

CHATPHILIPPINES

FIRST CHAT PHILIPPINES FORUM
EMPOWERING CIVIL SOCIETY IN MEDICINES TRANSPARENCY:
BRIDGING THE GAP FROM PLAN TO ACTION
28 January 2010, Diamond Hotel, Manila

BACKGROUND

The **First CHAT Philippines Forum** was held on 28 January 2010 at the Diamond Hotel (Roxas Boulevard cor. Dr. J. Quintos St., Malate, Manila 1000) with the theme ***“Empowering Civil Society in Medicines Transparency: Bridging the Gap from Plan to Action.”***

The theme highlights the role of CHAT (Coalition for Health Advocacy and Transparency) and its member CSOs in pushing the advocacies of access to health, and transparency and good governance along the entire supply chain. As a major stakeholder, civil society must be engaged in a meaningful way so that it can contribute to accomplishing the common goals of availability and affordability of healthcare and medicines.

The morning session was devoted largely to capacity-building for CSOs that will empower CHAT and its member organizations to engage meaningfully with MeTA and sustain its advocacies. This prepared the participants for productive discussions in the afternoon on concrete action plans for priority programs that are consistent with the updated CHAT Work Plan.

The forum was open to all CHAT Founding Members, as well as all other CSOs who share the vision of improving access to healthcare and medicines, and wish to contribute to achieving the objectives of the Coalition.

REPORT ON PROCEEDINGS

OPENING OF THE FORUM

The forum began at 9:25 a.m. After a brief welcome, Cecile Sison, (CHAT Philippines Coordinator) who served as the emcee for the morning session, invited Dr. Alberto G. Romualdez, Jr., Chairman, Medicines Transparency Alliance (MeTA) Council-Philippines, to deliver his Inspirational Message.

INSPIRATIONAL MESSAGE

Dr. Alberto G. Romualdez Jr.
Chairman, MeTA Philippines

In his message, Dr. Romualdez lauded CHAT for “working from an inspired start” and for organizing this first annual forum. He stressed the importance of assessing the progress of the Coalition as a major stakeholder in the MeTA process which has been ongoing in the Philippines for the last two (2) years. Dr. Romualdez also invited the participants to review, in particular, the proceedings of the 3rd MeTA Philippines Forum held on 26-27 January 2010.

He reflected that, in the past year, the work of CHAT was focused on the issue of high medicine prices which effectively limited access to healthcare, especially by the poor. Dr. Romualdez noted the role of CHAT and its individual members in lobbying for the

implementation of specific provisions in the Cheaper Medicines Law (RA 9502), as well as in the enactment of the new law strengthening the drug regulatory agency in the Philippines.

As the civil society coalition, CHAT should build on these successes and remain vigilant in ensuring continued implementation of RA 9502, and in monitoring the drafting of the Implementing Rules and Regulations (IRR) for the FDA law. He stressed the need for civil society to work with other groups to maximize the benefits that may be realized with the new laws, noting that CSOs are especially adept at finding creative means to use the rules to their advantage and to suit their constituents' needs.

Dr. Romualdez recalled that, in the MeTA Forum, there was a spirited discussion on the issue of quality vis-à-vis availability of medicines. He noted the importance of finding an appropriate balance between the need to ensure quality of medicines, and make these goods readily available to consumers.

In recent news articles (following a press conference held during the MeTA Forum), the public has been warned against the harmful effects of irrational medicine use, as well as false advertising of certain nutraceuticals which have no approved therapeutic claims. He cited, as an example, the strong push for amlodipine besylate (Norvasc, for example) for hypertension, whereas a first-line drug – hydrochlorothiazide – which costs much less, will be equally effective. Dr. Romualdez asked civil society to join the advocacy for rational use and appropriate consumption.

He noted the success of MeTA in bringing civil society, private industry and the government together to discuss relevant issues on access to health and medicines, and expressed confidence that multi-stakeholder discussions will continue.

He, however, cautioned the CSOs against being “too cozy” with private industry, stressing that, in the final analysis, the primordial goal of the pharmaceuticals sector is still to maximize profit.

Dr. Romualdez enjoined CHAT to continue to be guided by the principle that access to health, and everything that is required to ensure it, must be upheld. He ended his speech by calling on CSOs to continue to champion and guard the rights of consumers, by serving not only as watchdogs, but as active participants in the fight.

INTRODUCTION OF PARTICIPANTS

A round of introductions ensued, particularly as there were a number of organizations that were participating for the first time in a CHAT activity.

(A Directory of Participants is available.)

On behalf of the CHAT Executive Committee, Cecile Sison expressed appreciation for the active participation, not only of many of the Founding Members, but also other CSOs interested in the work of the Coalition. She noted that there were, interestingly, non-NCR-based groups present, and that it was a good base upon which to pursue CHAT's plan to expand membership to the regions as well.

She then introduced Gov. Roberto M. Pagdanganan, CHAT Chairman, who presented a progress report on the Coalition's activities thus far, and on future directions and plans.

CHAIRMAN'S REPORT

Gov. Roberto M. Pagdanganan

Chairman, Coalition for Health Advocacy and Transparency

Vice Chairman, Medicines Transparency Alliance Council - Philippines

In his introduction, Gov. Pagdanganan expressed his deep appreciation for the active participation of many CSOs in the earlier activities of CHAT that seek to make quality medicines and healthcare available and accessible to all Filipinos. He also said that he continues to be confident that the Coalition can make a meaningful difference through concrete action, judging by the enthusiasm of the many organizations in attendance.

While CHAT respects the different advocacies and positions of its individual members, Gov. Pagdanganan called on civil society organizations to work even more closely on issues of common interest. He expressed the hope that the Coalition can lead in such areas as research, education and advocacy pertaining to relevant healthcare issues that will benefit the people. By so doing, he believed "*Malaki pa ang pag-asa ng Pilipinas*" (There is still great hope for the Philippines), especially if organized groups rally together for the interest of all.

Gov. Pagdanganan also acknowledged the expert assistance provided to CHAT by MeTA's international consultants, as well as its foreign partners.

