

WHO Good Governance for Medicines programme



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Why good governance?



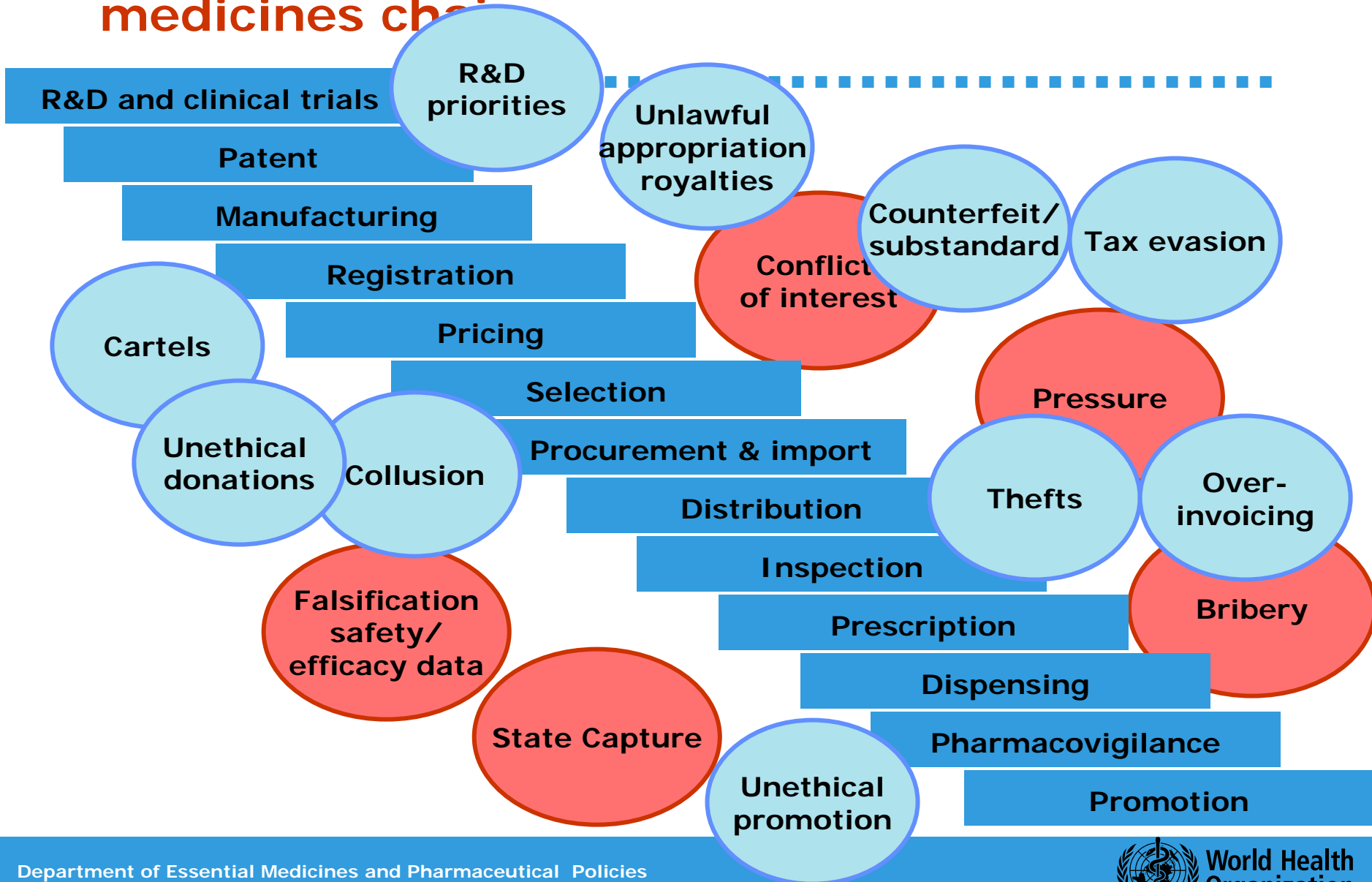
- ❑ HSS indispensable to achieving the international development goals (MDGs, PHC, etc.)
- ❑ Pharmaceuticals: 1 of the 6 "building blocks"
- ❑ But access to medicines still a major public health challenge... why?
 - Poverty
 - Lack of trained human resources
 - Market failure
 - Poor governance and lack of transparency

Is poor governance an obstacle to social and economic development?



