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PROGRAMME  
ON  
ESSENTIAL  
DRUGS**

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**Report of  
the Seventh Management  
Advisory Committee Meeting**

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Geneva  
21-22 March 1995



World Health Organization



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**REPORT OF THE SEVENTH MEETING OF THE MANAGEMENT ADVISORY  
COMMITTEE OF THE ACTION PROGRAMME ON ESSENTIAL DRUGS**

Geneva, 21-22 March 1995

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## I. OPENING OF THE MEETING

1. The seventh meeting of the Management Advisory Committee (MAC) of the WHO Action Programme on Essential Drugs (DAP) took place in Geneva on 21 and 22 March 1995. The meeting was attended by representatives of Member States, UN agencies, and nongovernmental organizations. The participants are listed in Annex 1, and the documents prepared for the meeting in Annex 2.
2. The Chairperson, Dr John Primrose (Australia), opened the meeting and invited Dr Fernando Antezana, Assistant Director-General, to address the meeting.
3. Dr Antezana welcomed participants to the meeting and noted that such extensive participation was an expression of the significance they attached to the Programme as one of the most important components of any health care system and particularly the primary health care strategy. Their opinions and advice were of the utmost importance to WHO.
4. Dr Antezana reminded participants that last year the Director-General had committed himself to strengthen the structure and activities of DAP. For that reason DAP had been included in the WHO programmes to be reviewed in depth by the Executive Board. The report of the Executive Board subgroup had noted that the Programme's objectives were still very valid, especially those related to developing national drug policies to ensure regular access to and availability of essential drugs of quality at an affordable cost. In addition, it had highlighted the rational use of drugs. The Executive Board had adopted the report of the subgroup and identified DAP as a priority programme in WHO, recommending to the Director-General an increased allocation of regular budget resources to the Programme. The Board had considered that DAP was critical to the general areas identified for priority attention and therefore qualified for the "shift in resources" being determined for better balance. The Board had also recommended continued substantial extrabudgetary funding to the Programme if it were to meet the clearly identified needs.
5. The Board had identified the following major challenges for countries in the implementation of national drug policies: availability of resources, both technical and financial; technical efficiency, including human resource development and training; private sector expansion/equitable access to essential drugs; drug financing; information and education; legislation, regulation and quality assurance; coordination of international aid; research; monitoring and evaluation; and ethical issues.
6. Since 1978, when WHO first outlined national drug policy trends and provided guidelines for their development and implementation, the Organization had accumulated a great deal of experience in this area. In the last ten years, major political, social and economic developments had had important implications for national programmes in a way that could not have been imagined in 1978. These had affected the health sector as a whole, and particularly the pharmaceutical sector. In that context resolution WHA47.13, approved by the World Health Assembly (WHA) in 1994, had been of major significance because it reiterated the relevance of the strategy, the concept of essential drugs, and the rational use of drugs.
7. The challenge ahead was one of constant analysis and review of strategies so as to allow timely adjustments to the changing needs at country, regional and global levels. International cooperation was more than ever essential. Efficiency and efficacy had to be major objectives for WHO and other collaborating partners, and complementarity was also required, bearing in mind the fundamental principles of equity, solidarity and cooperation.

8. Dr Antezana thanked participants for their continued interest and contribution to the Programme's activities.
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#### **Election of Officers**

9. The Secretariat proposed that it would be more practical for the Chair of the MAC to take office at the end rather than at the beginning of a Committee meeting. This would allow time for the incoming Chairperson to prepare for the meeting, become fully acquainted with the Programme and gain experience in how the Committee and the Programme functioned. It was so agreed. Accordingly Dr John Primrose was requested exceptionally to chair the Committee for a third time to enable the change in procedure. On the second day of the meeting, Dr David Nabarro (UK) was elected Chairperson for the following two years.
  10. The Committee expressed its great appreciation of Dr Primrose's very effective leadership during what had been a sometimes difficult period and expressed its confidence in the incoming Chairperson.
  11. Dr Jorge Sanchez Vega (Chile) was elected Rapporteur. Mrs M. Helling-Borda, Director, DAP, was Secretary of the meeting.
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#### **II. ADOPTION OF THE AGENDA**

12. The Committee reviewed the draft agenda and adopted it with the addition of a new item no. 9, Programme plan and budget 1996-1997. The agenda as adopted (document DAP/MAC(7)/95.2 Rev. I) is included as Annex 3.
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#### **III. REPORT OF THE SIXTH MEETING OF THE MANAGEMENT ADVISORY COMMITTEE OF THE ACTION PROGRAMME ON ESSENTIAL DRUGS**

13. The Committee requested clarification concerning progress on commitments made by the Secretariat at the last MAC, specifically, whether DAP had been strengthened in financial and human resources; what progress had been made on indicators to monitor the ethical criteria for medicinal drug promotion; whether the work of DAP would be reported biennially to the WHA; and how issues related to the public/private mix in the pharmaceutical sectors - the theme of the last MAC - would be taken further, recalling that a multidisciplinary group had been proposed to undertake this work.
14. Dr Antezana informed the Committee that WHO's budgetary process was planned 18 months in advance and that it was difficult to allocate additional resources for 1995, particularly in the light of arrears in Member States' contributions. However, the Director-General had indicated a major shift from his Development Fund in 1996-1997. This, together with the shift of resources called for by the Executive Board in January 1995 to priority programme areas of which Essential Drugs is one would mean a significant increase in regular budget funding to DAP in 1996-1997. A proposal for the WHA was nearly complete, but this involved a number of programmes (including DAP) and the Regional Offices. The shift in funds would be mainly for country work. He confirmed that in conformity with resolution WHA47.13 the Programme would report regularly to the WHA.