The Chairman reported that the Coalition for Health Advocacy and Transparency (CHAT) was formally convened on 27 March 2009 with twenty five (25) Founding Member-Organizations that comprise the General Assembly. An Executive Committee, composed of five (5) CSOs, was subsequently elected, and the Committees on Policy Advocacy, Research and Scientific Support, Public Information, Ways and Means, and Membership also organized.

Gov. Pagdanganan presented the various activities and projects undertaken by the Coalition from April 2009 through the initiative of member-organizations and by working with other groups. It was notable too that CHAT, as well as a number of its members, actively participated in other related initiatives, including attendance in the Advisory Council on the Cheaper Medicines Law, in Congressional Oversight Committee hearings, in the Safe Medicines Network (SMN), and in the multi-sectoral working group on proposed reforms in the healthcare sector to ensure universal health coverage.

He was also pleased to report that CHAT continues to be among the most active members in MeTA Philippines, not only in terms of attendance in Council meetings but in participation in its projects as well. The Chairman informed the body that a number of CHAT members have urged him to seek greater representation in the MeTA Council, noting that civil society is an important stakeholder in the fight for access to healthcare.

Gov. Pagdanganan explained that, considering the delay in the availability of funds, the Executive Committee had already initiated – as early as November 2009 - a serious review of the CHAT Work Plan and Budget to reflect new priorities and consider recent market developments. He said that among the major outputs of the forum must be a concrete action plan for CHAT. He called on the participants to suggest projects and activities for immediate implementation not only by the Coalition, but for individual member-CSOs as well, in order to maximize the resources that have been made available by MeTA.

In providing directions, the Chairman defined a "To Do" list for CHAT by the end of the forum. He advised of the urgent need to accomplish the following:

- Organization and activation of the various Committees
- Needs analysis (at the Coalition and individual member levels)
- Final work plan, operating budget
- Action plans and timetable.

Gov. Pagdanganan identified the following major programs for which action plans must be fleshed out and agreed upon:

- CHAT Discussion Series
- Capacity building / education and training
- Research
- Information / communication / advocacy
- Membership campaign / regional roadshow
- Individual CSO projects

He urged the participants to prioritize planning for these major initiatives, and said that there must be substantial agreement on the key points by the end of the forum. Gov. Pagdanganan called on the members to work together to maximize the resources that have already been made available by MeTA, and will continue to be provided within the next few months.

The Chairman also proposed to the body that they begin considering a legal personality for CHAT, and urged discussion on the pros and cons of various options ranging from formal registration as a non-stock, non-profit organization to remaining as it is now, a loose or informal coalition.

In closing, Gov. Pagdanganan intimated that his exposure to the high prices of medicines in the Philippines when he was Chairman and President of the Philippine International Trading Corporation (PITC), as well as his interaction with like-minded civil society groups, have led him to undertake what he calls his “lifelong advocacy.”

He admitted that, while his initial objective was merely to expose high prices, it was a big surprise for him to see CSOs staging rallies during court hearings and joining his cause to address the scandalous pricing structure for pharmaceuticals in the Philippines. He also acknowledged the active participation of civil society in pushing for the enactment of the Cheaper Medicines Law, and said that it was to the credit of CSOs that the advocacy was pursued without let up.

He expressed before the body his commitment to continue to fight for access to quality and affordable healthcare for all, and expressed hopes that CHAT will play an active role in this advocacy.

(A copy of the presentation is available for reference.)

After Gov. Pagdanganan’s report, the floor was given to Wilbert Bannenberg to present the programs of the Medicines Transparency Alliance (MeTA) and discuss the multi-stakeholder process.

UPDATES ON THE MeTA PILOT PHASE AND THE WAY FORWARD

Dr. Wilbert Bannenberg

Technical Director, MeTA International

In his introduction, Dr. Bannenberg – who is a medical doctor by profession – shared with the group his experience working for a non-government organization (NGO) thirty (30) years ago on assisting developing countries expose the harmful effects of certain drugs and campaign against their use by patients. This experience exposed him to the critical role played by civil society in the fight to improve access to medicines.

His presentation focused on updates on the MeTA pilot phase, as well as what is foreseen in the future for the international alliance. Following are highlights of Dr. Bannenberg’s presentation:

- MeTA is a global alliance supported by the UK Department for International Development (DfID) and other development partners including the World Bank and

the World Health Organization (WHO). Seven (7) countries have been selected in the pilot phase, with the Philippines being the first to launch the program in 2007. An International Secretariat was organized to support the work of the pilot countries and provide technical assistance, when necessary.

- The British Government, through DfID, has allocated GBP 20,000,000.00 for ten (10) years for the program. An evaluation of the two (2)-year pilot phase is ongoing to determine future funding and directions for the program.
- The goal of MeTA is to increase access to essential medicines, particularly among the poor in developing countries. Sadly, there are still about 2 billion people who do not have regular access to quality and affordable medicines, despite efforts to address the situation. It is scandalous that, in the Philippines, over 60% of the population (or about 55 million Filipinos) does not have access to essential drugs.
- The plan was for MeTA, upon the completion of the pilot phase, to determine the accuracy of its hypothesis that multi-stakeholder collaboration between civil society, government and the private sector will lead to more disclosure and accountability, and eventually improve access to medicines.
- An effective multi-stakeholder forum was to be established in each of the MeTA pilot countries that would ensure public, private and civil society engagement, as well ensure progressive disclosure of data in four (4) areas, namely quality, availability, price and promotion.
- Among the targets of MeTA is to ensure transparency and have governments disclose the amount spent for healthcare and medicines. (It is reported that some governments spend less than 2% of their annual budgets to purchase medicines.) Civil society plays an important role, that is, to validate what is actually happening on the ground, and be the voice of the people. CSOs must be an active participant in the planning and implementation phases of the MeTA program
- The multi-stakeholder approach espoused by MeTA will (1) lead to better informed stakeholders, (2) ensure more trust and collaboration between stakeholders, (3) enable them to analyze problems together, identify improved and joint solutions, introduce better policies, and (4) ultimately result in improved access to medicines.
- MeTA pilot countries are at various stages of implementing household surveys, data disclosure studies, pharmaceutical sector scanning and other related projects. These will be key inputs in formulating solutions to individual country problems related to access to medicines.
- In accordance with the timetable for the MeTA pilot phase, an international meeting is scheduled at the end of June 2010 in London that will gather representatives of the various stakeholders in the seven (7) pilot countries. During the meeting, participants will discuss the results of the ongoing independent external evaluation that is being undertaken to provide the UK Government with a sound basis to determine the extent of its involvement and support for MeTA in the coming eight (8) years.

