constructive manner. It was noted that the GGM assessment's goal is not to measure corruption, but to examine how resistant or vulnerable the system is towards unethical practices.

The assessment is an entry point for the development and promotion of a national programme on GGM and should not be seen as an end in itself. It is the beginning of a process aimed at bringing long-lasting efforts to promote good governance in the pharmaceutical sector.

## 3. Future steps

*Conducting national assessments*

During 2012–2013, countries should complete their assessment exercises and deliver reports on transparency and vulnerability to corruption in their respective countries. The reports should be technically and editorially cleared by WHO but more importantly, they must be endorsed by the government and cleared for publication. In previous countries, the reports have included a foreword or introduction by the Minister of Health to show government concurrence to the results and recommendations and commitment to the process of improving good governance in their pharmaceutical sector.

*Intercountry feedback meeting*

Depending on country progress, an intercountry peer feedback meeting on GGM Phase 1 is scheduled, allowing the national GGM teams to exchange experiences and share lessons learnt in the implementation of the assessment. Depending on country progress, the meeting would also include a capacity-building component on GGM Phase 2 activities.

Countries still requiring technical support in the finalization, publication and printing of their assessment reports can receive this during the feedback workshop or plan for specific technical assistance visits, if needed.

*National stakeholder workshops*

Once the final drafts of the assessment reports are available, planning for public events to validate the results and enrich the recommendations with the input of stakeholders is initiated. The workshops also aim to engage a wider range of stakeholder in the programme. Invited participants usually include all key informants who were consulted during the study, officials from pharmacy and medical associations and other related ministries, representatives from parliament, judiciary, anti-corruption commission and other legislative and law enforcement agencies, practitioners from both the public and private health care sectors, media representatives, and others as relevant. These activities require technical and financial support to encourage maximum stakeholder involvement and advocate for high level political support.

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int