

Case Study MeTA Pilot Countries

Title: Understanding the multi-stakeholder process in MeTA Peru	Date: June, 2010
Personnel involved: MeTA Peru Country Consultant and Technical Secretary	Location: Peru

Country context:

In May, 2008 delegates representing Peru's public and private sectors and civil society participated in MeTA's global launch in London. Just three months before, the Ministry of Health (MoH) had officially accepted an invitation on behalf of the Department for International Development (DFID) to participate as one of seven countries in MeTA's pilot initiative.

From the beginning, both communications from DFID and later, MeTA's International Secretariat, highlighted the working hypothesis of MeTA as being focused on advancing transparency in order to improve medicines purchases and distribution. The methodology for how decisions would be made transparently would rest in a multi-stakeholder process (MSP). Thus, the theory behind MeTA is that through a MSP, built on the open and transparent participation of each of the country's three sectors, timely access to quality medicines for the most vulnerable may be improved.

One of the reasons why Peru was invited to participate in MeTA's first phase is because of the country's own previous, independent efforts devoted to improving transparency. The most recent efforts have been undertaken through the country's participation in the Extractive Industries Transparency Initiative (EITI) whose notions around the power of transparency and MSP in improving decision-making and accountability around the country's extractive sector are similar to MeTA's principles of transparency and MSP. Before this, however, different parts of the government, namely the Ministry of Economics and Finance (MEF) had undertaken efforts to publish government purchases and expenditures in order to help local governments better administer their finances through a web-based portal known as SIAF (Integrated System for Financial Administration). Similarly the MoH had developed SISMED (Integrated System for Medicines Supply Inputs), also a web-based portal through which to inform the public on the MoH's purchases of essential medicines. Other work led by civil society groups around improving capacity for budget analysis at the municipal levels is also noteworthy ('hospitals of the solidarity').

Despite Peru's regular GNP growth rates of approximately 6 percent per year for the past few years, poverty rates are still high (nearly 40% of the population) in this country of 28.7 million people. Access to quality health and social services is limited to a relatively small portion of the population, mostly concentrated in Lima, the country's capital. This is due to the low numbers of people with no form of health insurance. Despite current efforts by the MoH to create a universal health coverage system, the program is in its pilot stages and about half of the population still has no form of regular insurance or care (see http://www.sis.gob.pe/a_estad_enaho.html).

Problem identification:

Though Peru has participated in the EITI process, and even though there have been previous processes that have convened multiple actors in order to bring forward change, MeTA represents a key opportunity through which the country can galvanize both public and private sectors together with civil society organizations in order to find common solutions around medicines access. Though, bodies such as the

National Health Council, which sits in MoH, and other efforts have existed, i.e., those associated with the Global Fund on HIV/AIDS and TB (see CONAMUSA/COREMUSA), this process, like the previous EITI, is sui generis in bringing forth the consistent participation of different sectors.

Until this time, not only were there no regular conversations between public sector and civil society or private sector and civil society, the necessary conversations within sectors have not been coordinated. Peru's participation in MeTA marks the acceptance on behalf of government, civil society and private sector that better communications and coordination are in order to improve access to essential medicines for all, but especially for the poorest.

As the MoH proceeds to roll out its universal health coverage pilot, it will be important to ensure that different sectors of the government communicate regularly and clearly with one another to determine what functions and where the gaps are. MeTA Peru's MSP may offer one important pathway to helping improve communications around medicines access and set the stage for continued communications among sectors for the future.

MeTA's intervention

Having accepted to participate in MeTA, country leaders have shown great respect and enthusiasm for the MSP. Having attended the London global launch in May, 2008 with representation from each of the country's sectors, the same group returned to Lima energized and self defined themselves as the *Grupo Impulsor*, poised to lead the early stages of the development of a draft work plan to be reviewed and approved by a National Forum.

