Summary report on the

Intercountry meeting on Good Governance for Medicines – Phase II

WHO-EM/EDB/123/E

Muscat, Oman
22–25 September 2014

World Health Organization
Regional Office for the Eastern Mediterranean

WHO-EM/EDB/123/E

Summary report on the

Intercountry meeting on Good Governance for Medicines – Phase II

Muscat, Oman
22–25 September 2014

World Health Organization
Regional Office for the Eastern Mediterranean

Document WHO-EM/EDB/123/E/02.15

Contents

1. Introduction

The WHO Good Governance for Medicines (GGM) programme is implemented through a 3-phase model process, starting with a national transparency assessment and followed by the development of a national programme for promoting good governance and its implementation. This model process is meant to provide countries with a flexible road map to implement the national GGM programme. It is action oriented, concrete and measurable. The process assists countries in institutionalizing the GGM programme in national structures.

Phases I and II set the foundation for the implementation of Phase III, which is considered the most critical step of the process. While Phase I provides a baseline for initiating the GGM work and evidence for policy- and decision-makers to prioritize and direct resources to those areas found most vulnerable, Phase II is a nationwide consultation process for developing and agreeing on the national GGM framework.

The WHO Regional Office for the Eastern Mediterranean organized an intercountry meeting on GGM – Phase II in Oman, Muscat, from 22 to 25 September 2014. The meeting involved representatives from eight target countries of the Eastern Mediterranean Region: Egypt, Islamic Republic of Iran, Jordan, Lebanon, Oman, Palestine, Sudan and Tunisia. The participants represented a wide range of stakeholders including government representatives, independent national assessors and representatives from anti-corruption agencies.

The objectives of the meeting were to:

- Facilitate the exchange of experiences among countries
- Build the capacity of national teams to progress to Phase III activities
- Acquire insights on lessons learnt in devolving national frameworks and action plans

- Build capacities to overcome priority issues identified during assessments which include managing conflicts of interest, establishment and socialization of a code of conduct
- Support WHO and the GGM programme to combat corruption in health and promote better health in the Region's population.

The meeting was opened by H.E. Dr Ali Talib Al-Hinai, Undersecretary for Planning Affairs, Ministry of Health, Oman, preceded by welcoming remarks by Dr Abdulla Assa'edi, WHO Representative, Oman. A recorded message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, was presented in which he emphasized the importance of the meeting. H.E. Mr Hans-Christian Freiherr Von Reibnitz, Ambassador of the Federal Republic of Germany confirmed the commitment of his country to support WHO and in the promotion of the GGM programme in the Region. The opening session was also attended by H.E. Dr Mohammed Bin Seif Al Hosni, Under-Secretary for Health Affairs, Ministry of Health, Oman.

2. Summary of proceedings

Overview

The first day started with a review of the global and regional situation with regard to GGM. Countries then presented their progress on implementing national GGM programmes by highlighting strengths, weaknesses, gaps and challenges in promoting good governance in their respective pharmaceutical systems.

The WHO Model Framework for Good Governance in the Pharmaceutical Sector was presented and practical advice provided on how to develop and implement a national GGM framework. This issue was further clarified by a country example, Jordan, by focusing on specific elements of its national GGM framework. A group work session

on applying the 10 elements of the GGM framework to national settings ended the day's sessions.

On the second day another country example, Malaysia, was presented by focusing on the GGM Phase III activities and the GGM training-of-trainers programme. The ethical principles promotion process, which contributes to the values-based approach in promoting good governance in the pharmaceutical sector, was described. A session on promoting leadership, ethical principles and integrity was followed by a session on functional mental models and capabilities of ethical leadership. This session gave insight into the different attitudes and perspectives usually encountered during the implementation of GGM Phases II and III. Further, topics were covered on transparency, ethical principles, and moving from assessment to management of conflicts of interest. A session (via WebEx) on conflicts of interest in the pharmaceutical sector which encouraged a lively discussion with the participants.

On Day 3, a session facilitated by the GGM team of Egypt informed the participants about the ongoing price negotiations of sofosbuvir, a patented new hepatitis C treatment. After a session on developing country action plans, a second session on managing conflicts of interest used the information from the group work on conflicts of interest of the previous day. Country experiences from Jordan and Malaysia in managing conflicts of interest were presented to close the topic.

On the final day of the meeting, the experience of Oman in integrating GGM concepts into health systems was shared. Field visits were organized by the Oman GGM team. Participants could visit a hospital; central medical stores and national drug quality control laboratory (same premises); and the national regulatory authority. Short presentations were provided. The feedback focused on the elements of the WHO model framework, especially good governance elements observed at the sites that were visited.

Discussions

The following table shows the common strengths, gaps, challenges and observations identified by participants in promoting good governance in national pharmaceutical systems.

Strengths	**Gaps**
• Political commitment for increasing access to medicines • Presence of medicines laws in all countries • Technical committees active in various functions • Registration systems in place • Essential medicines lists in use • Qualified human resources available	• No policy for managing conflict of interest • No policy for declaration of conflict of interest • Management • Sanctions not enforced on law violation • No written guidelines on membership of committees (including rotation policies) • No standard operating procedures, especially for decision-making process • No public information available
Challenges	**Observations**
• Passive attitude towards corruption • Resistance to change • Other priorities • Political instability • Bureaucracy • Frequent staff rotation • Governance in the pharmaceutical sector is new area • Integration of GGM in existing national structures and systems • Workload of staff	• Great interest in subject area (more than anticipated) • Constructive and informative approach was appreciated • Country assessment can be educational for stakeholders • Some countries need more time than others to implement GGM activities • Institutionalization of GGM needed to ensure sustainability

Countries emphasized the importance of sharing experiences and lessons learnt and exchanging information on how to overcome obstacles during the development and implementation of national GGM programmes.

They confirmed the importance of managing conflict of interest and the need for capacity-building and more guidance in this area, especially for country-specific issues in the near future. Countries progressed from Phase I to Phase II. They concluded that the pace of implementation of the next phase will vary between countries because of their local contexts.

Further, countries emphasized the importance of technical assistance in the development and implementation of national code of conduct for the pharmaceutical sector. The development of country action plans was encouraged for better monitoring the activities of the national GGM programme. Review of the individual country action plans by the Regional Office is requested; however, peer review during intercountry events is also seen as important.

3. Next steps

- Each country to develop its action plan by the end of October 2014.
- GGM countries to address the identified gaps in their action plans.
- Countries to send their draft assessment reports to WHO by May 2015.
- Opportunities to be sought for countries entering Phase III to visit other GGM countries in order to discuss their draft national GGM frameworks.
- WHO to incorporate participant feedback on managing conflict of interest into the new WHO global guidance document.
- WHO to follow up on the progress of GGM country activities by providing reporting templates to national GGM focal points and organizing quarterly teleconferences with them, and by requesting biannual progress reports from GGM countries.
- WHO to consider the invitation received from the Islamic Republic of Iran to host the next intercountry meeting in Teheran.

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