Chapter 6: NDS Advisory Structures

Introduction

This Chapter considers the roles and workings of the advisory structures that inform the development and implementation of the NDS and the extent to which they have achieved their intended intermediate outcomes: 24

‘Advisory structures provide evidence-informed advice to governments for policy, investment strategies, and program development

‘Advisory structures achieve their stakeholders’ engagement and buy-in to the National Drug Strategy and its implementation’.

The purpose of the advisory structure is to ensure that the MCDS has timely access to the expert and policy advice it needs to achieve the goals of the NDS. As the diagram in Chapter 3 shows, in pursuit of this primary goal, a range of councils and committees, reporting relationships, programs, and time-limited expert working groups contribute to the policy making, planning and advisory process.

The key challenge for this evaluation in assessing the advisory structure is that the elements within it are not all of like kind. The IGCD is part of the machinery of Government, working with it to write and refine policy on the basis of advice. The ANCD provides independent advice to the Prime Minister and the Government. The National Drug Research Centres provide advice to government, non-government and community stakeholders. The expert working parties provide advice to IGCD.

The evaluation therefore considers the extent to which the IGCD, ANCD and the other specified elements of the NDS advisory structure provide evidence-informed advice, and achieve their members’ engagement and buy-in to the NDS in appropriate, efficient, and effective ways, but within the limits and opportunities that their place in policy making and planning hierarchy allows.

That is, do they provide advice that supports the development and implementation of drug-related policies in line with the principles and aims and objectives of the NDS? Do the IGCD, the ANCD and the centres, working groups, and expert panels provide best possible research evidence and advice to the MCDS? Do the MCDS and the IGCD use the best possible advice and research evidence in decision-making? Is advice is provided in a timely manner to inform responses to emerging issues? Do the IGCD and the ANCD engage stakeholders and generate ‘buy-in’ to the NDS and its implementation? Are public debate and community views incorporated into decision-making?

Data sources

Four sources of data were collected and analysed and synthesised: 1) documentation of the workings of the advisory structure, 2) literature on good governance and policy best practice, 25 3) informant interviews, and 4) two case studies. 26

We examined a very large number of documents generated by the major advisory bodies and the working parties that reported to them. Most of these sources minutely process, but contained scant documentation of policy discussions and reasons for decisions made by IGCD or MCDS. The literature on governance and best practice suggests that consistent recording of reasons for decisions and resulting actions is essential to policy development and review.

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24 As set out in the program logic model and outcome matrices for Component 3 - see Appendix I.
25 See Volume 2 for a comparative review of literature on efficiency and effectiveness in policy practice
26 See Volume for the two Component 3 case studies
As the PWG directed, we interviewed senior informants in government (including those in very senior roles in the advisory structure), the research community, NGOs, and the public and private sectors. We structured those interviews around the agreed success factors identified in the Component 3 outcomes matrices.

The two case studies – the Advisory Role of the NDRCE with respect to AOD Workforce Issues and the National Psychostimulants Initiative Expert Reference Group (NPIERG) - were chosen by the PWG to illustrate processes the advisory bodies have used in developing evidence to inform policy development. Even though our informants included those in senior advisory roles, the number of respondents able to comment on many of the issues was relatively small, and their views were not always unanimous. Occasionally, therefore, we report views whose validity we were not able to verify independently, and we signal this limitation where it occurs.

**Findings**

**Achieving consensus and commitment**

The MCDS and the IGCD, the ANCD and the working groups of the IGCD have been useful and appropriate forums for health, education and law enforcement policy makers to reach consensus on key policy areas that involve the health, law enforcement and education sectors. They have sustained bipartisan commitment to the principles of the NDS, and promoted a nationally consistent and coordinated approach to the development and implementation of drug policy in Australia’s federated system of government.

**MCDS and COAG**

MCDS sits at the peak of the NDS advisory structure as the authoritative recipient of the advice generated by IGCD and all its supporting activities.

MCDS’s responsibility is to develop and implement drug policy and program initiatives, and to support and advise the COAG process, and then, as required, oversee the implementation of related policy reforms and planning and program initiatives agreed by COAG.

This relationship with COAG allows the drug and alcohol sector to work proactively and reactively with those responsible for the policy areas that together address the broad social determinants of drug related harm. This is a great advance and the working relationship between the NDS and the broader government environment that the COAG process supports (beyond health, justice, law enforcement and education) needs further development.

