



Laying the foundations

Medicines Transparency Alliance

Annual Review

2008-2009



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Foreward

It has been an exciting first year for MeTA. It started with an international launch in London on 15 May 2008. We are delighted that one year on, multi-stakeholder forums are in place in all seven countries participating in the pilot phase of MeTA - Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia. Representatives from government, the business sector and civil society are for the first time sitting round the same table to find new ways to make medicines more accessible to the people who need them most. MeTA has taken the initiative to the starting line and we are looking forward to the next steps.

We know we have a lot of work to do. At the heart of MeTA is the goal to generate good quality and robust information about the medicines sector. This is difficult in competitive environments with multiple and conflicting interests. Stakeholders in MeTA may come from different backgrounds and have different interests but they all share the same goal: to make good quality essential medicines available to poor people at an affordable price.

They will do this by working in a multi-stakeholder process which is both supportive but also confronts particular practices and systems which serve to keep medicines too expensive and unavailable to poor people.

We wish all our MeTA partners and colleagues in the countries participating in the pilot phase every success in this very important work and pledge them our continued support and assistance.

Brian Elliott

The Medicines Transparency Alliance (MeTA) is a multi-stakeholder alliance working to improve access, affordability, availability and quality of medicines, particularly for the one-third of the world's population currently without essential medicines.

Benefits of MeTA:

- Promotes transparency
- Increases collaboration
- Improves efficiency
- Generates accountability
- Encourages equity
- Advocates for access to medicines

Introduction

The problem is simple. Nearly two billion people are unable to get the medicines they need to stay healthy and alive. This is one in three of the world population and most of them live in the developing world. Medicine costs are too high, the right medicines are not in the pharmacies, distribution systems are inefficient, counterfeit drugs permeate local markets, the most effective and cheapest medicines are not always ethically promoted or rationally prescribed. All these reasons make getting the right medicine at the right time impossible for many of the world's poorest people.

Finding the solution is less simple. Globally and nationally the medicines industry is highly complex with multiple stakeholders, sectors and interests at play. MeTA is facing this complexity head on. MeTA aims to make medicines more accessible to poor people by bringing together all these different stakeholders so they can collectively identify and agree solutions appropriate to their country and the international context. Part of this agreement is a commitment by each stakeholder to operate in a transparent manner and make public a set of core data on medicine quality, availability, price and promotion. MeTA aims to generate good quality and robust information about the medicines sector. This is the foundation of MeTA and the starting point for all of the national MeTA multi-stakeholder councils in seven countries: Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia.

People working in the medicines field have worked hard for decades to make change happen. MeTA is a new way of working where multiple actors and stakeholders themselves provide the solutions to inefficiencies in the medicines supply chain. There may be conflicts of views and interests and different cultures of working, but they all share the same goal: to make good quality essential medicines available to poor people at an affordable price.

MeTA has been operating for one year, a very short amount of time in relation to the size of the goal, but there are early signs of success. In both Peru and the Philippines there has been a long history of debate about who is responsible for the lack of access to medicines. Some of that debate has been full of anger and conflict with representatives from different sectors not wanting to be seen in the same space as some of their so-called 'opponents'. In both countries, MeTA has been able to facilitate the process that has brought these previously 'opposing' forces around a table to consider not who was to blame, but what could be done to improve access to medicines for poor people.

This document reviews MeTA's activities across seven countries and internationally during the initial year of 2008-2009. Most effort has focused on setting up the systems and structures to establish multi-stakeholder processes. There have been many challenges when doing this including getting the right people round the table, creating a space where people can have an equal voice, establishing trust and ensuring real dialogue takes place. Many lessons have been learnt. The next challenge MeTA stakeholders face is in finding the right systems and structures to disclose data around medicines.

MeTA's pilot phase, funded by the UK Department for International Development, will continue until September 2010. After an external evaluation, the UK Government will decide whether the MeTA approach holds enough promise to warrant full implementation of its original 10 year commitment.

Laying the foundations of MeTA

Systems and structures

In London on 15 May 2008, MeTA launched its pilot phase to work in seven countries with international support from the UK Department for International Development, the World Health Organization and the World Bank. More than 150 delegates attended the launch representing governments, private companies and civil society organisations, all of them with a stake in the medicines industry. Richard Horton, Editor of the Lancet, said at the launch: *“In 1977 when WHO’s first essential drugs list was revealed, it was hailed as a public health revolution. MeTA will mark the second phase of the peaceful revolution in public health.”*

A revolution is a strong and exciting concept. Why does MeTA generate so much interest and hope? What kind of peaceful revolution is this? MeTA is an approach and a process of dialogue and exchange between different interest groups able to voice their opinions, disclose their data and work collectively for change over time. This peaceful revolution in public health is fundamentally shifting relationships and ways of working in the long term. MeTA represents a change in the way business is done by governments, by companies and by civil society organisations and citizens who hold them to account. It is a long process.