- ❑ Health and pharmaceutical sectors attractive targets
 - US\$ 4.4 trillion spent on health services annually
 - Global pharmaceutical market: > US\$ 750b
- ❑ No global estimate on financial losses, but:
 - 10 to 25% procurement spending lost into corruption
 - Some countries report losses:
 - 2/3 medicines supplies lost in hospitals
 - 10% national expenditures on health care
- ❑ 10% to 30% of medicines on sale can be counterfeit
- ❑ Low quality trials exaggerate treatment benefits by an average of 34%
- ❑ Bribery of high officials in regulatory authorities → circulation unsafe medicines → deaths

Unethical practices can be found throughout medicines chain



What is the impact?



❑ Health impact

- Unsafe medicines on the market
- Lack EM in health facilities
- Irrational use of medicines

❑ Economical impact

- Not easy to conduct business
- Not stable environment
- Waste limited public funding

❑ Image and trust impact

- Erodes public trust
- Reduces credibility of health profession

WHO Good Governance for Medicines Programme: *an innovative initiative*



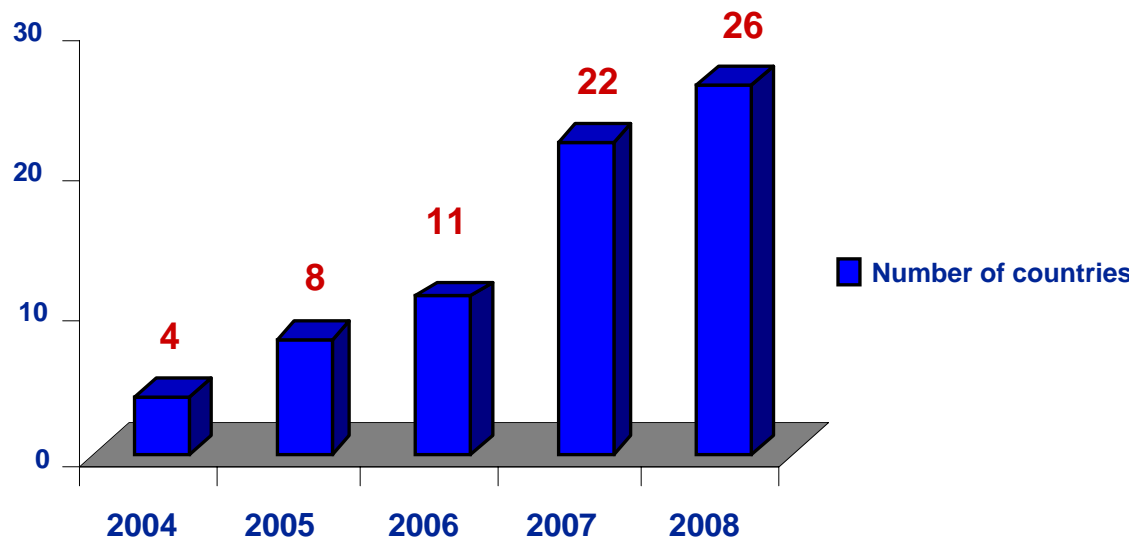
□ Goal

- To strengthen pharmaceutical systems by promoting transparency and integrity.

