



# **MeTA GHANA WORKPLAN**

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Annex 1: 2 year BUDGET

Annex 2: MeTA Ghana logframe

Annex 3: 2008-2010 – Activities Matrix

## 2. List of abbreviations

ALCS	Association of Licensed Chemical Sellers
CDC	Catholic Drug Centre
CHAG	Christian Health Association of Ghana
CMS	Central Medical Stores
CSO	Civil Society Organization
DFID	UK Department for International Development
DMS	District Medical Stores
FDB	Food and Drugs Board
FTE	Full-Time Equivalent
GPHF	German Pharma Health Fund
GNDP	Ghana National Drugs Programme
HAI	Health Action International
ICT	Information and Communication Technologies
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MeTA	Medicines Transparency Alliance
MIAG	MeTA International Advisory Group
MoH	Ministry of Health
MNEs	Multinational Enterprises
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
PEPFAR	US President's Emergency Plan for AIDS Relief
PMAG	Pharmaceutical Manufacturers Association of Ghana
PoW	Programme of Work
PSGH	Pharmaceutical Society of Ghana
RMS	Regional Medical Stores
UNFPA	United Nations Population Fund
UNICEF	The United Nations Children's Fund
USAID	US Agency for International Development
WHO	World Health Organization

### 3. Executive summary

Ghana is one of seven pilot countries implementing the Medicines Transparency Alliance (MeTA) – an initiative designed to make information available to the public on the quality, availability, pricing and promotion of medicines. The UK Department for International Development (DFID), the World Health Organization (WHO), Health Action International (HAI) Africa, Transparency International, the World Bank and the IFPMA are among the principal international stakeholders involved in the initiative.

Ghana has undertaken a number of measures to achieve optimal availability and use of essential medicines since the early 1980s. However, the Ghanaian public (as citizens and as patients) have not experienced significant benefits as a result of sound legislative and policy developments due to constraints in the medicines supply chain. By agreeing to join MeTA, Ghana has signed up to MeTA's core principles, which entail increasing transparency and accountability at all levels of the medicines supply chain and working through a multi-stakeholder process (bringing together government, the private sector and civil society) in order to take MeTA forward.

The **super goal** of MeTA for Ghana is to improve access to all essential medicines for all people living in Ghana. The **primary goal** is to support national efforts to enhance transparency in the selection, regulation, registration, procurement, distribution, sales and rational use of medicines in Ghana.

The **purpose** of the MeTA pilot in Ghana is to demonstrate the value of taking a multi-stakeholder approach towards improving transparency in the medicines supply chain. In doing so, MeTA will also provide useful instruments to help monitor and control medicines costs, and to encourage the provision of better service by facilities and rational use by patients.

Three key output areas have been identified for the two-year pilot phase:

1. Building Mutual Accountability,
2. Increasing Supply Chain Transparency, and
3. Strengthening decision-making and awareness through Data Use.

The risks faced by the MeTA pilot during its implementation include latent mutual suspicions among stakeholders and their varying degrees of commitment. There are also concerns regarding the timeliness and sustainability of financing, within and beyond the pilot phase. Both risks will be addressed, in part, by positioning the MeTA Secretariat as a neutral body, by ensuring that the Governing Council is representative of a wide range of stakeholder groups, and by encouraging Governing Council members to take ownership of the initiative by contributing time and resources to it.

The management arrangements for MeTA Ghana during its pilot phase include an independent national Secretariat, a Governing Council (with three sub-groups) and a Multi-Stakeholder Forum. MeTA International also has in place various structures and activities, within which MeTA Ghana is represented.

## 4. Introduction

Access to essential medicines is vital for the health and prosperity of all people, and yet it is estimated that one third of the world's population<sup>1</sup> – the vast majority of whom are from the developing world – have inadequate or no access to life-saving essential medicines<sup>2</sup>. Pharmaceuticals are the largest health sector expenditure after personnel costs in most low-income countries, and can constitute 50–90% of out-of-pocket spending on health for poor households. Improving the availability and affordability of quality-assured essential medicines is therefore key to increasing access to healthcare.

However, the nature of medicines sales and distribution contributes to high levels of inefficiencies and fraud. Issues include bribery, theft and diversion, the supply of counterfeit and substandard medicines, and rent-seeking behaviour – such as the addition of unnecessarily high mark-ups at different points along the supply chain. This increases the cost of quality-assured medicines, reduces their availability, and undermines health outcomes. These factors play a major role in determining whether consumers have access to affordable medicines and whether these medicines actually achieve their optimal clinical effects. Many of these issues are grounded in problems of information asymmetry in the relationships between prescribers, dispensers, and consumers. This highlights the need for

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<sup>1</sup> between 1.7 and 2 billion people worldwide

<sup>2</sup> WHO Medicines Strategy 2004-2007

policies and systems that encourage more transparent and effective communication in the process of care.

In response, the UK Government is facilitating international support for, and commitments to, transparent working practices on the part of governments, donors, the private sector, civil society organisations and other stakeholders. The Medicines Transparency Alliance (MeTA) is an international initiative that aims to increase transparency in the selection, regulation, registration, procurement, distribution, sales and rational use of essential medicines in developing countries. Increased transparency can help cut corruption, increase efficiency and value, strengthen governance and encourage responsible business practices. The UK Department for International Development (DFID), the World Health Organization (WHO), Health Action International (HAI) Africa, Transparency International, the World Bank and the IFPMA are among the principal international stakeholders involved in the initiative.

Ghana is one of seven pilot countries nominated and selected to implement MeTA during its first phase. By agreeing to join MeTA, Ghana has signed up to MeTA's core principles, to increase accountability at all levels of the medicines supply chain, and to engage a wide range of players – government, the private sector and civil society – in a multi-stakeholder effort to increase transparency. This document sets out the aims of MeTA Ghana from October 2008 through to September 2010 (the end of MeTA Phase One) and the specific activities planned to achieve those aims.

## **5. Local context**

The Government of Ghana is committed to improving equitable access to quality health care for all residents of the country. In accordance with this, the Ministry of Health (MoH) has undertaken a number of measures to achieve optimal availability and use of essential medicines since the early 1980s. Recent developments in the pharmaceutical sector include updates of the standard treatment guidelines and the national essential medicines list and a revision of the national drug policy. The Central Medical Store has also been renovated and computerized. However, access to essential medicines remains constrained by many factors.

