

Medicines Transparency Alliance (MeTA) African Civil Society Skills Building Workshop

17 – 24 February 2008
Lake Victoria Hotel, Entebbe

Process, outcomes and evaluation



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Consultants
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Hosted by HEPS – Uganda



Acronyms

CSO	civil society organisation
DFID	Department for International Development (UK)
EPN	Ecumenical Pharmaceutical Network
HAI	Health Action International
HEPS	Coalition for Health Promotion and Social Development (Uganda)
MeTA	Medicines Transparency Alliance
WHO	World Health Organization

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Thanks to WHO staff for discussions around the role of civil society organisations in the MeTA process.

Thanks to the facilitators and resource persons from Uganda and elsewhere who helped to make the workshop so comprehensive and effective, including Aziz Maija (AM), Eva Ombaka (EO), Gertrude Kopyio (GK), Jacqueline Asimwe-Mwesige (JA), Jane Masiga (JM), James Kimani (JK), Moses Mulumba (MM), Patrick Mubangizi (PM),

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What is the Medicines Transparency Alliance?

MeTA is an alliance of partners working to improve access to medicines by increasing transparency and accountability in the medicines supply chain. The UK Department for International Development (DFID) is providing initial funding. Other partners include governments, global and national civil society organisations, pharmaceutical and other business interests, the World Health Organization (WHO) and the World Bank.

MeTA brings together at both international and national levels, a diverse group of people with an interest in the pharmaceutical sector (stakeholders) to find ways to improve information flows, and increase transparency and accountability about the selection, regulation, procurement, sale, distribution and use of medicines in developing countries. By doing so, MeTA will improve how decisions are made about medicines, improve the way they are purchased and supplied, encourage innovative and responsible business practices, and increase the voice of patients and consumers.

In seven countries – Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia – MeTA's financial and technical support encourages a focus on making information about medicines publicly available. It will strengthen national capacity – including the capacity of stakeholder groups to engage in a process to collect, analyse, disclose and use data on the quality and registration status of medicines, their availability, price and the promotion policies and practices. Analysis and public disclosure of how the medicine supply chain works, and issues affecting the affordability of medicines, equitable access and the rational use of medicines will help to improve policy, practice and health outcomes for people.

When a country implements MeTA, it makes a commitment to disclose progressively a standard set of core data covering the quality, availability, price and promotion of medicines. This commitment also includes fully involving civil society, business and other stakeholders to work together to generate, disclose, debate and use this data to help address problems in the pharmaceutical market. This multi-stakeholder approach aims to shift some decision-making power to consumers and put greater competitive pressure on suppliers, improve the functioning of the pharmaceutical market, and promote better governance and more appropriate resource allocation by public purchasers. Ultimately, that means better health for people.

Executive Summary

This report documents a skills building workshop held in Uganda in February 2008 for civil society organisations (CSOs) based in Ghana, Uganda and Zambia. These are three of the seven countries involved in the pilot phase of a Medicines Transparency Alliance (MeTA) – supported by DFID, the World Health Organization and the World Bank.

The workshop, which was hosted by HEPS (Coalition for Health Promotion and Social Development), brought together 22 participants from 20 organisations – 7 from Ghana, 5 from Zambia and 10 from Uganda. A seven-person facilitation team, drawn from Uganda and Kenya worked with the course directors Wilbert Bannenberg and Andrew Chetley to manage the seven-day event.

It explores the major topics covered, the processes that were used, some of the key outcomes and lessons, and highlights the initial plans made by country groups. A full set of presentations and materials used as handouts and training notes is available on the MeTA website: www.MedicinesTransparency.org

All of the 22 participants who completed an evaluation form confirmed that the workshop was valued and recommended that it would be useful for others.

A key outcome of the workshop was the recognition that although there may be particular variants of a problem in each country, there were many common issues that people were facing across the countries, and there was a great deal that groups could learn from each other. This highlighted the benefit of strengthening cross-country experience sharing and learning processes. The importance of building strong civil society coalitions within each country to engage with transparency and accountability processes and of making use of regional structures and networks to support efforts to improve access to medicines was highlighted.