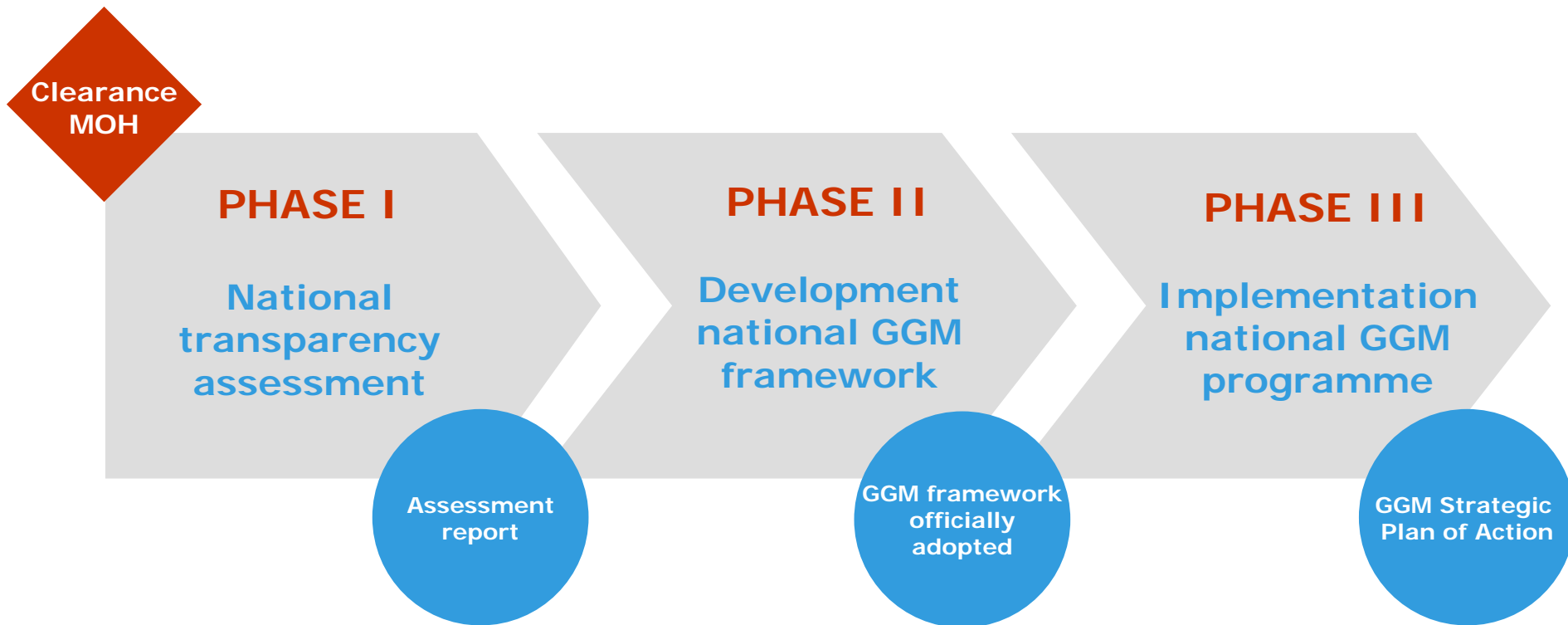
□ Specific objectives

- To increase awareness of all stakeholders on the potential for unethical practices in the pharmaceutical sector and its impact.
- To increase transparency and accountability in medicines regulatory and supply management systems.
- To build national capacity for good governance in medicines regulation and supply management systems.

