



Medicines Transparency Alliance
MeTA National Workplan
Jordan

Submitted by the Jordan MeTA Council

February 2008

Acknowledgment

This work would not have been accomplished without the support of the Jordanian Government. We would like to thank in particular the Ministry of Planning and International Cooperation and the Ministry of Health and their staff along with the RMS, JPD, JFDA staff and the CSO represented in the MeTA Council. We would also like to thank the HHC employees for their time and efforts.

Rania Bader, MeTA's local Consultant, drafted the workplan working alongside the Jordan MeTA Council members; she would like to thank Dr Wilbert Bannenberg, Dr Samia Saad, and Ms Birgit Kerstens for their contribution in revising and advising along the way while drafting the workplan.

MeTA Jordan Secretariat:
c/o High Health Council
Dr Abu Al-samen Taher
Mefleh Al-Louzi Str.
West Jubeha – Baladyiah area
P.O.Box 2365 Amman / 11941 Jordan
Tel: +962 6 533 2605, +962 6 5334419
Direct: +962 6 5334202
Fax: +962 6 5332703
Website: www.hhc.gov.jo
Email: taher@hhc.gov.jo

Table of Contents

LIST OF ACRONYMS	5
PARTICIPATING STAKEHOLDERS IN THE JORDAN META COUNCIL.....	6
EXECUTIVE SUMMARY	
1. INTRODUCTION.....	9
1.1 Medicines Transparency Alliance (META).....	9
1.2 MeTA Jordan.....	9
1.2.1 Context.....	9
1.2.2 MeTA Jordan History	11
MeTA Jordan Forum.....	12
2. NEEDS ASSESSMENT	13
2.1 Work Areas Selection for National MeTA Workplan	14
3. IMPROVING TRANSPARENCY AND ACCOUNTABILITY	16
Collaboration between WHO Good Governance for Medicines (GGM) - MeTA	17
4. SPECIFIC STRATEGIES AND DESCRIPTION OF ACTIVITIES.....	18
4.1 Capacity Building in Civil Society.....	18
4.2 Evidence Based Decision Making For The Rational Drug List (RDL)	19
4.3 Encouraging Best Practice /Improve rational use of medicine	21
5. Framework – Workplan Logframe.....	23
5.1 National Medicines Policy framework.....	23
5.2 MeTA specific workplan	23
5.3 MeTA Log frame	24
7. RISKS, THREATS AND THEIR MANAGEMENT	25
7.1 Risks	25
7.2 Weaknesses.....	25
7.3 THREATS	25
7.3.1. Threat of MeTA becoming a Data Collection/Research Project.....	25
7.3.2. US-Jordan Free Trade Agreement (FTA)	25
8. MANAGEMENT ARRANGEMENTS	26
8.1 National MeTA Council	26
8.2 National Secretariat	26
9. FINANCIAL ARRANGEMENTS AND BUDGET	27
9.1 MeTA.....	27
9.2 International MeTA Partners.....	28
9.2.1 World Health Organization	28

9.2.2 World Bank	28
10. MONITORING AND EVALUATION	29
11. APPENDICES	30
Appendix I – KEY REFERENCES	30
Appendix II - List of Proposed Participants in National Forum	31
Appendix III- Jordan MeTA Committees' members.....	32
Appendix IV – Framework and MeTA workplan and budget.....	32
Appendix V - Logframe	32

LIST OF ACRONYMS

BP	Best Practice
COI	Conflict of Interest
CSO	Civil Society Organization
DFID	Department for International Development
GGM	Good Governance for Medicines
HAI	Health Action International
HHC	High Health Council
JAPM	Jordan Association of Pharmaceutical Manufacturers
JFDA	Jordan Food and Drug Administration
JPD	Joint Procurement Department
JUH	Jordan University Hospital
KAUH	King Abdullah University Hospital
KHCC	King Hussein Cancer Center
KAP	Knowledge, Attitude and Practice
MeTA	Medicines Transparency Alliance
MOH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
PRDUC	Promoting Rational Drug Use in Community
RDL	Rational Drug List
RDU	Rational Drug Use
RMS	Royal Medical Services
STG	Standard Treatment Guidelines
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

PARTICIPATING STAKEHOLDERS IN THE JORDAN META COUNCIL

	Name	Position/Organization	Contact Details
1	Dr Taher Abu EISamen	Secretary General/ High Health Council	Mobile:+962 79 7267444 Tel:+962 6 5334202 Email: taher@orange.jo
2	Dr Maisa Al Saket	Director General/ Joint Procurement Department	Mobile: +962 79 9054000 Tel:+962 6 5513408 Email: maisas@jpd.gov.jo
3	Dr Hashim ElZain Moussad His delegate Dr Sana Naffa / Dr Salah Ghammouh	WHO Representative EMRO WHO/ Jordan	Mobile:+962 79 9137137 Tel:+962 6 5684651 Email: elmousaad@jor.emro.who.int or naffas@jor.emro.who.int gammouhs@jor.emro.who.int
4	Colonel Dr Khalil Bajes	Director/ Supply and Purchasing Department RMS	Mobile:+962 77 7341260 Tel:00962 6 5347602 Email: maali_pharm@yahoo.com
5	Dr Abdel Fattah Kilani	Vice President/ Jordan Association for Consumer Protection	Mobile:+962 77 Tel:+962 6 5153211 Email: jor_vet_asso@yahoo.com
6	Dr Mu'men Al Hadidi	Member/ Jordan Medical Association	Mobile:+962 79 9050300 Tel:+962 6 5665620 Email: moh.nifm@gmail.com
7	Dr Laila Jarrar	Director/ Drug Department JFDA	Mobile:+962 79 9014803 Tel:+962 6 4618392 Email: laila.jarrar@jfda.jo
8	Dr Taher Alshakhshir	President/ Jordan Pharmaceutical Association	Mobile:+962 79 5522502 Tel:+962 6 4652009 Email: ods@go.com.jo
9	Dr Musallam Qatarneh	Director/ Supply and Purchasing Department/MOH	Mobile:+962 79 9050203 Tel:+962 5 3757091 Email: musallamq@yahoo.com
10	Dr Hanan Sbouh	Secretary General/ Jordan Association Pharmaceutical Manufacturers	Mobile:+962 79 5504878 Tel:+962 6 5413114 Email: hanan@japm.com
11	Dr Iman Ghalayeni	Pharmacist/ Jordan University Hospital	Mobile:+962 79 7310268 Tel:+962 6 5353666 Email: eghalayini@yahoo.com
12	Dr Taiseer Malkawi	Director/ Pharmacy King Abdullah Hospital	Mobile: +962 77 7552272 Tel: Email: tmalkawi@aim.com