15. Mrs Helling-Borda, Director DAP, stated that as the WHO Expert Panel on Drug Policies and Management had been greatly strengthened during the course of the year it had not been considered necessary to establish a separate working group on public/private issues. DAP's technical capacity had been strengthened by the appointment of a new staff member who had worked extensively in this area, and who would be able to draw on members of the Expert Panel and others in taking this work forward.
16. Indicators covering drug promotion had been included in DAP's new publication "Indicators for National Drug Policies", a methodology which would be presented under a later agenda item.
17. The Committee adopted the report, which it considered well reflected the discussions at the sixth MAC and was "user friendly".

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#### **IV. PROGRESS REPORT 1994: INTERIM REPORT OF THE BIENNIUM 1994-1995**

##### **Preliminary remarks by Director, DAP**

18. Mrs Helling-Borda expressed the hope that the informal technical briefing and "open house", held the day before the start of the MAC, specifically for new MAC members, had provided them with an opportunity to understand how the Programme operated, its output and the division of staff responsibilities.
19. A critical issue during the year had been the availability of resources. In 1994 DAP's implementation rate had been very high which meant that it no longer had a surplus of extrabudgetary funding to tap to meet unforeseen increases in need. At a time of increased demand for DAP support donors had themselves been challenged by economic constraints. DAP had confronted this issue in several ways. Activities had been prioritized to ensure that resources were allocated in the most rational and efficient fashion. Collaboration and coordination among parties had increased in importance as a mechanism by which development objectives could be met and resources could be efficiently used. DAP had also sought to expand its base of donor support, as recommended by the MAC.

##### **Country support**

20. Country support had remained DAP's priority activity. The primary strategy was to collaborate with countries in designing and implementing national drug policies and workplans aimed at making essential drugs available to all who needed them, and to promote the rational use of drugs. Technical support for countries was based on an expressed need from governments, on situation analysis, and on national workplans. It could encompass long term policy and programme development, intensified support in the implementation of programmes, and the implementation of specific technical activities.
21. The number of countries requesting DAP collaboration was rapidly increasing, especially in francophone Africa and the former Soviet Union. In 1994 alone, support activities took place in 60 countries (26 in the African region). Of 51 countries visited in 1994, 13 were visited for the first time at all or in many years, and seven of these were in Africa. This rise in the number of requests for country support came at a time when the availability of unspecified funds was not increasing. Therefore, the question had to be addressed whether the criteria for providing start-up support to new country programmes, as mentioned in the Proposed Programme Plan and Budget for 1994-1995 (DAP/MAC(6)94.6), had to be refined and applied more strictly.

22. In addition to its work in individual countries, DAP had initiated, sponsored or participated in a wide range of activities on an intercountry, subregional, regional or interregional basis.
23. The targets set for country support work were well on track to be met and in some cases had been surpassed. However, funds were short for further technical, managerial and financial support to new countries. Despite this, in practice, it had been very difficult to respond negatively to new requests, particularly from developing countries in great need.

#### **Development work**

24. The objectives of DAP's development work remained unchanged in 1994, namely to strengthen national human resources and capacity, and to provide effective tools for policy makers, managers, prescribers and other health workers to improve programme planning, implementation, monitoring and evaluation. The Programme continued to use the three broad strategies which had been shown to be valid in the past: 1) training at national and regional levels; 2) the development of technical materials on all aspects of drug policy and use, such as guidelines, methodologies, review of experiences and training packages, to be adapted at country level; 3) global dissemination of information on and advocacy of the essential drugs concept and rational drug use.
25. All the projects targeted in the 1994-1995 plan were progressing. Training institutions and centres of excellence had been strengthened, technical information was being developed, and publications were already available on certain subjects. However, the availability of unspecified funds in 1995 would be a main determinant for attainment of the targets set for the biennium.

#### **Operational research**

26. The objectives of the Programme in operational research remained valid: to generate information needed to develop, implement and evaluate drug policies and strategies based on the essential drugs concept; and to assist countries in generating and utilizing information based on operational research findings.
27. The main strategies used in the past had been maintained, namely; 1) support to country specific research projects, integrated into programmes of collaboration between DAP and the country; 2) development of new global research projects and research methodologies in priority areas; 3) dissemination and use of research results.
28. Operational research had been streamlined during 1994 and focused on completing projects rather than undertaking new areas of work. Experience had shown that a huge investment in DAP staff time and resources was needed at all stages of national and global operational research, a factor which was often underestimated by the Programme, and which necessitated very careful selection and prioritization of projects.
29. The achievement of targets set for 1994-1995 was under way although much remained to be done before the end of 1995. Most country programmes included operational research activities although progress had been very slow in many countries and the quality of the research carried out was a cause of concern. The country research strategy, defined a few years ago, was being reassessed. Work had started on three new planned global projects: comparative analysis of national drug policies, self-medication, and the essential drugs concept in developed countries. The scope of the last two would be limited to methodology development and situation analysis. The manual on indicators for monitoring national drug policy was now available and work on the new edition of the world drug situation was under way.

**Management**

30. In July 1994 the Traditional Medicine Unit (TRM) was transferred from the Division of Drug Management and Policies (DMP) to DAP. The objective of this transfer was to encourage the rational use of traditional medicine and its integration into primary health care in countries where this was appropriate.
31. In the revised classified list of WHO programmes, contained in the WHO Proposed Budget for 1996-1997, DAP had been maintained as a separate programme reporting to the Assistant Director-General, Dr Fernando Antezana.
32. Management objectives were on target. In May 1994, the Forty-seventh WHA had considered the report of the Director-General on the Implementation of WHO's revised drug strategy: the rational use of drugs - Action Programme on Essential Drugs (document A47/8, part II). The WHA had noted the crucial importance of WHO's leadership and coordination, through DAP, in the development, support and evaluation of national drug policies within the framework of national health policies. Mrs Helling-Borda reminded the Committee that in January 1995, DAP had been reviewed in depth at the ninety-fifth session of the Executive Board.
33. Preparatory work for the Expert Committee on National Drug Policies, to be held in June 1995, had started. The WHO Expert Advisory Panel on Drug Policies and Management had been little used and by 1994 had only eight members. In view of the need to increase this number due to the planned Expert Committee, some 20 new members, representing a wide range of disciplines and experience, had now been appointed to the panel. Because of the range of expertise available from this formal body, the Expert Panel would now be used by DAP as the primary source of critical comment and advice on specific technical matters. Additional members would be appointed if the need arose. In view of this development it was considered less of a priority to establish a parallel Technical Support Panel.
34. DAP had continued to provide strong leadership in promoting and advocating the essential drugs concept as a sound approach to rationalizing drug supply systems and to making drugs accessible to the whole population, and as a core component of national drug policies. Much of the Programme's credibility and acceptability derived from its activities at country level and from its close collaboration with other divisions in WHO and with international agencies and interested parties.