## 6. Needs Assessment

There are many areas of health sector performance that must be strengthened if Ghana is to improve access to medicines, particularly for the poorest Ghanaians, and if good governance is to be assured in the medicines supply chain. Examples are set out in sections 6.1 to 6.6 below.

MeTA will help shed light on systemic weaknesses and areas of market failure, though the analysis and dissemination of medicines data. However, it will not directly implement solutions to these challenges. Rather, it will work to inform stakeholder policies and plans, and to educate consumers and those acting on their behalf. Many, though not all, of the relevant stakeholders are engaged in the MeTA Ghana Governing Council. Others will be engaged through the annual MeTA Stakeholder Forum or through outreach activities, including training workshops and media initiatives.

### ***6.1. Selection, registration and regulation of medicines***

The selection and proper registration of essential medicines that are safe, of high quality and effective are important components of Ghana's medicines policy. Medicines registration and licensing therefore seeks to focus on quality, safety and efficacy as well as other important regulatory aspects such as drug advertisements, standards of practice for drug outlets, post-marketing surveillance and pharmacovigilance. Lack of capacity and limited logistics have made enforcement of regulations and consistent pursuit of these activities quite challenging, however.

The Ghanaian pharmaceutical market is regulated by the Food and Drugs Board (FDB), which undertakes quality assurance as part of the registration process. It also undertakes random testing at port of entry, at the CMS and to a limited extent through post-marketing surveillance activities. In order to generate a significant body of data on medicines quality, to inform analysis of system weaknesses, such activities will need to be expanded.

A range of regulatory bodies and professional associations also facilitates adherence to quality standards and exchange of information across the Ghanaian medicines market. Examples include the Pharmaceutical Society of Ghana, the Chemical Sellers Association, and the Association of Ghana Industries. MeTA can further facilitate this exchange of information.

## **6.2. Medicines procurement and supply**

Many players are engaged in medicines procurement and supply in Ghana. Within the public sector, the Central Medical Stores (CMS) and Regional Medical Stores (RMS) dominate the scene. The procurement of essential medicines is undertaken through a Public Procurement arrangement that delivers product to the CMS. The RMS then procure from the CMS and directly from the private sector, and then supply product to health facilities.

The mission sector operates its own procurement and supply system, through the Catholic Drug Centre (CDC), while the Christian Health Association of Ghana (CHAG) – the umbrella association for faith-based hospitals and primary care facilities – operates a medical store for the sector.

Donor agencies remain central to the procurement of medicines and other health commodities, with PEPFAR, USAID, UNFPA and UNICEF in particular directly engaged in procurement and supply.

The data that MeTA will gather will help to generate an overview of the volume, value and type of medicines being procured and supplied under this complex scenario.

## **6.3. The medicines market in Ghana**

A reasonable number of local pharmaceutical manufacturers operate in Ghana. However, the contribution of the Ghanaian pharmaceutical market currently remains relatively small with only about 20% of the market share of essential drugs consumed in the health sector being manufactured locally. Around 70% to 80% of the market's needs are met through imports (US DOC 2002, MOH 2005).

The Pharmaceutical Manufacturers' Association of Ghana (PMAG) lists 37 member companies of varying size. Many of them act as agents for foreign companies, including multinational enterprises (MNEs), and/or are involved in wholesaling and distribution. Most major MNEs supply the Ghanaian market, as do many international generic companies, primarily those based in India and to a lesser extent China. Most MNEs use a local company as their agent and representative in Ghana.

#### **6.4. Rational Drug Use**

Inadequate control of drug promotion and drug dispensing by untrained prescribers (particularly of herbal drugs) has left a wide gap in the promotion of rational drug use. Also, while several activities have been carried out to promote rational prescribing and dispensing in the public sector, a lot remains to be done in the private sector. Other factors that hinder rational drug use include the lack of objective drug information, and uncontrolled drug adverts and promotion to both prescribers and consumers.

#### **6.5. Drug legislation and policy**

The enactment and introduction of appropriate legislation to provide the legal basis for policy and practice is necessary and facilitates the implementation of medicines programmes. Preliminary studies sponsored by DFID found Ghana to be ideal as a pilot country for MeTA because of its existing enabling legislative and policy environment. Features of this environment include:

- Government and Presidential commitment to good governance;
- Public Procurement Act 2003, Ministry of Health (MOH) Guidelines for health sector procurement;
- Forthcoming Right to Information Bill;
- Whistleblowers Act 2006;
- The Internal Audit Agency Act, 2003, Act 658 (to co-ordinate, facilitate, monitor and supervise internal audit activities within MDA and local assemblies in order to secure quality assurance of internal audit within institutions of State).

Furthermore, Ghana's third health sector Programme of Work (POW) for 2007-2011 provides a framework for MeTA in Ghana. For example, the POW exemplifies:

- An emphasis on health as a key driver for poverty reduction and economic growth;
- Commitment to enhance the contribution of the health industry to the national economy;
- Emphasis on "partnerships", "people-centred", "equity" and "efficiency" – all key themes for MeTA;
- Emphasis on good governance and accountability in the health sector;
- Plans to proactively engage civil society in consensus building and to provide more information to consumers, especially regarding the quality of medicines and their rational use.