13	Brigadier General Wafa Nsour	Director/ Pharmacy Department RMS	Mobile:+962 77 7414182 Tel:+962 6 5815750 Email: wman2003@hotmail.com
14	Dr Lama Hmoud	Director/ Pharmacy Department MOH	Mobile:+962 77 7430389 Tel:+962 64642528 Email: lama.hmoud@yahoo.com
15	Dr Bader Rashid	Pharmacist/ representing Health Action International (HAI)	Mobile:++962 79 6434343 Tel: Email: bbrashid@go.com.jo
16	* Dr Iman AlMadi	Friends of MS patients' group associations nominate one every 6 month *	Mobile:+962 79 5596469 Tel: Email: imanalmadi@yahoo.com
17	Dr Rania Bader	MeTA Consultant	Mobile:+962 79 5691921 Tel:+962 6 5413010 Email: raniasb2002@yahoo.com
18	Dr Jean Jacques Frere	Human Development Middle East and North Africa Region The World Bank (WB)	Mobile:+1 202 234 46170 Tel:+1 202 473 6274 Email: jfrere@worldbank.org
19	Dr Ibrahim Abbadi	Pharmaco_ economics Academic/ Jordan University	Mobile:+962 77 7160810 Tel: +962 6 5339649 Email: i.abbadi@ju.edu.jo

* A Patient Group Association will be represented on a rotating basis, chosen by the MeTA Council members every 6 months

EXECUTIVE SUMMARY

This document presents the workplan, budget (GBP 175,000) and logical framework of the MeTA Jordan project covering the period of Jan 2009 – September 2010, as developed and approved by the MeTA Jordan Council in January 2009. It is presented to the MeTA International Secretariat for approval and funding by the MeTA Management Board.

After joint missions of consultants, MeTA advisors and Jordanian counterparts in 2007 and 2008, the MoH agreed to become a MeTA pilot country. Seven areas of work were proposed for consideration by a future MeTA project in Jordan. A multi-stakholder MeTA Council was established by the Minister of Health in August 2008. The MeTA Council has been working weekly, and later bi-weekly, to develop the MeTA Jordan workplan. Three of the seven work areas were prioritised by the Council: 1. Capacity building of civil society, 2. Evidence based decision making for selection of medicines for the Rational Drug List (RDL), and 3. Encouraging best practice and improving rational use of medicine. Each area was allocated to a subcommittee to develop a detailed workplan.

The needs assessment showed that the whole pharmaceutical sector needs attention, therefore the MeTA activities were inserted within the Jordan National Medicines Policy framework. Obviously MeTA alone cannot address the needs of the whole pharmaceutical sector, therefore the overall framework lists tasks which require substantial commitment and support from the MoH or development partners, some of which are as yet unbudgeted. This will require high-level donor coordination by the MoH and the High Health Council (HHC).

Activities suggested by the three Council subcommittees were inserted within the National Medicines Policy framework and assigned related budgets by consultants; together they form the MeTA workplan and budget. A logical framework with SMART indicators was added to allow project management, monitoring and evaluation. In addition, a brief SWOT analysis was done and a few systemic risks, weaknesses and threats were identified.

The MeTA Jordan project will be supervised by the Council, supported on a daily basis by the National MeTA Secretariat. The MoH/HHC has kindly made office space available. A pharmacist and administrative officer will be sought and appointed. The HHC accountant will open a dedicated account for the MeTA project and will provide quarterly financial reporting.

A government-to-government agreement has already been signed by DFID and Jordan's MOPIC, after approval by Jordan's cabinet. Consequently, a MOU between the International MeTA Secretariat and the Jordan MeTA Council will be signed, with this workplan and budget attached.

The Jordan MeTA Council hereby requests funding of GBP 175,000 from the MeTA Management Board for country activities for the period 1 Jan 2009 – 30 Sept 2010. MeTA partner, the World Health Organisation, is expected to provide technical assistance, a full-time pharmacist and limited funding for surveys. MeTA partner, the World Bank, has agreed to support a drug supply chain mapping mission and training in evidence-based selection and pharmaco-economic assessment of medicines for the national Rational Drug Use List. All partners have agreed to collaborate and share information regularly to avoid competition or duplication.

Supervision will be done by the MeTA Council on a regular basis. Annual evaluation will be done by invited colleagues of other MeTA countries.

1. INTRODUCTION

1.1 MEDICINES TRANSPARENCY ALLIANCE (META)

One third of the world's population lacks access to essential medicines¹. This situation persists despite increased government and donor financing for health, in part due to fundamental inefficiencies in the pharmaceutical market and across many countries' health and commodity supply systems.

In response to these challenges many countries have pioneered work to increase transparency and accountability in medicines supply chains. Building on this work, the UK Department for International Development (DFID), in partnership with World Health Organization (WHO) and the World Bank (WB) has carried out the design, consultation and planning for a "Medicines Transparency Alliance" (MeTA)²

MeTA is an international multi-stakeholder initiative to promote increased transparency in the supply of essential medicines, with particular attention to ensuring equitable access for low-income populations. DFID is currently providing grant financing to support the introduction of MeTA projects in seven selected pilot countries around the world. The main focus will be on strengthening developing country capacity to collect, analyse, disseminate and use data on medicine quality, availability, pricing and use. This will help improve transparency and accountability around the way medicines are selected, regulated, procured, distributed, supplied and then prescribed to and used by patients.

1.2 META JORDAN

1.2.1 Context

The Government of Jordan has made significant progress in achieving better governance and transparency in its medicines policy and regulation. The elements below demonstrate strong political will and provide a strong foundation for conducting a MeTA project in Jordan:

¹ WHO Medicines Strategy 2004-2007

² Medicines Transparency Alliance: Implementing Our Pilot Phase
<http://www.medicinestransparency.org/fileadmin/uploads/Documents/Report%20Content%201.pdf>

- The Jordan Food and Drug Administration (JFDA), the JFDA makes regulatory and pricing policies as well as information on prices of medicines transparently available on their web page: <http://www.jfda.jo/EN/Laws/LawInfo.aspx?id=507>
- A completed World Bank health reform project, with technical and financial help from *PHRplus*, supported the establishment of a Rational Drug Use Unit. A Rational Drug List (RDL) has been developed and is publicly available at <http://www.jfda.jo/RDU>. The Joint Public Procurement Department (JPD) and the public health facilities aim to procure only from this RDL.
- There is strong support in Jordan to be a MeTA pilot country from almost all key stakeholders in Jordan, such as the JFDA [www.jfda.gov.jo], the Joint Public Procurement Department (JPD) [www.jpdp.gov.jo] and the Ministry of Health (MOH) Departments [www.moh.gov.jo], as well as from the local generic medicines manufacturers.
- Some national initiatives and activities that could contribute to MeTA's objectives are already ongoing. These could be built upon to yield early tangible results for MeTA and provide a vehicle for wider regional learning as part of the Access to Medicines Research Network.
- In addition, other international donor programmes, such as ongoing WB projects, United States Agency for International Development (USAID)'s Governance and Democracy and Health Systems Strengthening projects and the WHO Good Governance for Medicines programme (GGM) could provide useful linkages.
- Finally the Jordanian government would lead on MeTA activities.