The experience to date is that the relationship between COAG and MCDS is a top-down decision-making process. Informants felt that a more bi-directional relationship would allow MCDS to put issues forward to COAG, and enable MCDS to address the social determinants of problematic drug use more effectively.

The NDS recognises that collaboration among the levels and sectors of government is critical for achieving its objectives. However, some informants said the partnership between MCDS and government stakeholders outside the NDS advisory structure was not always strong. We suggest that it would pay dividends if endorsements of AOD initiatives by COAG meetings were routinely referred back to MCDS for implementation (as, for instance, with the Binge Drinking Initiative agreed to by COAG in July 2008), as the NDS structures and processes have well-developed pathways for funding with the States and Territories and the non-government sector. The NDS also has good and improving data collection mechanisms that can ensure that the process burden of reporting does not continually grow as the reporting requirements of different agencies and programs of effort multiply.
The role of the IGCD

The IGCD operates largely in accordance with its terms of reference and the scope of work defined by the NDS. It provides policy advice to MCDS on matters of drug-related policy development, and implements the policies and programs endorsed by MCDS.

The composition of the IGCD reflects representation across health, law enforcement, and education portfolios. However, some informants inside the advisory structure thought over time the level of content specific expertise in the AOD field had lessened, even though there was a high level of expertise in public administration and policy development more generally.

Several informants also believed there was an imbalance of effort in favour of supply reduction over treatment in recent years and that this is because, in their opinion IGCD did not appear to provide advice that might ensure that the balance of investment reflected the evidence for effectiveness rather than the imperatives of the media and political attention.

IGCD processes

Documents recording IGCD meeting agendas show that the majority have consisted of standing items rather than policy level papers and discussions with concrete resolutions. It is difficult for us to know if this is the result of the style of record keeping or the need for better documenting of meetings and activities (for example in action minutes mapping deliverables to timeframes on a work plan and assigning responsibility for action, as happens in other similar level committees).

The performance of bodies such as IGCD is determined by where it sits in the policy and planning framework of Governments, and reciprocally its performance will determine how much it is consulted and used by Government in policy and planning. That is, circumstances can act to marginalise committees’ influence; broader factors in the recruitment policies of the public sector (moves to fill senior posts with generic policy or management skills rather than content experts) can change the nature of their capacity; and then stakeholders used to one way or the other can find fault in the space opened up by one or another emphasis. Committees such as IGCD can from time to time be criticised for policy naiveté and at others for a lack of real content expertise.

Similarly, their performance is very much tied to the policy agenda of the government of the day and the priorities of that government, as it should be in a democracy. Very often, though, committees take flack for what is perceived from outside government as reluctance to take timely action or a tendency to defer consideration of difficult issues. The IGCD has lost some ground in recent years in terms of reputation and standing in the sector in transparency and accountability, and in its perceived capacity to take proactive initiatives up to Government (a case in point was the three year delay in developing a national strategy on AOD workforce development). Both MCDS and IGCD could benefit from reflecting on the meaning and implications of these perceptions for how they work together in the public interest.

Access to and use of research evidence and expert advice

Our document review showed that the IGCD informs its advice to the MCDS by commissioning a range of research and evidence, including research reports, working group papers and recommendations, projects commissioned under the CSFM, and presentations by external and internal stakeholders. The pool of expertise available to IGCD includes the members themselves, the NDRCE, the NEAP, IGCD working groups and taskforces, and the ANCD. The expertise represented in these bodies has been an important source of up-to-date information and expert advice to inform policy development and implementation. In addition, these bodies have had the capacity to work proactively as well as reactively to present timely advice to government and use research and evidence to influence the priority of issues that are placed on meeting agendas.

27 See the component 3 case study in Volume 2
The National Drug Research Centres of Excellence remain an important source of research and expert advice to the IGCD. Over the years, NDARC, NDRI and NCETA contributed substantially to the evidence underpinning the development and implementation of the NDS.

However, contributions to policy activity, particularly through the formal NDS advisory structures, receive little attention in the strategic and business plans of the three Research Centres. Considering that they were established by DoHA and receive their core funding from it as a key component of the NDS, and that the evidence they help produce and disseminate is central to sound policy activity, we might have expected more explicit mention of their contributions to policy activity. On the other hand, since the NDRCE were established and receive core funding from DoHA rather than from the various bodies that compose the advisory structures, it is perhaps more appropriate that their advice is delivered in the first instance to DoHA rather than directly to the advisory structures. However, our informants did not agree with this approach, arguing it was important that the NDRCE make contributions to IGCD and ANCD directly.