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**Overall comments**

35. The Committee expressed its satisfaction with DAP's progress during the year under review. It further commended the Programme on the timeliness and on the clear quality of its reporting, and noted that the report contained more qualitative analysis. This demonstrated that DAP had listened to the MAC and had been responsive to its recommendations. A great deal had been achieved in the last two years. The maturity of DAP's strategic thinking indicated a programme which was making a major contribution to health care throughout the world. However it faced difficult issues, particularly related to financing and priorities. It would need to convince investors that the impact of funds donated to DAP would be greater than the impact of funds invested elsewhere. DAP must continue to measure the impact of its activities so as to help donors obtain further funding for the Programme. Donor funding could be linked to DAP's targets.

36. DAP would never have sufficient funding to meet all requests and needs. Greater recognition was needed of the interdependence of different agencies. The World Bank, for example, was a major external funder. DAP had an important role in coordination, and in helping to achieve consensus at national and international levels.
37. The Committee urged DAP to give further consideration to how the Programme should prioritize. Although it believed the present criteria to be valid, the question was posed that perhaps the criteria were not always strictly applied or that they should be sharpened. The Programme was possibly spreading itself across too many activities for its funding and human resources. It should consider limiting the number of activities and increasing the depth of others. When making priorities in DAP it was essential to protect development work, operational research and global advocacy. Within development work the issue of quality assurance was important. Neither WHO's Certification Scheme nor the regional quality assurance laboratories were adequately used. Regulatory and registration aspects had to be included in country programmes.
38. Operational research should be expressed more in terms of key study questions rather than areas and in view of staff constraints the Programme could consider subcontracting some research.
39. The Committee noted with some concern that although operational research was a very important area the proportion of funds spent on this had been relatively little. It commended the Programme's decision to focus on one or two global activities. It would be helpful to know what answers had been provided as a result of research and in particular how it had assisted in prioritization and changing situations.
40. The Committee requested more information on the Market News Service and enquired whether it would be expanded to cover finished products.
41. Strong support was expressed for DAP's training activities and for the public education initiative; the Committee considered these to be priority areas in view of current changes in the pharmaceutical sector and the Programme's need to strengthen its focus on the rational use of drugs. A clear commitment to public education and information was needed in view of the rapidly increasing role of the private sector in many countries.
42. In some countries counterfeiting appeared to be a growing problem. With trade liberalization policies, it was necessary to be confident about quality. Possibly DAP could do more in this area, the Committee suggested.
43. A number of developing country members described progress in the essential drugs programmes and national drug policies in their countries. The valuable support of DAP and of its technical tools and information was acknowledged. The donors were thanked for making such support possible and the need for its continuation was emphasised.
44. Dr Antezana said that DMP and DAP were working together on a counterfeit project.
45. Director, DAP then responded to other issues raised by the Committee. Although the funds used for operational research appeared small, this area of work involved much time and effort. The Programme was trying to apply the data obtained in its operations and decision-making.
46. Quality assurance was a major focus of Programme work and an extensive listing of all QC activities was available. It was one of the four technical areas of intervention of DAP.

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47. Collaboration - both intercountry and interorganizational - was a core precept of the Programme and would be discussed further under the theme agenda item.
  48. The Programme would be making continued efforts to refine its prioritization process. Although country support was at the heart of Programme activities, DAP had noted the importance which the MAC attached to its development work, operational research and advocacy and would take this into account in its planning and budgeting.
  49. There were no plans to expand the Market News Service to cover finished products.
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## V. FINANCES 1994-1995

### Interim financial report of the biennium 1994-1995

50. The Committee considered the interim financial report of the Programme (DAP/MAC(7)/95.5). The interim report presented actual financial information for 1994 compared to the budget for the biennium 1994-1995 and compared to the actual figures for the previous biennium 1992-1993. Total resources available to the Programme by the end of the first year, 31 December 1994, amounted to US\$ 18.9 million. This figure included income received during the year of US\$ 7.5 million and an opening balance at the start of the biennium of US\$ 11.4 million. Obligations (activities) incurred during the year amounted to US\$ 9.6 million leaving a closing balance at the end of the year of US\$ 9.3 million. Of the total income received during the year of US\$ 7.5 million, US\$ 5.8 million came from extrabudgetary contributions (77%) and US\$ 1.7 million from regular budget and other funds. The breakdown of extrabudgetary contributions between specified and unspecified was approximately equal for 1994.
  51. The Committee was informed that the budget approved at the sixth MAC meeting for the 1994-1995 biennium had been US\$ 19.8 million. Subsequently, two additional country support projects were added on which implementation had started during 1994. This had increased the current operative budget to US\$ 20.8 million. The overall implementation rate at the end of the first year of the biennium was 46% against the budget for the full biennium. This was a good improvement on the implementation rate of 71% for the previous biennium 1992-1993. It also confirmed that the Programme had the technical capacity to deliver and implement against planned activities. The interim financial report showed that funds allotted in 1994 into project accounts, i.e. monies authorized for expenditures during 1994-1995, amounted to US \$16.4 million, representing 79% of the entire plan and budget for the biennium. In the current biennium, the Programme was implementing 110 projects.
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### Funding for the biennium 1994-1995