Additionally, two other initiatives in Jordan support MeTA objectives. The first is the formation of the Joint Procurement Department (JPD) in 2004. The second is the proposal to expand public health insurance coverage through the formation of a Health Insurance Commission that will oversee the creation of a unified national health insurance system or scheme. Both have high-level political mandates and a multi-stakeholder approach that brings together all the public health institutions (Ministry of Health, the Royal Medical Services and the University Hospitals). Like MeTA, they also share the goals of increasing health system efficiency and improving equitable patient access to health services and medicines. Given these synergies, MeTA could help inform these two initiatives as they move forward.

1.2.2 MeTA Jordan History

In Jordan, MeTA scoping visits were conducted in March and November 2007 and a report of the findings³ was sent to all stakeholders and endorsed in early January 2008. A further DFID / MeTA/ WB mission was conducted between the 27th and 30th of January 2008. A short mission memorandum was sent to the Ministry of Planning and International Cooperation (MOPIC) and the Minister of Health on the 6th of February 2008 proposing to pilot MeTA in Jordan, followed by an official MeTA proposal⁴ on the 15th of February 2008, as requested by MOPIC.

The MeTA proposal was developed by Samia Saad (MeTA international Consultant) and Saul Walker (DFID's Senior Advisor on Access to Medicines) based on and reflecting Jordanian stakeholder views. The proposal made recommendations and left the following aspects open to be decided on by the Jordanians:

- The location of the Jordan MeTA Secretariat as well as related Terms of Reference;
- The suggested composition of the MeTA Council, as well as budget;
- Sources of technical assistance;
- Expected results and broad evaluation tools;
- Recommendations for areas of priority that could form the basis of the national work plan;
- Next steps to progress the agreement to pilot MeTA in Jordan.

An official letter of invitation to pilot MeTA was sent by DfID's William Kingsmill to Dr Salah Mawajdeh, Jordan's Minister of Health, on 13th September 2007. A response to William Kingsmill agreeing to pilot MeTA in Jordan was received on 8th May 2008 from the Minister of Planning and International Cooperation, based on the proposal. Senior Jordanian representatives from the Government, civil society and private sector participated in both the stakeholder meetings held in London in April 2007 and the official global MeTA launch that took place in London in May 2008.

³ Saad, S, (July 2007) Medicines Transparency Alliance Scoping Report for the Hashemite Kingdom of Jordan.
http://www.medicinestransparency.org/fileadmin/uploads/Documents/countries/Final_Jordan_MeTA_report_with_incorporated_comments_by_stakeholders_.pdf

⁴ Walker, S., Frere, J.J., Saad S, (February 2008) Medicines Transparency Alliance (MeTA) Project Proposal for Jordan MeTA Pilot Presented to MOPIC, The Hashemite Kingdom of Jordan.
http://www.medicinestransparency.org/fileadmin/uploads/Documents/countries/Jordan_Approved_MeTA_Proposal__2_.pdf

1.2.3 MeTA Jordan Council

Representatives for the MeTA Council - based on the recommendations in the MeTA proposal to MOPIC and the MOH - were suggested to the Ministry of Health by a small technical working group. This group consisted of the participants to the International MeTA launch in London in May 2008 (three government representatives, a private sector representative and an international CSO representative). All of these had been involved in the MeTA discussions since March 2007. The Council composition was approved by the Minister of Health and formed in August 2008 with representation from government, private sector, civil society, professional organizations and academia. In addition, the Council included non-voting representatives from the World Bank (WB), the World Health Organization (WHO), Health Action international (HAI), and the MeTA local consultant in Jordan (Rania Bader)

The Council serves as the main policy, decision making and consultative body of the MeTA Projects in Jordan. It will oversee the implementation of all programmes, review progress against workplan objectives, and decide on matters pertaining to the implementation of all MeTA programmes. The first Council meeting in August 2008 elected Dr Taher Abu El Samen as chairperson. The Council decided to call for an official launch of MeTA in Jordan on the 14th of January 2009, to share and discuss the MeTA principles and high-level workplan with a multi-stakeholder community interested in access to medicines. Dr Taher Abu El Samen was nominated as Jordan's representative on the MeTA International Advisory Group (MIAG), which met for the first time in September 2008 in London. The MeTA Council agreed on internal rules, and formed three Working Committees that will develop and implement strategies for the chosen priority areas of work. Council members from all sectors have been highly committed to moving the MeTA process forward. The Council met weekly during August and September 2008, and once or twice a month since then, to develop the workplan in a multi-stakeholder, bottom up approach with input from all the three Working Committees.

MeTA Jordan Forum

To discuss MeTA principles with a wider audience, two public MeTA Forums are planned for October 2009 and September 2010. The first Forum will provide an open platform to present and discuss findings of baseline studies and workplan activities, as well as further plans of the MeTA project in Jordan. The second forum will focus on evaluating progress of MeTA Phase I in Jordan. *Appendix II* lists some of the key stakeholders working in the access to medicines area, identified to participate in the MeTA launch and Forum.

2. NEEDS ASSESSMENT

The 2004 HAI/WHO medicine pricing survey⁵ highlighted that medicine prices for both innovators and generics are too high compared to MSH international reference prices and even neighbouring countries, making many medicines unaffordable to low income and vulnerable groups, resulting in inequitable access. Availability in the public sector was found to be extremely low (28%) in 20 public health facilities in 2004. This could be the result of insufficient budget allocated for purchasing medicines in the public sector, but could also be due to deficiencies and lack of accountability in the medicines supply chain.

Another area, which is a focus of MeTA, is the ethical promotion of medicines. The JFDA has long recognised this as a challenging area and has recently developed some guidelines for the ethical promotion of medicines by the private sector in Jordan. It is currently developing strategies on how to promote these guidelines to all concerned sectors, and how to monitor adherence. The JFDA has indicated it will need the assistance and involvement of all sectors, as well as international support, to succeed in promoting transparency and good practice in this area, which will contribute to improving rational use of medicines.