(A copy of the presentation is available for reference.)

OPEN FORUM

- On the performance of CHAT vis-à-vis other CSO coalitions in the MeTA pilot countries, Dr. Bannenberg disclosed that the Philippines is considered among the top three (3), noting the experience and strength of its civil society sector. He, however, explained that the situation varies among countries depending on culture and tradition. For example,

he cited that a majority of CSO representatives in Jordan are university professors and retirees.

- On whether the use of traditional medicines was covered under the MeTA program, Dr. Bannenberg replied that there are no studies that are being undertaken at the present time. He recognizes that this may be of interest to some countries, but noted that there are not only quality considerations but also issues regarding the effectivity of such medicines for treatment of certain ailments. Dr. Bannenberg said the MeTA International Secretariat may provide support, should the Coalition so request.

THE MeTA MULTI-STAKEHOLDER PROCESS: IMPLICATIONS, CHALLENGES AND INITIAL RESULTS

Dr. Wilbert Bannenberg

Technical Director, MeTA International

In his succeeding presentation, Dr. Bannenberg elaborated on the multi-stakeholder process in relation to MeTA. Following are the highlights of his presentation:

- A multi-stakeholder process (MSP) brings all those with an interest in, or who will be affected by, an issue into a new form of communication and decision-making. It involves at least three (3) stakeholder groups that are willing to be engaged in transparency, accountability, participation, equity and dialogue.
- The MSP enables groups to deal with complex issues and is useful in bridging “governance gaps.” The process also makes it possible to “steer and negotiate” when needed, especially where movement on an issue has stalled. The MSP facilitates negotiation, broadens participation, ensures sharing of knowledge, corrects market failures, and identifies global public needs.
- A graphic presentation of the medicines supply chain in Kenya highlights the complexity in getting the products from the manufacturer/supplier to the consumer/patient. The situation is aggravated by the demands of various vested interests, and because medicines, in this context, are said to be equated with “money and power.”

The goal of MeTA is to introduce the concepts of innovation, transformation, equity, transparency, new and different voices, changing business practices, social justice, dynamic dialogue, mutual accountability, different perspectives, and new partnerships. The MSP also hopes to enable stakeholders to “move from hearing to listening.”

- Some of the issues related to the MSP are as follows: incentives for stakeholders, marginalization of particular stakeholders, selection of CSO participants, funding and resources, uneven information base, differences in language and culture, and deeply ingrained prejudices.
- Some of the lessons derived from the MeTA experience on the use of the MSP have to do with finding the right mix, having enough time, having a clear aim and approach, sufficient resources, facilitation, learning and flexibility.
- Some of the questions that arise are as follows: (a) Will mutual accountability flow? (b) Will civil society have a strong enough voice? (c) Will civil society have the technical knowledge? (d) Will the private sector engage? (e) Will governments let go of some control? (f) Is there a clear outcome, or only gradual change over time that might have happened anyway? (g) Can everyone win?

Dr. Bannenberg rationalized the need for donor agencies to see that resources have been judiciously spent in creating a meaningful impact even in the short term. In the case of the Philippines, this should translate, on the overall, to having the poor gain greater access to medicines, and to addressing such specific concerns as quality and rational use.

(A copy of the presentation is available for reference.)

For those interested to access more information, Dr. Bannenberg suggested that they refer to www.MedicinesTransparency.org and /or email info@metasecretariat.org.

OPEN FORUM

Ms. Mercy Fabros of WomanHealth Philippines inquired as to whether there is an existing model for a successful multi-stakeholder process in other countries, even outside the health arena.

- Dr. Bannenberg replied that, as an example, an existing MSP model has worked successfully in the agricultural sector in Peru. In weekly meetings, stakeholders accomplish much through dialogue and joint decision-making. Making the MSP work requires clear agreement on directions and objectives.
- Ms. Carolyn Green, MeTA Consultant for civil society engagement, added that while the idea of MSP for the medicines sector is relatively new, it originated from work previously done by DfID in the extractive (mining) industry. She clarified that the healthcare sector is quite different, and reiterated that the pilot phase for MeTA has therefore become even more necessary to test the MSP hypothesis.

Mr. Angelito Mendoza of Ayos na Gamot sa Abot-kayang Presyo (AGAP) raised certain issues regarding the failure of government to deliver appropriate healthcare to the people, particularly because of serious flaws in the procurement process for medicines. He observed there are instances where private industry appears to be in cahoots with certain government officials, and said that it is the role of CSOs to expose this “unholy alliance.”

- Dr. Bannenberg suggested that civil society is in a strategic position to address this problem through various ways, foremost of which is to expose them to the public. While he acknowledged that there are also limitations in the MSP, there are benefits to be gained from engaging concerned sectors in discussing the problems and finding joint solutions to address them.
- Mr. Daniel Whitaker, representing the independent evaluation team, recognized the important role of CSOs in addressing such problems, and expressed confidence in the ability of civil society to make a difference. He said that it was through the urging of CSOs that DfID committed to provide support to developing countries, not only in the area of medicines, but in other industries as well.

Mr. Whitaker agreed that, despite its limitations, the MSP is a good model for the MeTA program. He added that the external evaluation team, of which he is part, is interested in assessing the impact of the process in the Philippines, which he cites as among the more advanced countries in terms of the MeTA timetable.

He took the opportunity to express his appreciation to all the participants, adding that the level of understanding and intelligence displayed by those he interviewed made his work certainly a lot easier. Mr. Whitaker also acknowledged that the enthusiasm and passion evident among the CSO participants are among the important factors that truly drive the multi-stakeholder process in MeTA in the Philippines.

THE JORDAN MeTA WORKSHOP: EXPERIENCES, LESSONS LEARNED AND IMPLICATIONS FOR CHAT

Mr. Giovanni Villafuerte, Affiliated Network for Social Accountability in East Asia and the Pacific (ANSA – EAP)

Ms. Paula Mae Tanquieng, Ayos na Gamot sa Abot-kayang Presyo (AGAP)

Mr. Villafuerte and Ms. Tanquieng represented CHAT in the ten (10-day) Pharmaceutical Policy Reform Course and the Multi-Stakeholder Process Workshop organized by MeTA in Jordan in January 2010. In a brief presentation, they shared their experiences, some lessons learned in the training workshops, and insights on the impact these will have on CHAT as a Coalition, as well as on the work of individual civil society organizations.