IGCD can request the NDRCE to provide them with advice on particular issues. The Centres were instrumental in developing some NDS sub-strategies, including the 2006 National Cannabis Strategy (NDARC) and the 2008 National Amphetamines Strategy (NDRI). Advisory relationships with the IGCD have varied to some extent among research centres. Informants said IGCD approached NDARC more often than NDRI and NCETA for evidence-based advice, though it regularly invited NCETA to provide advice on workforce issues.

With the abolition of the NDS National Expert Advisory Committees in 2004, the contributions of the Research Centres of Excellence in the advisory structures were reduced. The NDRCE’s formal membership of most if not all of the former National Expert Advisory Committees (NEACs) provided a direct link to the IGCD and the MCDS. In the absence of the expert standing committees, NDRCE lost a significant channel of input to policy activity. However, informants said there were informal processes through which the NDRCE could influence the agendas of advisory bodies. For example, informal collegiate networks were used to raise workforce development issues among policy makers and to keep them before the IGCD.

There has been a stronger emphasis on workforce development in recent years. NCETA’s focus has changed over the years from developing and delivering AOD training programs (it filled a problematic gap in this area in its early days) to research on workforce development issues. This research has provided much of the evidence for workforce development policies and action plans. Our informants have pointed out that Australia is an international leader in AOD workforce development research, primarily through the work of NCETA, and that this is one of the positive outcomes of the current phase of the NDS. This leadership has not yet been translated into a national workforce development strategy and implementation plan.

The extent to which the Research Centres work together affects their capacity to produce quality research. Many informants believed there was much collaboration among the research centres (in particular, NDARC and NDRI), but they also commented that the effectiveness of the NDRCE was limited by the competitive demands for funding and influence that characterises the university sector in Australia. The results of the recent evaluation of the NDRCE indicated that the research centres would benefit from greater collaboration and partnerships between the Centres and with other AOD research bodies and projects.

The IGCD created the NEAP in 2004 to replace the previous NEACs. The NEAP is a list of 284 people appointed by the IGCD and the ANCD and managed by the IGCD/MCDS Secretariat. The panellists in NEAP have expertise in drug and alcohol issues and represent health, law
enforcement, government, non-government, local government, and the Indigenous, education and other relevant sectors. The purpose of the Panel is to provide expertise in drug areas and identifying emerging trends to the IGCD (though not to ANCD).

The NEAP is used as a source of expert members for various IGCD working groups. Expertise within the NEAP has helped inform policy development and implementation. Information on the members involved and their areas of expertise was not available to the evaluation, and we were therefore not able to determine which members of working groups were drawn from the Panel. Few informants were aware of the membership of the NEAP, including informants from the IGCD and ANCD. Apart from its establishment, the Panel is not referred to in documents of the MCDS, IGCD or ANCD.

Until the establishment of the NEAP in 2004 and the creation of the IGCD working groups, the IGCD had relied on a system of NEACs for research and advice. The evaluation of the NDS Framework 1998-99 – 2003-04 found that the NEACs’ processes were not considered to be effective, efficient, transparent or accountable, and suggested that an alternative advisory and consultative mechanism be considered.

Many informants agreed that some of the former NEACs had developed their own agendas, and made direct contacts with researchers and experts in the field. Some said this increasing independence had led to political tensions with the IGCD and generated a climate of competition for influence and resources. Others believed the former NEACs were effective in creating an alliance between policy makers and experts outside IGCD, and had made significant contributions to the NDS by providing robust, evidence-based advice and facilitated sharing of information.

While a number of informants said they would prefer the NEACs were recreated, most who argued for a return of the former NEACs were unable to comment on the workings of the NEAP.

It is our view that the NEAP is an innovative and potentially useful concept, but there may be ways to make it more effective. For a body of expert contributors of this large size to maximise its usefulness to IGCD, there needs to be a practical way to access a stratified database listing the knowledge and experience of all the panellists, so that the IGCD/MCDS Secretariat can call on them quickly when their particular special advice is needed. In light of the need for regular and timely expert advice, and in order to enhance the interest of NEAP panellists in the advisory structure, IGCD might consider inviting the chairs of working parties to present to the Committee when it seeks advice on particular policies, and acknowledging the role of the NEAP members.