52. The Programme had sustained and intensified its close working relationship with donors during 1994. Two new donors had provided funds during the year and negotiations were under way which it was hoped would lead to more donors funding the Programme in 1995, and some existing donors increased their funding. However, these new developments had not been sufficient to cover the reduction in extrabudgetary contributions from some other donors. The Programme was also facing difficulties due to donor funding shifting from unspecified to specified. As a consequence there was an overall shortfall of unspecified income of US\$ 1.8 million for the implementation of the Programme plan for 1994-1995. At the last

MAC meeting, the Committee had expressed the view that it might not be realistic to anticipate the unspecified figure called for in the 1994-1995 proposed programme plan and budget. The Committee had felt that caution was needed so as not to reduce the closing balances at the end of the biennium 1994-1995 below the figure in that plan and budget of US\$ 9.6 million since this could endanger the future stability of the Programme and place it at risk. At the last MAC meeting the Committee had asked that the Programme's plan and budget for 1994-1995 be reviewed at the 1995 MAC meeting, and if appropriate, revised, taking into account the implementation of activities in the Programme and the level of income received during the first half of the biennium.

53. The Programme had revised its plan and budget for the current biennium and this would be considered under agenda item 7. In the latter part of 1994, when it became evident that unspecified contributions would not materialize as planned, the Programme had instituted measures to slow down the pace of implementation. Since then a contingency plan and budget had been prepared on the basis of the revised estimate of income for 1994-1995 and on the basis of maintaining the Programme's closing balances at the required level on 31 December 1995.
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#### Detailed financial statements

54. The Committee then considered the detailed financial statements included in the interim financial report. These statements provided information on the implementation of the budget by programmatic areas of work, and expenditures by technical areas of intervention, on management activities including staff costs, and on income and resources including contributions by source and firm pledges.
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#### Overall comments

55. The interim financial report of the biennium 1994-1995 was adopted by the Committee. The Committee expressed satisfaction with the information contained in the report and with the clarity of the presentation of the report. The Committee felt that consideration should be given to the inclusion of further details on specified funds in the report and to the provision of more information, outputs and issues addressed by DAP's projects. In particular, it could show what specified funds are used for and their impact on the Programme in terms of management and administration.
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#### Proposed regular budget allocation for 1996-1997

56. Dr Antezana presented figures showing the proposed regular budget allocation to the Programme for the next biennium 1996-1997. These figures showed the Programme's regular budget contribution increasing from its 1994-1995 level of US\$ 1.2 million to a proposed figure of US\$ 2.8 million for 1996-1997. The proposed increase of US\$ 1.6 million included US\$ .3 million in relation to the unfreezing of a regular budget funded post, US\$ .5 million for the shift of regular budget resources to priority areas in WHO and US\$ .8 million which related to the transfer of drugs and biologicals procurement from the Supply division. Dr Antezana recalled the decision of the Executive Board at its meeting in January 1995 when it had requested the Director-General to shift at least an additional 5% of the regular budget resources from areas of lesser urgency to specifically identified priority areas. In total, this amounted to US\$ 40 million. 65% of this figure had been allocated to the Regional Offices, leaving

- approximately US\$ 10 million for HQ programmes. This figure was being shifted to the various priority programme areas to which essential drugs had been added. Dr Antezana said that it was proposed that DAP should receive the largest amount of the shift of regular budget resources after the programme on Nutrition.
57. Dr Antezana went on to explain that regular budget funding for essential drugs should not be seen solely in the context of DAP, as a number of other regular budget funded programmes in HQ also implemented activities which could be seen within the overall objectives of the essential drugs programme. The Assistant Director-General said that the proposed programme budget increase for DAP for 1996-1997 in the amount of US\$ 1.6 would bring the total regular budget in DAP to approximately 14% of DAP's overall budget. It was also relevant to look at the total global regular budget for essential drugs which was set to increase from US\$ 8.2 million in 1994-1995 to US\$ 10.2 million in 1996-1997. In addition, a number of other divisions in WHO allocated some of their regular budget resources to activities which related to the broader issues of the essential drugs concept.
58. The Committee expressed its appreciation of the proposed increase in the Programme regular budget for 1996-1997. However, it felt that the increase was still not sufficient to provide the necessary security for the future of the Programme. It noted further that the US\$ .8 million which related to the transfer of drugs and biologicals procurement was not an added resource to DAP and queried whether the increase would be sustained in future biennia. The Committee also felt that it would be useful to reflect on how the Programme fitted into WHO's broader activities in the drugs area, which were both normative and operational, and that these should be seen in the larger regular budget context. The Committee said that it would be useful for the Programme to show the costs of various inputs by other programmes which related to the implementation of the essential drugs objectives. The Assistant Director-General agreed that this would be a useful exercise.

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## VI. PROPOSED PROGRAMME PLAN AND BUDGET FOR 1994-1995

### Proposed contingency plan and budget for 1994-1995

59. Director, DAP, in introducing this item of the agenda, referred to the interim financial report which highlighted a shortfall in unspecified funding for the Programme plan for 1994-1995. The Director explained that as a result it had been necessary for the Programme to prepare a proposed contingency plan and budget for 1994-1995. This document, DAP/MAC(7)/95.6, was then presented to the Committee. Reference was made to the "Issue paper on donor contributions: specified/ unspecified" DAP/MAC(6)/94.11 presented to the sixth MAC meeting. This paper had charted the history of the Programme's funding and had also highlighted the different types of funding which the Programme received. The paper had also established a requirement for different types of funding for the future, and at the sixth MAC meeting, the Committee had recommended that the Programme's funding should be split evenly between specified and unspecified. This was seen as necessary in order to protect the Programme's global functions and prioritized activities.
60. In 1994, the first year of the current biennium, the total unspecified income received had not matched the requirement in the plan and budget for the biennium. This confirmed some of the concerns expressed by the Committee at the MAC6 meeting that the programme plan and budget for 1994-1995 was overoptimistic. While the contingency budget document indicated a relatively small reduction in the overall level of the budget from the original (amended) budget figure of US\$ 20.8 million to the proposed contingency budget figure of US\$ 20.6 million, a

more significant reduction was evident in the unspecified part of the budget. The original unspecified budget of US\$ 9.8 million was reduced to US\$ 8.4 million, a reduction of 14%. The impact of these budget reductions on DAP's activities in 1995 was fully outlined, as were the criteria used in applying the budget reductions.

