

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.

Title: Kyrgyzstan’s move to increase transparency in public procurement of medicines.	Date: June 2010
Personnel involved: Dr. Damira Baizakova, CSOs Coalition Of MeTA (Mrs. Burul Makenbaeva; Lawyer Asel Koyilubaeva) Mariam Djankorozova and Tina PATEL	Location: Kyrgyzstan

Country context: (200 words)

The Republic of Kyrgyzstan has a mixture of public (primary healthcare and specialized disease areas eg. Insulin, vaccines, oncology etc), private (100%) and health insurance (76%) sources of pharmaceutical support.

Under the State Guarantee Program (SGP) procurement of medicines is decentralized and health facilities purchase their own drugs, based on the Essential Drugs List (EDL) that promotes the use of generics. Facilities may use mandatory health insurance fund to purchase medicines not included in the Essential Drugs List, limited to 10% of total procurement costs.

The National Drug Regulatory Authority (Department of drug provision and medical equipment {DDPME}) under the MoH is responsible for regulating pharmaceutical activities in the country. Currently, 3548 medicines are registered, the latest register was published in 2007, but is not freely available to health facilities and pharmacies, neither in printed nor electronic form,.

Oncology is among the top four killer diseases in the country (8.2% Mortality rate reported in 2008). Incidence of paediatric oncology cases is at 200 primary in year. Prior to 2000 the survival of children with cancers was non-existent, cases resulted in deaths due to lack of medicines and effective methods of treatment. Only 1% of government funding is allocated to procure oncological treatments, therefore chemotherapy treatment for children is mainly supported by charity foundations.

Almost 80% of oncology medicines are not registered in Kyrgyzstan and the market is inconsistent and small. These medicines are expensive, government does not provide treatment and the private market is small as a patient in Kyrgyzstan can usually afford to buy only one (maximum two) course of chemotherapy.

In 2009, for the first time the Ministry of Health (MoH) allocated 3 Million Soms (70 000 US dollars)

for procurement of treatment for children with cancers.

Problem identification: (250 words)

A Key issue in Kyrgyzstan is the transparency and accountability of procurement conducted by the Ministry of Health.

Procurement process:

Tender to procure 40 anti-cancer medicines was launched in November 2009. The evaluation of one item, doxorubicin resulted in a public scandal lasting almost five months.

	Sigel International	Neman Pharmaceutical Company	Unihelp
Bids Received	Generic - ADRIM	Original - Adriablastin	Doxorubicin
Manufacturer	Dabur, India (Manufacturing taken over by Fresenius Kabi)	Pfizer, Italy	Lens, Russia
Registration status in Kyrgyzstan	Registered	Registered since 1975	Not Registered
Formulation	Liquid form, 50mg/25ml	Dry Lyophilized powder form	Dry Lyophilized powder form
Price	USD\$ 17\$	USD\$ 30\$	USD\$ 34\$
Item included in standard treatment protocol & Previously used	No	Yes (high survival rates among pediatric patients, especially children with Acute Lymphoblastic Leukemia)	No
Technical Evaluation Consideration	Clinical efficiency and bioavailability data requested but not provided; Previous experience by oncologists indicated high toxicity and low		

	<p>efficacy; instructions for pediatric usage not provided in information leaflet</p>		
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Regulations and technical defaults: Request for pharmaceutical information was available on the registered product and was not made available upon request during investigations.

Sigel international was awarded the contract for 6 / 40 items in December 2009 and made an effort to deliver an incorrect item clearly in violation of tender contract. Nearer the delivery scheduled deadline, the prosecutor's office conducted an evaluation on this particular tender. The main issue was the decision to procure the more expensive branded product versus the cheaper option by Sigel international.

Lack of transparency at the DDPME whereby Lists of registered medicines are also not available to the public.

Supplier performance was lacking transparency and significant delays were experienced. Supplier was not able to deliver according to contract agreement and even attempted to deliver alternative items not corresponding to technical specifications in the tender. The hospital declined acceptance of this shipment following which the prosecutor's office opened a criminal case against the doctor involved in tendering process and was possibly to be imprisoned for 8 years in prison.