## 6.6. Challenges

Notwithstanding the enabling environment in Ghana, there remain some key challenges and risks to effective access to medicines, and the Ghanaian public (as citizens and as patients) are yet to experience the outcomes from sound legislative and policy developments as evidenced in the following:

- Recent surveys (e.g. the 2004 WHO/HAI Medicines Survey) suggest the benefits of improved procurement are not yet translating into affordability and availability for patients;
- Some key health indicators show slow progress – specifically infant and child mortality, incidence of malaria and maternal health;
- Very little information on the quality, availability and price of medicines is available in the public domain, leading to low consumer awareness;
- There is inconsistency across the public, private and mission sectors – e.g. in terms of how standards (in quality, availability and pricing) are developed and applied;
- There is non-adherence to treatment guidelines by prescribers, and irrational prescription and use persist despite improved guidance and education;
- The dominant public sector supply system, from the CMS through RMS to DMS and health facility, with its top-down structure and limited flexibility to adjust to demand, is associated with performance problems such as relatively high stock-out rate;
- The NHIS – which became operational in 2003 and is widely seen as a success – has 143 schemes operational and 55% of the population signed up, although only 41% currently have a valid insurance card (about 8.5 million Ghanaians)<sup>3</sup>. Utilization of health services has increased significantly, but the scheme faces significant challenges. Some facilities are complaining of over-utilization and the initial system of record keeping in facilities and district mutual health insurance scheme offices does not allow for systematic analysis of prescribing and reimbursement patterns thus making the scheme vulnerable to fraud. In 2008, however, the NHIA commenced the introduction of an Integrated ICT system to facilitate and enhance the scheme's stability, including through the production of ID cards, standardized claims and standardized accounting procedures. This new system is being rolled out now, although it will be some time before its benefits are widely felt.

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<sup>3</sup> World Bank Short mission report, June 2008, Andreas Seiter, Drug Benefit Management under the National Health Insurance Scheme

- Using the German Pharma Health Fund (GPHF) Minilab, both the Catholic Drug Centre and the FDB in Ghana have identified counterfeit and/or substandard products on the market. The FDB, for example, 'identified two counterfeits and nine products of inferior quality after having screened 63 samples with the Minilab's standard operation procedures' (GPHF 2004). More recently, counterfeit anti-malarials were uncovered through FDB surveys using Minilabs (with support from the US President's Malaria Initiative).

## **7. How the project will help improve transparency**

The great value to the piloting of MeTA in Ghana is its potential to help improve transparency in areas such as the following:

- MeTA will nurture and facilitate a disclosure regime that will enable medicines information to be shared in a way that will promote transparency among relevant stakeholders. A good deal of medicines data is already collected by organizations such as the FDB and the CMS, service delivery agencies such as the GHS and CHAG, and the various units of the Ministry of Health (MOH) such as the Procurement Unit. However, although such information is in the public domain, in practice it is not proactively disseminated and is therefore poorly understood and under-utilized. Data analysis and use will be facilitated by MeTA, through data collation and interpretation undertaken by the MeTA Ghana Secretariat and through discussion within the MeTA Governing Council, followed by dissemination of data and related interpretation via the MeTA Ghana website and other communication activities (particularly those undertaken by the MeTA Ghana CSO Group).
- The project provides an opportunity to develop a pricing and quality monitoring mechanism to inform the NHIS, and thereby provide decision support for management and help underpin the financial sustainability of the NHIS.
- MeTA provides an opportunity to reduce the threat presented by counterfeit and substandard products in the pharmaceutical supply chain, through routine - or at least periodic - sentinel quality testing.
- It also offers a chance to foster a representative national multi-stakeholder forum – which will meet formally every quarter but will also help to facilitate informal contact between stakeholders – to help fight inefficiency and corruption across the drug supply landscape through improved transparency and mutual accountability.

- There may be opportunities to share with other MeTA pilot countries lessons from Ghana's good practice in procurement policy (e.g. the Standard Operating Procedures developed by the MOH, which emphasise transparency in procurement practice) and in its history of multi-sectoral work on access to medicines (e.g. through the GNDP co-ordinated Access to Medicines Initiative or ATMI) as well as lessons from the NHIS. Ghana may also be able to learn from experiences in other pilot countries (specifically the Philippines, which has a very active MeTA pilot). We understand that such South-South lesson learning will be facilitated by the MeTA International Secretariat and the MIAG, including through the MeTA international conference planned for 2010. (We have also asked the MeTA international Secretariat whether they can facilitate participation by a MeTA Philippines representative in the MeTA Ghana stakeholder forum.)
- The initiative offers the potential to enhance Ghanaian leadership on medicines transparency and accountability across the West Africa region; this feeds into Ghana's emerging broader regional role on medicines access. It is hoped that Ghana will become a recognised model for both effective pharmaceutical sector governance and market efficiency.

## 8. Description of MeTA Workplan

### ***Goal***

The **super goal** of MeTA for Ghana is to improve access to all essential medicines for all people living in Ghana. The **primary goal** is to support national efforts to enhance transparency in the selection, regulation, registration, procurement, distribution, sales and rational use of medicines in Ghana.

### ***Purpose***

The **purpose** of the MeTA pilot in Ghana is to demonstrate the value of taking a multi-stakeholder approach towards improving transparency in the medicines supply chain.

### ***Outputs***

Three main outputs are envisaged for the MeTA pilot phase. These will remain relevant beyond the pilot phase.

- Output 1: Mutual accountability enhanced;
- Output 2: Supply chain transparency increased;

- Output 3: Decision-making and awareness strengthened through the use of medicines data.

### ***Objective of this proposal***

Against the above background, the **principal objective** of this proposal is to operationalise the MeTA initiative on a pilot basis in Ghana.

### ***Expected Outcomes***

MeTA seeks to provide access to quality-assured and affordable drugs in Ghana to meet the objective of MDG 8 (target 17) in co-operation with pharmaceutical companies. The MeTA initiative will seek to provide a means of assessing medicine prices, availability and quality to inform and provide regular decision support for the programme and management activities of relevant stakeholders such as the GNDP, the FDB, CMS, NHIA, CHAG, PMAG, Pharmaceutical Society of Ghana (PSGH), Association of Licensed Chemical Sellers (ALCS) and many others. It will also inform developments in policy and regulation.

MeTA will also provide useful instruments for monitoring and controlling drug cost, better service quality by facilities and rational use by patients. It will also provide mechanisms to support the investigation, monitoring and control of fraud in pricing, procurement, distribution, sales and prescribing. Civil society organisations and the media will play an important role in ensuring patient and citizen awareness of the issues.

### ***Key milestones to be reached over the course of the pilot phase (KPIs or OVIs):***

- ❑ MeTA Ghana Secretariat established and operational.
- ❑ Established multi-stakeholder Governing Council and open annual Multi-Stakeholder Forum.
- ❑ Standardized tools for data collection and reporting developed and operationalised.
- ❑ Coordinated system established for the collation, analysis/interpretation and disclosure/communication of existing data on procurement, pricing, quality, availability and rational use of pharmaceuticals from relevant agencies<sup>4</sup>.
- ❑ Established mechanisms for discussion of data by stakeholders on a quarterly basis<sup>5</sup>.

