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Good governance for medicines for Phase II countries in the Eastern Mediterranean Region[1]

[1]This report is extracted from the Summary report on the Intercountry Meeting on Good Governance for Medicines for Phase II Countries in the Eastern Mediterranean Region, Cairo, Egypt, 25–27 October 2016 (http://apps.who.int/medicinedocs/documents/s22282en/s22282en.pdf, accessed 13 August 2017).

[2]Phase II countries are: Afghanistan, Egypt, Islamic Republic of Iran, Kuwait, Pakistan, Palestine, Sudan and Tunisia.

The WHO Good Governance for Medicines (GGM) programme was launched in 2004 and extends to 16 countries from the WHO Eastern Mediterranean Region (1). The overall objectives of the programme are to improve good governance, prevent corruption in the pharmaceutical sector and contribute to health systems strengthening in countries. This is facilitated by focusing on the formulation and implementation of appropriate policies and procedures that ensure the effective, efficient, ethical, transparent and accountable management of pharmaceutical systems (2).

The GGM programme is implemented through a model three-step process, starting with a national transparency assessment that identifies vulnerabilities to corruption. The second phase includes a nationwide consultation on outcomes of assessment and generation of a framework that sets out the vision for good governance in the country’s pharmaceutical sector. The final phase is the implementation of the framework with a long-term action plan that addresses the eight elements of good governance (2).

To support this aim, an intercountry meeting on the GGM programme for Phase II countries2 in the Eastern Mediterranean Region was hosted by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) from 25 to 27 October 2016 in Cairo, Egypt. The meeting was attended by 37 participants from eight countries of the Region, namely Afghanistan, Egypt, Islamic Republic of Iran, Oman, Pakistan, Palestine, Sudan and Tunisia, along with regional and international experts, and staff from WHO/EMRO, WHO country offices and WHO headquarters (3).

The objectives of the meeting were to:

share progress made in development of the national framework for GGM within countries of the Region;

develop an understanding of common gaps in governance;

exchange experience in establishment of national frameworks; and

develop a GGM plan of action up to 31 December.

Conclusions

The meeting was participatory in nature to allow for maximum interaction between country groups. The overall purpose was to facilitate cross-country learning and share country experiences in developing national GGM frameworks. Country progress reports on the development of national frameworks for GGM included:

creation of GGM task forces or committees;

delivery of workshops to disseminate assessment findings and raise awareness of good

governance in the pharmaceutical sector;

increased political will to implement GGM programmes;

collaboration between various stakeholders, such as ministries of health, national anti-corruption commissions, nongovernmental organizations, and the private sector;

implementation of assessment recommendations;

increased promotion of individual and institutional integrity in the pharmaceutical sector; and

increased transparency and accountability in medicine regulatory and supply systems.

Outcomes of national assessments from participating countries showed significant similarities in strengths and weaknesses in their pharmaceutical systems. The main challenges faced in implementation of the GGM programmes included: scarcity of financial and human resources, high turnover of officials, and weak civil society engagement. Some of the countries also face political instability.

Throughout the workshop, the need was highlighted for effective anti-corruption legislations, a whistle-blowing mechanism, a conflict of interest policy, transparent and accountable regulations and administrative procedures, collaboration with anticorruption and transparency initiatives, engagement of civil societies and promotion of moral leadership. Participants defined those activities required to manage conflicts of interest, including:

development and disclosure of a conflict of interest policy;

development of regulations for conflict of interest management to enable sanctions and

enforcement;

creation of an independent committee for handling conflicts of interest;

declaration of the composition of technical committees;

selection of members on merit and expertise;

preparation of terms of reference for each committee, including time-limited services, training of committee members in the code of conduct and conflict of interest policy; and

establishment of a regular monitoring process to ensure implementation of the conflict of interest policy.In addition, it was agreed that the application of the GGM framework should be closely monitored and assessed regularly to ensure its proper implementation.

Recommendations

1. Member States should develop their own clear GGM vision and ensure that this vision is linked to wider governmental action and to maximum engagement with other partners.
2. Member States should carry out a sustainability assessment for their national GGM programme.
3. Member States should share with WHO the technical support they need to accelerate the signing-off by ministers of health for assessment reports and GGM frameworks, and for the development, endorsement and implementation of those frameworks.
4. GGM taskforces or committees should obtain rapid approval for reports and action plans.

References

1. World Health Organization. Good governance for medicines (GGM) overview. Geneva: World Health Organization; 2014 (http://www.who.int/medicines/areas/policy/goodgovernance/en/, accessed 14 August 2017).

2. World Health Organization. Good governance for medicines approach. Geneva: World Health Organization; 2014

(http://www.who.int/medicines/areas/policy/goodgovernance/implementation/en/, accessed 14 August 2017).

3. WHO Regional Office for the Eastern Mediterranean. Intercountry meeting on good governance for medicines for phase II countries in the Eastern Mediterranean Region, Cairo, Egypt, 25–27 October 2016 (http://apps.who.int/medicinedocs/documents/s22282en/s22282en.pdf, accessed 14 August 2017).

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