**IGCD working groups and taskforces**

Documents from DoHA list the following IGCD working groups and taskforces from 2004 to the present:

- Foetal Alcohol Spectrum Disorder Working Party
- Illicit Drug Diversion Initiative Evaluation Reference Group
- Monitoring of Alcohol Advertising Committee
- National Clandestine Laboratory Database User Advisory Group
- National Competition Policy Working Group
- Pathways to Prevention Working Group and Prevention Toolkit Working Group
- Secondary Supply of Alcohol Working Group
- Tobacco Advertising and Sales over the Internet Working Group
- Wholesale Alcohol Sales Data Working Group
• National Inhalant Abuse Coordination Group
• Harms from Alcohol and Other Drug Use Working Group
• National Drug Strategy Data Analysis Working Group (disbanded in July 2007)
• Performance and Image Enhancing Drugs Working Group (completed in November 2007)

The majority of IGCD working groups worked to their terms of reference. Memberships of working groups were documented for all groups, with the exception of three groups that provided us with very little data (the Pathways to Prevention Working Group, the Prevention Toolkit, and the Harms from Alcohol and Other Drug User Working Group).

The composition of expertise in the working groups was representative of the jurisdictions and sectors (health and law enforcement, and industry). However, public administration and policy expertise was predominant in the health sector working groups, and there appeared to be an under-representation of health experts involved in clinical service delivery. Few working groups had representatives from the education sector.

Only a minority of the IGCD working groups have worked to a specific work plan that detailed key deliverables against expected reporting points and timeframes. A small number appeared to have used work plans as a guide. It was difficult to determine the extent to which working groups were accountable for their actions and decisions, because limited documentation did not specify actions that had been accomplished or deferred.

It is important that the purpose and objectives of IGCD working groups are explicit, and that the roles and responsibilities of members and the secretariat are clearly defined. Clarity of role is important to the effective and efficient functioning of a working group, yet a minority of the working groups spelled out the role of members in their terms of reference. Only three of the 15 groups nominated a secretariat and described its role and responsibilities. There was also little clarity about what was expected of members, or the arrangements about expenses incurred in attending working group meetings (sitting fees, travel, and incidental expenses).

Informants generally thought that the time-limited nature of the working groups inhibited learning from previous experience, and hence their capacity to contextualise their advice and contribute to cumulative policy development. It is our view that there is an important place for well-defined and well-resourced working groups to deliver specific research and policy products within timeframes and budgets. They should draw on the expertise of members with extensive previous experience with translating research into policy.

Liaison with other bodies

An objective in IGCD’s terms of reference is ‘to liaise with other intergovernmental agencies on matters relevant to the NDS Framework, and to consult with the NGO sector, including the ANCD’. IGCD has had limited capacity to engage with other parts of the machinery of government, such as the senior officers groups supporting various Ministerial Councils, and the National Preventative Health Taskforce. Informants attributed this disconnection to the limited role of the IGCD Secretariat. The Secretariat’s role was largely to provide operational support (circulating IGCD meeting documents to members and correspondence). There was no mechanism within IGCD to develop relationships with other government bodies.

Currently there is no formal mechanism within IGCD to receive feedback and advice from the NGO sector. This is possibly a role that ADCA and its affiliates, the professional organisation APSAD, and AERF could perform. A formal link with these bodies would allow IGCD to incorporate advice on service delivery from the field, and in the process strengthen their role.
Informants strongly supported greater investment by IGCD in activities to engage in a whole-of-government approach to addressing the social determinants of health. Such a role could be fostered by formalising and investing in better links between the NDS advisory structure and other parts of the machinery of government and its processes (COAG, other Ministerial Councils, the National Preventative Health Taskforce) and government stakeholders outside the NDS advisory structure.

There is potentially an opportunity for the IGCD/MCDS Secretariat to broker relationships between IGCD and other government agencies. Time limited working groups, or other options such as presentations or briefs, could be set up on behalf of IGCD to contribute to and receive inputs from the operation of other bodies. An example is the ‘Early Childhood – Invest to Grow’ program of the Department of Families, Housing, Community Services and Indigenous Affairs which, as part of their broader Stronger Families and Communities Strategy, is addressing some of the social determinants of childhood and adult dysfunction.

Members of bodies parallel to IGCD, such as the Corrective Services Administrators’ Conference, could be invited to brief IGCD at key stages in policy development, and IGCD could be proactive in offering similar briefings to such bodies. Collaborative policy activity could ensue.