<sup>4</sup> These could include but not limited to the following: MOH-PU, MOH-GNDP, GHS, FDB, CMS, NHIS, CHAG, Health Partners, pharmaceutical companies, NGOs, PSG, and Association of Licensed Chemical Sellers.

<sup>5</sup> Will be linked to the Governing Council meeting i.e. data comes out, and it is collated and put before the Governing Council, each quarter.

- ❑ Demonstrably greater availability of data on medicines quality issues, including from peripheral (sentinel) sites, by end of pilot phase.
- ❑ Key data from the NHIS – e.g. on reimbursement prices and prescription volumes for key commodities – available in the public domain by end of pilot phase.
- ❑ Increase in informed and accurate media coverage of medicines issues – particularly related to medicine quality and availability across the health system – over the course of the pilot phase.
- ❑ Medicines data being used by civil society organisations to inform healthcare providers and communities/patients through targeted communications activities (conducted in a range of local languages).

## 9. Strategies

A number of strategies will be pursued in order to deliver the anticipated outputs over the course of the two-year pilot phase. These are grouped under the three key output areas below. The detailed activities planned are listed in the workplan table annexed.

### **Output Area 1 – Building Mutual Accountability**

Relevant strategies:

- Ensuring regular meetings of the Governing Council and its sub-groups;
- Fostering an active MeTA Ghana CSO Group;
- Sharing of lessons and best practice;
- Reporting appropriately to the MIAG and the International Secretariat;
- Sharing data and other resources through a dedicated MeTA Ghana website.

### **Output Area 2 – Increasing Supply Chain Transparency**

Relevant strategies:

- Developing a model for medicines data disclosure (tracer medicines list, reporting template etc);
- Undertaking sentinel studies of drug quality using GPHF minilabs (complementing similar work being supported for anti-malarials by PMI, USAID and USP);
- Undertaking regular data extraction and analysis from the NHIA’s Oracle system;
- Enhancing transparency around public sector data in first instance;
- Publicising and analysing data from other relevant studies and surveys.

### **Output Area 3 – Strengthening decision-making and awareness through Data Use**

Relevant strategies:

- Providing awareness-raising and training sessions for the media and CSOs;
- Undertaking/commissioning specific studies to explore incentives/behaviours of different groups (e.g. wholesalers, consumers);
- Engaging ministers and other political figures in support of MeTA's goals;
- Engaging health professional associations and others on transparency and access issues relating to training, curricula, accreditation etc.

As far as applicable, all strategies will be pursued across the public and private sectors in healthcare delivery. However, activities will need to be prioritized during the pilot phase to demonstrate feasibility with a view to scaling up in the longer-term.

## **10. Risks, external factors**

The implementation of MeTA is not without risk. The following constitute some potential risks and external factors that could affect the smooth implementation of the initiative in Ghana.

- There is latent, mutual suspicion between the state and private sector;
- All stakeholders are nervous about change;
- The initiative assumes that enforcement mechanisms exist across the medicines manufacture, import, procurement and distribution systems, but historically enforcement of regulations is weak;
- MeTA assumes that new coalitions can be forged, but civil society fragmentation and the best ways of achieving meaningful multi-stakeholder alliances need to be addressed;
- We must assume a degree of commitment to transparency by all stakeholders and a willingness to be mutually accountable;
- There are concerns regarding the timeliness and sustainability of financing during the pilot phase and subsequently;
- There is a need to ensure that plans for the pilot phase are realistic and not 'over-ambitious', whilst still providing some 'stretch'.

# 11. Management arrangements

## **11.1 Secretariat:**

A national MeTA Secretariat will function as a service and central information source for all stakeholders. It will be guided by neutrality in the discharge of its functions. Its activities will be supervised by a senior technical advisor (at 20% FTE) who has a demonstrable knowledge, understanding and commitment to the goals and principles of MeTA in Ghana and who can provide leadership and direction for the achievement of its functions and scope of work as a service centre. The key Secretariat staff will however comprise a full-time coordinator, assisted by an accounts officer, office manager and data manager (all on fifty-percent FTE).

Based on a number of considerations, including sustainability beyond the pilot phase, it was decided by a stakeholder forum that the Secretariat would initially be hosted by the Ministry of Health/GNDP since it was best placed to provide midwifery support while discussions regarding a permanent secretariat continued. However, the Governing Council has now decided to register MeTA Ghana as an independent not-for-profit organization with its own office space and bank account to enable it achieve the aims and objectives of MeTA International. Not only is this independence deemed necessary in order to facilitate shared ownership of the initiative across the full spectrum of stakeholders, it has also proved essential to avoid MeTA becoming mired in bureaucracy (e.g. lengthy processes required to release funds) and therefore unable to deliver during the pilot phase. (it is important to note that both the MOH and GNDP remain key stakeholders within the Governing Council and the GNDP representative also chairs one of the GC sub-groups. It is also hoped that GNDP will play an important role in using the data, and related interpretation facilitated by MeTA, to inform medicines policy development in Ghana.)

## **11.2. MeTA Governing Council<sup>6</sup>**

The MeTA Governing Council will oversee the activities of the initial phase of MeTA in Ghana. The group is the heart of the initiative and will play a combination of roles, such as: coordinating data disclosure and other MeTA activities in country; scrutinizing data that is being collected/disclosed on medicine quality, price and availability; discussing what this data reveals about the medicines market, health system and supply chain; agreeing recommendations and follow-up actions based on its assessment of the data; agreeing

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<sup>6</sup> The previous name suggested was Technical Advisory Committee but this group is the heart of the MeTA project and not just advising others or steering a project as TAC may portray

progress reports and lessons to be shared with other MeTA pilot countries and the MeTA International Advisory Group (MIAG).

