Medicines are essential for curative and preventive health services. They are also economically important: in most developing countries medicines constitute the largest household expenditure for health and the second largest in national health budgets (after salaries). Any health sector reform process must therefore address the issue of pharmaceuticals and how best to strengthen and sustain the pharmaceutical sector.

Mission organizations, bilateral donors and multilateral organizations also support the pharmaceutical sector of many developing countries. But in the past the presence of different development agencies in the field sometimes resulted in contradictory advice being given to a country. At worst, different partners imposed conflicting conditions on provision of pharmaceutical support. As a result, the impact of technical assistance was reduced, resources were wasted and frustration was experienced by all concerned.

To avoid such problems, the pharmaceutical advisers of the GFATM, UNAIDS, UNDP/IAPSO, UNFPA, UNICEF, WHO and the World Bank started to meet every six months. The aim of these meetings is to coordinate the pharmaceutical policies underlying the technical advice and assistance they provide to countries. These relatively informal meetings, first initiated in 1996, and with regular contact in between, have improved exchange of information between the organizations, led to greater inter-agency consistency in the technical advice given, and stimulated the development of several joint “inter-agency” policy documents and guidelines.

This report summarizes the achievements of the group in its first decade.

The Interagency Pharmaceutical Coordination Group is an excellent example of UN reform.

Dr Howard Zucker, Assistant Director-General, Health Technology and Pharmaceuticals, World Health Organization
The number of participants and guests at IPC meetings for the period 1996–2006 is given in Table 1. WHO participants included representatives from WHO’s Regional Offices (most notably the Regional Office for Europe and the Pan American Health Organization/Regional Office for the Americas), and the WHO offices and departments dealing with HIV/AIDS medicines (AIDS Medicines and Diagnostics Service (AMDS)), malaria medicines (Malaria Medicines Supplies Service (MMSS)) and diagnostics (Department of Essential Health Technologies).

Guests included staff of the African Development Bank, the Clinton Foundation, the Inter-American Development Bank, the International Committee of the Red Cross (ICRC), John Snow Inc. (JSI), Management Sciences for Health (MSH), Médecins Sans Frontières (MSF), the Rockefeller Foundation, the United States Agency for International Development, the US Food and Drug Administration (US/FDA), the US Pharmacopeia and WHO staff (from the Director-General’s office, the Department of Contracting and Procurement Services and Stop TB).

On average, the meetings were attended by 20 participants.

### Participants at IPC meetings 1996–2006

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*Table 1. Participants at IPC meetings 1996–2006  WB = World Bank  EU = European Commission  * including UNHCR

Interagency briefing seminars and training courses

**WHO/UNICEF Technical Briefing Seminars**

The first IPC technical briefing seminar in 1997 was attended by 16 World Bank, four UNICEF and eight WHO staff. One-week seminars have since been held annually and attended by staff of IPC member organizations, national medicines programmes, donor governments, public health institutions, nongovernmental organizations (NGOs) and even the pharmaceutical industry.

Each seminar has been attended by up to 40 participants. Attendance is free of charge, but participants cover their own travel and subsistence costs. The seminars have become very popular and are always over-subscribed.

**Training courses in procurement and supply management**

In 1999 the World Bank and WHO jointly developed and pilot-tested a technical briefing module on pharmaceutica policies, as part of the former's four-week flagship course.

Technical input has also been provided by WHO staff for the World Bank’s procurement seminars. Also, WHO’s Department of HIV/AIDS organized regional training courses on developing national procurement plans for inclusion in applications for GFATM funds.
Interagency documents and consensus statements

1998 THE NEW EMERGENCY HEALTH KIT 98: DRUGS AND MEDICAL SUPPLIES FOR 10,000 PEOPLE FOR APPROXIMATELY 3 MONTHS
This interagency classic lists about 55 essential medicines, supplies and basic equipment needed to meet the basic health needs of a refugee population of 10,000 for three months. It was updated in 2002 and 2006 to incorporate changes in clinical practice guidelines and the WHO Model List of Essential Medicines. The actual kit is stocked by various international agencies for immediate dispatch.

1999 GUIDELINES FOR DRUG DONATIONS
In 1996 WHO and UNICEF issued the interagency Guidelines for Drug Donations on behalf of eight international agencies active in humanitarian emergency relief. Slightly revised guidelines were issued in 1999 by 15 IPC members and several international NGOs.

1999 INTERAGENCY GUIDELINES FOR SAFE DISPOSAL OF UNWANTED PHARMACEUTICALS
In response to the increasing number of unwanted medicine donations, this document presents simple methods to dispose of medical products under emergency circumstances.

