

Progress with the Medicines Transparency



Alliance (MeTA) – the first year

Launched in May 2008, with international support from the UK Department for International Development, the World Health Organization and the World Bank, the MeTA began a pilot programme to work in seven countries.

MeTA has been successful in supporting a process in all seven countries where different stakeholders, never previously working together, are now sitting round the same table. They may have conflicting interests and opinions, there may be imbalances of power and of voice, there may be sensitivities around disclosing certain pieces of information, but all are there for the same fundamental reason: *to make good quality essential medicines available and affordable to the people that need them.*

In all seven countries, a representative multi-stakeholder group is meeting regularly to tackle the particular problems found in their medicines supply chain. They have a collectively agreed workplan with a range of activities and short-term to long-term goals. With good dialogue taking place and trust established between the stakeholders, during the next year we expect to see new systems and structures being set up to disclose data around the four key areas of medicine quality, availability, price and promotion.

An International MeTA Secretariat is now fully operating and together with WHO and the World Bank is providing technical support to all countries in areas of medicines supply and policy, communication, civil society capacity strengthening, private sector engagement and multi-stakeholder processes. A MeTA Management Board with representatives from DFID, WHO and the World Bank meets quarterly. An International Advisory Group with high-level representatives from all sectors has met twice and will continue to meet regularly to provide guidance and advice to the programme. A civil society capacity strengthening component is underway with two regional workshops and a national workshop having been held, with further national support underway. A new website – www.MedicinesTransparency.org – and a number of national websites provide access to information about the programme. A series of publications is available online, together with a major discussion forum – MeTA Dialogue.

Progress made in each of the countries participating in the pilot phase of MeTA (by April 2009)

	GHANA	JORDAN	KYRGYZSTAN	PERU	PHILIPPINES	UGANDA	ZAMBIA
Stakeholders engaged	yes	yes	yes	yes	yes	yes	yes
MeTA Council formed	25	14	tbc	15	24	12	30
Govt to Govt agreement	na	signed	signed	na	na	na	na
MeTA Secretariat formed	yes	yes	yes	yes	yes	yes	yes
MoU signed	yes	yes	in process	yes	yes	yes	awaiting signature
Workplan approved	12 months	12 months	12 months	12 months	12 months	12 months	6 months

Setting country priorities

Each country has a very different context in terms of its pharmaceutical industry, health system and civil society capacity. Countries need the flexibility to respond accordingly and each workplan reflects the need of the country. All countries have also identified multi-stakeholder collaboration, private sector mapping, civil society capacity building and baseline surveys as priority areas of work.

Main work areas chosen by MeTA pilot countries for the pilot phase

Activity area	Peru	Ghana	Zambia	Uganda	Jordan	Kyrgyzstan	Philippines
National medicines / health framework	x	X		X	X	X	
Legislation	x						x
GGM guidelines			x		X		x
Quality / regulation Evidence based selection & treatment guidelines	x	X	x			X	x
Procurement Distribution / supply chain	x	X			X	X	
Rational use of medicines					X		x
Prices, affordability Medicines & insurance systems	x		x	X	X	X	x
Availability, access	x	X				X	x
Promotion Review & discuss existing data			x			X	x
Operational research		X				X	x
Collect data / surveys	x	X		X	X	X	x
Promote transparency Website, disseminate findings	x		x	X	X	X	x
Involving the media Create awareness in community		X	x	X	X	X	

Key Lessons

- Country contexts are varied and MeTA needs to be country-led to have success. This means that local conditions determine the timetable of the workplan and roll-out.
- Making sure the right people are at the table is critical and it takes time to bring together and create a working relationship between a group of stakeholders with varied and sometimes conflicting interests.
- Consensus is the base for MeTA so there needs to be a constant exchange of views.
- Commitment of the stakeholders is key to a successful process.
- Building trust is an essential part of the initiative.
- Some problems in the medicines supply chain require tough political action to solve. Starting work on less controversial issues is key.
- Systems and structures for disclosing data often do not exist in countries and may have to be created. MeTA country councils need to find the best methods to do this.

The key priority areas for MeTA during the coming year are:

- Progressive disclosure of data and information about medicines;
- Developing and testing a new multi-stakeholder approach including identifying gaps in the MeTA Councils and trying to fill them, preparing stakeholders for engagement at the MeTA Council;
- Ensuring the strong engagement of the private sector at country and international level;
- Increasing the voice of patients and consumers which involves strengthening capacity and opportunity for their engagement, and
- Documenting innovation, change and good practice across the programme.