[MeTA's intervention \(300 words max\)](#)

The CSO Coalition and National MeTA Secretariat made great efforts to intervene the prosecutor's actions against the medical practitioner. The CSO Coalition and MeTA Secretariat conducted research on the tender process and product that was in question. The tender was under the watch of the coalition for medicine procurement after lobby to MoH for inclusion of the coalition members during the process.

Official information on the dossier was not made available for public review to the investigating teams as DDPME stated that dossier information is confidential information. The prosecutor's office somehow received inaccurate information and went to the press and TV to reveal the case of medical practitioner's misconduct on use of public funds. In response to this the Coalition responded by writing to the press and holding TV conferences. The Coalition also wrote to the parliamentary committee who consequently requested the prosecutor's office to consider the situation.

The coalition received support from MetA secretariat and Coordinator, international Meta technical director and WHO. The Coalition lawyer and other MeTA Council members were involved however the Council did not really meet specifically for this issue. There was clear conflict of interest *from DDPME as the Director is the MeTA Council Chairman and management of this*

situation was unpredictable under the circumstances.

Finally it was established that there was technical violation of respect of Tender request by the supplier who was awarded the contract.

Outputs: (300 words max)

The CSO Coalition created a Coalition for Transparency of Medicine mandated with watchdog role in all public procurements and participates in procurement processes at the Ministry of Health since March 2010.

Public awareness and efforts to protect human rights has successfully cleared the medical doctor of any wrong doing.

CSO Coalition required and utilized support from procurement expertise, Legal support, press / media awareness / protection of human rights and weaknesses were identified during the process.

Multi Stakeholder Collaboration between National MeTA Secretariat, CSO Coalition, MeTA International, WHO and DDPME to obtain accurate information on the pharmaceutical situation in concern.

Supplier has been black listed by Ministry of Health and Ministry of Finance and is subsequently excluded from future MoH procurements. Resultant outcome is the realization that there is no clear procedure in the Country on how to manage the black listed suppliers.

Impact and significance: (300 words max)

This is the first step and major achievement towards improving transparency on public procurement of pharmaceutical and health products in Kyrgyzstan. The Government has invited the CSO Coalition to be present during future public procurements as a Watchdog organization. The DDPME has taken up an active role to improve and strengthen pharmacovigilance activities in the country. The oncology unit is particularly interested in enhancing function of pharmacovigilance and reporting on poor quality medicines in the country. A pilot project is underway with support from MeTA to engage pharmacists in the reporting on poor quality and adverse drug reactions to the NDRA.

A significant outcome of the CSO watchdog role has resulted in the Mandatory Health Insurance fund (MHIF) also incorporating the CSO coalition to participate during the MHIF procurement processes.

Large scale public awareness was created nationwide as the CSO Coalition went live on air on TV and other media forms to inform the public on availability and quality of medicines provided to health facilities in the country.

[What lessons can be drawn from this experience?\(200 words max\)](#)

Procurement irregularities can be addressed through civil society lobby with government offices.

Lack of transparency of pharmaceutical information at the DDPME led to inaccurate information available and emerging quality issues of pharmaceuticals and suppliers existing in the Country.

Perseverance by the civil society to fight for the human rights of the doctor resulted in fruitful acquittal of the medical practitioner who was wrongly accused of misusing public funds. Other NGO's have been inspired to join the CSO Coalition in the fight to improve transparency and accountability in the health sector and other sectors in the country.

Multi-Stakeholder approach is essential in collaborative efforts to address issues at higher levels consequently resulting in improved public awareness.

CSO coalition can benefit from enhancing capacity in technical areas of medicines management in the health sector.

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

1. Personal recount "Letter from Dr. Damira Bayzakova".
2. Country Statistic Reports 2008, Republic Medical Information Centre, MoH
3. DDPME List of Pharmaceuticals with Registration Status and Technical information on dossiers.
4. Bidding documents and evaluation report on procurement of Oncology medicines (MoH)