



Summary of the MeTA launch - Day one:

Part II - Stakeholder group representatives and MeTA IAG

Representatives from five major stakeholders involved with MeTA – the World Bank, the World Health Organization (WHO), investors, civil society organisations, and the pharmaceutical industry - made presentations and took part in a panel discussion. These were followed by presentations from Professor Prashant Yadav of MIT-Zaragoza and Sophia Tickell, chair person of SustainAbility and chair of the MeTA International Advisory Group.

The following is a summary of the key points from the presentations and panel discussion. For an executive summary of the launch, summaries of the other speeches and presentations made at the launch, the full presentations, the programme for the event and a list of participants, go to:

www.MedicinesTransparency.org/events

Dr Hans Hogerzeil, WHO

“The focus of MeTA to work towards universal access of essential medicines is the right one.”

“WHO is pleased to participate in MeTA – we share this aim for equity and social justice, and we should first ensure that basic services are available to all, before we support sophisticated services that are only available to some.”



“We very much support the concept of good governance this applies to national governments and international collaboration and international tax payers’ money.

“We have already embarked on the Good Governance for Medicines programme which is currently active in 17 countries and some of these are also participating in MeTA...We are very eager to align these two programmes and to support countries in obtaining the best benefits of both, probably in a combined approach.”

“This, for a change, is a truly horizontal programme being supported by a donor – focusing on medicine registration, pricing, procurement and later we hope also on rational prescribing.”

Maureen Lewis – World Bank



“MeTA represents an area where change can be achieved in a way that is both comprehensive and individual. You have a whole range of issues that are a bit of a microcosm of what you see in health systems more generally. So you can address both generic questions and specific questions at the same time.”

“One of the things that I’ve found quite exciting about this initiative is the amount of information and involvement we have had from so many countries, and that so many countries from different experiences and different levels of income are represented here. Much of our learning comes from that kind of interaction and that kind of experience and exchange of ideas. In the moves up until the launch of this initiative there have been a lot of exchanges and a lot of learning and it has been quite a dynamic group, and because of that it makes it something that all of us want to be part of and to move forward.”

Dr Harvey Bale, International Federation of Pharmaceutical Manufacturers & Associations



“Where governance is weak you can see poverty, corruption, inequity and conflict arise... Improving the functioning of the pharmaceutical market and to promote better governance and more appropriate resource allocation by public purchasers can and will mean better health outcomes for patients.”

“MeTA can break ground in three specific areas:

- It is emphasising a locally based micro-approach to increase transparency and accountability about the selection, regulation, procurement and how the public disclosure of these transactions can improve the medicine supply chain.

- For the first time MeTA is addressing issues in an empirical way. The pilot project approach is an excellent approach, taking the seven countries that have volunteered, collecting data at the local level, discussing this at local level, is a very pragmatic approach.

- The multi-stakeholder mechanism that is being created here is the right way to go. Including all stakeholders in this process as equal partners, will guarantee taking this beyond seven pilot countries to achieve a broader range of accomplishments.”

Dr Dilip Shah, Indian Pharmaceutical Association

“Unless the supply of essential medicines at affordable prices is made a commercially viable proposition this is not going to succeed. The successful implementation of MeTA goals will open up new markets. If you take out North America, Europe and Japan - where 18 percent of the population live, and they use 89 percent of medicines sold - when the market in the rest of the world is opened up there will be an enormous opportunity for creating new centres of production and this is what the Indian generic industry is looking at.”



“The originator companies...have been trying to tell the world...that failure of delivery mechanisms has deprived people of access to medicines. That is one reason, but price is also a key factor. The MeTA initiative has two key elements to improve delivery mechanisms, namely transparency and accountability. An appropriate infrastructure and supply of basic medicines are essential prerequisites of a good delivery mechanism. Success in this endeavour will demolish the shelter being taken by the brand name industry under the failure of delivery mechanism for lack of access and bring focus on affordable prices as the barrier to access.”

Dr Tim Reed, Health Action International (HAI)



“For HAI, the added value of MeTA is that it provides a space where diverse interests can engage.”

“MeTA will provide civil society with a space in which it can engage with other stakeholders, and in a spirit of full transparency, contribute to in-country policy development that ensures increased access and rational use of essential medicines.”

“By becoming identified with the MeTA global alliance [HAI’s] network of civil society activism becomes a powerful MeTA tool, and at the same time MeTA becomes a tool of civil society...Civil society holds governments to account, particularly when the interests of public health are marginalised to the interests of commerce. As part of MeTA, citizens will take a full and active part in the decisions that affect their daily lives. “

Dr Robin Hodess, Transparency International



“Just having information, just having transparency is not enough. Citizens and people have to be empowered...if they are to provide a check both on the public sector and the private sector, and if they are to make use of information itself to make a demand for change - in this case for change within the health care sector.”