The first year of MeTA therefore focused on setting up the systems and structures of a multi-stakeholder process and ways of working on which to base future work.

An International MeTA Secretariat is now fully operating and providing technical support to all countries in areas of medicines supply and policy, communication, civil society capacity strengthening, private sector engagement and multi-stakeholder processes. A MeTA Management Board with representatives from DFID, WHO and the World Bank meets quarterly. An International Advisory Group with high-level representatives from all sectors has met twice and will continue to meet regularly to provide guidance and information to the programme.

Two multi-country civil society capacity strengthening workshops have taken place in the Philippines and Uganda. A national level civil society capacity strengthening workshop has taken place in Uganda, and others are being planned in other countries.

MeTA’s new website was launched in March 2009. MeTA’s online discussion forum - MeTA Dialogue - is now easily available to participate in and to view, and a series of over 50 publications relating to MeTA are available online or in print. MeTA Peru and Philipines have launched their own MeTA websites (www.metaperu.org and www.metaphilippines.org.ph/) and other countries are looking at hosting websites with other organisations or individually.

All participating countries have successfully carried out the following main activities.

- They have:
- Launched MeTA through a high profile national event (by May 2009);
 - Set up a representative multi-stakeholder council which meets regularly to take the work forward;
 - Chosen a secretariat through which to manage activities and funding, and
 - Agreed collectively a six-month to two-year workplan.



Progress made in each of the countries participating in the pilot phase of MeTA (by 8 April 2009)

	GHANA	JORDAN	KYRGYZSTAN	PERU	PHILIPPINES	UGANDA	ZAMBIA
Stakeholders engaged	yes	yes	yes	yes	yes	yes	yes
MeTA Council formed	25	14	tbc	15	24	12	30
Govt to Govt agreement	na	signed	signed	na	na	na	na
MeTA Secretariat formed	yes	yes	yes	yes	yes	yes	yes
Pre-MoU work done	yes	yes	yes	yes	yes	yes	yes
MoU signed	yes	yes	in process	yes	yes	yes	awaiting signature
Workplan approved	12 months	12 months	12 months	12 months	12 months	12 months	6 months

Setting country priorities

Each country has a very different context in terms of its pharmaceutical industry, health system and civil society capacity. Countries need the flexibility to respond accordingly and each workplan reflects the need of the country.

Jordan for example, unlike other countries participating in MeTA, has a growing local generics pharmaceutical industry that accounts for a quarter of the value of the local pharmaceutical market and has a significant export potential. However prices of medicines in private pharmacies are still very high and poor and chronically ill people cannot afford them. It is important for them to get generics manufacturers participating in MeTA and for the workplan to reflect this.

Kyrgyzstan’s main concern is about the quality of their medicines. Nearly 95 per cent of Kyrgyzstan’s medicines are imported and there is little public knowledge about their safety, effectiveness or quality. Kyrgyzstan’s focus will be to create transparency in the regulatory system, be able to better assess the quality of medicines imported to the country including setting up a website with a drug codification system and a database of registered drugs. The MeTA Council wants to make this information available publicly and also increase public knowledge of the dangers of poor quality and counterfeit drugs through awareness-raising campaigns.

“In Jordan, lots of donors fund projects and set the framework. But we feel like this is our own project.”

Dr Abu El-Samen Taher, Secretary of the High Health Council, Jordan and Chair of MeTA Jordan at the Country sharing meeting in London, 7 April 2009.

Lessons learnt

- Country contexts are varied and MeTA needs to be country-led to have success. This means that local conditions determine the timetable of the workplan and roll-out.
- It takes time to bring together and create a working relationship between a group of stake holders with varied and sometimes conflicting interests, also taking into account the various procedures and decision-making processes that exist in many countries.
- Feedback from the countries shows that the support of the International MeTA Secretariat has played a vital role in driving the process forward.