Currently, members of the Governing Council<sup>7</sup> are drawn from the following constituencies:

- **Representatives of Government – policy** (4): Ministry of Health; Ministry of Trade; Attorney Generals' Department; Ministry of Finance;
- **Representatives of Government – programmes** (2): Ghana National Drugs Programme; National Drug Information Resource Centre;
- **Healthcare providers** (3): Ghana Health Service; Christian Health Association of Ghana (CHAG)/ National Catholic Secretariat's Drugs Programme; Society of Private Medical and Dental Practitioners;
- **Insurer** (1): National Health Insurance Council;
- **Professional Associations** (3): Pharmaceutical Society of Ghana; Ghana Medical Association; Nurses and Midwives Council;
- **Representatives of international agencies** (2): World Health Organization; DFID/RNE;
- **Regulator** (1): Food and Drugs Board;
- **Private sector** (4): Pharmaceutical Manufacturers Association of Ghana; Wholesalers representative; Distributors' representative; Association of Licensed Chemical Sellers;
- **Representatives of Civil Society Organizations**<sup>8,9</sup> (2): Health Access Network (as chair of MeTA Ghana CSO Group); Institute of Economic Affairs.
- **Representatives of the Media** (1): GJA (rep to be confirmed)
- **Representatives of Research Institutions** (2)<sup>10</sup>: Noguchi Memorial Institute for Medical Research; University of Ghana Medical School.

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<sup>7</sup> The present budget makes provision for 20 representatives so the current list is not exhaustive

<sup>8</sup> Civil Society Organizations are fully involved in the MeTA initiative with the primary goal of seeking improved consumer access to essential medicines through increased transparency and accountability in the supply chain

<sup>9</sup> It is suggested that three or four that represent different constituencies, including the media, and one to be non-health - e.g. ISODEC or NCSGOH member.

<sup>10</sup> Regarding all institutional representatives there is need to be careful to avoid any conflicts of interest - e.g. need to ensure clear guidance re NGOs and academic bodies who may be on the Co-ordinating Group AND asked to conduct research on behalf of and paid for by MeTA.

The Governing Council has two Co-chairs who will oversee the initial phase of MeTA in Ghana.<sup>11</sup>

The Governing Council has three sub-groups, each covering one of the MeTA Ghana workplan output areas:

- **Management and Administration Sub-Group**, covering activities under Output One of the workplan; chaired by Issac Morrison, from the Society of Private Medical and Dental Practitioners.
- **Technical Sub-Group**, covering activities under Output Two of the workplan; chaired by Alex Nyarko, Director of the Noguchi Memorial Institute for Medical Research;
- **Advocacy and Communications Sub-Group**, covering activities under Output Three of the workplan; chaired by Martha Gyansa-Lutterodt, Head of the Ghana National Drugs Programme.

There is also a **MeTA Ghana Civil Society (CSO) Group**, chaired by the Health Access Network (HAN), which meets on a regular basis. This group has developed its own workplan, the implementation of which is supported directly by the MeTA International Secretariat.

### **11.3. Multi-Stakeholder Forum**

Another key element to MeTA's operations in Ghana will be the convening of a Multi-Stakeholder Forum on an annual basis. The forum will be an assembly of representatives of everyone involved in the medicines supply chain – manufacturers, governments, international organisations, traders, medical workers, academics, the media, CSOs and patient representatives. The forum will work together on an equitable basis to cater for various interests through exchange of views and sharing of information. The positions of all representatives and all the information on which their policies and practices are based will get a hearing.

The forum will then be used to encourage disclosure of information about the quality, availability, pricing and promotion of essential medicines, and discussion and analysis of the information. It is envisaged that the forum will foster peer pressure and group commitment

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<sup>11</sup> At the stakeholder meeting appointing the Ministry of Health through the Ghana National Drugs Programme as the secretariat, Prof. David Ofori-Adjei and Dr. Alex Dodoo were appointed interim Co-Chairs of the nascent MeTA Governing Council

to help participants to sustain their efforts and deliver results across public, private and non-profit sectors. It will also generate top-line messages regarding medicines supply and access issues in Ghana, for use by the media, advocacy groups and community leaders.

## **12. Financial arrangements**

It is envisaged that the principal source of funding for the MeTA initiative will be UK DFID (at least during the pilot stage), although the duration and level of resourcing beyond the initial two-year pilot phase is yet to be defined. This funding was initially channelled through the Ghana National Drugs Programme (GNDP). However, MeTA Ghana has now been registered as an independent non-profit entity with its own bank account and auditing arrangements. To assure long-term sustainability it will be necessary to explore other sources of financing, including Ghanaian sources (both government and private).

## **13. Budget**

Attached at Annex One.

## **14. Monitoring system**

Progress in implementing MeTA Ghana and achieving expected outcomes will be monitored in various ways, including:

- Oversight by the Governing Council and its sub-groups of workplan activities and related external events;
- The MeTA CSO group monitoring outcomes from a community perspective;
- Peer monitoring, which will be facilitated through the publication of data and progress reports on the MeTA website and/or in hard copy;
- The convening of the annual Multi-Stakeholder Forum, which will facilitate discussion of medicines data, emerging issues and appropriate responses;
- The regular progress monitoring that will be undertaken by the MeTA Ghana Secretariat, in consultation/liaison with the MeTA International Secretariat; and
- The MeTA International Advisory Group (MIAG), which also represents an important mechanism through which MeTA Ghana will report to international peers and funders/technical agencies on progress.

## **15. Logical framework with SMART indicators**

Attached at Annex Two.

## **16. Workplan activities table (calendar)**

Attached at Annex Three.