GGM started as a pilot project in 2004 and is now a global programme



Good Governance for Medicines programme: a model process

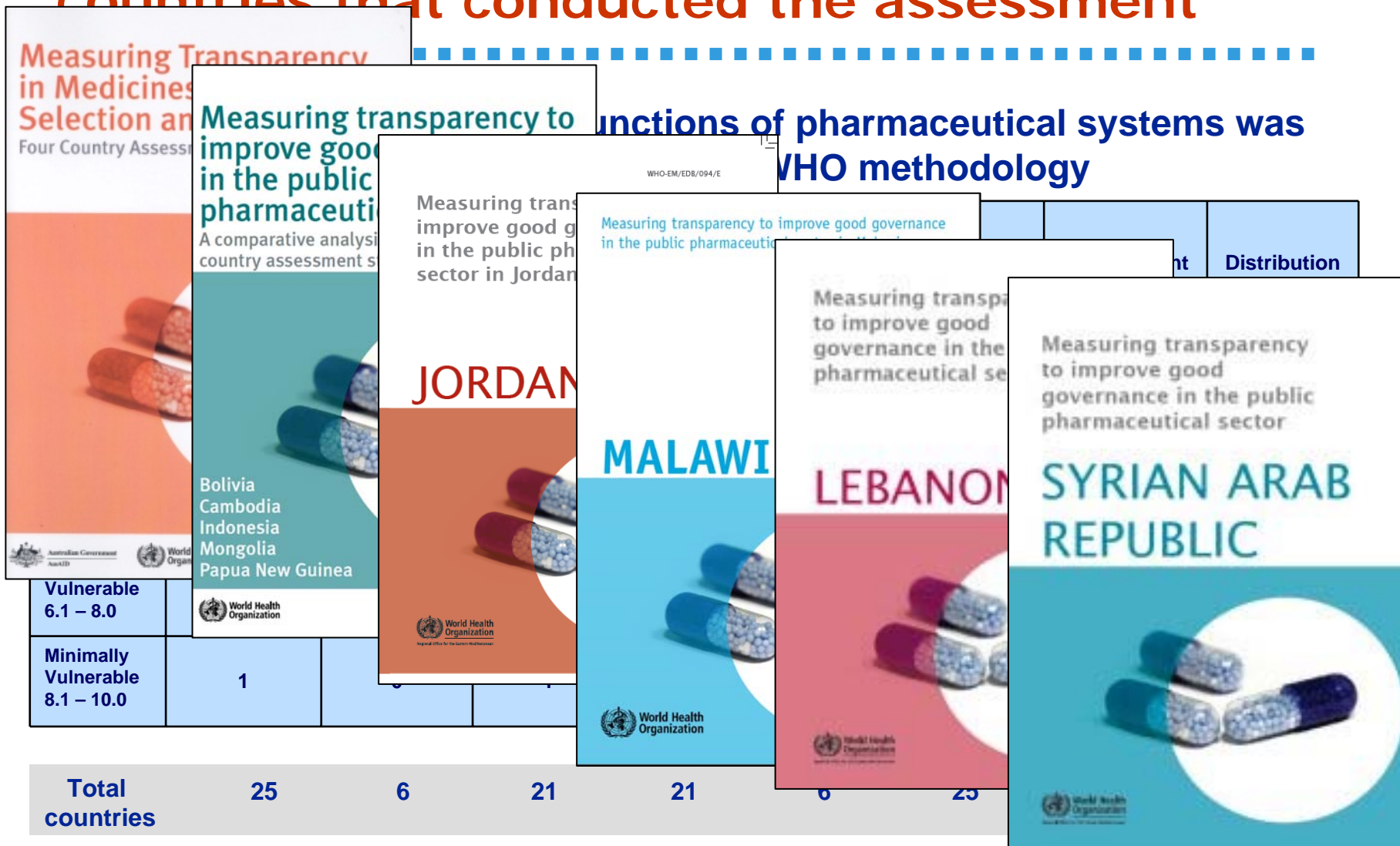


Summary quantitative findings in 25 countries that conducted the assessment

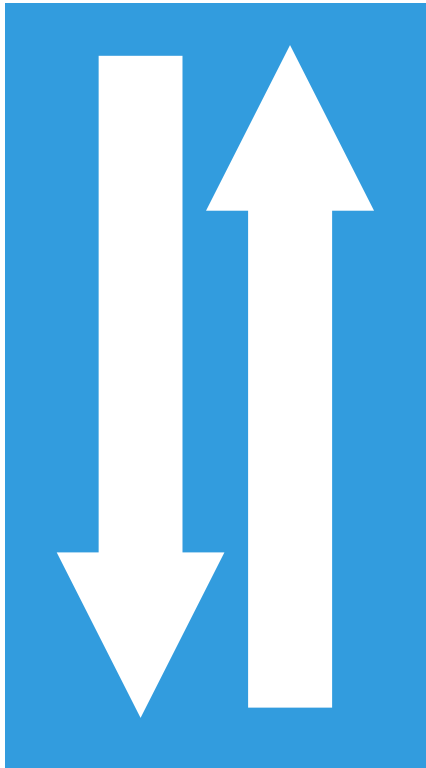
Vulnerability to corruption of 8 functions of pharmaceutical systems was scaled from 0 to 10 based on WHO methodology

	Registration	Licensing	Inspection	Promotion	Clinical trials	Selection	Procurement	Distribution
Extremely Vulnerable 0.0 - 2.0	0	0	0	5	0	1	0	0
Very Vulnerable 2.1 - 4.0	2	0	3	5	2	3	1	0
Moderately Vulnerable 4.1 - 6.0	10	3	10	10	1	9	4	1
Marginally Vulnerable 6.1 - 8.0	12	3	7	1	3	10	17	7
Minimally Vulnerable 8.1 - 10.0	1	0	1	0	0	2	3	4
Total countries	25	6	21	21	6	25	25	12

Summary quantitative findings in 25 countries that conducted the assessment



Efforts to address corruption need coordinated application of two basic strategies