“Transparency can address information imbalances within the system... It can make differential pricing schemes more beneficial...it can strengthen regulation and enable sound procurement practices; and for the private sector, transparency can also provide credibility, a sound basis for investment and promote best practice - in this case from the pharmaceutical companies. All of the above reduce opportunities for corruption.”

John McHale, Pioneer Investments

“MeTA is important...it is an opportunity to improve the functioning of the global health care market.”

“As an investor in markets we are only willing to invest our clients’ money in markets which are open and transparent.”



“Some of the barriers to patient access are economic ones that require an improved international framework that better relates to patient need and ability to pay. Tiered or differential global drug pricing seems to me, as an economist, to be in everybody’s interest but requires a global support structure that is not yet in place.”

Professor Prashant Yadav, MIT-Zaragoza

Professor Yadav broke down pharmaceutical systems into three main components; financial flows, physical flows and information flows. He compared OECD countries, and found some commonalities between them - structured financial flows, simple physical flows and complex information flows - and he suggested that the physical and information flows could help inform pharmaceutical systems in low and middle income countries, although financial flows would be different.



“Our intervention models, or our ways of addressing these problems, so far have been focused on how to reduce manufacturer prices... (that still remains a fairly

important activity, especially for anti-retrovirals, malaria and tuberculosis medicines). But for basic essential medicines the issues are elsewhere. Our models need to be looking at how much margin is happening at the retail level, and how much margin is happening at the wholesale level, and trying to understand what is driving that ...and what we can do to bring it down.”

Sophia Tickell, Chairperson of SustainAbility and Chair of the MeTA International Advisory Group



“MeTA is a highly decentralised structure, which makes it all the more complex to understand at the beginning, but this is what will make it work. There are the seven pilot countries, and a management board, made up of the World Bank, DFID and the World Health Organization, and there is intention to bring on more people. The idea is that the board will provide resources, technical support and a strategic steer. Outside of that structure is an International Advisory

Group (IAG). Representatives from each of the pilot countries will sit on this advisory group, there will be five representatives from the private sector and five from civil society and each of the members of the MeTA Management Board will have a seat. The IAG will provide periodic advice to MeTA and will meet twice a year.”

“Essentially this acknowledges the fact that we have seven pilot countries that are developing very interesting operational findings, but that all this is happening within the context of highly globalised markets.”

Sophia named the Civil Society members of the IAG: Dr Tim Reed; Dr Robin Hodess; Eva Ombaka, from Ecumenical Pharmaceutical Network; David Green, a social entrepreneur who has done work on disaggregating the cost base on the production of medical devices; and Richard Callard, from the Institute for Democracy in South Africa and the Open Democracy Advice Centre.

Private sector members are: Dr David Jamieson, of Partnership for Supply Chain Medicine, Dr Dilip Shah, Dr Ton Hoek, of International Pharmaceutical Federation, Dr Harvey Bale, John McHale and a representative from Glaxo SmithKline.

MeTA Management Board members on the IAG are: Dr Gilles Forte, for WHO, Dr Armin Fidler, for the World Bank and Danny Graymore, for DFID.

“I am determined that we have the tough conversations we need to have. And we will hope to make a positive contribution towards taking MeTA forward.”

Richard Horton



“MeTA is the mechanism that makes the right to access to medicines essential and possible and real and real right now for all of us. It is our obligation to make MeTA succeed – and we can make it succeed but it is down to every single one of us to share at responsibility together.”

In summing up Richard outlined some of the hallmarks for a successful collaboration and obstacles that MeTA needs to be very transparent about.

Hallmarks:

- A genuine belief in the purpose of the collaboration and active participation.
- The larger vision for what the collaboration is trying to achieve matters more than the particular constituent interest of the party in the collaboration. This larger vision has to guide the purpose of MeTA throughout its work.
- But also that any success that MeTA has is a success for every partner in that alliance– everyone has to feel that they can win something, maybe not all at the same time, but at some point in its history.
- Every collaborator is going to have to concede a little bit in order to get more and that can be very painful at first but the gains can be huge.
- You have to be sure about what success is going to look like. We need to find out what this looks like and how we are going to measure it. If MeTA is not accountable to itself for its success then it will rapidly lose commitment from countries who are going to be looking for success themselves.
- Every party in MeTA has to feel as if it owns the alliance, that it really has a stake in that collaboration and has trust and confidence in it.

Obstacles:

- Political obstacles things that get struck off the global agenda for political reasons (e.g. reproductive health) organisations become exquisitely sensitive to these political signals and aren't brave enough to take them on. That is why the engagement of civil society becomes so critical.
- Social obstacles – how do countries engage their citizens to decide priorities within health sector and the health sector and versus other sectors.
- Commercial obstacles with international trade agreements.
- Technical challenges. We may not have medicines for certain issues so how do we stimulate research and development where we need to stimulate research and development?
- There is the sheer complexity to global health agenda which makes it very tough to coordinate different institutions.

- We should be aware of non-health sectors and the part they have to play. Judicial systems can be an important part of helping deliver access to medicines. How do we help strengthen the rule of law around access to medicines issues?