Introduction

The pilot phase of the Medicines Transparency Alliance (MeTA) – supported by DFID, the World Health Organization and the World Bank – aims to test a new multi-stakeholder approach towards increasing transparency around the selection, regulation, procurement, sale and distribution of medicines in developing countries, thereby strengthening governance, improving efficiency, and encouraging innovative and responsible business practices. Ultimately this is expected to contribute to increased access to affordable essential medicines in developing countries, thus improving health outcomes for poor people in developing countries.

An important component is dedicated civil society support that will be managed by the MeTA International Secretariat from March 2008. In the interim, two consultants with considerable experience in the medicines field and in working with civil society, governments and industry around access to medicines, transparency and accountability issues were hired to develop the first element in the programme: an initial two skills building workshops. The first of these was held in Uganda in February 2008, with the second in the Philippines in June 2008. These will be followed by:

- country based activities by civil society organisations (CSOs) in the MeTA pilot countries
- a global feedback meeting during late 2009 or early 2010, where the lessons learned can be discussed, conclusions drawn, and recommendations made for future work.

Overall, the CSO programme will assist civil society organisations to:

- build knowledge on issues related to access to medicines, in particular transparency and efficiency issues
- build skills in methods used to promote greater transparency and accountability at national, district and community levels
- build skills in engaging with national policy processes, including the multi-stakeholder working groups envisaged by MeTA
- develop skills and knowledge in other areas prioritised by participants.
- use new skills and knowledge to strengthen policy engagement and practice on access to medicines issues in MeTA pilot countries.

Specific objectives of the CSO skills building workshops

The objectives of the seven-day skills building workshops are to enable participants to:

- feel more comfortable to engage with national policy processes, including the multi-stakeholder working groups envisaged by MeTA
- acquire specific knowledge on issues related to access to medicines, in particular transparency, accountability and efficiency issues
- acquire skills to promote greater transparency and accountability at national, district and community levels
- strengthen networking in their own country, and across countries
- develop possible ideas on campaigns and advocacy on medicines issues for use in the MeTA pilot countries.

Process and content

Possible participating organisations for the workshop were identified in each of the three countries as a result of scoping studies carried out during 2007, and through an open application process that advertised the workshop on a number of electronic mailing lists that were likely to be of interest to those working in either governance or medicines fields. The final selection was made by the course directors and HEPS to encourage a balance among groups working on health and medicines, governance and transparency, rights and accountability issues.

The workshop was officially opened by Dr Martin Oteba, Chief Pharmacist at the Uganda Ministry of Health. He welcomed participants to Uganda and drew attention to the roles and responsibilities of CSOs in helping to ensure that people were aware of their rights to information about medicines and that evidence about the effectiveness of the supply system was important.

While some participants from the same country knew each other, for many participants this was the first time they had met. Part of the first day was spent in a series of introduction exercises to encourage people to get to know each other. As this was meant to be a highly participatory workshop, particular attention was placed on identifying the skills and experience of the participants, through developing short descriptions of each participant to be part of the 'gallery of experts' that was placed on a wall in the workshop room throughout the week. This helped to confirm the more than 280 years of experience in the medicines and transparency fields that participants brought into the room.

Two important sessions helped to explain the overall MeTA process – one on the first day and one part way through the week to refresh and elaborate on the role that CSOs might be playing in MeTA. The opening presentation was given by Claire Hughes, Social Development Adviser to the Business Alliances Team at DFID. She highlighted the development of MeTA and how it fits into the broader work around access to medicines. (A copy of Claire Hughes' presentation and of other presentations and handouts through the week are available on the MeTA website – www.MedicinesTransparency.org).

The workshop followed a similar pattern throughout most of the week, with initial knowledge sharing sessions first thing in the morning, followed by a skills development session. In the afternoon, an open space period enabled participants to share experience and for the coverage of issues that emerged during other sessions. This was followed by a final session each day for participants' to work in country groups to analyse the country situation and identify possible approaches they would like to take when they returned home. (The programme outline in Appendix 2 provides further details.)