Other challenges that were identified during scoping mission visits include:

- Lack of sufficient budget for procurement of medicines in public sector often resulting in low availability of essential medicines, as highlighted by the 2004 HAI/WHO medicine price and availability survey
- Severe lack of Civil Society resource and capacity, with limited freedom to operate (although the latter has improved in recent years).
- Need for better ethical guidelines for physicians and pharmacists in prescribing and dispensing of medicines, as well as pharmacy practice training which could be facilitated by the professional Associations. There is a great need for re-engineering both medical and pharmacy education in this respect.
- Physicians on selection committees for public sector procurement currently do not have to declare any conflict of interest

⁵ Bader, Rania 2004 HAI/WHO Pricing and Availability Survey.
http://www.haiweb.org/medicineprices/surveys/200405JO/survey_report.pdf

- No supervision or monitoring of marketing and promotion to physicians and pharmacists lead by multinational and local manufacturers. Agents, wholesalers and other third parties need to be more stringently regulated.
- There are no good statistics on prevalence of counterfeit medicines and current penalties through law courts are too lenient
- Over prescribing of brand medicines, antibiotics and NSAIDs is prevalent and there is a great need to promote rational drug use and support the activities of the RDU at the JFDA
- Even when transparent legislation is in place for regulating different aspects of the pharmaceutical supply chain, there is sometimes a lack of technical capability and resource to implement policies
- Need for better accountability and harmonization in SOPs of the various public institutions. This is especially highlighted by the MOH Health Insurance Department.
- Need for further investigation into available monitoring and assessment mechanisms by the Government of Jordan and Donors with health sector projects in the country. No data was easily available from a Public Expenditure Tracking Survey or similar surveys.

Given the above realities, potential areas of work under MeTA were identified by stakeholders in both the original MeTA scoping report⁶ and during the MeTA mission held in January 2008.

2.1 WORK AREA SELECTION FOR NATIONAL META WORKPLAN

Some of the potential areas for the national MeTA workplan were listed in the final MeTA proposal⁷ for Jordan, based on thorough discussions and suggestions during the numerous meetings with key stakeholders. These are listed below:

6 Saad, S, (July 2007) Medicines Transparency Alliance Scoping Report For Hashemite Kingdom Of Jordan.
http://www.medicinestransparency.org/fileadmin/uploads/Documents/countries/Final_Jordan_MeTA_report_with_incorporated_comments_by_stakeholders_.pdf

7 Walker, S., Frere, J.J., Saad S, (February 2008) Medicines Transparency Alliance (MeTA) Project Proposal for Jordan MeTA Pilot Presented to MOPIIC, The Hashemite Kingdom of Jordan.
http://www.medicinestransparency.org/fileadmin/uploads/Documents/countries/Jordan_Approved_MeTA_Proposal__2_.pdf

1. Revisit existing studies and data available (including the 11 studies produced under the WB Health Sector Reform project on expenditure, pricing and utilisation of medicines in Jordan to identify priority areas, information gaps and recommendations for action.
2. Build capacity to collect data relating to medicines (e.g. procurement, utilisation, expenditure etc.) as well as analyse and present it in ways that can inform policy development and implementation.
3. Build capacity of civil society to monitor and increase accountability for the prices, availability, selection and quality of medicines in the public and private sectors.
4. Implement guidelines for the ethical promotion of medicines
 - by multinationals, especially during public sector procurement tenders
 - by local manufacturers selling in the Jordanian private sector
 - by all committees during public procurement tenders and RDL selection through clear Terms of Reference for committee members, declaration of conflicts of interest and improved accountability

(The JFDA has recently developed guidelines for the ethical promotion of medicines and it was suggested that MeTA could work alongside the JFDA on strategies for implementation)

5. Develop and use medical evidence as the main criteria for the removal and addition of medicines to the RDL and develop an improved mechanism for monitoring the effectiveness of medicines using *transparent* measurement criteria.
6. Disseminate information to both prescribers and patients on the quality of generics.
7. Improve rational use of medicines, this could include consolidation and implementation of Standard Treatment Guidelines and work with physicians to improve prescribing behaviour (e.g. through continuing medical education programmes).

It is important to note that these areas were recommended by the International MeTA mission held

in January 2008 as a starting point. The Council, as a new multistakeholder body, would form its own opinion as to whether to choose these areas as a focus for the MeTA project or additional ones it identifies as more important as it starts its work.

3. IMPROVING TRANSPARENCY AND ACCOUNTABILITY

The Jordan MeTA Council priorities for improving transparency and accountability need to be seen within the context of Jordan's National Drug Policy (NDP)⁸ of 2002. Overall activities to improve transparency and accountability in the medicines supply chain are the ultimate goal of the MeTA approach in Jordan in the long term. These can be found in the separate accompanying Excel spreadsheet based on the structure of the NDP document.

The Jordan MeTA Council has chosen to initially focus on the following three areas, from those listed in section 2.1, as priority activities for the national workplan to begin the 21 month MeTA Phase I pilot. They aim to improve transparency and accountability as follows:

- 1- Build capacity of civil society organizations (CSOs) to monitor and increase accountability of all stakeholders with respect to the prices, availability, selection and quality of medicines in the public and private sectors⁹. The Council will work together with CSOs, the Government and stakeholders from the private sector to ***share this information and make it transparently available in the public domain.***

- 2- Develop and use medical evidence and phramaco-economic concept as the main criteria for the removal and addition of medicines to the RDL and develop an improved mechanism for monitoring medicines ***using transparent measurement criteria made available in the public domain.*** The Council will promote good practice and advocate the development of conflict of interest (COI) declarations and guidelines for management of COI for all selection and procurement committees, as well as ***share information on how these criteria are being implemented to improve accountability in the selection of medicines.***

- 3- Improve rational use of medicines by implementing Standard Treatment Guidelines (STG), led by the newly formed RDU Unit at the JFDA. This could include consolidation and implementation of STGs and work with physicians to improve prescribing behaviour (e.g. through continuing medical education programmes), as well as work with civil society to promote better rational use of medicines by patients. The Council will work ***to promote transparency in use of the recommended STG's by health workers (prescribers and dispensing pharmacists) and encourage adherence to ethical guidelines for promotion of medicines by manufacturers and their agents.***

⁸ Jordan National Drug Policy 2002. JNDF <http://www.jfda.jo/RDU/JNDFBook/All%20Chapters/All%20Chapters.htm>

⁹ The CSO capacity building activities will not be funded from the Jordan national MeTA budget, but rather from the International MeTA Secretariat funds dedicated for CSO capacity building.