61. Concluding the presentation, the Director, DAP, explained that the Programme had formally requested funds from the Director-General's Development Fund, had also requested that the frozen professional regular budget post be unfrozen, and noted that the increase in regular budget funding for the Programme would only take effect in the 1996-1997 biennium.
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#### **Overall comments**

62. The Committee considered that one of the greatest challenges facing DAP was to help countries make the best use of their resources. This required technical advice, which was primarily funded from unspecified funds. A number of donors explained the background to and the current difficulties in their own countries. In some cases, cuts of up to 25% in bilateral aid were taking place. It was necessary to accept the present reality and it was most important that the Programme empower donors to get more funds for DAP. To do this it had to be evident that an investment in DAP was better than an investment elsewhere. Sometimes it was necessary to go back to the basics and identify the purpose, strategies and activities which had the greatest benefits. DAP had to clearly identify its comparative advantage and this had to include a comparative analysis of costs and benefits.
  63. The Committee confirmed that in the area of global advocacy there was no other institution that could take on this role. It went on to say that DAP had to look at ways to enhance its cooperation with agencies, including the World Bank and UNICEF, which in turn should generate more funding for the Programme. Some reservations were expressed at the proposed budget cutbacks in the area of operational research. It felt that as the overall budget for the Programme was basically being maintained, the Programme should endeavour to seek solutions from within that overall budget and it might be necessary to open discussions with donors in relation to the uses to which specified funds would be put.
  64. The members expressed support for the criteria used by the Programme and the additional criteria which were used in the preparation of the proposed contingency plan and budget. Referring to the discussion under paragraph 37 above it was felt that further work was needed to refine the criteria for prioritization used in the Programme. It was important to clearly document and monitor the criteria that had been used. The Programme should emerge stronger as result of this process.
  65. The Committee felt that in principle the 50/50 split of funding to the Programme between specified and unspecified should be maintained.
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#### **Funding by donors**

66. The Norwegian representative said that her country's contribution to the Programme for 1995 had not yet been transferred but that the delay in making the transfer was in no way connected with the Programme. The delay was related to broader issues in WHO. Depending on progress in resolving those issues, the Norwegian Government hoped to restore its future funding to DAP to the level which it was at prior to the cut applied in 1994.

67. Another Committee member said that there were a number of questions which had to be asked when considering the issue of providing funds to DAP. For example, if DAP was such an important programme, why did it not receive greater regular budget support? If DAP was unique, in what way? Why were developing countries not telling donors that DAP should be given greater support? What was the significance of the bad press that WHO was getting and why were the divisions of DAP and DMP not integrated? These questions were seen as real hurdles to be overcome in justifying funding for DAP.
68. With regard to the shift towards specified funding, a Committee member said that this in itself was not a bad thing in that it merely reflected the moving of funds within the donor funding structure from a country budget to support of a DAP specified budget for that same country. This did not turn DAP into an executing agency in that it enabled the Programme to achieve its objectives of developing national drug policies and implementing essential drugs programmes. In many cases the shift to specified funding took place for political reasons at the donor level.
69. A number of donors made pledges for contributions for 1995 to DAP, and others gave indications of contributions to the Programme for 1995. The Committee said that it was pleased and encouraged by the increase in the regular budget allocation to DAP in 1996-1997, and also by this forthright and detailed discussion on the question of providing funding to the Programme. The Committee expressed its appreciation for the excellent quality of the proposed contingency plan and budget and of its presentation, it welcomed measures taken by DAP to absorb the reductions in income and concluded by approving the contingency plan and budget for 1994-1995.
70. The Director, DAP, thanked donors for their continuing support to the Programme. She agreed that DAP would have to undertake further work during the coming year in the area of priority setting. With regard to the proposed budget cutbacks in the area of operational research, Mrs Helling-Borda explained that many research projects did not require substantial funding as the major input was provided by DAP's existing human resources. Future DAP reports would show more project outcomes. DAP would also intensify its cooperation and collaboration with NGOs and other partners.
71. Dr Antezana thanked the Members of the MAC for the very positive discussion on this agenda item and for the support which they had expressed for the Programme both morally and financially. He said that in return, the Programme must continue to respond with improved quality and efficiency.

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**VII. THEME FOR FURTHER DETAILED DISCUSSION DURING MAC7:  
COLLABORATION AND COORDINATION IN NATIONAL DRUG POLICY  
DEVELOPMENT**

72. The Committee considered the issue paper Coordination and Collaboration in National Drug Policy Development (DAP/MAC(7)95.7), which had been prepared at the request of the Sixth MAC.
73. The Director, DAP, explained that the Sixth MAC had also requested that the issue of indicators for national drug policy be included in the issue paper. However, since this was the subject of a separate major project of the programme and of a new publication, it had been decided to present the two areas separately.