Main work areas chosen by MeTA pilot countries for the pilot phase

Activity area	Peru	Ghana	Zambia	Uganda	Jordan	Kyrgyzstan	Philippines
National medicines / health framework	•	•		•	•	•	
Legislation	•						•
GGM guidelines			•		•		•
Quality / regulation	•	•	•			•	•
Evidence based selection & treatment guidelines		•			•		
Procurement	•				•	•	
Distribution / supply chain	•		•		•		•
Rational use of medicines					•		•
Prices, affordability	•		•	•	•	•	•
Medicines & insurance systems		•				•	•
Availability, access	•	•				•	•
Promotion						•	•
Review & discuss existing data		•	•				•
Operational research		•				•	•
Collect data / surveys	•	•		•	•	•	•
Promote transparency	•			•		•	•
Website, disseminate findings	•		•	•	•	•	•
Involving the media		•	•			•	
Create awareness in community		•		•	•	•	

In addition: all countries have also identified multi-stakeholder collaboration, private sector mapping, civil society capacity building and baseline surveys as priority areas of work.



Multi-stakeholder working: what we have learnt

Setting up

In all the countries, success depends on committed and sincere multi-stakeholder approaches that create a shared 'space' in which to work, collective understanding of the problems, common ways of working, and an agreed agenda among everyone taking part.

Each of the countries is at a different stage in a long process of creating new relationships, agreeing ways of working and implementing activities to disclose data on medicines. Some groups started their activities sooner than others; some countries have more complex relationships and bureaucracies than others; some already have programmes such as the World Health Organization's Good Governance for Medicines (GGM) which is active in three of the MeTA pilot countries. Zambia only recently established its council in 2009 and decided on a six month work plan which they are to start implementing very soon. The Philippines launched MeTA in December 2007, and set up their multi-stakeholder group early in 2008. MeTA Philippines are now implementing their workplan and are identifying structures and systems by which to disclose information and data on medicines. The fact that the countries are at different stages of progress provides good opportunities for cross country learning. For example, at a country sharing meeting in London on 7 April 2009, the Philippines shared the challenges they are facing in having the right tools to hand to extract information and data. The other country representatives present recognised that this might be a future challenge they will face.

Composition of multi-stakeholder groups

It has been challenging to set up multi-stakeholder groups, to make sure that the right people are round the table, and to make sure that the specific problems of each country can be addressed by the representatives present. The initial composition of any of the national multi-stakeholder groups has shifted and will continue to shift. In several countries, after encouraging the stakeholders to look at who is missing from the table and analysing why that might be, efforts were made to broaden the representation.

For example, MeTA Philippines added more private sector stakeholders in July 2008, and in 2009 invited the newly formed CSO Coalition on Health and Transparency (CHAT) to select representatives.

In Kyrgyzstan, there was so much interest to participate in MeTA that numbers were too high to manage. There was a process where each sector had to choose or elect their representatives to be part of the MeTA Council. In Jordan, they realised that having only one private sector representative on the Council was insufficient and are looking for further representation.

It is also important for the MeTA Councils to have legitimacy. In Ghana for example, the Ministry of Health was heavily involved at the start and the Ghana National Drugs Programme took the initiative to move the programme forward. It became easier with government involvement because it lent legitimacy. However the MeTA Council was very careful to communicate that it was not part of the Ministry of Health and was a collective multi-stakeholder initiative.

Why be a part of MeTA?

Stakes are high in the medicines industry and it is difficult for people who have previously been directly opposed or in conflict to sit together, discuss, agree or disagree, make a plan for action and make change happen collectively. Companies are used to maintaining their competitive edge and not disclosing information that might put profits at risk. Government representatives work within bureaucracies and health systems that can be inflexible and inefficient. Civil society organisations are used to lobbying from the outside, not sitting at the same table as the people whose policy and practice they seek to change.

So what is the motivation for these different sectors for work together?

In their own words, here are why some stakeholders are involved in MeTA:

Public sector

Seru Morries, Principal Pharmacist,
Ministry of Health, Uganda

"We have got civil society, government and the private sector sitting together on one table and discussing issues. As a government and as [the] pharmacy division, we are mandated to make sure there is good medicine, affordable medicine and quality medicine to society. We think MeTA will augment our work because this is our mandate, to make sure people have affordable medicine. So we see MeTA not as a group that has come to take our work but to help us do our work better by engaging other stakeholders who hitherto were not engaging efficiently."

Private sector

Paul Lartey, CEO,
LaGray Chemical Company, Ghana

"I got involved in MeTA because I was asked to represent the local pharmaceutical manufacturing group known as the Pharmaceutical Manufacturer's Association of Ghana. My interest in MeTA - in fact the interest of the industry - is to actually make all of our information available. There is a certain perception that the local industry produces sub-standard drugs. I think it would be good that transparency comes up around this, to see how we are regulated, to see the quality of the drugs we make, and if the quality of the drugs we make is not up to standard I think we need to be held to book."