Some points discussed were as follows:

- Analysis of problems using specific “control knobs.” This model, for example, led to the Philippine delegation (to the workshop) to reach a consensus on the need to prioritize health financing in the healthcare agenda.
- “Policy is politics.” This important principle is a useful guide when undertaking such processes as political analysis, stakeholder analysis, mapping of strategies, social marketing, policy advocacy, and social franchising.
- Sustainability of organizations. CHAT, for example, may wish to seriously consider certain options, such as collecting a membership fee, and registering the Coalition as a legal entity. Among the lessons learned from other MeTA countries is the need to have clear rules and guidelines for membership.
- Importance of a communications strategy. Developing a communications plan has been among the priorities identified by the CHAT Execom. Not only should CHAT concern itself with disseminating information among its members, but also with cascading relevant information from the MeTA Council to the individual CSO members.
- Independence of civil society. Although it is a partner in the multi-stakeholder process, it is important for CHAT to maintain its independence and integrity.

(A copy of the presentation is available for reference.)

In closing, the presenters expressed their willingness to share the materials and readings distributed during the Jordan workshop with the other CHAT members, and agreed to make themselves available for a more thorough discussion of the issues through an echo seminar.

ENGAGING CIVIL SOCIETY IN THE MULTI-STAKEHOLDER PROCESS: THE ROLE OF CIVIL SOCIETY IN MEDICINES TRANSPARENCY AND RATIONALE FOR CSO ENGAGEMENT

Ms. Carolyn Green

International MeTA Consultant for Civil Society Engagement

In her introduction, Ms. Green stressed that her presentations have been designed specifically to benefit civil society organizations in the Philippines that work alongside MeTA. While the objectives of CHAT are aligned with MeTA’s, it is important that civil society is properly equipped to plan, strategize and move forward on its own.

The forum, she said, is “your show,” addressing the CSOs present. The objective is to define in concrete ways what the Coalition wants to accomplish, and her role will be to

provide the framework and information necessary to move the work forward, as well as to guide CHAT in developing action plans. It is important, Ms. Green said, for the participants to identify their specific needs vis-à-vis the CHAT agenda, as well as the resources that are available to them through the Coalition.

Her presentations will help prepare the participating CSOs for the action planning session which has been scheduled for the afternoon.

Following are the highlights of her presentation on engaging civil society in medicines transparency:

- The involvement of civil society, through CHAT, in the MeTA process is important in moving the transparency and accountability agenda forward. CHAT and MeTA share a common interest to ensure that the people's right to health is upheld, and that access to essential medicines (AEM) is ensured.
- Coming together in a CSO coalition presents certain advantages, including: (1) sharing of interests, perspectives and expertise among different stakeholders; (2) creating synergies with other member-CSOs; (3) broadening civil society participation in policy development and implementation.
- Under the principle of accountability, stakeholders hold each other responsible and accountable for their own actions.
- CHAT and MeTA can engage each other on addressing common issues related to access to essential medicines (AEM) such as price and affordability, quality, availability, promotion, and rational use of medicines.
- The objective of forming a civil society coalition is to build a national network of trained CSOs that are capable of implementing a wide range of programs to promote transparency and accountability in the medicines supply chain. By working with other stakeholders, civil society is in a position to act as a watchdog, monitor implementation of national programs, interact with the community at the national and local levels, and provide relevant feedback.
- By building capacity to engage in access to medicines issues, CHAT will be empowered to (1) encourage sufficient disclosure and transparency along the supply chain; (2) maximize the use and dissemination of relevant information to their constituents; (3) educate consumers (on prices, quality, promotion, rational use), thus ensuring greater access to essential medicines; (4) strengthen collaboration and dialogue with the public and private sectors; (5) enhance the contribution of civil society to policy dialogues.

(A copy of the presentation is available for reference.)

CIVIL SOCIETY NETWORKS IN MeTA PILOT COUNTRIES: BEST PRACTICES

Carolyn Green

International MeTA Consultant on Civil Society Engagement

Before presenting the specific experiences of MeTA countries in building their respective CSO networks, Ms. Green explained the following:

- CSO coalitions in the seven (7) pilot countries (Kyrgystan, Uganda, Pero, Jordan, Ghana, Zambia, Philippines) have been established, but implementation of national work plans are at varying stages. Capability-building activities have likewise been initiated in the participating countries.

- It is important to understand that the environment in which the CSO coalitions operate are very different among the seven (7) countries. Culture, the pharmaceuticals market, and the degree of involvement of the various stakeholders all affect the nature and development of civil society groups. Thus, the national work plans of the MeTA countries cover a diverse range of interests and priorities that are defined by the specific country needs.
- A number of CSO coalitions have also had to revise their work plans to consider new constraints and challenges. Re-planning activities have been organized to (1) review progress, including successes and problems, (2) address challenges and capitalize on successes, (3) produce focused work plans that contribute to the objectives identified in the MeTA logframe, and (4) formulate targets that will lead to a positive evaluation of the MeTA pilot phase and prepare for a post-pilot MeTA.

With this framework, Ms. Green then presented the priorities of the various CSO coalitions, as well as notable milestones.

- Kyrgystan. Among the priorities addressed by the CSO coalition is the inclusion of cancer medicines in the list of drugs that can be reimbursed under the current health insurance scheme. Expressing the need to develop skills in communicating with the relevant publics, the Kyrgystan coalition has been provided technical assistance and support in this area.
- Uganda. The CSO coalition has participated in the medicines price survey, development of the database of the drug regulatory authority, and in formulating the procurement plan of the health ministry. Civil society is likewise involved in the Stop-the-Stockouts campaign in Uganda. Regular meetings are held among coalition members.
- Peru. In Peru, the CSO coalition has succeeded in developing a work plan and securing financial support for its activities. Among the challenges faced while formulating the said work plan were (1) obtaining agreement on the overall objectives of the coalition, and (2) addressing concerns of some CSOs who wanted more direct participation in the planning process.
- Jordan. The Jordan situation is unique – because it is a Kingdom, civil society is not as developed and strong as in Peru or the Philippines. This notwithstanding, the CSO coalition has launched its own website, undertaken capacity-building exercises, staged a national forum, and attends regular meetings of the MeTA Council.