The above areas also require technical capacity building: this will be supported by Jordan's MOH, WHO, World Bank, and other MeTA partners. It is necessary to build capacity and fill the gaps in data on medicine prescribing and use. This information/data can then be shared transparently with all the Council stakeholders and the public through the MeTA website, the MeTA Fora and training workshops, to provide the necessary evidence for the Council to advocate for more accountability within the medicines supply chain.

To further support their work, the MeTA Council has decided that two base line studies are also needed as part of the national workplan: a WHO Level 2 Pharmaceutical Assessment and a Supply Chain Mapping assessment. Funding for these activities has been requested from WHO and World Bank. The findings and recommendations from these studies, once disseminated, will improve transparency on critical baseline information on the medicines supply chain in Jordan.

WHO will play an advisory and resource mobilization role to the Jordan country group and support all processes and actions required to make the MeTA Jordan project a success. WHO will be a core member of the country group, represented by the WHO Country Representative and the National Professional Officer for Health Systems Strengthening on the MeTA Council. The Level 2 Pharmaceutical Assessment will be managed by WHO Jordan Country Office, led by an experienced pharmacist (who it is anticipated will be hired in early 2009 to manage the project) and supported by WHO EMRO and WHO HQ in Geneva.

In addition, the Council would like to commission a re-assessment of existing studies on the impact of Jordan-US Free Trade and other International agreements on access to medicines in Jordan (Oxfam, MSF, MeTA) by 31 March 2009. A local consultant has been identified and is available for the assignment in February-March 2009. Funds are available from the Intl. MeTA Secretariat for this work.

Collaboration between WHO Good Governance for Medicines (GGM) - MeTA

The WHO Good Governance for Medicines (GGM) programme and the DFID initiated Medicines Transparency Alliance (MeTA) are complementary initiatives, each seeking to improve access to quality essential medicines by increasing transparency and accountability in the pharmaceutical sector. MeTA's primary emphasis is on disclosure of information and multi-stakeholder collaboration. The GGM emphasizes on strengthened government and regulation procedures and on promoting a culture of ethical practice. While the focus of each – and the approaches they take – differs, they pursue the same goal and are intended to work very well together.

A joint WHO-MeTA visit to Jordan during October 14-16, 2008 provided advice on possible process models and organizational structures for the GGM and MeTA programmes to collaborate closely, both interdependently and in complementarity. The joint team recommended that both GGM Steering Committee and the MeTA Council integrate into a *“High level national council for good governance and transparency in medicine”*. The joint team also recommended that duplication should be avoided, and that the GGM Task Force for phase 2 and later phase 3 should work closely together with MeTA Jordan Secretariat and Council.

4. SPECIFIC STRATEGIES AND DESCRIPTION OF ACTIVITIES

This section presents the more detailed thinking of the three MeTA Council subcommittees on the three identified priority areas for the first phase of the MeTA Jordan project. Original language has been maintained as much as possible, to enable good insight of the bottom-up approach.

4.1 CAPACITY BUILDING IN CIVIL SOCIETY

- **Establishment of a Drug Use Committee**

In order to monitor the use of drugs and identify related emerging issues, it is suggested that a Drug Use Committee be established. This Committee would include representatives of major stakeholders, but mainly civil societies, as well as representatives of healthcare professional organizations. The MeTA Secretariat would provide a series of reports to the Committee regarding pharmaceuticals and their use.

The members of the Committee would be provided with training on specific topics that include collaboration and visits to similar international organizations.

The main task of the Committee would be to review the use of registered drugs and to identify emerging issues, such as apparent non-compliance with treatment guidelines, low availability in the public sector, high prices in the private sector and the overall high expenditure on medicines. The secretariat would provide support for the Committee and undertake research as requested by the Committee. The Committee would provide the Minister of Health with recommendations regarding particular medications as well as necessary changes in medicines' policy. It will also generate an annual report on drug use which will be published on the MeTA, JFDA and MOH websites.

Information from the findings of the Drug Use Committee will be transparently shared amongst all the META Council stakeholders and at the annual MeTA Forum. The MeTA Council could then advocate the use this information to inform policy decisions on public sector medicines budget allocations as well policies to improve rational use by both prescribers and patients.

- **Establish Database of Civil Societies and Patient Organizations and Provide Training**

One of the initial tasks will be to establish a database of all the relevant organizations such as civil societies and patient organizations. In addition, the MeTA project will include a comprehensive programme to strengthen civil society, through formal and informal institutional and technical training, and facilitating engagement with local government bodies. The aim of strengthening civil society capacity is to ensure that they will be able to actively and meaningfully

engage in the various medicines committees including the Drug Use Committee and perhaps the Drug Registration and Drug Pricing Committees at the JFDA, as well as engaging in discussion on issues such as generic substitution.

A strategic review of CSOs will be undertaken through partnership between the local and international NGOs such as Health Action International's networks. Technical assistance through engagement of national and/or international specialists can be provided to support the CSO review undertaking including Training of Trainers (TOT) focusing on monitoring, leadership building, strategic planning and advocacy for improved access to medicines.

4.2 EVIDENCE BASED DECISION MAKING FOR THE RATIONAL DRUG LIST (RDL)

- **Review Current Committees TOR and Procedures**

A thorough review will be undertaken of all the relevant TORs and SOPs of existing committees involved in selecting and amending drugs on the RDL and make them publicly available. This will include also a review of the processes for adding and deleting drugs off the RDL and promoting evidence based decision-making in the selection of essential medicines. Strategies will include increasing Pharmaco-Economic capacity of the RDL Committee through training local experts with technical support from NICE and WHO expertise. Concepts of transparency will be promoted, COI declaration required and guidelines for management of COI developed and implemented to increase transparency and accountability in the selection of medicines for the RDL.

- **Training in Conducting and use of Pharmaco-economic studies**

Conducting Pharmaco-economic studies is crucial for the development of an effective and affordable national drug list.

- 1- Training of a group of individuals in conducting of Pharmaco-economic evaluations
- 2- Training of public sector personnel in the optimum use of Pharmaco-economic evaluations in developing policy and selecting medications that will be funded through the public sector.

- **Incorporating Evidence into the RDL Listing Process**

Not only must there be a process in place to train individuals in the use of evidence and Pharmaco-economic concept in listing drugs but there also needs to be a transparent process in

place to use that evidence within the listing process itself. The current process for adding and deleting drugs from the RDL does not include any Pharmaco-economic assessment of those medications. It is suggested that the current process should include Pharmaco-economic assessments.

