Dear Secretariat and Committee members,

I write in support of the draft Rational Use of Medicines (RUM) Resolution that will be discussed at the coming World Health Assembly, and WHO's active role in assisting countries to implement it. It was not possible to prepare comments in time for your deadline. I hope you may consider these comments anyway.

I make my comments with many years experience in facilitating dialogue between many disciplines and political perspectives on the use of medicines and in establishing multi-disciplinary groups, and sometimes chairing them, to promote RUM. This has been in Australia, where I was the inaugural chair of the Pharmaceutical Health and Rational Use of Medicines (PHARM) Ministerial Advisory Committee which, along with the Australian Pharmaceutical Advisory Council (APAC) on National Drug Policy, developed and implemented a policy on RUM. I have also worked in the Philippines to assist with the strengthening and then renewal of its National Drug Policy, in particular a multifaceted approach to RUM. I have worked similarly in Vietnam, Samoa and other places. I coordinated an International Dialogue on Health and Pharmaceuticals for a number of years and I also helped organise the first Peoples Health Assembly in 2000 which through an innovative process involving groups in 93 countries developed the People's Charter for Health. I am now involved in setting up similar processes in relation to antibacterial resistance with an international coalition called ReAct - Action on Antibiotic Resistance which is based in Sweden.

In my view, the hardest part of implementing the resolution is the process of creating an engagement between the different actors so that a subsequent national multi-disciplinary group(s) can be set up which would actually have sufficient influence and backing from government and the powerful professions to establish the elements of national programs and guide their sustainable development. Industry seems usually to be suspicious and actively or passively opposed.

For WHO to play an effective role in implementing the resolution and in assisting countries set up effective national coordinating bodies, it must develop a strategy and a process that realistically deals with four essential dynamics;

1. Power
2. Knowledge creation
3. Creative thinking
4. Leadership

Facilitating a productive interaction between these four dynamics is the aim and characteristic of a successful national RUM programme. The list does not imply a logical order. Some of these key dynamics will be found among established national or local professional, government, business and societal organisations. Others need to be uncovered or created. Hence creating the climate for introducing a national RUM program is essential and WHO should play a facilitating role in creating this climate.

1. Engaging key power groups will help establish an initial agenda.

The professional structures of medicine and pharmacy are key power groups that must be engaged slowly but surely. The power of these groups can overwhelm efforts in RUM if they remain opposed. Usually, as formal professional bodies, these groups are threatened by public policy efforts to introduce the main elements of RUM. They assume at the outset that they are being criticised, attacked and controlled. The interests of these groups, negative or positive, have a powerful history in how any change process plays out. They are crucial players in change for better prescribing, dispensing and for providing independent community information and advice about powerful modern medicines. Dialogue is an important starting element, as is good data and forward thinking members of each group, in order to identify an issue of real concern, no matter how small. This creates the opportunity to commence collaborative work during which other opportunities will emerge. Ongoing effort is needed to prepare the ground for consultation, negotiation and identifying the ways in which higher professional standards can be encouraged. Facilitating these processes is not easy – but many champions of RUM may emerge here – either publicly or quietly within the professions.

Government itself is a power that has to be engaged at different levels and jurisdictions. Industry is usually opposed and may remain so or may lessen its opposition over time – and even contribute positively in specific ways.

Therefore it may not be possible to *mandate* a multidisciplinary group to establish effective, sustained national RUM programs to bring change if these power dynamics are not effectively engaged.

Consumer, community or civil society action/activities on RUM

A debate or concern or community level discussion and awareness is important.
This will vary according to the country and its social processes. In many places these groups have been crucial in placing RUM on the political agenda. Identifying those groups or individuals who have thoughtful reflection about action and research concerning the problems of medicines from the perspective of ordinary people's lives is essential. In many cases, these may be the champions of action on RUM. It may not be possible to mandate a group that has credibility if this power dynamic is not effectively engaged.

2. Stimulating the processes of experiment, intervention and analysis of usefulness and outcomes from several perspectives will contribute an effective agenda for RUM.