A series of field visits half way through the week provided an opportunity for participants to test some skills and to explore issues of transparency and accountability with key institutions working in the pharmaceutical supply chain in Uganda. These included the National Drug Administration, the National Medical Stores, the Joint Medical Stores and a number of local health care facilities and private pharmacies.

The workshop covered issues which constrain access to medicines and explored how a focus on transparency and accountability can address some of these. A review of Medicine pricing: procurement and the supply chain led by Eva Ombaka and Patrick Mubangizi helped participants explore issues in supply chain, identify points

of transparency and understand affordability issues. It particularly looked at the inefficiencies and waste in the supply system and flagged the role of civil society in encouraging greater transparency and accountability.

Aziz Maija, Eva Ombaka and Jane Masiga encouraged participants to explore the 4As and 1R of access to medicines by looking at the issues around availability, accessibility, acceptability, affordability, and rational use. They also highlighted some of the tools available that could be used by civil society and other stakeholders to measure access.

A session on Governance, transparency and accountability led by Patrick Mubangizi teased out the understanding of participants about these concepts and drew out experience of working with them among civil society.

Jane Masiga and Moses Mulumba looked at the concept of conflict of interest in the medicines supply chain. This helped participants identify the various ways in which divergent interests might affect the way in which medicines were supplied. They also had an opportunity to see the difference between corruption and a conflict of interest. When the discussion moved onto the issue of personal gain and possible reward, there was a clear recognition of the various names by which a bribe or a kickback was known in different countries.

A number of skills development sessions provided opportunities for participants to sharpen their abilities in research, communication and advocacy, influencing and negotiating. They also explored how to monitor prices, improve collaboration and networking, make use of a rights approach to access to medicines, engage with the media, interpret data, develop policy briefs and understand equity issues. A key feature of all the skills sessions was the emphasis on building on the experience of the participants and sharing that experience.

It was clear mid-way through the week that there were still some unanswered questions about the approach of MeTA and the role of civil society in the MeTA process. An additional session was added into the programme, which made use of role plays to explore how civil society organisations could engage with the process.

The last session of each day focused on a planning process that enabled groups from each country to work together on identifying key priorities to tackle and what might be the next steps when they returned home. These sessions made use of a clear planning framework that can be adapted for use in many settings. The outcomes of the planning process are discussed in the next section.

A very valuable process that was used when the country planning activities were presented back to the larger group of participants was a peer review of each country's plans. This helped to bring external thinking and perspectives into the process for each country, enabled groups to identify common issues, and served to highlight areas where more work was needed.

Outcomes and plans

Overall, there was a strong exchange of experience, particularly among groups who worked on medicines issues and those that worked on transparency and accountability issues. This helped to develop potential new alliances and demonstrated one aspect of multistakeholder working – bringing new perspectives into the debate.

Discussions during the field visits helped to identify shared areas of concern among civil society and public officials. This illustrated another aspect of multistakeholder working – there were shared issues where it might be possible to build new alliances to work together on potential solutions.

Another significant outcome was the recognition that although there may be particular variants of a problem in each country, there were many common issues that people were facing across the countries, and there was a great deal that groups could learn from each other. This highlighted the benefit of strengthening cross-country experience sharing and learning processes.

The peer review of the workplans helped to identify ways in which they could be strengthened. In particular, participants were able to draw attention to gaps in other plans where greater emphasis was needed on supporting activities to encourage transparency and accountability in the medicines supply chain.

The workplans

The groups from **Ghana** selected as a goal:

- to improve consumer access to essential medicines

Three objectives were identified:

- to advocate for reduction in prices of essential medicines by “10%” by 2010
- to advocate for increase availability of essential medicines by “15%” in rural communities by 2010
- to strengthen the capacity of CSOs on access to essential medicine

A number of activities, a possible timeline and draft budget was also identified. Participants identified the need to hold a meeting with other civil society organisations back in Ghana to work out further details. One of the participants was a member of the existing national committee that was working on MeTA, and this was seen as a way of incorporating CSO planning into the broader national workplan.