(The Jordan experience highlights the need to develop specific plans that consider culture and tradition in the community, as well as to ensure that these programs will be relevant and effective in the environment in which the coalition operates.)

- Ghana. The CSO coalition in Ghana works very closely with the MeTA Council in undertaking specific activities in the national work plan, and has established good working relationships with media. Among the challenges that need to be addressed and/or considered are (1) the latent suspicion between the state and the private sector, (2) the reluctance of stakeholders to introduce changes in procedures and enforcement of regulations, (3) fragmentation in civil society that is a barrier to achieving meaningful multi-stakeholder alliances.
- Zambia. The CSO coalition worked with the MeTA Council to organize a dialogue with policy makers in the Cabinet and Parliament. Capacity-building workshops on supply chain systems and drug regulation have been held. Together with MeTA, civil society is actively involved in a campaign to eliminate stockouts in government health facilities.

Ms. Green concluded this presentation by highlighting the following:

- The organization of civil society coalitions poses many challenges. The process could be tedious and difficult.
- In sustaining civil society coalitions, it is important for there to be clear guidelines regarding membership, and imperative for members to continuously seek ways to keep interest and participation alive.
- There are both benefits and risks inherent in formal registration of the coalition as a legal entity. Having a structure may introduce rigidity, while its absence on the other hand could diffuse the impact and efforts of the coalition.
- There is value to information-sharing. Coalitions must learn from their counterparts.

In concluding, she enjoined the participants to access the MeTA website which contains or provides links to various materials on topics that are relevant to the work and advocacies of MeTA, as well as civil society coalitions.

(Copies of the country presentations are available for reference.)

OPEN FORUM

Mr. Byron Abadeza of the Transparency and Accountability Network (TAN) inquired as to the impact that technology or new media has made in promoting closer communication among stakeholders in other countries.

- In reply, Ms. Green said that she does not have detailed knowledge about the actual impact of technology on the multi-stakeholder process. She indicated, however, that a number of MeTA countries share and exchange information through websites, and that this is consistent with the goal of increasing transparency to improve access to medicines. She also encouraged CHAT to continue to make information available, not only through the website but through other media as well.

Ms. Ana Maria Nemenzo of WomanHealth Philippines wanted to know more about the history and background of MeTA, the organizations behind its formation, and the manner of selection of the seven (7) pilot countries. She also said that the formation of CHAT was a natural result of various CSOs having worked together in the past to campaign for the Cheaper Medicines Law.

- Dr. Bannenberg explained that perhaps the formation of MeTA can be traced back to the 1960s when the flow and use of medicines remained uncontrolled even in the developed countries in Europe. The World Health Organization (WHO), whose work then focused on the delivery of primary health care, also began to collaborate with other donors on developing the drug supply chain systems in various countries.

Donors required greater transparency in the use of funds. Civil society was harnessed to ensure proper disclosure, judicious use of resources, and good governance.

In the case of the mining industry – often described as a “resource curse” in some markets – it was said that because some countries failed to curb corruption and properly report income, activists launched campaigns demanding transparency in the extractive industry. In 2007, the British Government realized that the problems in the mining sector also existed in other industries, and decided to support efforts to ensure transparency and accountability in medicines as well.

Initial funding for MeTA was provided by the UK Government, through the Department for International Development (DfID). The WHO has likewise supported the alliance by, as in the case of the Philippines, providing resources for the Country Secretariat. There is a MeTA International Secretariat that supports and assists the pilot countries in the development and implementation of their national work plans. A MeTA Management Board and International Advisory Group provide strategic directions for the alliance.

Dr. Bannenberg was, however, unsure as to the specific criteria used in identifying the pilot countries, except that these countries were those that expressed keen interest to improve the access to medicines situation in their respective markets, and committed to institute transparency and good governance in their health delivery systems.

- Ms. Green mentioned that, in the MeTA consortium, the participating organizations include Health Partners International (HPI), Health Research for Action (HERA) and Healthlink Worldwide. She clarified that the MeTA Secretariat does not source funds from the pharmaceuticals industry.

Ms Green also recommended a book entitled “Problem Drugs” written by Andrew Chetley, the Communication and Capacity Strengthening Director of the International MeTA Secretariat. It contains facts about drugs sold all over the world, as well as readings on such topics as inappropriate and unnecessary use, unethical marketing, and double standards in promotion and production, among others.

Ms. Nemenzo said that a number of member-organizations of CHAT are likewise involved in other advocacies, and inquired as to whether this will have an effect or impact on the specific advocacies espoused by CHAT.

- Ms. Green said she is aware that many groups are involved in other campaigns and described it as “richness” within the Coalition. What is important is to harness the diverse skills and experiences of the members in pursuing the goals of CHAT and in pushing for its advocacies that all organizations share.

DEVELOPING ADVOCACY STRATEGIES FOR CSOs IN ACCESS TO MEDICINES ISSUES

Ms. Carolyn Green

International MeTA Consultant on Civil Society Engagement

Ms. Green discussed the following major points in her presentation on developing advocacy strategies that CSOs can use in addressing access to medicines issues:

- Advocacy is about influencing or changing relationships of power. The objectives of advocacy strategies are to represent, mobilize, and empower.
- There is a range of advocacy strategies that can be pursued to make people or publics think and act differently.
- There is a need to apply effective communication skills when undertaking advocacy work, and to have good working relationships with media.

In conclusion, Ms. Green reiterated her suggestion for the participants to access the MeTA website which contains close to eighty (80) presentations which will be useful to CSOs wishing to learn more about advocacy and related strategies.

(A copy of the presentation is available for reference.)

The morning session ended at 12:35 pm.

THE CHAT WORKPLAN

Paula Mae Tanquieng

CHAT Secretariat

The afternoon session started at 2:05 pm.