1999 OPERATIONAL PRINCIPLES FOR PHARMACEUTICAL PROCUREMENT
In parallel with the revision of the World Bank’s Standard Bidding Document, IPC developed a consensus statement on operational principles for pharmaceutical procurement, as a technical guideline for procurement agencies in developing countries.

2000 SOURCES AND PRICES OF SELECTED MEDICINES AND DIAGNOSTICS FOR PEOPLE LIVING WITH HIV/AIDS
This annual interagency report is prepared by UNICEF with input from MSF, UNAIDS and WHO. The report is published in both hard copy and on various IPC-member web-sites.

2000 PATENT SITUATION OF HIV AND AIDS-RELATED DRUGS IN 80 COUNTRIES
This report is being updated and published by MSF for and with UNAIDS, UNICEF and WHO.

2002 INTERAGENCY GUIDELINES FOR PRICE DISCOUNTS OF SINGLE-SOURCE PHARMACEUTICALS
This interagency statement was originally developed by WHO following introduction by several pharmaceutical companies of large price discounts for HIV medicines. It presents a checklist of points to consider when procuring HIV medicines and is intended as a complementary document to Guidelines for Drug Donations.

2006 INTERAGENCY LIST OF ESSENTIAL MEDICINES FOR REPRODUCTIVE HEALTH
This document reflects the new consensus between UNFPA, WHO and many international NGOs on the selection of essential medicines for reproductive health.

2006 MODEL QUALITY ASSURANCE SYSTEM FOR PROCUREMENT OF PHARMACEUTICALS
This is the technical background document to the WHO Prequalification Programme. It is also intended as the normative standard for good-quality procurement of medicines. It was first issued as a WHO Expert Committee report, and later endorsed and issued as an IPC statement.

WHO/UN Prequalification Programme

Probably the most impressive interagency achievement in terms of pharmaceuticals has been the joint effort to facilitate access to quality medicines through the WHO/UN Prequalification Programme. The Programme was started in March 2001 as a pilot project managed by WHO, with UNICEF, UNAIDS, UNFPA as partners, and supported by the World Bank. In addition, a Model Quality Assurance System for Procurement Agencies was developed, incorporating norms and standards for application during the various stages of procurement. IPC participates in defining the policy and direction of the Prequalification Programme, which prequalifies products for HIV/AIDS (including antiretrovirals and essential medicines for opportunistic infections), products for tuberculosis, and artemisinin-based combination treatments (ACTs) for malaria. Since 2006 it has also undertaken prequalification of essential commodities for reproductive health.

Medicines prioritized for prequalification are of high public health relevance and need. Challenges faced (and being addressed) by the Programme include non-availability of international quality standards for some medicines and lack
of regulatory experience of some recipient countries in verifying the quality of medicines concerned.

By the end of 2006 the list of prequalified products numbered more than 150 products. Many national and international health programmes, UNICEF, the World Bank and GFATM use the list to guide their procurement decisions.

Several important activities have been incorporated in the Programme since its launch, including assessment of contract research organizations (which carry out bioequivalence studies), and inspection of active pharmaceutical ingredient manufacturing sites.

Prequalification of pharmaceutical quality control laboratories is also undertaken with the aim of building national capacity for medicines quality control. Capacity building of manufacturers (on producing medicines of assured quality) and national regulatory bodies (on ensuring the quality of pharmaceutical products) has intensified since 2005. Collaboration with the European Medicines Agency, Health Canada and the US/FDA has been strengthened by confidentiality agreements seeking to prevent duplication of work and promote fast-tracking of common applications for regulatory approval.

The now widely recognized prequalification procedures, which are based on a rigorous scientific approach and solid technical guidelines, have made the Programme a model for improving medicines quality. Elements of the Programme will be replicated to strengthen prequalification of HIV diagnostics, and UNFPA prequalification of condoms and intrauterine devices (IVDs). In 2006, three-year funding for the Programme was received from the Bill & Melinda Gates Foundation. It will also be supported by UNITAID.

Other interagency collaborative projects

2004 ESSENTIAL MEDICINES FOR REPRODUCTIVE HEALTH (RH)
WHO, UNAIDS, UNFPA, several NGOs (Family Health International, International Planned Parenthood Federation, JSI and the Program for Appropriate Technology in Health), and the Bill & Melinda Gates Foundation, collaborated in streamlining selection of essential medicines and commodities for RH.

Discrepancies between the various lists and clinical guidelines were identified and mostly resolved on the basis of evidence on efficacy and safety. Briefing sheets explaining the need for including the selected medicines in national lists of essential medicines were developed for use by all organizations. In 2006, the WHO/UN Prequalification Programme was expanded to cover several RH items of great public health relevance (oral and injectable contraceptives, oxytocics, IUDs and condoms). In June 2006 these collaborative activities were endorsed by a high-level agreement between the executive heads of UNFPA and WHO.

