



Summary of the MeTA launch - Day two: Part I – How countries are establishing MeTA

Much of the work in the MeTA programme will take place at a country level. The second day of the launch was devoted to presentations from each of the countries involved in the pilot phase of MeTA about their progress in establishing MeTA at a national level. There was also a workshop for countries to discuss their work plans and a panel of representatives from international organisations that can offer technical assistance to the countries.

The following is a summary of the key points from the country presentations. 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

Daniel Kojo Arhinful, a research fellow of the Noguchi Memorial Institute for Medical Research (NMIMR) University of Ghana started with a brief outline of **Ghana's** demographic and health indicators. He then moved on to the country's initiatives related to health transparency and accountability, which include Ministry of Health (MOH) guidelines for health sector procurement and the forthcoming Right to Information Bill. Listing the key challenges Ghana faces on transparency and accountability aspects of access to medicines, he said that the drug access problem ratio is: Quality – 40 percent; Accessibility – 20 percent; Affordability – 40 percent.

Ghana's main activities during the pilot phase will be:

- Establishing mechanisms to strengthen the collection, analysis and dissemination of data on medicines, along the supply chain;
- Facilitating peer oversight systems within and across health professions;
- Sustaining regular, open stakeholder dialogue, and
- Developing a long-term strategy or 'master plan' for MeTA in Ghana.

To manage and implement the MeTA process, the structures that will be set up are the MeTA Governing Council, MeTA National Secretariat and MeTA Annual Stakeholder Forum. The MeTA Core Group has developed a draft workplan which is to be reviewed by the International MeTA Secretariat, following which it will be submitted to the Governing Council in Ghana for consideration and then finalised.

The list of potential benefits of MeTA to Ghana includes:

- Being able to share good practices with other MeTA pilot countries;
- Ability for Ghana to provide leadership on medicines transparency and accountability across the West Africa region as a model for both effective governance and market efficiency, and
- Providing an opportunity for a pricing and quality monitoring mechanism to inform the National Health Insurance Scheme and potential mechanisms for government commitment to fight inefficiency and corruption in the drug supply landscape.

Zambia's presentation was made by Goodwell Lungu, Executive Director of Transparency International Zambia, who started with an overview of Zambia's MeTA situation so far, which includes a stakeholders' meeting held on 12 May, 2008 in Lusaka and a regional CSO workshop held in Uganda in February.

Zambia's National MeTA Secretariat will consist of one-to-two project managers and multi-stakeholder group representatives (one each) from a range of sectors and institutions. In addition, sub-committees are to be established to contribute to particular issues.

Zambia's immediate priorities are to:

- Set up and organise its Secretariat (by first week of June 2008);
- Communicate to forum members;
- Develop a draft workplan to present to the Stakeholder Forum, taking into account the CSO draft workplan (end June);
- Plan a national launch of MeTA (July);
- Implementation (August onwards);
- Collect baseline data;
- Develop a clear understanding of MeTA in the Zambian context, and
- Develop a communication strategy.

Joseph Mwoga, World Health Organization (WHO) National Programme Officer, began his presentation on **Uganda** by outlining the MeTA management plans:

- National coordination by the existing Medicines & Supplies Technical Working Group (TWG);
- Activity management by a sub-group of the TWG key partners - e.g. Government, CSO, academia, WHO and private sector;
- Secretariat to be the Pharmacy Division in the Ministry of Health, and
- Funds to be held in a Partnership account - (jointly managed by government and partners)

The immediate priorities are:

- Workplan to be developed in consultation with agreed structures and stakeholders;
- An International MeTA Secretariat visit is to be requested as soon as possible;
- A proposal is to be submitted to the International Secretariat by end of July 2008, and
- The national launch (possibly in July 2008).

Uganda's planned activities include monitoring the quality of medicines, particularly of generics, and interventions to improve the rational use of medicines amongst prescribers and consumers.

Jordan's presentation by Dr Taher Abu El Samen, Secretary General of the High Health Council began with an overview of where Jordan is in terms of medicines transparency and accountability. Stating that a formal agreement was made on 8 May 2008 to pilot MeTA. He then described the MeTA structures planned for Jordan:

- A national multi-stakeholder MeTA Council – a policy body with representatives from the public, private and civil society sector, and academics (pharmaco-economists);
- A MeTA Secretariat, and
- The Ministry of Planning (MOPIC) as facilitator of the project.

Speaking about the status of Jordan's MeTA workplan, he said that several areas of work have already been identified by all stakeholders. These will be prioritised by the MeTA Council with three–four to happen in Phase One. A plan for the initial six months will be followed by an 18 month workplan. So far the main areas of work identified are as follows:

1. Revisit and analyse existing studies and data on medicines;
2. Build capacity to collect data relating to medicines;
3. Build the capacity of civil society (Health Action International has already started);
4. Identify the best way to implement guidelines for the ethical promotion of medicines and monitor;
5. Use medical evidence as the main criteria for the removal and addition of medicines to the Rational Drugs List (RDL);
6. Disseminate information to both prescribers and patients on the quality of generics, and
7. Improve the rational use of medicines, led by the newly formed Rational Drug Use Department, at the Jordan Food and Drug Agency, and work with physicians to improve prescribing behaviour.

Mariam Djankorozova, Director of the Mandatory Health Insurance Fund and Co-Director of MeTA **Kyrgyzstan** started with an overview of the country's medicine issues and priorities. The three main points were:

- Limited access to medicines i.e. limited affordability and availability;
- Low quality of medicines, and
- Limited access to reliable and timely information on medicines.

Mariam stated that Kyrgyzstan has been a leader in the region in addressing pharmaceutical issues but she acknowledged that more work is required in order to reach the ultimate goal - to improve access to medicines, especially for the poor.

The presentation on the **Philippines** by Dr Socorro Escalante, WHO Programme Officer, started with ways in which the Government aims to improve access to essential medicines. The country's early MeTA experiences were described including the mention of stakeholders being brought together to increase momentum towards the national goal. The Philippines' achievements and strengths to date were mentioned which include a strong civil society tradition and various reforms which are geared towards improved access to affordable and quality medicines and those aimed at transparency and good governance. The country's basic strategy has been multi-stakeholder collaboration.

The MeTA structure was described as having a 24-member MeTA Council made up of an Administrative Committee, a Technical Committee and a Research and Assessments group. This is linked to the MeTA Forum. Work is coordinated with the Secretariat and In-country Coordinator at the WHO Country Office.

Current MeTA activities include:

- Development of a MeTA Assessment Package;
- Development of the MeTA-Phil Website;
- Academic and technical discussions on issues surrounding the Cheaper Medicines Bill;
- National Awards for Good Governance in Medicines, and
- The Philippines Pharmaceutical Benchbook.

The presentation concluded with a list of useful documents that are available on request to other MeTA partners.

Dr Elias Arce Rodriguez, Vice Minister of Health, **Peru** made a presentation on behalf of his delegation, saying that the country had only recently started the process following Health Minister Hernan Garrido-Lecca's formal sign-up to MeTA in March, 2008.

Dr Rodríguez stated that the Peruvian task force was still in discussions on a MeTA structure for the country which would be suitable for addressing the main areas of work. These include addressing issues of quality and supply of medicines, the need for a unified national essential medicines list, and a need to set in place a permanent review process for medicines procurement.