Civil society

Kenneth Hartigan-Go, Executive Director,
Zuellig Family Foundation, Philippines

"One of the best things that happened to us is to bring together all these stakeholders round the table. Now we can transparently and openly agree to disagree, or agree to agree on certain points...there's a greater appreciation of what we have in our country from the legal perspective, from the trade perspective, from the scientific perspective and a human rights perspective which is exactly what this is all about, helping the public to access better quality medicine."

Hear more of these and other MeTA stakeholders at www.metafilms.blip.tv/.

Dialogue and trust

Once these stakeholders are round the table, how do they work together? The process is one of dialogue and interaction, a process increasingly recognised as a new way of working in public health. Dr. Tim Evans, Assistant Director General of the WHO, a key MeTA partner, stressed recently the importance of 'ensuring an inclusive process that engages the views of diverse stakeholders. The era of "command and control" leadership in health is increasingly a relic of the last century – a new era of "steer and negotiate" leadership is upon us.'

Dialogue is a conversation or exchange of ideas and opinions between two or more people that is aimed at resolution of differences. It requires listening to each others' views to develop mutual understanding not only of the ideas, but of each others' value base, interests, goals and concerns. It is about finding common ground. Dialogue seeks real change and this is at the core of MeTA.

In each MeTA council there are powerful and less powerful interests and stakeholders with varied skills and abilities. It is important that all of the representatives have a voice and are able to take part in the dialogue with confidence. Part of the role of the International MeTA Secretariat is to ensure that those with less capacity to participate, such as civil society representatives, are able to do so. Civil society groups in the participating countries are often unfamiliar with engaging in high level meetings with government officials, scientists and business representatives. They need particular skills in order to do this effectively and this is why MeTA provides extra support to civil society organisations to strengthen their capacity to participate. Two international workshops in the Philippines and Uganda have supported CSOs to be stronger participants in MeTA and work is ongoing.

A key part of working together is establishing trust between stakeholders. That trust comes from different sectors meeting each other, listening to each other, searching for areas where they can see mutual benefits - the win-win moment - and then taking action and moving forward together.

"Before we open our mouth we have to know what we are talking about. We are happy that MeTA is training CSOs in skills and knowledge before we get engaged."

Goodwell Lungu,
Transparency International,
MeTA Zambia Council at the
MeTA IAG, London 7 April 2009.

"The biggest lesson we have learned so far is trust. Without trust, without the credibility of the people around the table, when we come together to discuss these issues, there can be no success in this programme."

Kenneth Hartigan-Go,
Executive Director,
Zuellig Family Foundation,
Philippines at the MeTA IAG,
London 8 April 2009.



Creating workplans

In each country, stakeholders worked together to create a workplan for up to two years. This means taking into account each other's interests and perspectives and responding to the country's particular needs. In MeTA timing is crucial. The scale of the goal means that MeTA is a long-term process. In the pilot phase, MeTA country workplans are for up to two years, but in reality, changes will take much longer than this. In Peru for example, new laws and regulations are required in order to implement some of the activities which will ultimately lead to policy changes. However the time needed in Congress and the Executive branch to do this is greater than two years. All that MeTA Peru proposes in their workplan will not be achieved within two years. Peru has developed a complex workplan with short-term, medium-term and long-term actions in order to reflect the challenges thrown up by the constantly changing medicines market and the policy environment.

Transparency and access to information: the challenges ahead

Laying the foundations for an effective multi-stakeholder process has not been easy. Countries participating in MeTA have faced various challenges including getting the right people round the table, holding constructive dialogue, dealing with bureaucracy, coordinating with other programmes at country level, and sustaining a truly multi-stakeholder approach and collaboration.

These are some of the challenges they faced in setting up a multi-stakeholder group to work together. The next challenge may be greater, as stakeholders in MeTA Philippines have started to find out. MeTA Philippines are starting to tackle activities on data disclosure. This is the fundamental reason why MeTA exists: to disclose data on the four key areas of medicines quality and registration, availability, price and promotion. The MeTA Philippines Council has found a lack of tools, systems and structures for disclosing data and are finding ways to overcome this. Other countries may well discover they face the same problems and are looking to the Philippines for lessons.