- ❑ "Discipline-based approach" (top-down)
 - Laws, policies and procedures against corruption and for pharmacy practice with adequate punitive consequence for violation
 - Attempts to prevent corrupt practices through fear of punishment
- ❑ "Values-based approach" (bottom-up)
 - Promotes institutional integrity through promotion moral values and ethical principles
 - Attempts to motivate ethical conduct of public servant

GGM frameworks effective only if translated into action: some preliminary results

- ❑ **Strengthening systems by increasing transparency and accountability**
 - Increased number of hospitals with best practices in drugs procurement (Thailand)
 - Amendment of laws, regulations and procedures (COI in Mongolia)
 - Web-based procedures and information (Malaysia, Mongolia, Thailand)
- ❑ **Promoting awareness (public & health professionals)**
 - Dissemination of information & social marketing
 - Critical thinking and discussions
- ❑ **Building capacity (managers and public policy makers)**
 - Technical training programme
 - Leadership training programme
 - GGM in University Curriculum

GGM frameworks effective only if translated into action: some preliminary results



Strengthened
accountability

Increased
procurement

Amendments

Web-based
Thailand



Professional

Dissemination

Critical

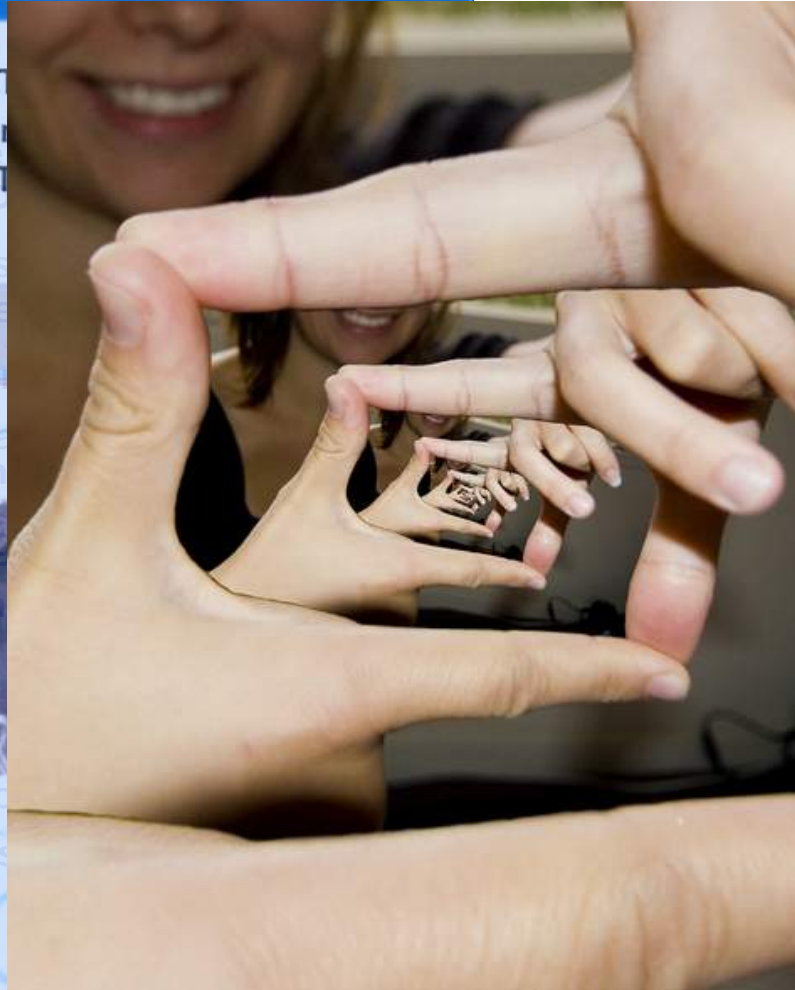


Building capacity

Technical

Leadership

GGM in



Transparency and

Practices in drugs

Conflicts of Interest (COI in Mongolia)