It is important to have a variety of active and effective groups on the ground building the basic elements needed for RUM such as clinical guidelines, drug information,
limited lists, prescriber and dispenser training, self-audit and feedback, promotion monitoring and control, and so on as mentioned in the draft RUM Resolution. These may already be operating in a home-grown multi-disciplinary process. If not, they should be encouraged in a form appropriate to each place. These groups are important because their enthusiasm, commitment, knowledge and credibility will carry the technical implementation of a national program. It is important to identify, support
and technically assist such groups within countries to build core strength in promoting independent decision-making and training for rational use of medicines. Facilitating them to

work together towards and effective *national* program is often a challenge. Some of these individuals or groups will also be the champions of RUM.

Establishing the prerequisite tools of RUM, including interventions and experiments and the analysis of outcomes and usefulness from different perspectives, is not sufficient on its own to sustain a national RUM program. Buy-in by participants to the design, implementation and extension of these is needed and requires skilful facilitation.

3. The tools of RUM and effective interventions require a process of creative and strategic thinking to be tailored to the social and political opportunities and constraints of the time and the place.

Data on effective interventions and scale up is not sufficient on its own in any move to a national RUM policy and program. Those who initially buy-in together with emerging credible and influential leaders will help to create opportunities and to use opportunities effectively in tailoring tools and ideas to the social and political situations.

4. Over time, a process that facilitates the dynamics of power, knowledge creation and creative thinking reveals the emerging leaders - of several kinds and in several settings.

Facilitating these dynamics further then enables the possibility for broader buy-in within the key power groups, especially medicine and pharmacy. This will relate to the perception of value from inside the professions (even if it is a small shared agenda to begin with). The power to continue the program from the perspective of several knowledge-based multidisciplinary groups, policy makers and civil society will come if the program can be shown to work in relation to different needs and perspectives. Emerging leaders within and across diverse communities and disciplines are needed to enable a mandated group to develop and sustain a national RUM program.

A WHO strategy to facilitate implementation of the RUM Resolution

An important role WHO can play to assist countries to implement this resolution is to help create the climate for setting up national programs such as called for in the resolution. An effective way to do this would be to instigate unrushed dialogue:

a) at the Ministry of Health (MOH) level. WHO should build up productive discussions with key people in MOH about the need to facilitate dialogue with key groups in the country and explore to what extent WHO could assist in building up such a dialogue. WHO could help MOH establish dialogue between multidisciplinary groups. It takes a long time to engage and get political backing from the medical and pharmacy professional power bases for action on RUM. They often feel threatened and attacked to begin with. WHO can help the process focus on problems that affect everyone (data and context) and the need to get beyond political grandstanding and find even one area that can be worked on while keeping a broader engagement going.

b) at the regional level. WHO could bring key people together in a country to country dialogue (or a dialogue between small groups of countries keen to work on an RUM agenda). This could be government to government facilitation of dialogue on the elements and mechanisms that are effective for policy, regulation and innovation. The dialogues could

bring together the key groups who are responsible for developing and using tools for independent decision-making in disease treatment and prescribing so that connections are established, assistance and learning from each other is initiated and collaborations in further developing and using tools are invited where they are seen to be helpful. For example, some key people working on the basic technical and data elements from each country should be present and able to exchange views and discuss the methods that are possible with the resources available. This might include Standard Treatment Guideline development; drug information; improving prescribing and dispensing; consumer programs and controlling promotion; building limited lists into insurance or other payment systems. Exchange of materials and ideas for collaboration will naturally emerge and can grow in their own right or be supported by development of country priorities for development assistance in this area.

These dialogues can also bring the power groups for whom change is difficult such as the leaders of the medicine and pharmacy professions together with those who have successfully led the engagement of these groups in RUM issues within their own countries.

The ideal is to develop these regional dialogues with high level support by the MoH senior policy makers. However, in a number of situations, the initiatives won't come from government – for some time. Groups themselves will want to learn from each other to improve their work, exchange ideas, experiences and materials and consider data from other places. Facilitating collaboration to build strong links between groups with know-how for RUM is the aim. WHO may facilitate small regional workshops in these cases.

The main outcome of these dialogue processes is to enable an engagement between groups that is real, assists the process when the power of established groups threatens to overwhelm it, and helps the process mature to a more creative exchange and active implementation of the ideas they produce.

I hope these comments may be useful in your deliberations.

Yours sincerely

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