74. Mrs Pascale Brudon, DAP, then presented the manual on indicators for monitoring national drug policies, which had just been published by DAP. This contained a comprehensive set of simple, objective and reliable indicators that would allow countries and international agencies to assess a country's capacity to implement the various elements of a national drug policy, and to monitor the processes by which a policy was implemented and changes over a period of time. It would also enable progress towards the achievement of objectives to be measured, allowing decision-makers to adjust strategies accordingly. The indicators had been developed during a lengthy consultative process and field tested in a number of countries. They would now be used for an eight-country collaborative study undertaken together with the Karolinska Institute and the Harvard School of Public Health.
75. The Director, DAP, then presented the theme paper and said that the test for success in cooperation was in implementation at the country level. Accordingly, the situation in eleven countries had been examined and three in-depth case studies presented in the paper to illustrate the nature of collaboration and coordination in the development of national drug policies in these countries.
76. From these case studies it could be argued that the most serious challenge which countries faced today was not a lack of cooperative activities but rather the scale of activities. The coordination of more than two or three parties towards cohesive development of the pharmaceutical sector had proven to be difficult, yet the need for such integrated support was becoming ever more essential.
77. The increasing need for drugs in developing countries highlighted the need for greater efficiency and harmony in development work. The expanding number of donors in this area could alleviate some of the financial strains and bring new perspectives but it brought at the same time an increased potential for parallel and conflicting efforts which had to be acknowledged and confronted. Collaboration and coordination were rapidly becoming essential to sustainable and comprehensive development of the pharmaceutical sector in many countries.
78. Several parties might influence the formulation and implementation of national drug policies. The ministry of health had a central role but the policy could be influenced by many others, both external and internal, to the country. These parties included donor countries, nongovernmental organizations, intergovernmental organizations, development banks, the agencies of the UN system, private industry, as well as government institutions within the country. Collaboration was most successful when built on long-term commitments by ministries of health and donors to find solutions to the pharmaceutical sector through shared objectives, a framework for action, clear leadership and well defined roles for each party.
79. WHO, through DAP, was mandated to assist countries in developing national drug policies. Because collaboration and coordination were becoming essential to the success of development efforts, DAP had to seek and create integrated support to the pharmaceutical sector at all levels to fulfil its mandate. A leadership role for DAP in promoting collaboration and coordination was not only fully consistent with its mandate but was an integral part of its larger role.
80. Successful cooperation at the country level had to reflect the central role of the ministry of health. The ministry was in a key position to coordinate activities to best benefit the health of the population of the country. Therefore, a call for greater collaboration and coordination was incompatible with the depletion of the effective capacity of the ministry of health. WHO recognised this and acted as a direct support to ministries of health. In several cases, the Programme had acted as a crucial link between the donor community and the ministry of health.

81. At a global level, DAP was a key actor. It had introduced and advocated the concept of a comprehensive national drug policy framework, and was active in the promotion of the essential drugs concept and rational drug use. Additionally, DAP had developed tools and methodologies which could be used by its partners to maximise resources in the pharmaceutical sector. DAP was continually striving to achieve even greater collaboration with all parties within the scope of its technical assistance to countries.
82. A spokesman for the Global Programme on Aids (GPA) described a number of projects in which the two programmes had been collaborating closely, including the development of national treatment guidelines within countries, the preparation of the Paris Summit on AIDS and the priority-for-care package.
83. In the debate which followed the Committee commended the paper as a good overview of complex issues. However, it noted that the text was more descriptive than analytical, and gave less than adequate attention to examining the constraints or to drawing conclusions. Nevertheless, the Committee concluded that it was a good point of departure but more work was needed.
84. The Committee further noted that complementarity was often the key to coordination and an analytical approach would clarify comparative advantages and strengths of different actors. For instance, while many NGOs had contributed to the global movement for essential drugs many more had not yet been recruited and yet such organizations had a critical contribution to make.
85. While the ministry of health was described in the theme paper as the central body in many countries, changes in personnel and lack of expertise made this role difficult to achieve. DAP could help the ministry of health by introducing an intelligible pattern in funding agencies and by explaining the complexity of the scenario so that the ministry of health could take appropriate decisions. Often funding agencies took decisions among themselves without reference to the ministry of health. DAP was the best place to coordinate and maximise the efforts of the funding agencies.
86. The Committee felt that DAP needed to increase its visibility in the international arena where stakeholders met to discuss problems and solutions. It doubted, in some cases, whether DAP's leadership role was always accepted.
87. The Committee considered that the indicators for national drug policies would be a very useful tool in going forward and noted that they would be adapted at the country level to meet specific contexts. Some countries would use sub-sets and additional indicators, particularly regarding the rational use of drugs, would be needed.
88. Representatives of Consumers International, the International Pharmaceutical Federation, the World Federation of Proprietary Medicine Manufacturers and the World Bank described their activities and expressed their commitment to international collaboration.
89. Dr Antczana and Mrs Helling-Borda reaffirmed WHO's and DAP's commitment to close collaboration with all interested parties in the pharmaceutical sector. Dr Antezana emphasised that complementarity of approaches had to be linked to equity and social solidarity. The secretariat agreed to include a brief update on the theme issue in the biennial report.

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**VIII. PROGRAMME PLAN AND BUDGET 1996-1997**

90. At MAC6 in March 1994, an outline budget for the 1996-1997 biennium had been included in document DAP/MAC(6)/94.7 entitled, "A draft outline for the preliminary proposed programme budget for 1996-1997". This had shown a total proposed budget for 1996-1997 of US\$ 22.8 million split US\$ 1.5 million regular budget and US\$ 21.3 million extrabudgetary. The 1996-1997 WHO proposed programme budget document PB96/97, presented by the Organization to the Executive Board in January 1995, reiterated those figures.
91. An updated outline for DAP's proposed programme budget for 1996-1997 was presented to the current Committee. This showed a planning figure of US\$ 18.4 million split US\$ 1.5 million regular budget and US\$ 16.9 million extrabudgetary.
92. After consideration of the figures presented and taking into account the history of contributions to DAP over recent biennia, the Committee felt that it would be more appropriate and prudent for DAP to base its 1996-1997 planning figure on the actual level of contributions received in the previous biennium. Taking into account the proposed increase in the regular budget allocation to DAP for 1996-1997 to US\$ 2.8 million, as announced by Dr Antezana, and adjusting the extrabudgetary contributions to the level now anticipated for 1994-1995 of US\$ 6.7 million unspecified and of US\$ 8.5 million specified, the Committee agreed that the indicative planning figure upon which the 1996-1997 budget would be based would amount to a total of US\$ 18 million.
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**IX. SELECTION OF THEMES FOR DETAILED DISCUSSION AT MAC8**