This list is developed through the JFDA/RDU with the involvement of all stakeholders. It is the list that the JPD uses as their prime purchasing list and the other public health sector Institution (e.g. MOH, RMS, Universities hospitals, KHCC) in Jordan are also required and willing to purchase from this list, with some exceptions. At present, various Institutions do not appear to have a high degree of confidence in the accuracy and suitability of the RDL, with the consequence that various institutions continue to refer to their own Institutional formularies. This undermines the efforts of the JPD and could clearly undermine the rational use of drugs.

It is suggested that the RDL be reviewed thoroughly. The processes for adding and deleting drugs should also be reviewed and all proposals to add or delete medicines published transparently on JFDA website¹⁰ with supporting scientific information. It is crucial that the key public health institutions are supportive of the process and believe in the integrity of the final RDL in order to promote the adherence to the RDL by prescribers and institutions.

Best Practice Committee (Sub activities for the work plan)

A. Hire an international consultant and a national counterpart to review existing and benchmark against best practices for the following:

1. Constitution of various committees
2. Terms of reference for the selection of various committees' members, suggest TOR if it doesn't exist
3. Addition/ deletion criteria
4. Implementation of addition/ deletion criteria

B. Formulate a research committee to review the classification of drugs (restricted, unrestricted, authorized and unauthorized) in the RDL, and to suggest detailed evidence based regulations for the implementation of the classification. It is suggested to include experts representing the following institutions in this committee:

1. JFDA/ RDU
2. JPD
3. MOH/ (pharmacy department, Supply department)
4. MOH/ Health Insurance Department
5. Royal Medical Services/ (pharmacy department ,Supply Department)

¹⁰ <http://www.jfda.jo/RDU/JNDFBook/All%20Chapters/All%20Chapters.htm>

6. Academia/ Ph.D in Clinical Pharmacy
7. Universities Hospitals, KHCC
8. Internal medicine consultant
9. Pharmaco-economist

B.2 Adopt the classification and the evidence based detailed regulations for the implementation of the classification.

B.3 Organize a workshop to reach a common understanding & raise awareness among all the stakeholders on the implementation of the classification.

C. The above mentioned committee should set a mechanism for monitoring and evaluation of the implementation of the set criteria.

4.3 ENCOURAGING BEST PRACTICE /IMPROVE RATIONAL USE OF MEDICINE

Standard Treatment Guidelines:

STGs form an important part of any quality health care system to ensure that the health care treatment options provided to a population are the best and most appropriate that the country can afford.

There is a need within Jordan for an assessment of both Standard Treatment Guidelines and protocols. Following a gap analysis of availability of existing guidelines, a strategy will be developed as well as an implementation plan to stimulate the wide acceptance and use of treatment guidelines. The plan will include the conducting of a guideline pilot and the subsequent evaluation of the pilot and dissemination of the findings.

4.3.1 Rational use by Consumers:

1. Establishing and training a consumer drug use committee and sending some potential trainers to the next Promoting Rational Drug Use in Community (PRDUC) course
2. Reviewing the use and perception of medicines by consumers Knowledge, Attitude and Practice (KAP) study
3. Widely disseminating information on best practice and promoting rational use of medicines among consumers through training workshops

4.3.2 Rational use by Health Workers:

This could include consolidation and implementation of STGs and work with physicians to improve prescribing behaviour (e.g. through continuing health education programmes) promoting the use of standard treatment guidelines.

Strategy I: Assessment and gap analysis and the identification of scope

1. To assess the current guidelines used in different sectors, such as the treatment guidelines used in the following sectors RMS, KHCC, MOH, Jordan University hospital and private hospitals and entities accredited by the JCI e.g. the Specialty Hospital;
2. To do gap analysis to the situation, what standards are used, what services are covered, are these standards implemented and used in the field;
3. To review the Use and perception of the existing treatment guidelines Knowledge, Attitude and Practice (KAP study);
4. To define the committee targets and steps forward in developing, adopting or consolidating the standards, identify the scope, purpose and use of these guidelines.

Strategy II: Implementation plan for the STGs

1. Finalization and approval of the STGs;
2. Dissemination of guidelines in a pilot area, by training and orientation sessions;
3. Involving the pharmacy, the clinical pharmacist and therapeutic committees activating their role in the implementation process and in monitoring;
4. Evaluate the compliance with standards in the pilot area.

5. FRAMEWORK – WORKPLAN LOGFRAME

5.1 NATIONAL MEDICINES POLICY FRAMEWORK

The MeTA Council priorities for improving transparency and accountability need to be seen within the context of Jordan's National Drug policy of 2002¹¹. Overall activities to improve transparency and accountability in the medicines supply chain are the ultimate goal of the MeTA approach in Jordan in the long term. MeTA therefore did not only make a budget and workplan for its own activities, but also made a framework for integration or collaboration of all the players in the Jordan pharmaceutical sector.

The framework can be found in Appendix IV: MeTA Activities & Budget in the accompanying Excel spreadsheet. The framework is based on the structure of the NDP document, and allows an overview of all needed activities to implement the NDP and achieve its objectives. Development partners and MOH are invited to fill the framework with further details (budget, details, timeline etc) as to responsible institution and key partners as well as the funding source.

All partners will be invited to a satellite meeting on 12 March 2009 (day after the National Launch) to discuss the potential collaboration and a way forward. Updating, financing, implementing, coordinating and monitoring the framework is a substantial job. MOH/HHC should provide leadership in coordinating these efforts. The development partners should use the Paris Declaration principles in collaborating on the overall framework.

5.2 META SPECIFIC WORKPLAN

The MeTA specific workplan is based on the priorities set, and activities proposed by the Council's three committees. The activities were inserted within the National Framework; together they form the MeTA specific workplan.

The MeTA specific workplan is a subset of the overall framework. For funding and reporting purposes it can be made visible on its own by filtering on the "x" in the MeTA column. Annex IV in the accompanying Excel spreadsheet outlines the specific activities that will be the main focus of the MeTA workplan up to March 2010. The original Excel spreadsheet also shows budgets for the period from April to September 2010.

¹¹ Jordan National Drug Policy 2002

5.3 META LOG FRAME

The MeTA activities from the framework have been entered into a logical framework with relevant indicators (See Appendix V: MeTA Logframe for Workplan in accompanying Excel spreadsheet). This will facilitate the monitoring and evaluation of the project.

The MeTA log frame consists of 4 levels:

1. Overall (development) objective
2. Special Objectives
3. Expected results
4. Activities

It is unlikely that it will be possible to directly attribute any improvement in the *overall objective* (“improved access to medicines”) after only 21 months of activities to the MeTA project. More time will be needed.