Thus, in June, 2008 *Grupo Impulsor* was the nucleus of MeTA Peru's MSP. From this and frequent meetings (during the initial work plan phase and planning for the National Forum, *Grupo* members would meet as often as twice per week), the National Forum was held in November, 2008. At this Forum, the *Grupo Impulsor* was elected by its peers to continue as MeTA Peru's Executive Committee, meant to be the implementing body of MeTA Peru. Also by a process of vote, a National Council consisting of 15 members from all sectors, including representation from three of the MoH's regions were installed.

Between November, 2008 and February, 2009 the Executive Committee continued to meet once a week to consolidate the work plan as per the changes made in the November, 2008 meeting. In February 2009, the National Council met again, consolidating this group as the national leadership body of MeTA Peru, underscoring the implementing nature of the Executive Committee and ratifying the changes to the MeTA work plan. It was also agreed at this time that the National Council would meet every two months (something which actually did not begin to happen until September of 2009 and which was a source of tension, though early indicators suggest that the frequency of meetings has now been resolved).

This MSP has taken a year to consolidate. Between February 2009 and February, 2010 Executive Committee members have met regularly -- at least once a week -- with four National Council meetings in between. Much of the year's process has been defined by spirited discussions about directions and form of the work. While discussions have been difficult and time-consuming, all of the relevant stakeholders have remained as part of the process and committed to work through the issues.

Final agreement was made on the direction and priorities of the work plan by March, 2010 and National Council meetings are now occurring every two months as committed. Both the National Council and Executive Committee, as part of the work plan reprioritization have given greater resources to the Technical Secretary for support in implementing the plan.

Still the leadership of MeTA Peru is composed of a completely volunteer-based multi-sector structure through both the Executive Committee and the National Council which continue to participate in the development and implementation of their plan on a regular basis.

Outputs:

The most visible output of the MSP in MeTA Peru is that all of the original participating sectors are still part of the process. This is not conflict-free, but it is clear that the stakeholders see the value of staying involved. Moreover, there is some movement on behalf of actors who have been less involved who now ask to be part of the process, suggesting that there is a recognized space in the country on medicines access and discussion of the same which has some credibility. If not this, this movement may represent, at least, the suggestion that this space has drawn sufficient political attention that others want to be a part of it. Thus, the MSP in Peru has maintained continuity.

It is as a result of the MSP, then, that progress has been made in key areas of implementation including the price observatory (see case study of February, 2010 devoted to this issue), a study on the nature of public purchases in the country including recommendations for improvement; and the development of a network of centers for medicines information to be co-led by the College of Medical Doctors and the public sector.

Moreover, there is sufficient agreement on the key areas to be implemented including the development of a national generics policy, the development of a national campaign regarding generics information, as well as monitoring and vigilance activities to be undertaken by civil society. While these areas have not been developed yet they remain as key components of the MeTA Peru national work plan.

One of the most important outputs of the MeTA Peru MSP is that the leadership is completely voluntary. However, the combination of this with a small paid staff that can help to implement the decisions of the MeTA Peru leadership on a daily basis has been key.

Impact and significance:

Since MeTA Peru's inception in November, 2008, there have been a number of news articles in the press (see, www.metaperu.org).

Both local consultant and country leaders have received invitations to speak about the MeTA Peru experience from other bodies interested in MSP and transparency.

The MoH remains as a committed partner and leader in the process, as do the other sectors.

What lessons can be drawn from this experience?

The multi stakeholder process may be a useful manner of creating transparency and improving decision-making in the pharmaceutical sector. However, this is a time-consuming process. As in all efforts involving multiple leaders, there must be time factored in for trust- and relationship-building. Moreover, different sectors must learn how to work with each other. There are different “languages” and cues that must be understood in order to proceed successfully. Though such a process would be difficult anywhere in the world, it may be particularly challenging in environments whose governments have been historically centralized.

Ultimately, there is value in having a shared space between civil society, government and private sector to discuss common issues of concern. The MeTA Peru experience has shown that while not always easy, the space has helped to actively engage sectors which may never have interacted with each other had it not been for this process.

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

www.metaperu.org

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