

## **Prioritization of proposals to implement the workplan of the Member State Mechanism**

### **Report by the Secretariat**

At its meeting in September 2014, the Steering Committee considered the prioritization of proposals to implement the workplan.<sup>1</sup> In doing so, it referred to a report submitted by the Chair<sup>2</sup> proposing a non-exhaustive list of 10 proposals linked to the elements of the workplan. The Steering Committee also considered a proposal by the United States of America.

The Steering Committee came up with a provisional list of six proposals to implement the workplan. It was agreed that the Steering Committee would take up the list again at the next Steering Committee meeting in October 2014, before submitting the list to the third meeting of the Member State Mechanism. As requested by the Steering Committee, the Secretariat has provided further details on each of the proposals, including the financial implications, in the table below:

| <b>Provisional list of proposals</b>  | <b>Relevant item(s)<br/>of the workplan</b> | <b>Possible activities</b>   | <b>Estimated cost<br/>2014–2015<br/>(US\$)</b> |
|---|---|--|--|
| <b>Define guidelines for the creation of a specific area within the Health Authority which shall be engaged in the detection of SSFFC medical products and establish a strengthening and tool-generating programme to contribute to Member States' training</b> | 1, 2, 3, 4, 6.(e),<br>7.(c), 8              | 1. Establish and convene an MSM working group to draft guidelines.<br>2. Engage experts to develop training material for NMRA's in hard and soft copy, multilingual, virtual and face to face formats focused on the prevention, detection and response to SSFFC medical products. | 1 250 000<br>unfunded                          |

<sup>1</sup> Document A/MSM/2/6, Annex 2.

<sup>2</sup> Chair's report to Steering Committee dated 22 August 2014.

| Provisional list of proposals  | Relevant item(s) of the workplan  | Possible activities  | Estimated cost 2014–2015 (US\$) |
|--|---|--|---------------------------------|
| <b>Create a focal point network for the exchange of information and consultation at large among Member States and establish an ongoing virtual exchange forum</b>  | 2, 4, 6.(h), 7, 8.(a)   | <ol style="list-style-type: none"> <li>Utilize and build upon the existing network of focal points established in 80 Member States and 18 procurement agencies as part of the WHO Surveillance and Monitoring system.</li> <li>Develop online portals to facilitate communication and information exchange.</li> <li>Publish a monthly bulletin in addition to WHO Medical Product Alerts.</li> </ol>  | 250 000 unfunded                |
| <b>Establish a working group to survey the technologies, methodologies and “track and trace” models in place and to be implemented at a global level and to analyse their advantages and disadvantages as well as a working group to survey the available authentication and detection technologies and methodologies and analyse their advantages and disadvantages</b> | 1.(a), 1.(b), 2, 3, 4, 6.(a), 6.(b), 6.(d), 6.(e), 6.(f), 7, 8.(a), 8.(b) | <ol style="list-style-type: none"> <li>Establish and convene a working group, and engage experts, to assess and report on existing “track and trace” technologies in use by Member States.</li> <li>Establish and convene a working group and engage experts to assess and report on all existing field detection devices in use or available to Member States.</li> </ol>   | 1 000 000 unfunded              |
| <b>Identify WHO areas working on the issue of access to medicines and request a report on the current state of affairs</b>   | 8   | <ol style="list-style-type: none"> <li>Engage experts to review and report on all WHO activities on access, from an SSFFC medical products approach.</li> </ol>  | 250 000 unfunded                |
| <b>Create a working group in order to design guidelines for an awareness campaign on SSFFC products</b>  | 3, 8.(a)  | <ol style="list-style-type: none"> <li>Establish a working group, including communication experts to develop awareness campaigns specifically tailored for regions/subregions and stakeholder groups.</li> <li>Produce hard and soft copy material, video and broadcast material.</li> <li>Assess the use of social media for raising awareness.</li> <li>Identify full range of stakeholders and audiences.</li> <li>Develop key and innovative advocacy material.</li> </ol> | 1 000 000 unfunded              |

| Provisional list of proposals   | Relevant item(s) of the workplan | Possible activities   | Estimated cost 2014–2015 (US\$) |
|---|----------------------------------|---|---------------------------------|
| USA proposal for an “Economic impact study of falsified and substandard medicines” <sup>1</sup> | 3.(b), 8.(c) and 8.(d)           | 1. Establish an expert group of health economists, to conduct an economic impact study on SSFFC medical products, convene 3 meetings in Geneva and report.              | 275 000 (funded)                |
| Governance, management and secretariat costs to support the above activities                    |                                  | Organizing Member State Mechanism meetings, steering committees and working groups. Coordination of activities and implementation by headquarters and regional offices. | 2 566 500 <sup>2</sup>          |
|   |                                  | <b>Total budget</b>   | <b>6 591 500</b>                |
|   |                                  | <b>Funded</b>   | <b>275 000</b>                  |
|   |                                  | <b>Budget gap</b>   | <b>6 316 500</b>                |

Following prioritization by the Member State Mechanism, some activities and costs may take place during the 2016–2017 biennium. Those costs can then be identified and reported.

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<sup>1</sup> Concept paper circulated to the Steering Committee on 9 August 2014.

<sup>2</sup> As approved, see document A67/29, Annex 3 on budget and cost implications.