The log frame lists 11 *special objectives*; these are compatible with the main objectives in the National Medicines Policy:

1. National Drug Policy 2002 updated (including the concept of transparency, recommendations from existing studies on access to medicines, and promotion of the use of generics)
2. Rational Drug List updated and including concepts aiming at better selection of drugs
3. Improved procurement and supply system
4. Improved rational drug use
5. Economic strategies for drugs developed
6. Human resources plan developed
7. Effective monitoring and evaluation system in place
8. Increased number of research and development activities
9. Increased technical cooperation among countries and international organizations
10. Capacity built in civil society organizations
11. Increased transparency and access to medicines in Jordan through institutional support from MeTA and its MeTA partners

The MeTA Jordan log frame defines 39 *Outputs* or *expected results*, distributed over the 11 areas of the National Medicines Policy. These outputs can be expected to be attained in the 21 months of the project. They have been linked to SMART; verifiable indicators and external risks or assumptions have been made explicit.

7. RISKS, THREATS AND THEIR MANAGEMENT

7.1 RISKS

Overall external risks that are beyond the control of the Jordan MeTA Council could involve a change in key senior champions of MeTA within Jordanian Government. It is therefore important that the MeTA principles and concepts are widely shared, advocated and adopted at all levels of the institutions represented on the Council.

7.2 WEAKNESSES

CSO's in Jordan do not have much of a voice to influence policymaking. They mainly consist of fundraising patient groups, with very little expertise in advocacy and campaigning. For the first time, CSO's in Jordan have the opportunity through the MeTA Council to have a seat at the table and contribute to decision making to improve transparency and accountability in the medicines supply chain. There is a danger that CSO representation on the Council is a token representation.

To mitigate this, CSOs have three seats on the Council (Consumer organization, patient group and international CSO- although only 2 seats have voting rights) that are supported by a broader CSO Alliance.

7.3 THREATS

7.3.1. Threat of MeTA becoming a Data Collection/Research Project

There is a risk that the MeTA project will become a data collection/research project. To avoid this, regular disclosure of both existing and any new information generated around the quality, availability and affordability of medicines in both the public and private sectors should take place through the quarterly MeTA report and by regular posting on the national MeTA and partner websites. In addition, information generated and disclosed will be used to hold all sectors accountable and to advocate for policy changes that would improve access to medicines based on evidence.

7.3.2. US-Jordan Free Trade Agreement (FTA)

The US-Jordan FTA could exacerbate lack of access to affordable essential medicines. The Council should work with the JFDA and the local manufacturers' association, the JAPM, to ensure the FTA does not create a barrier to market entry for generics or the continued operations of the local generics industry. In addition, The Council should seek assistance from WHO and IP and international trade experts for assistance where needed.

8. MANAGEMENT ARRANGEMENTS

8.1 NATIONAL META COUNCIL

Based on the recommendations of MeTA proposal presented to MOPIC and the MOH, the MeTA Council was formed with the representation of each of the key stakeholders as the government, private sectors, civil society organizations and professional organizations, academia and representatives from the WB, WHO, Health Action International (HAI) and the MeTA local consultant- the last four are non voting members. Membership of the Council was constituted by the Minister of Health in July 2008. The Council serves as the main decision making body and the highest policy making and consultative body for MeTA. The first meeting was held in August 2008. The members elected the Chairperson and discussed internal rules for the MeTA Council then in their next meetings they prioritised the main working areas for developing the country workplan. Their duties at a later stage will be to oversee the over-all implementation of programmes/projects in Jordan, review progress against workplan objectives, and decide on any other matters pertaining to the implementation of all MeTA programmes in Jordan. The Council decided to have the MeTA official launch for Medicines Transparency on the 11th of March 2009, and to have the first Annual National Forum on Medicines Transparency towards the end of 2009. The Council also identified the chairperson of the MeTA Council to participate in the International Multi-Stakeholder Forum MIAG. The MeTA Council along with the MeTA consultant drafted the MeTA internal rules, outlined in Appendix III. The MeTA Council formed three committees that will oversee the planning and implementation part of the areas of work. Names of members in the aforementioned committees are listed in Appendix III.

1. Committee one will work on how to improve rational use of medicines. This could include consolidation and implementation of Standards Treatment Guidelines (STGs) and work with physicians to improve prescribing behaviour.
2. Committee two will work on how to develop and use medical evidence as the main criteria for the removal and addition of medicines to the RDL and develop an improved mechanism for monitoring the effectiveness of medicines using transparent measurement criteria.
3. Committee three will work on building capacity of civil society to monitor and increase accountability for the prices, availability, selection and quality of medicines in the public and private sectors.

8.2 NATIONAL SECRETARIAT

The International MeTA Secretariat contracted a local MeTA Consultant to act as the interim National Secretariat, to move the MeTA process forward, and to assist the Council in drafting

the country workplan. The National Secretariat will be created early in 2009 and consists of an Administrator and a Technical Expert. The Administrator will be appointed to handle the day-to-day administrative work and the Technical Expert (a pharmacist) will be appointed to provide technical support in the area of pharmaceuticals.

The MeTA Council has suggested that the local MeTA consultant could work with the Council until they are ready.

The Minister of Health sent an official letter to MOPIC approving that the High Health Council (HHC) hosts the National MeTA Secretariat. The HHC was created according to Law no. 9 of 1999; it is the supreme body that is tasked with drawing up general policy and strategy for the Jordanian health sector. Its main objective is to develop and organize the health sector so as to extend the most advanced medical technology and health services to all citizens. It is headed by the Prime Minister and includes in its membership the Minister of Health, who acts as the HHC's Vice President, the Ministers of Finance, Planning, Labour, and Social Development, the Director General of the Royal Medical Services (RMS), the Head of the Jordan Medical Association, one of the Deans of the Medical Schools, the Head of an additional health related association, the President of the Association of Private Hospitals, and 2 additional persons with expertise in health matters.

The Government/HHC will contribute office space, a meeting room and cover running costs for electricity and water.

In addition to the National Secretariat staff costs, the Jordan MeTA country budget includes project administrative costs such as office furniture, air conditioning, and equipment (e.g. photocopier, scanner and communication equipment such as telephone, internet etc). Council sitting allowances and refreshments are also included.

9. FINANCIAL ARRANGEMENTS AND BUDGET

9.1 META

MeTA Jordan is requesting funding (GBP 175,000) for a 21 months programme. The budget was split into 2 phases, as it was not yet sure whether the 6-months extension would be granted:

1. 1 January 2009 until 31 March 2010
2. 1 April – 30 September 2010.

The requested budget (see Appendix IV: MeTA Jordan Activities and Budget sheet in the accompanying Excel document) will be used to support the work of the National Secretariat, convene the MeTA Council, two annual forums, and support the activities listed in the attached workplan and budget.