Lessons learnt

- Consensus is the base for MeTA so there needs to be a constant exchange of views.
- Commitment of the stakeholders is key. If you don't have committed people, the process will fail.
- Multi-stakeholder processes are not easy, but staying focused on the objective will drive the process forward.
- Making sure the right people are at the table is critical and it takes time.
- Building trust is an essential part of the initiative.
- Some problems in the medicines supply chain require tough political action to solve and time and trust is needed to do so. Starting work on less controversial issues is key.

Breaking Barriers for Transparency

MeTA Philippines is working to overcome barriers to transparency and accountability, including a lack of established tools for disclosure of information, legal and structural barriers, and business systems and corporate strategies that do not allow voluntary disclosure of information. Transparency on medicines pricing and promotion, for example, remain shrouded behind the veil of trade practices. To address this problem, in January 2009, the MeTA National Stakeholder Forum convened a national MeTA event, Breaking Barriers for Transparency drawing about 140 participants from government, the private sector, civil society and academia.

Disclosing data

At the heart of MeTA is a goal to disclose good quality and robust information about medicines. Establishing systems and structures for disclosing data is no small challenge. MeTA seeks to build consensus through a multi-stakeholder process where key stakeholders agree to disclose data voluntarily.

“The lesson here is that MeTA needs to be absolutely clear about the pieces of information – the records – that are critical to the dual process of promoting accountability in the pharmaceutical industry and of diagnosing the blockages that prevent poor people from accessing affordable, safe medicine. MeTA’s biggest challenge may be to identify the precise documents that will unlock the opacity of the supply chain and to then forge consensus about the rules of the game for their disclosure – what must be disclosed, when and how, and to whom” said Richard Calland, Head of the Institute for Democracy in South Africa (IDASA) and member of the MeTA International Advisory Group.

To assist stakeholders disclose the right information, MeTA will establish a basic core set of data which the multi-stakeholder groups should discuss and analyse. Each stakeholder will need to disclose certain types of data, for example:

- Private sector: the prices (public and private market)
- Government/Drug Regulatory Agencies: the drug budgets and quality
- Civil Society: the availability of a basket of essential drugs

MeTA will develop a tool box containing guidelines and methodologies to assist stakeholders to gather, access, analyse and discuss the data and information identified in the MeTA core data set and which uses existing tools such as baseline surveys, the Health Action International/ World Health Organization Medicines Price and Availability Surveys, supply chain mapping and stakeholder analysis.

This is the starting point for the activities of the multi-stakeholder councils. Later activities will include translating data into accessible documents and public friendly information as part of a strategic communication process and will be complemented by broader demands for accountability. This should be seen as a wider movement in the medicines and health sector, to encourage different stakeholders to get involved to stimulate change.

“MeTA can help forge consensus about new standards of transparency, indentifying the key parts of a complex array of supply chains that must be opened up to proper public scrutiny, but in the end, it can only be a complement to, rather than a substitute for, concerned social demand for change” said Richard Calland.

Lessons learnt

- Systems and structures for disclosing data often do not exist in countries and may have to be created which can take time. MeTA country councils need to find the best methods to do this.
- MeTA needs to be clear about the kinds of information that are critical to promote accountability and to diagnose blockages in the medicines supply chain.
- MeTA complements social demand for change rather than acting as a unique solution.

Summary

It has been an exciting year for MeTA but by no means an easy one. MeTA has been successful in supporting a process in all seven countries piloting MeTA where different stakeholders, never previously working together, are now sitting round the same table. They may have conflicting interests and opinions, there may be imbalances of power and of voice, there may be sensitivities around disclosing certain pieces of information, but all are there for the same fundamental reason: to make good quality essential medicines available and affordable to the people that need them.

In all seven countries, a representative multi-stakeholder group is meeting regularly to tackle the particular problems found in their medicines supply chain. They have a collectively agreed workplan with a range of activities and short-term to long-term goals. With good dialogue taking place and trust established between the stakeholders, the following year may see new systems and structures being set up to disclose data around the four key areas of medicine quality, availability, price and promotion. It may see new key stakeholders becoming involved in MeTA at the global and country level; and it may see civil society organisations and citizens mobilising to hold government and private companies to account for their actions.

The key priority areas for MeTA during the coming year are:

- Progressive disclosure of data and information about medicines;
- Developing and testing a new multi-stakeholder approach including identifying gaps in the MeTA Councils and trying to fill them, preparing stakeholders for engagement at the MeTA Council;
- Ensuring the strong engagement of the private sector at country and international level;
- Increasing the voice of patients and consumers which involves strengthening capacity and opportunity for their engagement, and
- Documenting innovation, change and good practice across the programme.