## **17. Key References**

Andreas Seiter (2008) *World Bank Short Mission Report, June 2008: Drug Benefit Management under the National Health Insurance Scheme*

Emma Back and Daniel Graymore (2007) *Towards a Medicines Transparency Alliance (MeTA) in Ghana* Preliminary Scoping Study Report

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Ministry of Health (GNDP) Ghana (2004) *Ghana National Health policy* (2<sup>nd</sup> Edition)

Ministry of Health (GNDP) Ghana (2002) *An Assessment of the Pharmaceutical Sector in Ghana*

## Annex 2: MeTA Ghana logframe

### A. PROJECT GOAL, OBJECTIVES AND OUTPUTS

PROJECT STRATEGY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<b>Super Goal:</b> to improve access to all essential medicines for all people living in Ghana.	MDG 8: Target 8E, indicator 8.13: Proportion of population with access to affordable essential drugs on a sustainable basis	<ul style="list-style-type: none"> <li>• MoH Ghana annual review</li> <li>• WHO country reports</li> <li>• World Bank country reports</li> </ul>	Sector review and country reports completed with focus on essential medicines
<b>Project Goal:</b>	<ul style="list-style-type: none"> <li>• Relevant Govt of</li> </ul>	<ul style="list-style-type: none"> <li>▪ MOH reports and other</li> </ul>	Effective support

<b>PROJECT STRATEGY</b>	<b>OBJECTIVELY VERIFIABLE INDICATORS</b>	<b>MEANS OF VERIFICATION</b>	<b>IMPORTANT ASSUMPTIONS</b>
Achieve enhanced transparency & accountability for improved selection, regulation, procurement, distribution, sales and rational use of medicines in Ghana.	<p>Ghana legislation and policies implemented (e.g. Public Procurement Act 2003)</p> <ul style="list-style-type: none"> <li>▪ MOH SOPs followed</li> <li>▪ National medicines policy, EML, STGs etc appropriately updated</li> <li>▪ Relevant components of health sector Programme of Work successfully implemented</li> <li>▪ NHIS rendered more sustainable</li> </ul>	<p>communication materials</p> <ul style="list-style-type: none"> <li>▪ WHO country reports</li> <li>▪ World Bank country reports</li> <li>▪ Reports from donors / agencies engaged in commodity supply (e.g. USAID, UNFPA, UNICEF)</li> <li>▪ Reports from INGOs and local NGOs tracking commodity supply or governance/transparency (e.g. JSI, MSH, Transparency International, Ghana Anti-Corruption Commission members)</li> </ul>	<p>from MoH</p> <p>Change in government will not affect efficient fund holding or political will to support the project</p>
<p><b>Purpose of MeTA pilot phase:</b> Value of multi-stakeholder approach to improving transparency demonstrated.</p>	<ul style="list-style-type: none"> <li>• GC members and other MeTA stakeholders value the initiative</li> <li>• Dialogue between these stakeholders has increased</li> <li>• Enhanced mutual understanding and accountability among stakeholders</li> <li>• Medicines data disclosed / made available by a wide range of stakeholders (public, private and non-profit)</li> </ul>	<ul style="list-style-type: none"> <li>• Records of annual MeTA Forums</li> <li>• Records of GC meetings</li> <li>• Press articles on medicines issues</li> <li>• Personal testimonies of GC members and CSO Group members (e.g. during course of MeTA international evaluation)</li> </ul>	<p>Commitment of all stakeholders to the principles and activities of MeTA</p>
<p><b>Outputs:</b></p> <ol style="list-style-type: none"> <li>1. Mutual accountability enhanced.</li> <li>2. Supply chain transparency increased.</li> <li>3. Decision-making and</li> </ol>	<ul style="list-style-type: none"> <li>• Demonstrably greater availability of data on medicines quality issues, including from peripheral sites, by end of pilot phase.</li> <li>• Disclosed information from a number of stakeholders is provided and discussed</li> </ul>	<ul style="list-style-type: none"> <li>• Records of annual MeTA Forums</li> <li>• Records of GC meetings</li> <li>• Press articles on medicines issues</li> <li>• FDB reports</li> <li>• NHIA reports</li> <li>• CSO materials on medicines issues – in a range of local languages</li> <li>• Personal testimonies</li> </ul>	<p>Governing Council and Secretariat conduct business transparently and are willing to 'model the way'</p> <p>Mutual trust and openness between GC members is developed and</p>

<b>PROJECT STRATEGY</b>	<b>OBJECTIVELY VERIFIABLE INDICATORS</b>	<b>MEANS OF VERIFICATION</b>	<b>IMPORTANT ASSUMPTIONS</b>
awareness strengthened through the use of medicines data.	<ul style="list-style-type: none"> <li>• Key data from the NHIS available in the public domain by end of pilot phase.</li> <li>• Increase in informed and accurate media coverage of medicines issues over the course of the pilot phase.</li> <li>• Medicines data being used by CSOs to inform healthcare providers &amp; communities/patients through targeted communications activities.</li> </ul>	of GC members and CSO Group members (e.g. during course of MeTA international evaluation)	<p>maintained throughout pilot phase</p> <p>Major MeTA stakeholders have capacity to generate and disclose key medicines data</p>

### ***B. PROJECT OUTPUTS, ACTIVITIES AND INPUTS***

<b>PROJECT STRATEGY</b>	<b>OBJECTIVELY VERIFIABLE INDICATORS</b>	<b>MEANS OF VERIFICATION</b>	<b>IMPORTANT ASSUMPTIONS</b>
<b>Output 1:</b> Mutual accountability enhanced.			
<b>Activities:</b>			
Governing Council established and meeting regularly	<ul style="list-style-type: none"> <li>• GC maintains representative membership</li> <li>• Meetings are held quarterly</li> <li>• Meetings are full, productive and facilitate informed discussion</li> </ul>	<ul style="list-style-type: none"> <li>• GC agendas</li> <li>• GC minutes – including list of participants</li> </ul>	Regular attendance of meetings by GC members
Annual MeTA Forum	<ul style="list-style-type: none"> <li>• Yearly fora successfully</li> </ul>	<ul style="list-style-type: none"> <li>• Forum report</li> </ul>	

