

## Case Study MeTA Pilot Countries

Country case studies may be made publicly available and information from them will be used to promote and communicate about MeTA.

MeTA is a multi-stakeholder process and we welcome views from any perspective. You may wish for other stakeholders engaged in MeTA in your country - the council, secretariat or consultants for example - to agree the contents of the case study beforehand and get their input, but you may also wish to express your personal opinions. We fully respect both approaches. Please can you make it clear whose perspective it is.

<b>Title:</b> Kyrgyzstan’s Efforts to improve Multi Stakeholder Process in the Pharmaceutical Sector.	<b>Date:</b> June 2010
<b>Personnel involved:</b> Mariam Djankorozova, Tina PATEL	<b>Location:</b> Kyrgyzstan

### Country context: (200 words)

For many years Kyrgyzstan’s health system has been in a state of reform, during which progress has been made in the management of medicines such as establishing the NDRA, developing the Essential Medicines List (EML) etc. In 1998 the Government of the Kyrgyz Republic developed and approved “National Medicines Policy” (NMP) with focus Access, Quality, Rational Use, Human Capacity Development and Informational system development. The Department of drug provision and medical equipment {DDPME} is overall responsible for implementation of NMP as an integral part of the governmental policy in health care however not all relevant stakeholders have been active participants in the development and monitoring process.

There are 40 licensed local manufacturers and in 2010 local production constituted ONLY 4.37 % of the overall volume of pharmaceuticals (210M KG soms). About 95% of the medicines (commercial import 85% (4021.20M KG soms) are imported mainly from the Commonwealth of Independent States and humanitarian aids 10% (483.6M KG soms)).

Pharmaceutical system was established as private and by May 2010 there were 242 licensed wholesalers, 952 retail pharmacies, 834 pharmacy outlets and 480 pharmacy kiosks holding a license to practice in the country. There are only 62 hospital pharmacies that belong to the government.

Public procurement is mainly decentralized, i.e. health facilities such as hospitals and health centers procure medicines through local tendering and private market.

Interested stakeholders in the pharmaceutical system comprise mainly of public, private and academic sector. The Civil society is also actively engaged in addressing health issues. However, at present there is a weakness in the system that lacks elements of transparency and cooperation of all interested parties, leading to inefficient management of the system.

Despite the significant improvement in the pharmaceutical sector, major challenges evolve around

contradictions in the current legislation not allowing efficient monitoring and inspection of the market; quality and pricing control of medicines in the private sector whilst health seeking behavior and prescribing habits need to be better controlled.

There has been general mistrust between sectors and open dialogue and communication is almost non-existent between the sectors. The Political situation has not helped overcome this challenge and private sector has worked under immense constraint and regulation without engaging openly with the public sector.

**Problem identification: (250 words)**

Difficulty of managing Multi-stakeholder Processes in the Pharmaceutical sector in Kyrgyzstan. The various sectors are protective of self-interests and unwilling to share in open dialogue major issues while the government is involved in developing legislation with very little awareness of the needs and requirements in other sectors.

The Private sector being a large player in the system, in particular is not well engaged in the development of legislation and processes of pharmaceutical sector. The sector remains subdued under government pressure which regulates the pharmaceutical system and dialogue between the two is non-existent.

Transparency and accountability is weak in the public sector and information is not easily available for public use. There is a general lack of skills to conduct effective dialogue with other sectors. In particular the public sector does not prefer to engage with the civil society in fear of being confronted for legal action while the civil society does not understand the difficulties of the public sector and has high expectations on the performance of their government in the health sector.

Open dialogue is almost impossible when active members in the sectors play different roles. For example:

MeTA being a first initiative to engage in Multi Stakeholder Process (MSP) faced challenges due to poor leadership at the start. The first chairman of MeTA Council appointed is the director of the NDRA. This has proven to be challenging at times where clear conflict of interest is observed when the public sector is seen to be inefficient or lacking in systems requiring improvement.

Some CSO Coalition MeTA Council members have mixed interests: some of them are government worker and represents of CSOs organization. They have often been unable to express their real / own opinions due to circumstances of institutional or political pressure.

MeTA's intervention (300 words max)

Under the guidance of MeTA international, National MeTA Secretariat set up a multi-stakeholder group comprising of Public, private and civil society sector.

The MeTA council was established in 2008 and operationalized in April 2009. The council has held 7 meetings since 2008 (3 in 2008 and 4 in 2009). On average 10 members attended every meeting plus 3 MeTA secretariat members. Additionally dialogue amongst interested stakeholders has improved outside of the MeTA council forum.

A constitution was developed and a chairman and two Co-chairs were to be elected for leadership of the process. Each sector was represented: Chairman (public - director of NDRA); Co-chairs (private and CSOs sectors). There are 16 members in MeTA Council (5 - Government, 4 - private and 7 - CSOs).

Outputs: (300 words max)

MSP has faced several challenges and often disagreements have occurred between the sectors. The MeTA Chairman representing the NDRA has been a stumbling block during critical discussions around transparency.

This is the first ever experience to engage all sectors for discussions on pharmaceutical issues in Kyrgyzstan. Various results have been experienced and realized. Eg. Understanding of challenges of other sectors without accusing each other; ability to share problems and collaborate on solving issues together; Improved communication; overcoming conflict of Interest resolutions; Better understanding of issues in the pharmaceutical system that are to be addressed in one voice.

Impact and significance: (300 words max)

The CSO sector has gained momentum in their activities due to boost provided by MeTA and is now a representative on the public procurement process appointed by the Ministry of Health itself. Consequently more CSOs are engaging with the Coalition from all sectors including the private sector with the agenda to address health issues.

Wide awareness has been created among the civil society and the population as whole on the importance of understanding pharmaceutical system particularly issues on medicines availability and access.

MeTA Multi Stakeholder Process in the Pharmaceutical Sector has developed a platform amongst stakeholders for discussion of matters of high significance in the pharmaceutical sector.

What lessons can be drawn from this experience? (200 words max)

- Role of the Chairman must be objective and independent of direct interest in the pharmaceutical sector.
- Constitution development must be considered carefully to ensure equal participation of all sectors
- Political influence over specific sectors hinders inclusion of non governmental sectors
- Private sector involvement extremely weak due to lack of transparency and Accountability mechanisms within the sector.
- Sometimes during conflict resolution external mediation is required to resolve the conflict and institutions such as WHO prove to be extremely useful as mediator and assurance on source of information.
- Development of the Constitution and management of multi-stakeholders requires careful consideration particularly selection of appropriate leadership.
- MSP is a slow process and builds up gradually over time as trust and confidence is required.
- MSP needs appropriate capacity of Stakeholders for understanding (awareness) of process – different capacity and values is a problem – Capacity building for Stakeholders should have been built in the very beginning step by step
- Decision making process procedures (detailed) is very important in Constitution

[Links to useful publications/websites/contact details of key people involved etc.](#)

Sautenkova N (Manager, Pharmaceutical Policy in NIS), the WHO Regional Office for Europe, personal communication, 26 June 2008.

MeTA Council Meeting minutes (9<sup>th</sup> December 2008; 12<sup>th</sup> December 2008; 15<sup>th</sup> December 2008; 24<sup>th</sup> February 2009; 15<sup>th</sup> March 2009; 5<sup>th</sup> November 2009; 25<sup>th</sup> December 2009, 25<sup>th</sup> March 2010).