The budget will be held at the High Health Council, in a dedicated account for MeTA Jordan. The HHC accountant will be handling the accounts as per MeTA financial guidelines.

Arrangements for the transfer of funds to the National Secretariat will be detailed in the Memorandum of Understanding to be signed between the International MeTA Secretariat and the Jordan MeTA Council.

Overview of Proposed Country Budget

	Proposal for Jan 2009- March 2010				Proposal for Extension to Sept 2010			
	JD	JD %	GBP	GBP %	JD	JD %	GBP	GBP %
Key Activities	79,470.00	62%	76,563.78	61%	32,450.00	63%	31,263.30	63%
Staff	24,000.00	19%	23,122.32	18%	9,600.00	19%	9,248.93	18%
Council	13,620.00	11%	13,121.92	10%	4,740.00	9%	4,566.66	9%
Office	5,750.00	4%	5,539.72	4%	2,300.00	4%	2,215.89	4%
Investments	0.00	0%	0.00	0%	0.00	0%	0.00	0%
Contingencies	6,250.00	5%	6,652.26	5%	2,500.00	5%	2,705.23	5%
	129,090.00	100%	125,000.00	100%	51,590.00	100%	50,000.00	100%

9.2 INTERNATIONAL META PARTNERS

9.2.1 World Health Organization

World Health Organization is a partner in the MeTA alliance. WHO Jordan and WHO/EMRO have received funds from DFID to provide technical assistance to support the implementation of MeTA country workplans. WHO will also appoint an experienced pharmacist for support to MeTA and the pharmaceutical sector in Jordan.

9.2.2 World Bank

World Bank has a Global MeTA trust fund. MeTA pilot countries could apply for this fund for specific projects related to transparency. The MeTA Jordan Council has requested World Bank to support 2 specific projects:

- A supply chain mapping consultancy by Prashant Yadav of MIT.
- Training by NICE/UK for evidence-based and pharmaco-economic selection of products in the Rational Drug List.

These projects are expected to start in February and March 2009.

10. MONITORING AND EVALUATION

Monitoring is the responsibility of the MeTA Jordan Council. The MeTA Jordan Secretariat will do the day-to-day project management including the monitoring. The following monitoring systems are envisaged:

- a. Monthly reports of the progress of the three working committees and the MeTA Jordan Secretariat to the Council
- b. Quarterly reports by the MeTA Council to the International MeTA Secretariat. These reports could also be published on the national and international MeTA websites.
- c. Financial reporting by the national MeTA secretariat to the International MeTA Secretariat according to DFID's financial reporting guidelines
- d. An external monitor will be invited from another MeTA pilot country on an annual basis, possibly around the time of the Annual MeTA Forum. This could also facilitate South-South collaboration and cross fertilisation between MeTA pilot countries.

The national CSO Alliance, which supports the MeTA Council CSO Committee, will be involved in monitoring and evaluation by conducting a patient survey at the beginning and towards the end of the MeTA phase I pilot, alongside a standardized HAI/WHO medicine price survey.

It is anticipated that the evaluation of the MeTA pilot phase will focus on the effectiveness of the MeTA 'process' in pilot countries rather than outcomes, due to the brevity of the pilot phase.

11. APPENDICES

APPENDIX I – KEY REFERENCES

Back E. 2006, "Towards a Medicines Transparency Alliance: research priorities and mechanisms". DFID Health Resource Center Report, Dec 2006.
<http://www.medicines Transparency.org/fileadmin/uploads/Documents/MeTAResearchMeetingNotes.pdf>

Bader, R, 2004 HAI/WHO Pricing and Availability Survey Published in 2007
http://www.haiweb.org/medicineprices/surveys/200405JO/survey_report.pdf

Cohen, J. C. Improving Transparency in Pharmaceutical Systems: Strengthening Critical Decision Points against Corruption: Human Development Network, 2002

Medicines Transparency Alliance: Implementing Our Pilot Phase
<http://www.medicines Transparency.org/fileadmin/uploads/Documents/Report%20Content%201.pdf>

Saad, S, (July 2007) Medicines Transparency Alliance Scoping Report for the Hashemite Kingdom of Jordan.
http://www.medicines Transparency.org/fileadmin/uploads/Documents/countries/Final_Jordan_MeTA_report_with_incorporated_comments_by_stakeholders_.pdf

Walker, S., Frere, J.J., Saad S, (February 2008) Medicines Transparency Alliance (MeTA) Project Proposal for Jordan MeTA Pilot Presented to MOPIC, The Hashemite Kingdom of Jordan.
http://www.medicines Transparency.org/fileadmin/uploads/Documents/countries/Jordan_Approved_MeTA_Proposal__2_.pdf

WHO Medicines Strategy 2004-2007
<http://www.who.int/medicinedocs/pdf/s5571e/s5571e.pdf>

WHO Good Governance for Medicines (GGM) programme
<http://www.who.int/medicines/areas/policy/goodgovernance/GoodGovCurbingflyerEN.pdf>

APPENDIX II LIST OF PROPOSED PARTICIPANTS IN NATIONAL FORUM

Please note the Excel spreadsheet 'MeTA Jordan Participants in National Forum'

APPENDIX III- JORDAN META COMMITTEES' MEMBERS

Committee 3	Committee 2	Committee 1
Build capacity of civil society to monitor and increase accountability for the prices, availability, selection and quality of medicines in the public and private sectors	Develop and use medical evidence as the main criteria for the removal and addition of medicines to the RDL and develop an improved mechanism for monitoring the effectiveness of medicines	Improve rational use of medicines. This could include consolidation and implementation of Standard Treatment Guidelines and work with physicians to improve prescribing behaviour
Dr Abdel Fattah Kilani	Dr Riham Al Nazeef	Dr Taher Abu Samen
Dr Iman Madi	Dr Musallam Qatarneh	Dr Laila Jarrar
Dr Bader Rashid	Dr Ibrahim Abbadi	Dr Khawla Abu Hamour
Dr Mumen Al Hadid	Dr Taiseer Malkawi	Dr Lama Hmoud
Dr Taher Alshakhshir	Dr Maisa Al Saket	Dr Wafa Nsour
Dr Rania Bader	Dr Hanan Sboul	Dr Sana Naffa
	Dr Lama Hmoud	

APPENDIX IV – FRAMEWORK AND META WORKPLAN AND BUDGET

Please note the Excel spreadsheet 'MeTA Jordan Activities and Budget'

APPENDIX V - LOGFRAME

Please note the Excel spreadsheet 'MeTA Logframe for Workplan'