

# Report from the MeTA Launch

## 15-16 May 2008, Lancaster House, London



**“In 1977 when the World Health Organization’s first essential drugs list was published, it was hailed as a peaceful revolution in international public health. MeTA will mark the second phase of the peaceful revolution in international public health.”**

These were the opening remarks from Richard Horton, Editor of the Lancet and Chair at the launch of the Medicines Transparency Alliance (MeTA).

Currently 1.7 billion people in the world do not have access to the medicines they need and 80 percent of them live in low income countries. MeTA is an alliance of governments, pharmaceutical companies, civil society and other stakeholders working to improve access to medicines by increasing transparency in the healthcare market place. Together they will work to improve information flows and increase transparency and accountability about the selection, procurement, sale, distribution and use of medicines in developing countries. The UK Department for International Development (DFID) is providing initial funding with cooperation from the World Bank and the World Health Organization (WHO).

The launch event took place over two days on 15-16 May in London with over 150 international delegates, including stakeholders from the seven participating countries of Ghana, Uganda, Zambia, Jordan, Kyrgyzstan, the Philippines and Peru.

Before the meeting started Charles Allotey of the Health Access Network in Ghana said he was hoping to see a longer term commitment from the UK Government which would encourage efforts now. His hope was confirmed when Douglas Alexander, Secretary of State for International Development, underlined DFID’s commitment to the process and announced that if the initial two years prove successful, DFID will provide continued support to MeTA over a ten year period.

The many presentations and discussions over the two days are too numerous to describe. This short report provides a flavour of the two days around five key themes that emerged. Summaries of key papers and presentations are available on the MeTA website at:  
[www.MedicinesTransparency.org/events](http://www.MedicinesTransparency.org/events)

The five thematic areas are:

- 1) Information, transparency and accountability
- 2) Collaboration
- 3) Rights and social justice
- 4) Role of professionals
- 5) Improving global markets

### **Information, transparency and accountability**

In many developing countries there is little publicly available, good information on the price, quality, availability or promotion of medicines. Without this information it is difficult for public policy makers and public authorities to respond effectively to high prices, the presence of counterfeits, or the theft of quality medicines. It is difficult for responsible companies to operate in the market effectively. And it is difficult for consumers and civil society to challenge poor practice or to be able to ‘shop around’.

The information MeTA will encourage coming into the public domain helps to tackle this absence of information and does so in a way that specifically includes civil society as well as government and the private sector. This will help to identify the causes of high prices, lack of availability, and poor quality, and will drive reforms, challenge corruption and fraud and tackle market failure.

MeTA offers the promise of enhancing citizens' access to information. Over time, the average person should be able to access a wide range of information on the price, availability, quality and promotion of medicines via the Internet, local newspapers, television, radio and through community meetings. However citizens also need to be able to act on this information.

Transparency International's Robin Hodess argued that transparency is crucial if poor people's lives are to be improved through better access to medicines and health. However just having transparency is not enough. Citizens need to be empowered if they are to use that information effectively for change. Sophia Tickell, Chairperson of SustainAbility, and the newly-appointed chair of MeTA's multi-stakeholder International Advisory Group, reinforced this. The market alone is not enough to ensure access to medicine and therefore any initiative to promote transparency can have huge benefits. But often, the people who struggle to get access to medicines do not have the capacity to make demands. It will be a challenge for people to become empowered to use new information effectively for change.

## **Collaboration**

MeTA is the first time that a broad based coalition of governments, pharmaceutical companies and other business interests and civil society representatives have come together – despite often significant differences in opinion – to pursue a common goal. It is specifically the first time such a group has worked to increase transparency and accountability. This multi-stakeholder approach makes a commitment to involve fully civil society, business and government ministries to generate, disclose, debate and use data to help address problems in the pharmaceutical market.

MeTA is owned by these multi-stakeholder partnerships in countries and representatives from each of the sectors are leaders in making MeTA a success.

International coordination exists to support these processes, facilitate the sharing of experiences and lessons across countries and where possible introduce at the international level any additional efforts to improve access to medicines.

During country presentations we heard about the relationships being re-shaped and formed between different stakeholders to share responsibility in making information about medicines more transparent.

**Governments** are playing a critical role in MeTA to build on existing, and form new, relationships with business and industry in the pharmaceutical sector and to engage with civil society over critical issues. Governments need to collaborate with private business in unique ways to make the selection, procurement and distribution of medicines more transparent and equitable. Civil society and citizens need to be able to take this information and use it to hold these powerful actors accountable for their actions.

The Ministry of Health in each country is a key stakeholder, but other ministries also need to be involved. This could include Ministries of Finance, Trade and Industry, Women and Gender Equality, or Anti-Corruption in countries where they exist. For example, the Zambian Stakeholders' Forum has representatives from the Ministry of Health, Ministry of Commerce and Industry, the Anti-Corruption Commission of Zambia, and the Human Rights Commission.

**Civil society** in countries and internationally plays a vital role to hold governments and business accountable in the medicines and health sector. Through country level activism and building an

international network of civil society organisations working to make medicines more accessible through transparency and accountability, relationships between civil society, business and government have the potential to be more effective. This has the potential to lead people to have better access to the right medicines.

**Private sector** interests are a crucial element of MeTA. The processes by which private organisations procure and supply health systems are complex and difficult to understand, often requiring specialist knowledge. Many companies proclaim the intention to improve access to essential medicines but struggle with issues of price, quality, access, transparency and protection of intellectual property. MeTA proposes opportunities to collaborate with other sectors involved in the industry to resolve some of these issues.