Ms. Tanquieng presented the revised version of the CHAT Work Plan covering the period January – September 2010. (It will be recalled that the original Work Plan, as approved by MeTA International, was for the period April 2009 to September 2010. However, due to the delay in the release of funds, CHAT was compelled to make changes in its Work Plan, as a number of activities then identified were not implemented.)

While the major program classifications were unchanged, there is a need to define the specific projects and activities that CHAT will undertake in the coming months. Ms. Tanquieng pointed out, however, that the Execom had introduced certain programs that were not in the original version, such as the regional roadshow for the membership campaign.

PREPARATION FOR PARALLEL DISCUSSIONS: NEEDS, RESOURCES AND GAPS

The facilitator for the workshop, Ms. Green, defined the parameters for the afternoon session as follows:

- The objective was to formulate action plans for the major programs identified by the CHAT Execom, as well as a timetable.
- The goal is to gather as many concrete inputs as possible from the participants within the short period allotted for this exercise. These inputs are expected to be useful in formulating plans that are realizable within the short term or six (6) months.
- The participants must help in identifying needs, resources and gaps.

As a preliminary exercise, participants were requested to list down and provide inputs on what they believed were the needs, resources, and gaps pertaining to the following six (6) major programs of CHAT. (*Flip charts for each of the major programs were provided. Participants wrote their inputs on sheets of paper which were pasted on the appropriate flip charts.*)

1. CHAT Discussion Series
2. Capacity building / education and training
3. Research
4. Information / communication / advocacy
5. Membership campaign / regional roadshow
6. Individual CSO projects

PARALLEL DISCUSSIONS / PLANNING WORKSHOP

Participants were divided into six (6) groups.

Ms. Green provided the following guide questions for the groups to consider in discussing action plans for each of the CHAT major programs.

*Needs, Resources and Gaps
Within the next six months...*

- What specific problem do we want to address?
- What activities we want to do to address it?
- What are the top five priority activities?
- How will we make each activity happen?
- What resources do we have for each activity?
- What other help do we need?

PRESENTATION OF GROUP OUTPUTS

Following are the actual matrices submitted by the six (6) groups and presented by their respective representatives:

1. CHAT DISCUSSION SERIES

Need / Specific Problems	Activities / Top 5 Priority	How to make it happen	Resources available	Proposed Line Up in time for Elections
<p>As a fledging network, CHAT needs to arm its members with knowledge, hence, these discussions;</p> <p>The need to arm/equip CHAT for sound information dissemination and educational information drives</p>	<p>Discussion / Forums will be held on the following priority topics:</p> <ol style="list-style-type: none"> 1. RA 9502 2. Rational Drug Use (RDU) and Pharmacovigilance 3. Patients' rights and Responsibilities and how it relates to Social Health and Insurance 4. Supply Chain 5. Counterfeit 	<p>1 topic to be led by 1 organization per month</p> <p>Form a committee to discuss how to run the discussion series (public information committee?) – maximize website and Google group</p> <p>Assessment after each discussion</p>	<p>Funds, speakers, venue, kits, media, documentation</p>	<p>End of Feb – RA 9502 and Drug price control</p> <p>March – SHI (spring board for election agenda)</p> <ol style="list-style-type: none"> 1. Patients' Rights and Responsibilities 2. Preventive Health Care <p>April – RDU and Pharmacovigilance</p> <p>June – Supply chain</p> <p>July – Counterfeit and Interchangeability of Drugs</p>

Other points raised:

- When conducting the regional roadshow, CHAT should consider also holding discussions on topics that are relevant in the area
- Identify resource persons and participants to ensure participation of all concerned stakeholders
- Target is to have confirmation from 50 participants prior to the actual event
- Anticipate action points that may be related to other CHAT programs

2. INFORMATION / COMMUNICATIONS / ADVOCACY

Need / Specific Problems	Activities	Rank / Top 5 Priority	How to make it happen	Resources available	Other Help
<p>Lack of public knowledge on the right to health and access to medicines</p> <p>Lack of information dissemination on medicines transparency campaign: budget, prices and regulation</p> <p>Lack of sustained engagement with the media for advocacy campaigns</p> <p>Lack of clear health and access to medicines platform / agenda of national candidates in the 2010 elections</p>	<p>Information and Education Campaign</p> <p>Three Key Topics:</p> <p>1. Right to health and access to medicines</p> <p>2. Prices and regulation</p> <p>3. Presidential and senatorial platforms</p>	<p>1. Forum on right to health and access to medicines</p> <p>2. Creation of Facebook account, blog, uploading short videos, audio visual presentations on YouTube</p> <p>3. Improving CHAT content on MeTA website including papers and presentations</p> <p>4. Newsletter</p> <p>5. Forum on Presidential / Senatorial platforms on access to medicines</p>	<p>1. Internet:</p> <p>a) social networking (Facebook, Friendster)</p> <p>b) Blogs</p> <p>c) MeTA website</p> <p>d) YouTube</p> <p>2. Print</p> <p>3. Broadcast – press conference; short audiovisual advertisement</p> <p>4. Forum (Chat, health volunteers, schools)</p> <p>5. Newsletter, magazine</p>	<p>CHAT fund (venue, food, and other logistics)</p> <p>Forum or organizers partners</p> <p>Editorial team</p>	

3. CAPACITY BUILDING / EDUCATION AND TRAINING

Need / Specific Problems	Activities	Rank / Top 5 Priority	How to make it happen	Resources available	Other Help
	Advocacy skills training (includes engaging media and negotiation skills)		Identify members with advocacy skills; develop training design	Training module Trainers Training materials (paper, pen, photocopied materials, etc.) Venue	
	Development of M&E framework		Formation of a working group		
	Curriculum building / training on how to develop a training module				

Inadequate knowledge at the community or 'public feel' on issues in medicines	1. Community-level training on rational drug use 2. Community-level training on herbal medicine and monitoring of counterfeit medicines				
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4. RESEARCH

Specific Problems	Activities	Rank / Top 5 Priority	How to make it happen	Resources available	Other Help
Negative effects of multilateral and bilateral trade agreements on essential medicines – EU-ASEAN trade agreements Prices of medicines Expanding PhilHealth benefits	1. obtain draft agreement 2. hold dialogues with stakeholders (EC, CSOs) 3. Experts consultation 4. Medical campaign			(3) Researchers Funds	Please help us obtain a copy of the EU-ASEAN FTA Prices of medicines Expanding PhilHealth Benefits