2004 ARTEMISININ-BASED COMBINATION TREATMENTS (ACTS) FOR MALARIA
At several IPC meetings information was exchanged on the selection and prequalification of ACTs. UNICEF and WHO/MMSS collaborated closely on problems relating to forecasting and sourcing, including the global artemisinin shortage in 2004.

In 2004 an interagency meeting was held in Copenhagen with the world’s major ACT manufacturers to examine these and other problems. Work to increase the number of prequalified ACT products continues, but lack of evidence on their efficacy and safety, and the quality of production, remain major problems.

2004 FORECASTING MEDICINES REQUIREMENTS
The need for an ARV and diagnostic forecasting tool for generating national estimates of the required quantities of these products is becoming urgent. Effective production planning at international level is also dependent on such a tool. Two interagency technical consultations were therefore organized on Forecasting of ARVs and Diagnostics (June 2004) and on Improving Access to Appropriate Paediatric ARV Formulations (November 2004). Currently, GFATM and WHO/AMDS are working on how best to forecast global production needs, while the WHO/Department of Medicines Policy and Standards, JSI, MSH, and UNICEF are focusing on developing national forecasting tools and software.

2005 MEDICINES FOR CHILDREN
Since 2004 IPC partners have emphasized that paediatric formulations for several essential medicines for treating HIV/AIDS and malaria fall far short of need. In 2005 UNICEF and WHO started a global collaborative programme to improve access to medicines for children (not necessarily for paediatric specialist treatment).

This programme covers identification of needs (“missing essential medicines for children”), development of practical clinical and dosage guidelines, adaptation of the WHO Model List of Essential Medicines, development of the necessary quality standards, promotion of product development and competition, and reduction of prices. Activities related to the selection and prequalification of existing formulations are well under way.

Without the IPC, the World Bank would never have realized the need to create a dedicated team of pharmaceutical experts to assist in the planning of the Bank’s health programmes.

Without the technical support of WHO and the other agencies, the Bank would never have been able to update its procedures for pharmaceutical procurement, or to develop its current pharmaceutical policies.

Dr Ok Pannenberg, Senior Adviser for Health, Nutrition and Population, Africa Region, World Bank

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Exchange of technical advice between IPC members

1998  REVISION OF THE WORLD BANK STANDARD BIDDING DOCUMENT
In 1998 UNICEF and WHO provided detailed technical advice on how the World Bank could improve its Standard Bidding Document and its Technical Note on Pharmaceutical Procurement. The advice resulted in extensive internal and external review of these documents.

The annual meetings of the Management Advisory Committee (MAC) of the WHO Action Programme on Essential Drugs, and later of the Department of Essential Drugs and Medicines Policy, each included participation of UNICEF and World Bank staff. In 1999 the draft WHO Medicines Strategy for 2000–2003 was presented at an IPC meeting and IPC members thereafter commented on later drafts. The WHO Medicines Strategy 2004–2007 was also extensively reviewed by IPC members.

2000  WORLD BANK POLICY PAPERS
IPC members commented on drafts of several World Bank policy papers, including Access to Newly Developed Essential Medicines (2000) and Health and Industrial Goals (2002).

2002  WHO MODEL FORMULARY TEXT IN UNICEF SUPPLY CATALOGUE
UNICEF reproduced the medicines information from the WHO Model Formulary in its supply catalogue.

Collaboration on country support activities

1996  REVIEW OF EXPERIENCES WITH COUNTRY-LEVEL COLLABORATION
At the first IPC meeting in 1996, agency experience of collaboration in Bangladesh, Bolivia, Bulgaria, Côte d’Ivoire, Guinea, Malawi and Zambia was shared and discussed. After this meeting, lists of contact persons and desk officers were exchanged, and informal contacts established. It was also decided to arrange joint missions – although these took a long time to materialize.

1997–1999  ADVICE ON THE SELECTION OF ESSENTIAL MEDICINES FOR WORLD BANK COUNTRY PROJECTS
In 1997 the IPC decided that WHO would be available to provide technical advice to World Bank task managers when asked to approve lists of essential drugs, submitted by national governments for World Bank funding. WHO committed itself to reviewing such requests within two weeks of receipt. During 1997–1999 this mechanism was successfully used to review lists of essential medicines for World Bank projects in Burkina Faso, the Gambia, Ghana, India and Niger.

1998  INDONESIA
WHO provided technical advice to the World Bank during the latter’s support to Indonesia after the East Asian economic crisis of December 1997. This included informally transmitting some concerns of the Indonesian Government and local WHO staff regarding initial technical proposals of the World Bank to privatize the medicines supply system. The World Bank later decided to commission a detailed study on the issue with the Centre for Drug Policy Research in Yogyakarta, which is a WHO Collaborating Centre.