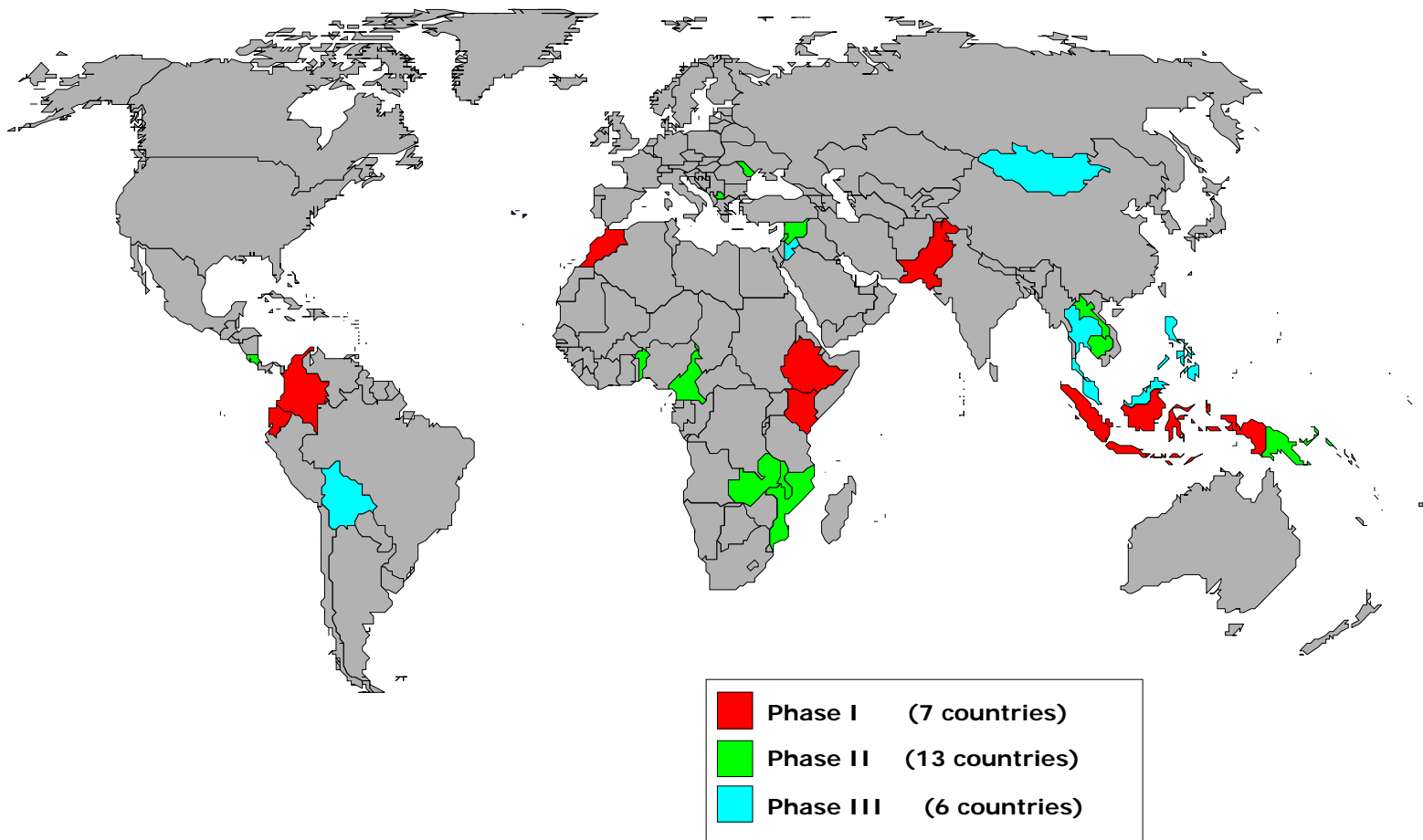
Malaysia, Mongolia,

Professionals)

ing

Policy makers)

Countries efforts focus on moving from phase I to phase III



Key observations and lessons learnt

1. Great interest in subject area
2. Preventive and constructive approach appealing
3. Assessment can be educational
4. Senior staff essential for progress and sustainability (long-term commitment)
5. Collaboration with key stakeholders extremely valuable
6. Some countries need more time than others
7. Cross-fertilization between participative countries is probably best learning platform



Collaboration between IFPMA and GGM to date

- ❑ **Since 2008: 1 IFPMA representative in GGM Global Advisory Group**
- ❑ **3rd September 2008:**
 - **Meeting on role of the private pharmaceutical sector in promoting good governance**
- ❑ **2009:**
 - **Mutual participation in meetings**
 - **Exchange of information**



TRANSPARENCY FOR CHANGE

*"I never worry about action,
but only inaction."*

Winston CHURCHILL



Federal Ministry
for Economic Cooperation
and Development



Australian Government
AusAID

DFID

Department for
International
Development



Thank you!