5. CAPACITY-BUILDING PROJECTS FOR INDIVIDUAL CSOs

Need / Specific Problems	Activities	Rank / Top 5 Priority	How to make it happen	Resources available	Other Help
Appreciation / Awareness of holistic approach to health	Seminars/ orientation on integrative medicines		on-going	Speakers, food, venue, transportation, participants, accommodations	funding from CHAT cross posting of announcement Help of LGU Tie up with other orgs and bodies
Awareness of good practices in health programs of LGUs or CSOs on social accountability	mapping of SAC activities / initiatives in health		Submit proposal to ANSA-EAP	Technical Assistance on research	Contacts with LGUs or intro
Meta Seminar-Orientation with Kilos Damit	Seminar		Include in the budget or program of K Damit		

Lack of information on possible resources	Mapping of health directors		Include in the program of activity	Field researchers	Referrals / contacts
Rational drug use	Advocacy on truth in advertising				
Lack on information on generics	Awareness campaign				

6. MEMBERSHIP CAMPAIGN / REGIONAL ROADSHOW

Need / Specific Problems	Top 5 Priority Activities	How to make it happen	Resources available	Other Help
<p>How to increase membership?</p> <p>Objective: make the network bigger and stronger</p>	<ol style="list-style-type: none"> 1. Identify priority area for recruitment 2. Establish linkages with potential members 3. Meetings 4. Profiling / background check / selection process 5. Submission of final list of potential members to the Membership Committee and the Executive Committee (with Education Committee possibly continuing the process of education and training) 	<ol style="list-style-type: none"> 1. Listing of potential members 2. Communication 3. CHAT Materials 4. Transportation 5. Accommodation 	<p>Budget</p> <p>Human (organizers, secretariat, membership committee)</p> <p>Contact persons per organization</p>	<p>Specific information about recommended groups</p> <p>Information / awareness about CHAT for IEC and capacity-building group (mainly on internal coordination)</p>

DISCUSSIONS / COMMENTS

Highlights of the discussions on the outputs of the six (6) groups were as follows:

- The outputs from the parallel discussions will provide a good basis for CHAT to draw up a concrete and realistic work plan. It is important that the inputs have emanated from the membership, which should prove to be more effective than if decisions were reached only using the “top-down approach.”
- On the areas identified for research, Ms. Green commented that what appears to be needed is not actual research to be undertaken, but access to certain existing documents like the EU-ASEAN agreement. This may require high level assistance.
- Useful websites or blogs which can be accessed for additional information are IP Health and e-drug.
- Ms. Green reminded the body that for CHAT to be truly effective as a coalition, it must provide additional value to individual organizations and undertake projects that have not been done previously. She added that it was important for member-organizations to collaborate in implementing activities that are of common interest, to ensure that all CSOs benefit from the work of the coalition. She warned CHAT

against falling into the trap that some coalitions fall into when member-organizations merely work for themselves, and not for the interest of the majority.

- It is important for the Committees to immediately organize. It was suggested that each of the major programs be assigned to individual Committees to implement. Budgets are allocated for each of the Committees to undertake their work.
- On the communications plan, Ms. Green commented that it was important for CHAT to develop the skills necessary to turn technical information into consumer-friendly language that can be appreciated by the various targeted publics. She suggested that CHAT consider working with journalists who may not have a full grasp of the issues but have effective writing skills. The Coalition should also consider tapping lawyers as resource persons or as spokespersons for certain issues. The key is to harness a diverse range of skills that will allow CHAT to view issues from different perspectives.
- On the suggestion that CHAT develop a Monitoring and Evaluation (M&E) tool, Ms. Green suggested that the Coalition do the following: keep the framework simple, tap existing experts, determine a realizable timeframe, and identify specific areas that need to be evaluated. It is also important for CHAT to identify areas for improvement in its operations by asking the question “Are we doing the right things and are we doing enough of the right things?”
- Ms. Green noted that the CHAT Discussion Series will end in July 2010, and therefore suggested that the evaluation begin in August 2010.
- It was likewise suggested that, if the plan is to influence electoral platforms, CHAT must interact with candidates and politicians, seek their commitment to the Coalition’s advocacies, and monitor compliance with their pledges once elected.
- Ms. Green concluded by reminding the participants that while efforts will be focused on completing the action plans in the next six (6) months, CHAT must also be exploring, at the same time, ways to sustain work in the long term.

OPEN FORUM / DISCUSSIONS

- Mr. Giovanni Villafuerte (ANSA-EAP) said that the workshop helped to cull inputs from the various member-organizations present. With such a diverse range of activities, the challenge to CHAT will be to strengthen its identity as a coalition, and effectively project its true advocacies and objectives.
- Dr. Edelina dela Paz (HAIN) inquired as to whether all the activities can actually be integrated in the Work Plan and if individual CSO projects can still be accommodated in the current budget.

Ms. Cecile Sison (HealthWatch) responded by explaining that the six (6) major programs are currently in the Work Plan, and budgets have been allocated for them, except for the research component. What needed to be done in the workshop was to agree on the specific projects that were to be prioritized and to develop the concrete action plans.

She noted that there was still room in the current budget for other projects to be funded, such as the proposed regional roadshow, research, and more individual CSO capacity-building activities.

- Ms. Paula Tanquieng (AGAP) said that the Membership Committee will need to identify specific provinces that will be targeted by CHAT. She also underscored the need for committees to work jointly on certain programs, such as the Discussion Series.

- Regarding research, Ms. Green noted that formal research is currently not in the proposed Work Plan of CHAT. What has been identified in the parallel discussions was really more in the nature of literature search and information sharing.
- Mr. Angelito Mendoza (AGAP) stressed the importance of education and training on rational use of medicines and counterfeit drugs. He suggested that CHAT also undertake a mapping of organizations and institutions based in various target regions that can be enlisted as members.

He highlighted the crucial role of Barangay Health Workers (BHWs) in bringing the CHAT advocacies to the community as they have regional, municipal and district chapters all over the country.

