


## Case Study MeTA Pilot Countries

<b>Title:</b> Data Disclosure process and progress	<b>Date:</b> June 2010
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**Jordan's context:** Jordan area in Square meters is 88,778 with a total population 5,729000 in 2008

Jordan's health system: Jordan has a mixture of public and private health provision around 87% of Jordan population has health insurance yet a significant proportion of those have multiple insurance. The largest provider of health care in Jordan is the public sector via the Ministry of Health (MoH), providing insurance to 40% of the population, followed by the Royal Medical Services (RMS), covering 27.5% of the population. The remaining 19.5% are covered by insurance companies associated with banks, professional syndicates, universities or private companies. As for the private sector, it provides primary, secondary, and tertiary services through a network of private clinics and hospitals; this includes 61 hospitals vs 43 in the public sector with a total of 3853 hospital beds vs 7502 in the public sector.(33.0%) of Patients seeking treatment in the private sector purchase their drugs directly at the private health center, or at a retail pharmacy. There are around 13% of people with private insurance, which also covers drugs expenditures in retail pharmacies. Jordan has a fairly well developed high quality local pharmaceutical manufacturing sector. There are 16 companies which manufacture generics or branded generics. There is no local manufacturing capacity for certain therapeutic areas such as oncology drugs or vaccines. The local manufacturers engage in contract manufacturing for large global pharmaceutical companies but currently this contributes to less than 5% of the overall pharmaceutical sector revenue. All 16 companies are GMP certified. Referring to the WHO statistics for (2008) the total health expenditure/capita is (Intl \$, 2006) 611 US \$ that's 9.9 % of GDP. In 2003, the expenditure on pharmaceuticals in Jordan was JD 211 million (about US\$ 295 million). Over the last 7 years, the average growth rate has been about 3%, after allowing for population increases. This is due to increasing in medicine costs and consumption rates. The rate of growth is considerably lower than that of most developed countries. Finally, the Jordanian pharmaceutical market is made up of imported products (75%) and locally manufactured products (25%).

### Problem identification:

In Jordan like many other countries there is a lack of a systematic process to collect pharmaceutical data on regular bases, therefore the opportunity to build the decision making process on evidences and information is minimal and this leads to inefficient or inappropriate practices.

It is important to collect data in order to set the countries' priorities based on what the pharmaceutical sector needs to improve access to medicine for Jordanian citizens. It is important to change how policy makers evaluate research in Jordan, in order to establish a culture of more applied research that leads to useful intervention that can be used locally to improve the efficiency and effectiveness of the sector.

On the other hand, the public domain in Jordan is still not aware of the availability of many data regarding the medicines supply chain, and more effort is needed to be done to create awareness among the public and the different stakeholder of the pharmaceutical sector.

The communication channels between different stakeholders( public, private, CSOs) is still limited and each sector is moving forward without knowing the needs of the others nor the knowledge they have which might be a source of mutual benefit for all of them.

### MeTA's intervention:

One of the most important areas of the Medicines Transparency Alliance ( MeTA ) is the baseline assessment's three components, the tools that MeTA is using in all countries to generate data will help the national councils in setting their priorities in an evidence based way. The MeTA Disclosure Survey tool helped MeTA Jordan in assessing the data disclosure status in the Jordanian pharmaceutical sector, furthermore, the process was a valid opportunity for the council member to understand each other perspectives, and to know more about the available data at the different organizations.

The data disclosure process in Jordan created a useful medium for the council members to ask each other some questions regarding the unavailability of some data, or the limited disclosure of other data, also the process opened the channels of communication between members.

The data disclosure survey tool helped the council members to think more about their organizations' websites and highlighted to which extent the publicly available data is accessible for different stakeholders.

#### ***Data disclosure methodology:***

The national council in Jordan decided that the best way to proceed with the Disclosure tool is to have meetings for all members together in order to discuss the key disclosure data especially that all related stakeholders will be presented so questions regarding any undisclosed data can be answered on the spot from the authorized reference. Discussing the survey questions and providing the required data was

conducted through organizing three specific council meetings. The council met again to discuss the disclosure findings and recommendations in order to set MeTA Jordan priorities.

The data disclosure survey tool showed that different pharmaceutical organizations should work on adjusting their websites to become more user friendly in order to improve accessibility to available data, further more the council found that more effort should be dedicated for creating awareness regarding available data especially among public and civil society organizations.

### Outputs:

MeTA Jordan finalized the disclosure report, discussed the survey findings and recommendations during March.

#### ***The main suggested recommendations are:***

- **Quality Assurance results available but NOT disclosed.**

**For consideration:** publishing available data about GMP compliant manufacturers; list of prequalified suppliers and adverse reactions reports might be beneficial for all stakeholders.