The National Comorbidity Collaboration is one example of a whole-of-government approach that has been implemented recently. The Collaboration was established and met for the first time in September 2008, following agreement by both the IGCD and Mental Health Standing Committee at meetings in February 2008. The partnership assists the Commonwealth and States and Territories to focus on comorbidity issues and identify opportunities for shared priorities and interests in a whole-of-government way.

The implementation of some of our recommendations would be facilitated by this type of collaborative activity. For example, developing a substance abuse prevention agenda, a long-standing item for the NDS, could not be realised within the narrow drugs field. Collaboration and integrated action with other sectors would be essential. New structures and processes will be needed to create a viable prevention agenda. Similarly, any work to develop a national drug research strategy would benefit from collaboration with officers of the Department of Education, Employment and Workplace Relations and NHMRC owing to their roles in funding research nationally.

Often stakeholders outside IGCD reported that they had been given limited opportunity to contribute advice to inform NDS policy-making and decision-making processes. A common belief among informants was that experts outside IGCD were often excluded from contributing advice to policy development because IGCD typically sought advice only from the NDRCEs and *ad hoc* working groups. In order to incorporate a broader range of relevant expertise in policy development, the IGCD needs to consult more with external experts. IGCD should also consider ways it can engage with and encourage public consultation and debate as a way to incorporate community views into decision-making.

In summary, three key challenges exist in ensuring that the MCDS has best available advice in order to make decisions in the best interest of Australian drug policy:

- The capacity of the IGCD to provide evidence-informed advice in a timely manner to the MCDS decision making processes
- The capacity of the IGCD to engage with stakeholders outside the IGCD and the ANCD in activities to inform policy-making and implementation including:
  - other parts of the machinery of government, across and its processes (eg COAG, other Ministerial Councils and the National Preventative Health Taskforce)
- government stakeholders outside the NDS advisory structure (e.g., departments and bodies responsible for policies in areas relevant to the broader social determinants of drug problems' use
- the community and the private sector
- drug research bodies and projects

- The capacity of the IGCD, ANCD and working groups to engender public debate and incorporate community views into decision-making

The role of the ANCD

Our evaluation found that the ANCD has been highly effective in providing timely, evidence-based advice to the IGCD and the Prime Minister. It has been able to do so by relying on the expertise of its own members and the research it has commissioned. ANCD’s membership has represented experts in various fields of drug policy, including clinical treatment and rehabilitation, education, law enforcement and research.

ANCD’s achievements were largely aligned with its terms of reference for the period 2004-2007. The ANCD, including its National Indigenous Drug and Alcohol Committee (NIDAC) and its Asia Pacific Drug Issues Committee (APDIC), has played an important role in policy development as the independent, non-government body within the NDS advisory structure.

Informants believed that there was a close network between ANCD and other bodies inside and outside the advisory structure. Documents show that the recipients of ANCD’s advice included DoHA, FaHCSIA, Department of Education, Science and Training (DEST, now DEEWR), the ABS, the Prime Minister’s Office and other State and Territory and federal ministers.

Informants said that ANCD used timely and efficient processes to contribute to the implementation of the NDS. The resources, diverse experience and high level of expertise in the AOD field of its members gave ANCD an advantage over IGCD in this respect. The fact that ANCD had direct access to the Prime Minister’s Office also enabled it to function more efficiently than IGCD.

Some stakeholders believed that ANCD’s access to the Prime Minister and Ministers enabled it to accomplish tasks that would otherwise have been politically difficult (such as advising on COAG agenda items) by making recommendations directly to Government and bypassing standard bureaucratic channels of referring issues to IGCD and MCDS for consideration and endorsement. Informants were about equally divided about whether this was a good or a bad thing. Some argued that ANCD’s direct relationship with the Prime Minister’s Office could challenge the task of creating synergy in policy development

ANCD’s relationship with IGCD

The NDS governance framework and the IGCD’s terms of reference define the relationship between the ANCD and the IGCD as one of ongoing consultation and liaison. The MCDS may direct the ANCD or the IGCD and make direct requests to them about implementation of the NDS.

Their executives hold joint meetings, and the IGCD may request independent advice from the ANCD. Despite these practical steps to ensure cooperation and communication between the ANCD and the IGCD, informants said ANCD and IGCD had often pursued different agendas over the past five years, leading at times to duplication of effort and competition for scarce funds.