Groups in **Uganda** set out their basic goal as being:

- To increase access to essential medicine especially for the poor and vulnerable people in Uganda.

Particular objectives included:

- Mobilise and build the capacity of CSOs to advocate for increased access to essential medicines
 - Mobilisation
 - Capacity building
 - i. Coordination Unit
 - ii. Coalition members
- Increase awareness on Policies and Practices on access to essential medicines

- Research, produce and disseminate information (Guidelines, Policies, laws)
- To undertake advocacy to influence policy formulation and implementation, and monitoring and evaluation
- To increase CSO representation on decision making structures at all levels.

An initial timeline and rough indicative budget was developed; however, the group recognized that the first step in the process was to bring together a larger group of CSOs in the country to finalise the plan and agree a detailed workplan and budget. The groups were able to identify resources that were available within the country that could be used to facilitate the workplan.

The groups from **Zambia** identified as a goal:

- To contribute towards improving governance, transparency and accountability in the supply chain of medicines in Zambia

The group then set out a clear timetable for a series of meetings and activities that would help to lead to joint development of a more detailed workplan. This included a meeting of a wider group of CSOs, meetings with other stakeholders who were involved in MeTA, development of a baseline assessment of the situation in the country and a series of follow up meetings with stakeholders to share findings and identify an advocacy agenda and strategy.

Lessons learned

... by the participants

Issues to do with access to medicines cannot be separated from governance, transparency and accountability.

In all three countries, there is a very high level of inequity in access to medicines.

Networking is a powerful tool to achieve greater results.

Transparency and accountability issues must be the focus of CSO country plans on access to medicines.

Peer review of work by others brings more focus and better understanding of an issue.

Engaging with government and the private sector is not easy and CSOs have to be strategic in order to achieve desired outcomes.

... for future workshops

The workshop generated considerable learning, which will be used to inform a further workshop planned for the Philippines in June 2008 and involving CSO participants from Jordan, Kyrgyzstan, Peru and Philippines. The lessons will also be relevant for the design of any national workshops.

The workshop made a good start on introducing some of the issues around transparency and accountability, but this area needs a stronger focus in the future. This could mean inviting more participants with experience of working on transparency and accountability issues to ensure that their experience helps to shape the discussions.

Engaging with the private sector was not covered in detail. This is an area that needs more work in the future.

A consistent theme that emerged throughout the workshop in many different sessions was concern about the willingness of governments to recognise civil society organisations as equal MeTA partners. This was seen as an area where further effort might need to be made at national level in the future.

Suggestions for continuing the process

Establish a virtual forum to enable CSO participants in the workshop to remain in touch and to share experiences.

Regional organisations such as HAI Africa and the Ecumenical Pharmaceutical Network (EPN) should be invited to participate in this network as a means of linking country and regional level activities.

Summary evaluation

Overall, the participants felt that the workshop met its primary objectives, as the table below indicates. Participants indicated the degree to which they felt a particular objective was met, with 1 indicating not met and 10 indicating it was strongly met. With almost every category, the majority of the scores were 8 or over.

Objectives	1	2	3	4	5	6	7	8	9	10	Tot.	Ave.	No.
More able to engage with national policy processes, including MeTA					1	2	4	4	6	3	161	8.1	20
Acquired more knowledge on issues related to:													
Access to medicines			1		2		1	4	7	6	175	8.3	21
Transparency			1			2	1	5	9	2	163	8.2	20
Accountability			1			1	3	4	9	3	173	8.2	21
efficiency issues						2	1	7	8	3	177	8.4	21
Acquired skills to promote greater transparency and accountability		1	1			3	3	1	9	2	153	7.7	20
Strengthened networking:													
in your own country	1					1	1	4	8	5	168	8.4	20
across countries			1			3	1	3	6	8	186	8.5	22
Developed possible ideas for campaigns and advocacy in your own country		1	1		1		2	2	9	3	151	7.9	19

A key message that emerged from the evaluation was the appreciation of the need to work together with organisations and people in different disciplines for complementarity. This underlined the importance of a multistakeholder approach and the positive benefits that could flow from such interchange.