93. The Committee considered a number of potential themes proposed in paper DAP/MAC(7)/95.8.
94. The Secretariat proposed that the Committee give consideration to having a theme paper every other year, namely in those years when there was not a detailed financial discussion (non-budget years).
95. The Committee considered that the pharmaceutical sector was rapidly changing. Themes were also a very useful stimulus for discussions. For these reasons it was important to maintain the annual theme at MAC meetings. However, thought should be given to how this work could be followed up, since it had a tendency to get lost. It was agreed to incorporate into the DAP progress report a follow-up on the previous MAC theme.
96. The Committee requested that consumer education and information, including cultural aspects, be the subject of the theme paper for discussion during MAC8.
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**X. DATE AND PLACE OF THE NEXT MAC MEETING**

97. A proposal was made for future MAC meetings to be held biennially rather than annually, and moved to the autumn, which would enable DAP to present a plan for the start of the biennium. This would greatly reduce the workload and rationalize the timing of meetings, it was suggested.

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98. Although the Committee acknowledged that there were advantages to the proposal, such as reduced documents and costs, reservations were expressed that biennial meetings would not enable the MAC to follow up sufficiently quickly on changing situations. It was also noted that this would result in a loss of continuity due, inter alia, to changes in delegates. It was considered that although the preparatory work for the MAC was considerable for DAP, the meeting also had benefits for the Programme, including the opportunity it provided to promote support for DAP and its goals. Director, DAP, supported the position that MAC meetings should continue to be held annually.
99. It was decided that the issue could be reconsidered at the next MAC.
100. The Committee decided that its next meeting (MAC8) would be held in Geneva on 19 and 20 March 1996.
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## XI. ANY OTHER BUSINESS

101. The Committee expressed its concern over the delay in filling some senior posts in the Programme. The Chair also drew the Committee's attention to delays that had occurred in the past in filling the post of the Programme Director.
102. With regard to the appointment of a future Director, DAP, the Committee felt that the process should commence in good time, the procedure should be transparent, selection criteria established and the position advertised both inside and outside WHO.
103. Dr Antezana said that it was also important for WHO to ensure that the position of Director of the Programme was properly filled. There are selection procedures which have been approved by the Executive Board and it will be necessary to try to reconcile these procedures with the procedures now proposed by the Committee.
104. The Committee decided that at future meetings presentations by observers to the MAC regarding their activities or current pharmaceutical issues would be made at the end of the meeting, with five minutes allocated to each presenter. This was in order not to interrupt the flow of discussion under various agenda items.
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## XII. CONCLUSIONS AND RECOMMENDATIONS

### Election of new chairperson

105. It was agreed that it would be more practical for the Chair of the MAC to take office at the end rather than at the beginning of a Committee meeting. This would allow time for the incoming Chairperson to prepare for the meeting, become fully acquainted with the Programme and gain experience in how the Committee and the Programme functioned. Accordingly, Dr John Primrose was requested exceptionally to chair the Committee for a third time to enable the change in procedure. Dr David Nabarro was then unanimously elected chairperson for the following two years.
106. The Committee placed on record its great appreciation of Dr Primrose's very effective leadership during what had been a sometimes difficult period and expressed its confidence in the incoming Chairperson.

**Sixth Management Advisory Committee meeting**

107. The Committee adopted the report of the sixth Management Advisory Committee meeting, which it considered well reflected the discussions and was "user friendly".

**Interim progress report on DAP activities in 1994**

108. The Committee expressed its satisfaction with DAP's progress during the year under review. It further commended the Programme on the timeliness and on the clear quality of its reporting and noted that the report contained more qualitative analysis. The Committee recommended that future reports should include key information on impact and DAP's comparative advantage that would help donors to "sell" the programme to their funding authorities.
109. The Committee noted with satisfaction the testimony from representatives of developing countries to DAP's significant contribution to their national pharmaceutical sectors.
110. The Committee advised the Programme to further refine and evaluate its criteria for prioritization, particularly in the light of areas of work in which it had a comparative advantage through experience or mandate.
111. The Committee considered that there were many open questions in the rapidly changing pharmaceutical sector which needed to be addressed, and that operational research and development work would be critical to this.
112. The Committee noted that the expansion of the WHO Expert Panel on Drug Policies and Management had been necessary in view of the forthcoming Expert Committee on National Drug Policies, but that this did not preclude the later establishment of the planned DAP Technical Support Panel.
113. The Committee approved the Interim Progress Report of the biennium 1994-1995.

**Interim financial report of the biennium 1994-1995**

114. The Committee approved the interim financial report of the biennium 1994-1995 and commended its clarity. It noted that there had been a shift from specified to unspecified funding and that there was a shortfall of the latter, which had implications for global Programme functions. In order to assess future implications of this trend, it recommended that future programme budgets should indicate the type of funding planned for projects as well as the extra demands that specified funds are placing on the Programme in terms of management input.
115. The Committee recalled that it had expressed concern about the ratio of regular budget to extrabudgetary funding of the Programme. It, therefore, noted with satisfaction that DAP had been identified as a priority programme within WHO and would receive additional regular budget resources in the 1996-1997 biennium amounting to US\$ 1.6 million (an increase of 130%). It noted also that additional funds would be made available in the regular budget allocation to the regions for essential drugs, bringing the global total of the regular budget for 1996-1997 to a figure in excess of US\$ 10 million. The Committee also noted that regular budget funds provided to other programmes in WHO such as DMP went to partly support essential drugs activities. It considered that this increased allocation was an important demonstration to donors of WHO's commitment to the Programme.