1999  GAMBIA
In 1999 the World Bank renewed its involvement with the Gambia’s health sector. This included support to the pharmaceutical sector. WHO gave a technical briefing to World Bank staff before a World Bank mission and provided the mission team with a copy of the Gambia’s national medicines policy. This policy later provided the starting point for the World Bank’s support plan.

2000  JOINT MISSION TO THE RUSSIAN FEDERATION
In 2000 and 2002 joint IPC country missions (with WHO and World Bank staff) were made to the Russian Federation, with emphasis on procurement of TB medicines. The collaboration was seen as very supportive and helpful. After many discussions and delays, the resulting project was finally approved in 2002.

2000  WORLD BANK PROJECT IN INDIA
National World Bank staff attended the annual coordination meeting of the WHO India Essential Drugs Programme in Simla, in 2000. The World Bank later requested that the Programme act as executing agency for the rational drug use component of a state-level World Bank-supported programme in Uttar Pradesh.
Lessons learnt

Looking back over these 10 years it is clear that IPC has been highly successful in promoting interagency collaboration within the UN family. At its first meeting in 1996, brokered by the Swedish Government, and attended by seven representatives from UNICEF, the World Bank and WHO, suspicion was rife. But the surprising and welcome outcome of that first meeting was that similarities between the agencies’ medicine policies were more numerous than the discrepancies. In tackling the discrepancies, IPC quickly focused on two issues: procurement guidelines and the use of development loans for medicines purchases.

It is fair to say that the subsequent long series of six-monthly meetings, generally involving the same professionals, has generated trust and mutual understanding. Over time, more agencies have joined the group, most notably UNAIDS and UNFPA, and, more recently, GFATM. The success of these meetings is doubtless underpinned by the informal, friendly and flexible manner in which they are organized and moderated, with an emphasis on honest exchange between peers. To date, for each agency, the result has been the same: good insight into the reasoning and constraints of its fellow agencies, leading to improved understanding, and a clear willingness to collaborate and share problems.

As stated in IPC’s terms of reference (themselves very informal), IPC meetings are intended to provide a mechanism for briefing members, and for planning and following up on various collaborative activities. No binding decisions have ever been made. All interagency documents have been first officially cleared by each of the participating agencies, although some agencies have declined to endorse certain documents. The real interagency work of the IPC took place in between meetings. For the same reason, neither a separate secretariat or budget for the IPC has been required. Rather, WHO staff (Hans Hogerzeil and later Marthe Everard) produced the minutes, managed the agenda, and usually co-chaired the meetings, together with the hosting agency. WHO also managed the clearance processes and produced the interagency documents. The costs of managing the IPC have therefore always been low and readily absorbed by the general budgets of each of the agencies.

How was momentum maintained, and why do agencies remain eager to participate? Firstly, participating agencies made available interesting, updated information at the meetings. Secondly, the combination of an “open” first day, with agency updates and presentations by guest organizations, and a second “closed” day of UN agencies only, ensured an appropriate mix of new information and confidential discussion of future strategies and approaches.

As this 10-year report shows, the IPC has had many long-term benefits. At its 10-year anniversary celebration, the World Bank acknowledged that the IPC has made it aware of the great need to ensure inclusion of pharmaceutical expertise in its programmes. Accordingly, it has increased the number of pharmaceutical professionals among its staff. Moreover, the active involvement of UNFPA in IPC has led to the integration of medicines and commodities for reproductive health in global medicines programmes. WHO’s new programme on essential medicines for children will hopefully have a similar impact. For WHO the IPC has been very useful in terms of learning about practical problems faced by the other agencies, in initiating and managing interagency activities, and in creating additional means through which WHO policy guidance can be developed and disseminated to countries.

Interagency collaboration on essential commodities for reproductive health

The first interagency list of essential medicines for reproductive health was issued in 2006, based on two years of discussions to remove 34 inconsistencies between the WHO Model List of Essential Medicines, various WHO and Safe Motherhood treatment guidelines, and UNFPA’s procurement list. The same process was then undertaken for instruments, devices, disposables and other commodities, resulting in complete consistency between the WHO/Making Pregnancy Safer clinical guidelines, the WHO and UNFPA standard reproductive health kits, and the supply catalogues of MSF, UNFPA and UNICEF. UNICEF’s existing technical specifications for these commodities were used as the basis of this work and complemented with 49 new specifications developed by MSF. The final result is an interagency list of commodities produced by WHO, with all detailed specifications available and updated on the UNICEF web-site, to which other agency web-sites refer.