- On the issue of counterfeits, Ms. Green suggested that CHAT first review the definitions in the law. She cited that in Kenya and Uganda, for example, debates are still ongoing on whether generics are to be considered counterfeit because of the “loose” definition in their law. She further suggested that CHAT look into this issue more closely and offered technical assistance, if needed.

Ms. Green further clarified that counterfeit medicines are not necessarily substandard. Drugs are deemed substandard for various reasons, including poor storage or consumption beyond the expiry date. This is another potential area for research or discussion.

- On branding and establishing an identity for CHAT, Mr. Villafuerte further suggested that a group work on developing a logo for the Coalition, and that ideas be submitted to the Execom for consideration/

SYNTHESIS OF AGREEMENTS REACHED, RECOMMENDATIONS AND TIMETABLE

Ms. Cecilia C. Sison

Coordinator, Coalition for Health Advocacy and Transparency (CHAT)

Philippine HealthWatch Initiatives, Inc.

In the synthesis of the forum’s proceedings, Ms. Sison reported the following:

- A total of forty nine (49) participants attended the forum. Of these, 42 were from CSOs, 2 from MeTA International, 2 from MeTA Philippines, 2 represented DfID, and 1 from the WHO Representative Office.

Twenty eight (28) civil society organizations were represented – 13 of them Founding Members of CHAT and 13, potential members.

- The capacity-building session included the following presentations / discussions:
 - Inspirational Message (Dr. Alberto G. Romualdez, Jr.)
 - Chairman’s Report (Gov. Roberto M. Pagdanganan)
 - MeTA and the Multi-Stakeholder Process (Dr. Wilbert Bannenberg)
 - Lessons from the Jordan Workshop (Mr. Giovanni Villafuerte, Ms. Paula Mae Tanquieng)
 - Engaging Civil Society in the MeTA Process (Ms. Carolyn Green)
- Action plans were formulated and priorities identified for the following major CHAT programs:
 - CHAT Discussion Series
 - Capacity building / education and training

- Research
 - Information / communication / advocacy
 - Membership campaign / regional roadshow
 - Individual CSO projects
- In discussing the needs, resources and gaps relative to the major programs, groups were guided by the following questions:
 - What specific problem do we want to address?
 - What activities we want to do to address it?
 - What are the top five priority activities?
 - How will we make each activity happen?
 - What resources do we have for each activity?
 - What other help do we need?
 - Outputs from the six (6) working groups were discussed. The specific recommendations are listed in the Powerpoint presentation, and can be found in the matrices in a preceding section (Presentation of Group Outputs).
 - The following steps will be undertaken by CHAT immediately:
 - Consolidation of workshop recommendations into the Work Plan and Budget
 - Finalization of guidelines for individual CSO projects
 - Initial information search (through e-drug and WHO. Note: Ms. Catherine Dauphin of WHO volunteered to assist in search for documents that are available in the WHO Library.)
 - Linkages with experts with skills in legal research, M&E, and curriculum-building
 - Individual assignments for specific projects
 - Organization of CHAT Committees
 - Other steps that must be taken include:
 - Completion of forum documentation, and dissemination of reports to all participants
 - Meeting of the Execom to approve the final Work Plan and budget
 - Finalization of a suitable logo for CHAT

Before turning over the floor to Gov. Pagdanganan for his Closing Statement, Ms. Green expressed her appreciation, also in behalf of Dr. Bannenberg, for the active participation of various CSOs and to organizers who worked very hard for the success of the forum. She said that she is greatly encouraged by the enthusiasm displayed by CHAT and its members and committed to help the Coalition in whatever way she can.

CLOSING STATEMENT

Gov. Roberto M. Pagdanganan

Chairman, Coalition for Health Advocacy and Transparency (CHAT)

Vice Chairman, Medicines Transparency Alliance (MeTA) Council - Philippines

In closing the First CHAT Philippines Forum, Gov. Pagdanganan congratulated and thanked the participants for their active participation and outstanding performance, especially during the parallel discussions. He added that the enthusiasm of the civil society organizations, as well as their willingness to work together, served as an inspiration to him for continuing CHAT's important advocacies.

On behalf of the Coalition, he also expressed deep appreciation for the assistance provided by Dr. Bannenberg and Ms. Green, and the support of MeTA Philippines in extending support to CHAT. Gov. Pagdanganan said that CHAT, by working closely with

MeTA and the concerned stakeholders, can make a big difference in shaping a responsive healthcare program for the Philippines.

The CHAT Chairman took note of the proceedings in the forum, and urged everyone to continue to actively participate in implementing the next steps and in undertaking the programs agreed on. He stressed that transparency, accountability and good governance are the cornerstones of an effective and responsive healthcare program for the country. Gov. Pagdanganan encouraged CHAT members to lend their support to the Coalition especially in the next six (6) months as it pursues the Work Plan developed during the forum.

On the counterfeit medicines issue, he remarked that CHAT should carefully look at the fine print of the law, as Ms. Green has suggested. He said that in the Philippines, good quality medicines are considered to be counterfeit, if unregistered. These unregistered products must be differentiated from substandard medicines which fail laboratory tests. Gov. Pagdanganan therefore urged interested members to study the salient features of existing laws. He also asked the CSOs to work towards a better understanding of the provisions of the Cheaper Medicines Law, and developing projects that can maximize the flexibilities allowed under RA 9502.

The CHAT Chairman identified a number of important items that can be incorporated in the substantive agenda of the next meeting of the Coalition such as the impact of ASEAN Harmonization. He also proposed that CHAT work on creating a logo and slogan that are reflective of the vision and advocacies of the Coalition.

Gov. Pagdanganan called on the members to begin serious discussions on the propriety of registering CHAT as a formal organization. He urged the Execom to look into the legal requirements and implications of various options for the Coalition. He explained that, on one hand, having a juridical personality will ensure the continuity of CHAT over the long term, and its ability to transact business or collaborate with potential partners.

In closing, the Chairman said that he was extremely impressed with the outputs resulting from the forum, and expressed confidence that the funds that have been made available will be fully utilized for the activities that have been lined up in the next few months.

He lauded the efforts of all the participants, and said that he is heartened by the members' resolve to make a difference in the lives of the people by working together to make quality medicines accessible to all, especially the poor.

The forum officially ended at 5:45 p.m.

Prepared by:

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Attested by:

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