**Proposed contingency plan and budget for 1994-1995**

116. The Committee adopted the DAP contingency plan and budget for 1994-1995 after receiving assurances from the Programme that the budget was a realistic projection of anticipated funding. In this connection, the Committee emphasized the severe financial constraints facing funding agencies themselves, and highlighted the need for DAP to provide data on its effectiveness and impact that would facilitate potential donors to obtain, and even increase funding.
117. The Committee noted the statements by some donors that their reduced funding to the Programme was within the context of an overall reduction in voluntary funding to WHO. This was intended as an expression of dissatisfaction with the reform process in WHO, and not with the progress and activities of DAP.
118. Pledges were made by several donors reflecting strong continued support of the Programme.

**Coordination and collaboration in national drug policy development**

119. The Committee thanked DAP for the theme paper which it considered presented a good overview of complex issues. However, it noted that the paper was descriptive rather than analytical, particularly in its conclusions. More work was needed to draw conclusions from the lessons learned, and to identify solutions to promote improved coordination and collaboration at national and international levels. It requested that some follow-up be included in the next Programme report.
120. The Committee commended the Programme on the development of its national drug policy indicators and noted that they would be the key tool in an eight-country national drug policy study in collaboration with the Karolinska Institute and Harvard University. It considered that these indicators could play a major role in analyzing and monitoring the international pharmaceutical sector.

**Selection of theme for detailed discussion during MAC8**

121. The Committee requested that consumer education and information, including cultural aspects, be the subject of the theme paper for discussion during MAC8.

**Other matters**

122. The Committee advised the Director-General, in line with the WHO reform process, to secure a transparent and open procedure of recruitment for the post of future Director, DAP. Such a procedure should be sufficiently timely to avoid a long vacuum in leadership, as had happened in the past. Clear selection criteria must be identified, a selection panel set up, and the vacancy announced both internally and externally. MAC Member States should be consulted in the process of recruitment.

**Date and place of the next meeting of the Management Advisory Committee**

123. It was agreed that MAC8 would be held in Geneva from 19-20 March 1996. It was further agreed that the issue of a possible change in the frequency and timing of Committee meetings would be discussed at that time on the basis of various options, and issues to be put to the meeting by the Programme.

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Coordinator for Asia and the Pacific Unit, Division of Emergency and Humanitarian Action (EHA)

Mr H.G.C. Dixon

Division of Epidemiological Surveillance and Health Situation and Trend Assessment (HST)

Dr R. Guidotti

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Division of Interagency Affairs (INA)

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Global Programme on AIDS (GPA)

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Office of Research Policy and Strategy Coordination (RPS)

Dr E. Tarimo

Director, Division of Strengthening of Health Services (SHS)

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Representatives from:

- Adviser on Health and Development Policies (DGH) \*
  - Division of Communicable Diseases (CDS) \*
  - Division of Control of Tropical Diseases (CTD) \*
  - Division of Diarrhoeal and Acute Respiratory Disease Control (CDR) \*
  - Division of Information System Management (ISM) \*
  - Division of Publishing, Language and Library Services (PLL) \*
  - Expanded Programme on Immunization \*
  - Health Legislation (HLE), Division of Publishing, Language and Library Services \*
  - Office of Publications (PUB), Division of Publishing, Language and Library Services \*
  - Programme for the Prevention of Blindness (PBL) \*
  - Sexually Transmitted Diseases (STD), Global Programme on AIDS \*
  - Special Programme of Research, Development and Research Training in Human Reproduction (HRP) \*
  - Special Programme for Research and Training in Tropical Diseases (TDR) \*
  - Tuberculosis Programme (TUB) \*
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\* Unable to attend

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**List of Documents**


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<b>Reference</b>	<b>Title</b>	<b>Agenda item</b>
DAP/MAC(6)/94.6	Proposed Programme Plan and Budget for 1994-1995	Item 7
DAP/MAC(6)/94.12	Report of the Sixth Management Advisory Committee Meeting	Item 4
DAP/MAC(7)/95.1	List of documents	-
DAP/MAC(7)/95.2 Rev. 1	Agenda	Item 3
DAP/MAC(7)/95.3 Rev. 1	List of participants	-
DAP/MAC(7)/95.4	Progress Report 1994: Interim Report of the Biennium 1994-1995	Item 5
DAP/MAC(7)/95.5	Interim Financial Report of the Biennium 1994-1995	Item 6
DAP/MAC(7)/95.6	Proposed Contingency Plan and Budget for 1994-1995	Item 7.2
DAP/MAC(7)/95.7	Collaboration and Coordination in National Drug Policy Development	Item 8
DAP/MAC(7)/95.8	Themes for Further Detailed Discussions During Meetings of the Management Advisory Committee	Item 10
(unnumbered)	Programme Plan and Budget 1996-1997	Item 9

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**Agenda**


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		Reference documents
1.	Opening of the meeting	-
2.	Election of Chairperson and Rapporteur	-
3.	Adoption of agenda	DAP/MAC(7)/95.2 Rev. 1
4.	Report of the sixth meeting of the Management Advisory Committee	DAP/MAC(6)/94.12
5.	Activities 1994-1995	
	5.1 Progress report 1994: interim report of the biennium 1994-1995	DAP/MAC(7)/95.4
6.	Finances 1994-1995	
	6.1 Interim financial report of the biennium 1994-1995	DAP/MAC(7)/95.5
	6.2 Funding for the biennium 1994-1995	-
7.	Proposed programme plan and budget 1994-1995	DAP/MAC(6)/94.6
	7.1 Review of planned activities for 1995 and operationalization of DAP Future Strategy	
	7.2 Proposed contingency plan and budget for 1994-1995	DAP/MAC(7)/95.6
8.	Theme for further detailed discussion during MAC7: collaboration and coordination in national drug policy development	DAP/MAC(7)/95.7
9.	Programme plan and budget 1996-1997	(unnumbered)
10.	Selection of theme for detailed discussion at MAC8	DAP/MAC(7)95.8
11.	Management Advisory Committee	
	11.1 Date and place for the next meeting	-
12.	Other matters, as relevant	-

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