In the opinion of some informants, the ANCD’s partnership with IGCD and MCDS could be stronger (this was also a recommendation of the Success Works evaluation of the NDS Framework 1998-2003.)
Articles and reports that have critically examined the advisory structure have highlighted the need to review ANCD’s role and relationship in the advisory structure (Fitzgerald 2005; Fitzgerald & Sewards 2002; Success Works 2003). It would be timely, with the change of Government, to review ANCD’s role in the advisory structure, and specifically address its relationship to IGCD and MCDS. Any such review would need to ensure that the effectiveness of ANCD is not diminished but that its capacity to work in partnership with the formal machinery of Government is strengthened while preserving its capacity to give frank advice in the public interest.

Incorporating public debate and community views into policy and decision-making

Contemporary public policy practice and governance principles emphasise the importance of engagement of the public in policy-making activities and informed policy debate (Fischer 2003; Australian Securities Exchange (ASX) Corporate Governance Council 2003; National Health and Hospitals Reform Commission (NHHRC) 2008)

IGCD is limited in its capacity to consult with NGOs involved in service delivery. There are no formal processes for IGCD to receive advice directly from NGOs to inform policy development and implementation, and its decision-making processes are limited by the resulting lack of opportunities for policy debate and feedback.

The ANCD has played a major role in facilitating partnerships between the government and community. Though ANCD’s terms of reference do not include a formal role to represent AOD NGO sector issues in policy making, and was not explicitly funded to undertake such an advocacy role, it has assumed responsibility for ensuring that the voice of the NGO sector is heard in developing and implementing policies and programs. Informants generally believed the ANCD was effective in advocating for the NGO sector through its regular agency forums.

Future needs

The roles and functions of the advisory structures to MCDS need to be improved so that they can more effectively:

- engage the community (including local government) in policy development
- enhance the links between evidence, policy, and investment
- re-engage with the broader machinery of government
- build capacity to monitor the outputs and outcomes of the NDS and its sub-strategies

Stronger links need to be created with other groups outside of the NDS advisory structure, for example the senior officers groups supporting various Ministerial Councils and the National Preventative Health Taskforce

There is a need to strengthen the role of the IGCD/MCDS Secretariat to link to senior officials in other arms of government involved in addressing the social determinants of health (eg health services, primary care, housing, education, employment etc) in order to:

- strengthen collaboration between COAG and MCDS to allow MCDS to put issues forward to COAG
- create formal mechanisms within IGCD to increase its networking with other government bodies outside of the advisory structure

We also identify a need to:

- ensure that drug use and related harm receives adequate attention in newly established ministerial mechanisms such as the National Preventative Health Taskforce.
- reduce the culture of competitiveness for funding and influence by encouraging more collaboration between research centres
- make better use of the national research effort, including the outputs disseminated to the field and woven into policy and program development

The IGCD could improve its efficiency by:
- addressing shortcomings in the design and implementation of the NEAP to improve IGCD access to expertise
- adopting more effective and efficient operations to ensure that challenging agendas are addressed in a more timely way
- considering ways to ensure a balanced discussion of major areas of interest during its meetings (regarding licit vs illicit drugs; and health, law enforcement, and education
- adopting more transparent processes by inviting experts outside IGCD to provide advice and by providing more information to the field
- establishing a formal process for receiving advice from NGOs to inform policy- and decision-making.

We consider that ANCD is an efficient and effective advisory body that should continue with its current composition and operations, but with a clearer statement of its relationship with the rest of the advisory structure.

Future improvements

We make these proposals for processes to improve the effectiveness of the NDS advisory structures for the future.

Recommendation 9: Establish an integrative mechanism to address the relationships among IGCD, ANCD, NEAP, the working groups, and ADCA. Its functions could include:
- providing a channel of advice that places identified needs and emerging issues on appropriate agendas, and disseminates the responses
- defining the relationship of ANCD to the NGO sector in encouraging inputs from the non-government and private sectors into policy, program design, implementation, and evaluation
- enhancing the value of the NEAP by creating an accessible, stratified database of preferred suppliers of expertise for the use of all the advisory structures as needed

Recommendation 10: Expand the IGCD’s access to expertise and streamline its operations by:
- providing a funding mechanism for IGCD activity
- ensuring a balance of discussion of health and law enforcement issues during meetings
- engaging with challenging agenda items in a timely way
- strategically commissioning research from experts inside and outside the IGCD
- ensuring that its recommendations to the MCDS are supported by evidence-based advice
- adopting decision-making processes that are fully documented and transparent to the field