

Shifting allegiances in access to medicines: the Medicines Transparency Alliance in Ghana

Can the procurement, prescription, and use of medicines be improved?

In Ghana, many people are unable to access the medicines they need to stay healthy and alive. Other African countries face similar problems. 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.¹

A range of stakeholders involved in the medicines supply chain in Ghana are coming together in a new initiative called the Medicines Transparency Alliance (MeTA). MeTA is a multi-stakeholder alliance operating in seven countries – Peru, Ghana, Uganda, Zambia, Jordan, Kyrgyzstan and the Philippines during a pilot phase between May 2008 and September 2010.

Launched by the Deputy Minister of Health in Ghana in November 2008, stakeholders from the public, private and civil society sectors are participating in MeTA Ghana to try to improve the quality, availability, price and promotion of medicines. How will they do this? Through multi-stakeholder collaboration and a mutual commitment to increase the transparency of information about the medicines supply chain. Change is already happening with shifting allegiances between stakeholders, new access to government databases on medicines and a commitment to engage the public in keeping poor quality and over-priced medicines out of the market.

The Medicines Transparency Alliance (MeTA)

The Medicines Transparency Alliance's long-term goal is to make high-quality essential medicines available and affordable to poor people who are currently unable to access them. One in three people in the world are deprived of the medicines they need because of ineffective health delivery systems, overpriced, poor quality, and inappropriately used medicines. Fundamental inefficiencies in both the pharmaceutical market and across the health and commodity supply systems means the situation persists in many countries. Weak governance and a lack of transparency in medicines selection, regulation, procurement, distribution and sales contribute to this inefficiency.

A key innovation of MeTA is the focus on developing an effective multi-stakeholder dialogue at both national and global levels, involving both the private and public sectors. MeTA brings together public, private, and civil society representatives to focus on finding creative solutions to the problems of access to medicines. This draws on lessons from a number of existing multi-stakeholder initiatives in diverse fields. Multi-stakeholder processes are those which aim to bring together all major stakeholders in a new form of communication, decision-making (and possibly decision-making) on a particular issue. They are also based on recognition of the importance of achieving equity and accountability in communication between stakeholders, involving

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equitable representation of three or more stakeholder groups and their views. They are based on democratic principles of transparency and participation and aim to develop partnerships and strengthened networks among stakeholders.²

In each seven pilot countries MeTA has supported the development of national multi-stakeholder 'councils'. They are tasked with looking at ways to improve the flow of information along the entire medicine supply chain and in doing so, to increase transparency and accountability.

MeTA's approach shifts some decision-making power to the consumer and puts greater competitive pressure on suppliers. This could improve the functioning of the pharmaceutical market and encourage public purchasers of medicines to allocate their resources more appropriately.

Initially funded by the UK Department for International Development for a 30-month pilot phase – which ends in September 2010 – the alliance also includes the World Health Organization (WHO) and the World Bank as key providers of technical support. An International Secretariat has been established, based in the UK, to manage the process and support the efforts at the national level. Internationally, an advisory group has been set up which also reflects the multi-stakeholder approach. It has representatives from each of the seven pilot countries, from the key partners in the Alliance and from business and civil society. The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the Indian Generics Association, Health Action International, Transparency International and the Ecumenical Pharmaceutical Network are among those on the advisory group.

A country-led initiative, the national councils decide to focus on one or more of the four main areas to improve information flows: quality, availability, price, promotion.

- The twin hypotheses that MeTA sets out to test are that:
- no single institution or agency can deal with the complex interventions needed to improve the situation of access to medicines. Rather than continuing a 'blame game' that has plagued much policy process since the introduction of the WHO's essential drugs concept in the late 1970s, a multi-stakeholder dialogue process that aims to bring key stakeholders round the table to look for workable solutions may have a greater chance of success;
 - if more information about the quality, availability, pricing, and promotion practices of medicine is available in the public domain, the public has more opportunity to understand this information and act on it. This, in turn, can lead to greater public debate about medicines, increased pressure to improve public policy, and drive improvements in the procurement, distribution, promotion, sale, prescription, and use of medicines.

MeTA Ghana

MeTA Ghana held its inaugural meeting in November 2008 and holds quarterly council meetings with 18 representatives from the private, public, and civil society sectors. These include stakeholders from a civil society umbrella group, the Ghana Medical Association, the Pharmaceutical Society of Ghana, the National Health Insurance Scheme, the Food and Drugs Board (National Drug Regulatory Agency), the Ministry of Trade and Industry, the Ministry of Health, pharmacy wholesalers, community pharmacists, and private medical doctors and pharmacists. The two Co-Chairs are from universities.

Efforts to ensure inclusive representation from all groups with a stake in the medicines industry has been key and a surprising success to many. For example, there was a widely held assumption that 'industry' or the private sector would not be interested in disclosure and openness, the central commitment that MeTA requires. Paul Lartey, Director of LaGray Chemical Company, Ghana, got involved in MeTA because he was asked to represent the local Pharmaceutical Manufacturer's Association of Ghana. His interest is to make information available. He said, '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.'

In MeTA Ghana, the particular stakeholder interests are so varied, the main activity that binds them together is participation on the MeTA Council. However they all have a broad interest in making medicines more accessible and their pre-conceived notions about the other stakeholders are starting to disappear. At the Council meetings, allegiances shift through the different discussions that take place on certain topics. For example, MeTA Ghana is trying to tackle the key issue of sub-standard and counterfeit medicines and the issue of legitimately imported or produced drugs being stored badly after they have arrived at the port. MeTA Ghana therefore became interested with testing products at the point of sale. Originally some Council members

proposed to have mini-lab testing done only by the academic institutions, but through dialogue they began to see that it made sense to include the Drug Regulatory Agency (Food and Drugs Board). MeTA Ghana is now working with the Drug Regulatory Agency to test the quality of medicines through four mini-labs across the country and is providing the financial support to be able to test more. Stakeholders are starting to leave their extreme positions behind.

MeTA's goal of increasing the transparency of information around medicines is also starting to be realised. The MeTA Ghana Council made a formal appeal to the Minister of Health to be allowed access to the new National Health Insurance Scheme Database. The Minister agreed, and the statistician has been given access and the MeTA Council considers this a remarkable act. MeTA Ghana is now examining the health insurance database on a regular basis to find out what medicines are prescribed, at what cost to the country, and with what effectiveness. Already there is some evidence of possible over- and inappropriate prescribing, over-use, and abuse. It is a new starting point to tackle the problem.

MeTA Council members know that this is a long process. Their long-term strategy includes the disclosure of public tenders: who won, at what price, at what cost. All stakeholders buy into this and are aware that this stage cannot be reached on 'Day 1', but they know they need to start creating a culture of reporting and sharing information. More difficult or sensitive issues can be approached when this is more fully developed.

The inclusion of civil society organisations is considered critical by the MeTA Ghana Council. They have the ability to hold powerful institutions to account, and they also contribute to consumer education and public awareness. MeTA Ghana wants to inform the public about rational use of medicines and also create citizens who are alert to medicines quality and price and inform officials about suspect counterfeit or over-priced drugs. Medicines is a topic often not talked about because it is considered too technical. MeTA Ghana is trying to change this. They want people to see access to medicines as an issue they feel bold to talk about in the same way they talk about access to health and access to education.

Each sector has an interest in making medicines more accessible and it is the representation and participation of each stakeholder group that is making the process work. There is a clear sense of mutual ownership and MeTA Ghana is doing all that it can to ensure this continues.

References

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Web resource

Medicines Transparency Alliance website: www.MedicinesTransparency.org.