### **Successful Collaboration**

Richard Horton spoke about hallmarks on successful collaboration:

- A genuine belief in the purpose of the collaboration;
- The larger vision for what the collaboration is trying to achieve matters more than the particular constituent interest. This has to guide MeTA throughout its work;
- The success that MeTA has is a success for every partner – not at the same time, but at different stages;
- All are going to have to concede something which can be painful;
- We need to identify what success is going to look like;
- Every party has to feel as if it owns the alliance, that it has trust and confidence in it, and
- A lot of these hallmarks are already in place. It will take time to build them all and our time is limited.

We have to be very transparent about the obstacles:

- Political obstacles (for example the politics around reproductive health) and organisations becoming exquisitely sensitive to these issues;
- Social obstacles – how do countries engage their citizens to decide priorities in health and other sectors?
- Commercial obstacles (such as, international trade agreements);
- Technical challenges - we may not have medicines. How do we stimulate research and development where we need it?
- Complexity of global health agendas makes it tough to coordinate different institutions;
- What is the non-health sector doing and what role can they play?
- Judicial systems can help deliver access to medicines. How do we strengthen the rule of law?

### **Rights and social justice**

*"Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family..."* This is Article 25 in the Universal Declaration of Human Rights, 1948. The Preamble to the WHO constitution affirms that one of the fundamental rights of every human being is to enjoy *"the highest attainable standard of health"*. The Declaration of Alma-Ata 1978 states that *'People have the right and duty to participate individually and collectively in the planning and implementation of their health care.'* And that *"Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation..."*

MeTA means opening up possibilities for citizens to claim their fundamental human right to health and their right to participate in the planning and implementation of their healthcare. This includes

medicines. Access to medicines is an inextricable part of basic health care and equitable access to these medicines is a concern for social justice.

## **Role of professionals**

The role of professionals emerged as a key theme during the launch. Collaboration has to go beyond government, civil society and business to include the many actors involved in processes of making medicines more accessible. As a multi-stakeholder alliance, professionals like pharmacists, doctors and other health workers need to be included in the process of trying to get the right medicines to the right person at the right time. Grace Allen Young, from the Commonwealth Pharmacists Association commended the MeTA initiative and, noting the importance of pharmacies, asked if there would be a focus on the role of professionals, in particular pharmacists. Many others agreed with her.

## **Improving global markets**

Improving global markets is a key issue that MeTA seeks to address. John McHale from Pioneer Investments pointed out the many issues that are blocking the global health care market from fulfilling its potential for human good. In recent years the pharmaceutical industry has been perceived almost as negatively as industries such as arms and tobacco manufacturers. Barriers to effective functioning of global markets include issues of price, quality and transparency, patent law and intellectual property rights. Prashant Yadev from MIT Zaragoza International Logistics Program argued that pharmaceutical systems in developing countries are difficult to make work efficiently because physical flows are complex, financial flows are complex and information flows are at times non-existent.

Sophia Tickell, Chair of the MeTA International Advisory Board and working with SustainAbility, noted the big changes taking place in pharmaceutical markets. The importance of developing country markets is being recognised in a way that has not been recognised before. Growth rates have slowed in the United States and Europe, and there is a real opportunity for engagement and interest for understanding how these markets are different. But there remain questions, such as that raised by Mogha Kamal-Yanni from Oxfam. How MeTA can improve the national market for pharmaceuticals when the price for medicines is set before they even reach a country? Regina Keith from Cara International Consulting Ltd said evidence in Zambia and Uganda shows that increased access to antiretrovirals has come about because healthcare is free at the point of contact.

## **Summary**

MeTA is a strategic and political alliance within and between countries requiring collaboration between multiple stakeholders, sometimes with conflicting interests. This is with the goal of ensuring that citizens, in particular the poorest and most marginalised citizens, enjoy their right to health fully and are able to access safe, good quality medicines whenever they need to. This pilot phase of MeTA is important to countries already making efforts to make this happen and is intended to support existing processes and relationships, as well as build new ones.

Geraldine Murphy from DFID concluded the event. She restated the importance of the country stakeholder groups who are leading the process. She also raised attention to the support available that is flexible and designed to respond to the needs of MeTA pilot countries. She encouraged everyone to draw on this support saying, *“I urge you all...to let the International Secretariat know your needs so that they can provide and source the most appropriate technical support for you in the pilot countries to meet the challenges that you are facing.”*

She also noted the importance of sharing and analysing information between stakeholders that leads to action and change. Many people spoke about the challenging time ahead for those of us working with MeTA. Collaboration and partnership, while often rewarding can be difficult and we will need to make concessions individually in order to achieve more collectively.

**“We are joining together in a process that is bigger than all of us...and that feeling of collaboration is what will carry this initiative.”**

**Dennis Ross-Degnan, Harvard University**

**“Every collaborator will 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)”**

**Richard Horton, Editor of the Lancet**

**“MeTA is a strategic and political issue... let’s succeed with the multi-stakeholder forum. Let’s also work hand-in-hand at the global level so that we can speak with one voice.”**

**Gilles Forte, WHO**

**“There are seven groups of champions and leaders in this room from each of the countries. You are the leadership, and it is you and us working together that will make MeTA the success that I know it is going to be.”**

**Andrew Chetley, MeTA Secretariat and Director of Healthlink Worldwide**

#### **Additional links and resources**

MeTA website: <http://www.MedicinesTransparency.org/>