	organized		
Secretariat established and operational	<ul style="list-style-type: none"> <li>Local Secretariat established early 2009</li> <li>Secretariat has own office and bank account by mid-2009</li> </ul>	<ul style="list-style-type: none"> <li>Regular reports to Int Sec</li> </ul>	
MeTA website developed and maintained	<ul style="list-style-type: none"> <li>Website up and running by [date]</li> <li>Website updated each month</li> </ul>	<ul style="list-style-type: none"> <li>MeTA Ghana website (<a href="http://www.metaghana.org">www.metaghana.org</a>)</li> </ul>	
Other formats for data dissemination explored (and used if appropriate)	<ul style="list-style-type: none"> <li>Policy briefs</li> <li>Mass media (Radio, TV and print) dissemination activities</li> </ul>	<ul style="list-style-type: none"> <li>Records of dissemination events</li> <li>Comms materials themselves</li> </ul>	
Best practice identified to share/replicate	<ul style="list-style-type: none"> <li>Examples / case studies from Ghana shared with MeTA International Sec as appropriate – at least 3 by end of pilot</li> </ul>	<ul style="list-style-type: none"> <li>MeTA Ghana reports to Int Sec</li> <li>MeTA Ghana and international websites</li> </ul>	
Planning, monitoring and evaluation activities	<ul style="list-style-type: none"> <li>MeTA Ghana workplan agreed by all stakeholders and implemented in timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>Regular reports to Int Sec</li> <li>MeTA international evaluation</li> </ul>	
Regular reporting to MeTA International Secretariat	<ul style="list-style-type: none"> <li>Quarterly reports submitted on time – with limited gaps highlighted by Int Sec</li> <li>Monthly updates submitted on time</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly reports</li> <li>Monthly updates</li> <li>Record of events</li> </ul>	
Ghanaian participation in MIAG	<ul style="list-style-type: none"> <li>Participation at quarterly meetings</li> </ul>	<ul style="list-style-type: none"> <li>Record of event and attendance list</li> </ul>	
<b>Inputs:</b>			

PROJECT STRATEGY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<b>Output 2:</b> Supply chain transparency increased.			
<b>Activities:</b>			

Data disclosure model developed	<ul style="list-style-type: none"> <li>Tracer medicines list developed early 2009</li> <li>Data disclosure / reporting table finalized by end 2009</li> </ul>	<ul style="list-style-type: none"> <li>Tracer list</li> <li>Reporting table</li> <li>MeTA Ghana website</li> </ul>	
Expand data on drug quality (sentinel surveys)	<ul style="list-style-type: none"> <li>Sentinel surveys carried out every 6 months (is this now a commitment?)</li> </ul>	<ul style="list-style-type: none"> <li>MOUs with FDB</li> <li>Reports of sentinel surveys</li> <li>Related media and other comms</li> </ul>	Cooperation from FDB is secured and maintained
Validate collected data and supplement existing data	<ul style="list-style-type: none"> <li>Studies conducted by others (i.e. outwith MeTA) drawn on appropriately</li> </ul>	<ul style="list-style-type: none"> <li>GC meeting records</li> <li>MeTA Ghana website</li> <li>MeTA Forum record</li> </ul>	
Perform study on transparency in drug promotion	<ul style="list-style-type: none"> <li>Study reports during lifetime of pilot</li> </ul>	<ul style="list-style-type: none"> <li>Annual reports</li> <li>Website</li> </ul>	New methodology received from International secretariat available on time
Capture and disclose data: NHIA; public sector; private sector	<ul style="list-style-type: none"> <li>Data reporting template populated with data from wide range of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>MeTA Ghana website</li> <li>MeTA Forum presentations, papers and record</li> </ul>	Expected support and cooperation of the NHIA, public sector and private sector
Periodic studies on consumer/provider/supplier behaviour	<ul style="list-style-type: none"> <li>Wholesaler incentives study conducted</li> <li>KAPB or other consumer study conducted</li> </ul>	<ul style="list-style-type: none"> <li>Study TORs</li> <li>Study reports</li> </ul>	
<b>Inputs:</b>			

PROJECT STRATEGY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<b>Output 3:</b> Decision-making and awareness strengthened through the use of disclosed medicines data.			
<b>Activities:</b>			

Brief minister and senior officers Engagement of ministers and senior offices	<ul style="list-style-type: none"> <li>• Regular briefings held with MOH Chief Director (ideally quarterly)</li> <li>• Ministers briefed as necessary/ appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly/Quarterly reports</li> </ul>	
Support CSO Group planned activities	<ul style="list-style-type: none"> <li>• CSO orientation conducted</li> </ul>	<ul style="list-style-type: none"> <li>• CSO / media orientation and training records</li> </ul>	Coalition has received separate budget to undertake its own activities
Engage Media	<ul style="list-style-type: none"> <li>• Media orientation conducted</li> <li>• Key media outlets engaged in GC and MeTA Forum</li> <li>• Secure slots on talk radio</li> </ul>	<ul style="list-style-type: none"> <li>• Press articles</li> <li>• Local talk radio coverage</li> </ul>	
Reach out & engage professional associations and regulators	<ul style="list-style-type: none"> <li>• Meetings held with key professional assoc</li> <li>• Professional assoc and regulators engage in GC and MeTA Forum</li> </ul>	<ul style="list-style-type: none"> <li>• Records of meetings with individual stakeholders</li> <li>• MeTA Forum records</li> </ul>	
<b>Inputs:</b>			

### Annex 3: MeTA Ghana 2-year Workplan – 2008-2010 – Activities Matrix

Key: Grey: activities completed (at 1 August 2009); Red: Covered by CSO workplan and budget

Activity area	Oct-Dec 08 (initial 6 month plan)	Jan-Mar 09 (initial 6 month plan)	Apr-Jun 09	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sep 10	Lead	\$ or TA source
<b>Output Area 1 – Building Mutual Accountability (Oversight from ‘Management and Administration’ sub-group of GC)</b>										
<i>Governing Council</i>	Mtg 10 Sep Mtg 7 Dec (emergency)	Mtg 24 Feb	Mtg 26 May - focus on NHIA data; lessons from mission sector logistics mgt (see below)	Mtg 25 August	Mtg Nov	Mtg Feb	Mtg May	Mtg August	<b>Dr Dodoo</b>	MeTA core funds
<i>MeTA Forum</i>	National Launch – 12 November				Forum mtg Oct			Forum mtg Sep	<b>A Koduah</b>	MeTA core funds
<i>Secretariat</i>	Co-ordinator providing interim support; 7+1 ceased	Staff recruitment; office set up at GNDP	Draw up constitution; register as NGO	Open bank account, set up office					<b>A Koduah</b>	MeTA core funds
<i>MeTA website</i>  <i>(NB check with Int. Sec. re hard copy reports)</i>		Basic site launched (add link to CSO Group pages)	Quarterly update	Quarterly update	Quarterly update	Quarterly update	Quarterly update	Quarterly update	<b>A Koduah (and specialis t IT contract or)</b>	MeTA core funds
<i>Develop other formats for data dissemination</i>						Exploratio n of mapping/G IS layers			<b>A Koduah</b>	MeTA core funds (and other TBC if action