Key positive areas that were highlighted was the clear explanation of the supply chain, the issues that affect access to medicines, how to interpret data, and how to use effective communication techniques and tools, such as the development of policy briefs, to improve advocacy impact.

A major negative issue was that for some of the sessions – particularly the skills sessions that were run in parallel – not everyone was able to benefit from the experience.

Appendices

1. Participants

Ghana

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Uganda

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Appendix 2: Workshop programme
1st African MeTA Civil Society Capacity Building Workshop, Lake Victoria Hotel, Entebbe, Uganda - 17-23 Feb 2008

Daily routine	Sun 17 Feb	Mon 18 th	Tue 19 th	Wed 20 th	Thur 21 st	Fri 22 nd	Sat 23 rd
08.30-10.30 Knowledge Sharing	0900-1100 Faculty meeting AC, WB Registration of participants GN&KM 1100-1300 Welcome RM and get to know each other; Bingo Game KM ; Gallery of experts JM	Medicine pricing: procurement and the supply chain PM, EO	Access to medicines: availability, accessibility, affordability, rational use EO, JM	Field visit(s) in 3 groups Kampala; AM, RM, PM NMS JMS NDA Plus Surveys at HC, hospital, Private pharmacies Afternoon Free time in Kampala 1700 meet at National Theatre 1900 Ndere centre evening meal with traditional dances	Feedback from the field trip; Good governance, transparency and accountability: the role of CSOs PM	Conflicts of interests in medicine supply chain; JM, MM	Country group presentations; feedback from panel all
10.30-11.00		Break			Break		
11.00-13.00 Skills Development		<ul style="list-style-type: none"> How to monitor prices PM, AM Collaboration & networking EO, GK How convince anyone of anything JK, MM 	<ul style="list-style-type: none"> How to assess access JM, AM interview techniques GK Human rights&meds JA, MM 		<ul style="list-style-type: none"> Advocacy and understanding policy processes MM, JA working with media AC, JM Interpreting data PM, AM 	<ul style="list-style-type: none"> effective communication GK, JK developing policy briefs MM, JA Equity & involving communities CH, JK 	Peer group assessment of plans Evaluation of workshop KM Closing ceremony RM
13.00-14.00		Lunch			Lunch		
14.00-16.00 Experience Sharing	Expectations and objectives in 3 groups RM, EO, PM	Open space sessions in small groups - topics to be determined	Prepare methodology for field visits AM	1700 meet at National Theatre 1900 Ndere centre evening meal with traditional dances	Exploring MeTA's multistakeholder process: the role of civil society	3 country groups: Planning and preparing presentation	Free time; opportunity for one to one discussions and peer support
16.00-16.30	Break		Break				
16.30-18.00 Country Planning	MeTA principles AC, WB&CH Official opening Official welcome RM	3 country groups: Problem analysis and possible approaches	3 country groups: Stakeholder analysis		3 country groups: Prioritisation and planning	3 country groups: Planning and preparing presentation	
18.00-19.30					Evening Meal		Farewell Party
19.30-20.30	Opening reception and dinner	Evening Meal		Evening Meal			
20.30-22.00		Free time, videos, talks, role plays, videos, song and stories, Internet		Free time, videos, talks, role plays, videos, song and stories, Internet			



Participants' thoughts:

“A very important and motivating capacity building workshop for civil society organisations. Repeat for other CSOs.”

“A very enriching and learning workshop. Please keep in touch.”

“Gender should be included as a plenary presentation and strengthened in a skills development workshop in the context of transparency, accountability and access to medicines.”

“There was a good mix of participants and facilitators who complimented each others' skills and knowledge.”

“Peer review of work by others brings more focus and better understanding of an issue.”

“Each of us may, at any one moment, be entangled in a situation of conflict of interest, which may have an impact on transparency access, availability or rational use of medicines.”

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