

**Create a working group to develop and leverage  
existing recommendations for effective risk  
communication and recommendations for awareness  
campaigns on substandard/spurious/false-  
labelled/falsified/counterfeit (SSFFC) medical products  
and related actions, activities and behaviours**

**Paper submitted by the  
United Kingdom of Great Britain and Northern Ireland**

## **INTRODUCTION**

This report proposes that, within the framework of the Member State mechanism, the United Kingdom of Great Britain and Northern Ireland takes the lead in relation to delivering the priority activity (Activity E),<sup>1</sup> which is to:

*“Create a working group to develop and leverage existing recommendations for effective risk communication and recommendations for awareness campaigns on SSFFC medical products and related actions activities and behaviours”.*

### **Leading the work-stream**

A full-time, communications project manager will be required to lead this activity. The Drug Regulatory Agency in the United Kingdom will fund this post over the duration of the project to a maximum of three years.

The project manager will draw up a formal project plan with timelines, milestones and key deliverables. A working-group comprising communication experts from the WHO regions will be convened for the duration of the project and led by the project manager. Introductory meetings of the working group may be held virtually; later, face-to-face meetings could be organized. The proposal would be for the working group to coordinate the actions and activities outlined below:

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<sup>1</sup> See document A/MSM/3/3, Annex 3.

- define the group's remit, scope and objectives;
- draft a comprehensive project plan;
- identify project group/stakeholders to work on the activity;
- scope other similar activities being undertaken globally and consider the potential to coordinate going forward;
- identify audiences, such as patient groups, age groups, cultural groups, healthcare professionals – doctors, pharmacists, nurses, law enforcement agencies, wholesalers and distributors;
- identify suitable communication channels;
- develop use of different media including print, web, video and social media;
- develop samples, models and illustrations that can be used in different countries;
- identify existing best practices and innovative approaches that could be utilized worldwide.

### **Financial issues**

The United Kingdom of Great Britain and Northern Ireland will fund the cost of the project manager and associated travel and expenses over the life cycle of the project; these costs are estimated at US\$ 400 000. The WHO Secretariat estimates that additional costs for this project will be required to convene and host meetings, provide interpreters and translators and to produce material; it is anticipated this will need to be found from within the WHO funding streams.

### **Conclusion**

Communication, awareness-raising and education are critical to reducing the demand for substandard medicines and to protecting public health globally. The United Kingdom is committed to working with partners to deliver a comprehensive programme of options for Members States to draw on.

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