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						on medicines				taken)	
<i>Identification of best practice to share/replicate</i>						Poster sessions / marketplace at Forum; GC session on logistics MIS / facility record keeping			Poster sessions / marketplace at Forum	<b>Dr Arhinful, Mr Boateng f/up</b>	MeTA core funds; MOH f/up; ATM RN?
<i>Planning, monitoring and evaluation</i>	6-month workplan agreed		2-year workplan finalized.	Baseline assessment (Harvard); M&E f/work with SMART indicators.						<b>A Koduah</b>	MeTA core funds; ATM RN?
<i>Reporting to MeTA International Sec</i>		Monthly reports x 3	Monthly reports x 3	Monthly reports x 3	Monthly reports x 3	Monthly reports x 3	Monthly reports x 3	Monthly reports x 3	Monthly reports x 3	<b>A Koduah</b>	MeTA core funds
<i>MIAG</i>	November		Mtg April		Mtg		Mtg			<b>Prof Ofori-Adjei</b>	MeTA core funds
<b>Output Area 2 – Increasing Supply Chain Transparency (Oversight from ‘Technical’ sub-group of GC)</b>											
<i>Develop data disclosure model</i>		Secretariat to draft tracer medicines list	GC agreement on tracer medicines list	Initial data reporting/disclosure	Initial data reporting/disclosure	Routine data reporting/disclosure	Routine data reporting/disclosure	Routine data reporting/disclosure	Routine data reporting/disclosure	<b>A Koduah</b>	MeTA core funds
<i>Expand data on drug quality (sentinel)</i>		FDB antibiotics study starts	Regular sentinel survey protocols developed;	Regular sentinel survey	Regular sentinel survey	Regular sentinel survey	Regular sentinel survey	Regular sentinel survey	Regular sentinel survey	<b>Dr Arhinful, FDB</b>	MeTA core funds; World Bank/ USP
<i>Data validation and supplementation</i>		Publicise 2007 MOH/ WHO/HAI survey	Ongoing – including price component analysis							<b>Dr Arhinful</b>	WHO/HAI / MeTA core funds

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		results; mission sector surveys								
<i>Transparency in promotion</i>						Brief study of industry promotion (policy and practice)			<b>Dr Arhinful</b>	MeTA core funds, HAI?; ATM RN? WHO?
<i>Data capture/disclosure – NHIS</i>	MEDIC Course (Noguchi/WHO/HMS/MeTA)	Pilot data capture in Accra district	Pilot data capture in Accra district; report to NHIA on data value/use	Regular extraction and analysis of Oracle data (common report format)					<b>Dr Arhinful</b>	MeTA core funds (and other non-MeTA sources)
<i>Data capture/disclosure – public sector</i>			Identify relevant GSS data (e.g. household surveys, import/export)	Facilitate MoH, CMS/RMS data sharing; FDB data (e.g. registration)	Explore types of data that may be available from GHS	Teaching hospital data?			<b>A Koduah</b>	MeTA core funds / staff time
<i>Data capture/disclosure – private sector</i>	Private sector mapping – draft report Dec	Revisit private sector mapping report – send finalized report to GC members.		Mtg to explore benefits of transparency with PMAG and possible data disclosure.					<b>Dr Dodoo / Prof Ofori-Adjei</b>	MeTA core funds / staff time
<i>Periodic studies to explain consumer/provider/supplier behaviour</i>				(Extract data from MSH/SPS study on private sector anti-malarials)	Wholesaler incentives study (MIT?)			Repeat KABP or other consumer study?	<b>Dr Arhinful</b>	MeTA core funds; ATM RN?; WHO? (MSH/SPS by proxy)
<b>Output Area 3 – Strengthening Decision-making and Awareness Through Data Use (Oversight from ‘Advocacy and Communication’ sub-group of GC)</b>										
<i>Ministerial/govt engagement</i>		CD briefing	New ministers’ briefing; CD briefing	CD briefing	CD briefing	CD briefing	CD briefing	CD briefing	<b>Mr Boateng</b>	MeTA core funds / staff time

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<i>CSO Group activities</i>	Uganda training f/up; CSO Group workplan submitted to Int. Sec.	CSO and media orientation (1 day); MOU with Int. Sec.	3 x regional capacity building workshops; MeTA CSO Group launch	Develop materials for consumers /patients; Consumer sensitisation	Consumer sensitisation	Consumer sensitisation	Consumer sensitisation	Consumer sensitisation	<b>Mr Allotey</b>	MeTA Int. Sec. MeTA core funds
<i>Media engagement</i>		CSO and media orientation (1 day)			Joy FM slot? Quarterly Daily Graphic article. [first outreach around s/holder Forum]	Joy FM slot? Quarterly Daily Graphic article. Possible Yes Matron episodes?	Joy FM slot? Quarterly Daily Graphic article.	Joy FM slot? Quarterly Daily Graphic article.	<b>Dr Dodoo</b>	MeTA core funds / staff time
<i>Consumer empowerment</i>		Early enquiries with Jordan re cellphone / PDA usage	Discussion with MPedigree re potential of cellphone technology						<b>Dr Dodoo</b>	MeTA core funds / staff time (to support discussions)
<i>Outreach to professional associations / regulators</i>				Mtgs with PSGH, GMA, GNWC to discuss benefits of / interaction with MeTA.	Engagement with Pharmacy Council on chemical seller training		Engagement w/ Pharmacy Schools on curricula (use MeTA data / analysis)		<b>Dr Arhinful and Dr Dodoo</b>	MeTA core funds / staff time
<i>Follow-up analyses (e.g. pharmaco-economic analysis)</i>	NICE visit to Ghana	NICE visit – f/up? [on hold due to lack of financing currently]		Explore peer-to-peer learning with Jordan pilot (re insurance, pharmaco-economic)					<b>Dr Dodoo, IEA</b>	World Bank / DFID, NICE; ATM RN? Rockefeller ?