- **Number of samples from the market that were sent to quality control laboratories by government inspectors for routine testing in last year**

**For consideration:** publish this number as an illustration of JFDA role and activities

- **Products cannot be registered before passing lab testing, one assumes that all registered products have passed lab testing.**

**For consideration:** publish this information at the time of product registration approval.

- **No national STGs available.**

**For consideration:** Develop national STGs

Where STGs exist, consider publishing/disclosing them (e.g RMS). What are barriers to publishing?

Increase awareness of STGs and Essential Drugs List by teaching as official guidelines in medicine/pharmacy/nursing schools

- **Prices of medicines in public (JPD) and private (JFDA) are available on relevant websites, but no user friendly or easy to access.**

**For consideration:** improve ease of access to information on relevant websites and raise awareness amongst stakeholders on data available

- **Lists of patented or data protected medicines not disclosed.**

**For consideration:** publish these lists to enable easier and faster introduction of generics to market.

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- **Number and percent of routine audits on public or private medicine outlets is not published.**

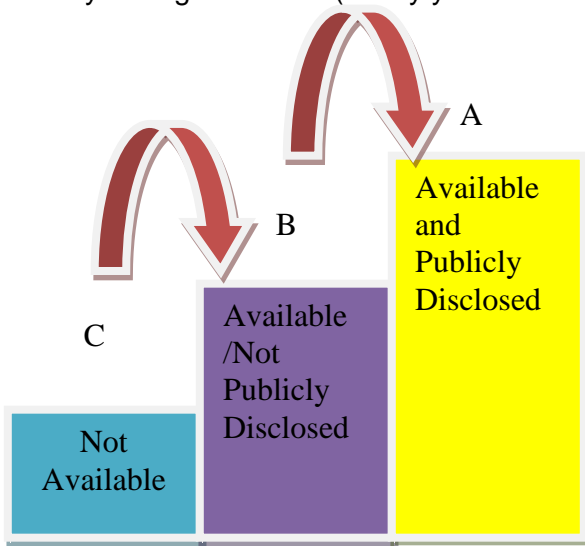
**For consideration:** publish number of routine audits on private medicine outlets as an illustration of JFDA role and activities

- **Promotion guidelines' procedures are available but currently JFDA has no monitoring plan but would like to develop one.**

**For consideration:** set up national committee with the authority to monitor adherence to guidelines and the power to implement appropriate sanctions for non-adherence

***Recommendations on the level of the disclosure process:***

Assessing the disclosure status of data should be conducted regularly and national councils can adopt a classification system to categorize data which indicate what data is available and what is not and what is disclosed and what is not. This classification system give a snapshot regarding the data disclosure status in country on regular bases ( every year or every 6 months)



Disclosure Process Ladder (DPL)

National Councils can classify data to A, B and C categories using (DPL) and then they can start working on transferring data gradually from category C to B and then to A where they reach to a level where most data are available and disclosed. This tracking and classification process should be accompanied with an awareness campaigns in collaboration with stakeholders (private, public, CSOs) in order to improve access to available data.

***( DPL is a suggestion from MeTA Jordan National coordinator to MeTA pilot countries)***

### Impact and significance:

Data disclosure should lead to more transparency and accountability around the pharmaceutical supply chain. One of the most important impacts of data disclosure survey in Jordan is that the council found that more work should be devoted to their organizations' websites in terms of accessibility and awareness.

Based on the disclosure recommendations, the joint procurement department started to work on modifying their website to make it easier to use and more technically convenient.

The data disclosure report highlighted some gaps regarding publicly available data and created a debate for discussion between stakeholders (public, private, CSO). This debate can be considered as an ongoing exercise to assess the pharmaceutical data disclosure status on regular basis in order for MeTA Jordan to track changes, improvements or drawbacks in data disclosure.

#### ***Data disclosure survey impact is basically on two main levels:***

1. **Short term level:** MeTA Jordan is focusing on creating awareness regarding available data especially among CSOs and working with stakeholders on improving their websites to become more accessible
2. **Long term level:** To improve data disclosure status through working with stakeholders on transferring some data from availability status to publicly available status

For example, working with the JFDA on publishing available data about GMP compliant and failed manufacturers

What lessons can be drawn from this experience?

- **Sharing data** among stakeholders is important to raise questions and **stimulate discussion**
- Stakeholders exchanged data amongst each other and **learned new things**
- Data disclosure meetings were an opportunity for different stakeholder to **understand why some data are not disclosed or available**
- Data disclosure meetings uncovered some of the official **websites' weaknesses that hinder accessibility to published data**
- Data disclosure meetings raised **useful and important COLLECTIVE recommendations**
- Collecting data through focused group and personal interviews helped in understanding a lot of important topics and generated recommendations and key topics for discussion such as topics related to IP and patency.

Links to useful publications/websites/contact details of key people involved etc.

MeTA Jordan Disclosure Survey Final Draft, unpublished report, (2010)

***Key people involved:***

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