

MeTA Zambia Country Workplan



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**Submitted by Interim MeTA
Council**

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**Contact Person: Chama Nshindano
Project Coordinator,
MeTA Zambia,
Mobile: +260 977 59 55 03
e-mail: cnshindano@tizambia.org.zm**

Table of Contents

1. Background	2
2. Existing Situation.....	2
2.2 MeTA Council Meetings	3
2.4 Proposed Activity Areas for Zambia’s one year MeTA Workplan.....	4
3. How will the one year Project help to improve Transparency and Accountability?	5
4. Strategies	7
4.1 Establishment of National Secretariat	7
4.1.1 Administration	7
4.1.2 Salaries.....	7
4.2 Management Structure.....	8
4.2.1 MeTA Council	8
4.2.2 MeTA Council Sub – Committees (Reconstitution).....	8
4.2.3 MeTA Forum	8
4.3 Communication Strategy	8
4.4. Policy and advocacy.....	9
4.5. Research and Survey.....	9
4.6 Programme Activities.....	10
4.6.2.1 Urban Areas	10
4.6.2.2 Community Sensitization.....	10
4.6.5 Synergies with GGM/TISDA.....	11
5. Description of MeTA Workplan	11
5.1 Goal	11
5.2 Objectives.....	11
5.3 Activities.....	12
5.4 Expected Outcomes/Outputs	12
6. Risks/External Factors	13
6.1 Risks	13
6.2 Challenges	13
6.2.1 Changing systems	13

Draft MeTA National Workplan for Zambia

6.2.2 Willingness to change	13
6.2.3 Human Resource Issues	13
6.2.4 Dealing with outcomes.....	14
6.2.5 Financing change	14
6.3 External Factors	14
6.3.1 Pressure from the community	14
6.3.2 Pressure from donor institutions	14
7. Management arrangements	14
7.1 Establishment of National Secretariat	14
7.2 MeTA Council	15
7.3 MeTA Council Sub-Committees	15
7.4 MeTA Council Forum.....	15
8. Financial arrangements.....	15
9. Budget	15
10. Monitoring system	15
Appendix 1: Activity Based Budget	17
Appendix 2 Workplan Activities	24
Appendix 3: List of Attendance at MeTA Council Meeting September 25th 2009	29

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List of Abbreviations

APNAC	African Parliamentary Network against Corruption
CHAI	Clinton HIV/AIDS Initiative
CHAZ	Christian Health Association of Zambia
CHESSORE	Centre for Health, Science and Social Research
CIDA	Canadian International Development Agency
CPs	Cooperating Partners
CSO	Civil Society Organization
DfID	Department for International Development
DHMT	District Health Management Team
DSBL	Drug Supply Budget Line
EFZ	Evangelical Fellowship of Zambia
FHT	Family Health Trust
GGM	Good Governance for Medicines
GMP	Good Manufacturing Practices
HAI	Health Action International
LMS	Logistics Management Systems
LMIS	Logistics Management Information Systems
MeTA	Medicines Transparency Alliance
MISA	Media Institute of Southern Africa
MOH	Ministry of Health
MPs	Members of Parliament
MSL	Medical Stores Limited
NDP	National Drug Policy
NHSP	National Health Strategic Plan
NGO	Non-Governmental Organizations
NPO	National Pharmaceutical Officer
PRA	Pharmaceutical Regulatory Authority
TIZ	Transparency International Zambia
TOR	Terms of Reference
UNZA	University of Zambia
WB	World Bank
WHO	World Health Organization
ZARAN	Zambia Aids Law Research & Advocacy Network
ZPBF	Zambia Pharmaceutical Business Forum
ZYAFAC	Zambia Youths Association in the Fight Against Corruption

Executive Summary

Medicines Transparency Alliance (MeTA) is an international multi-stakeholder initiative, made up of government, civil society organizations and private sector, whose aim is to promote increased transparency in the supply of essential medicines, and ensure equitable access for low income and disadvantaged people in developing countries. Zambia joined a number of MeTA pilot countries on 29th April, 2008, before the MeTA global launch of mid-May in London, after a formal invitation on 4th March, 2008. MeTA Zambia was launched on March 31st 2009, by the Minister of Health.

MeTA's focus is on strengthening countries capacity to collect, analyze, disseminate and use data on medicine procurement, quality, availability, pricing, promotion and use. This is in order to help improve transparency and accountability around the way medicines are selected, regulated, procured, distributed, supplied and then prescribed to and used by patients.

There were delays in the release of funds after the launch, due to internal and external factors. However, funds were released in July this year. Since then, a number of activities to implement the 6month workplan have been undertaken through the sub-committees. These include de-briefing of Members of Parliament (MPS) on MeTA issues/agenda, private pharmaceutical sector mapping survey, holding of the national supply chain orientation workshop for MeTA Council members, promotion of policy dialogue with policy makers through writing to Cabinet Office to request for dissemination of MeTA information to all line ministries, establishment of MeTA office, recruitment of MeTA Intern/Coordinator, desk review of existing documents and strengthening debate on medicines issues on community radio programs in one pilot province.

To build on what has already commenced, the draft one year country workplan will finalize some of the above activities, as well as establish a MeTA website. The moving of a motion by Members of Parliament of key MeTA issues in Parliament will be one of the key highlights. In addition, more activities have been incorporated in the draft workplan, to include recommendations from the private pharmaceutical sector mapping survey, as well as some emerging issues from the national supply chain orientation workshop. Of note here is the reconstitution of sub-committees to include key stakeholders, recommended retail price survey to facilitate transparency in the pricing of medicines, impact of PRA increased registration/retention fees on availability of drugs in the market, to mention a few.

To enhance the knowledge and understanding of MeTA Council members, an orientation workshop on medicines regulatory matters by PRA is planned for. PRA will in addition hold 1 seminar in Lusaka for manufacturers, importers, retailers and wholesalers.

The MeTA data disclosure tool survey has been put as an activity under the Research & Survey sub-committee. They will be the lead in this activity which will involve all council members

The findings from the reports/surveys will be disseminated to the public, in efforts to improve transparency and accountability in the way drugs are procured, regulated, distributed and supplied. A

proactive approach will be undertaken in the dissemination of the findings of the reports and surveys to the public domain taking into account the diversity of our culture and languages.

Consequently, communication to the public domain on the findings of the above activities will be through the website, strengthen community radio debate on medicines issues in two districts of each of the 3 pilot provinces.

Other fora for dissemination of information to the public include documentaries on electronic media, radio programmes (includes community radio), road shows in pilot districts, participation in national events especially i.e. Trade Fair in Ndola and the Agricultural and commercial Show in Lusaka, development of fact sheets and report cards for public complaints and feedback

At national level, support will be rendered to the review of the National Drug Policy (NDP), and the Strategic/Implementation Plan.

1. Background

Medicines Transparency Alliance (MeTA) is an international multi-stakeholder initiative whose aim is to promote increased transparency in the supply of essential medicines, and ensure equitable access for low income and disadvantaged people in developing countries. MeTA's focus is strengthening countries capacity to collect, analyze, disseminate and use data on medicine quality, availability, pricing and use. This will help improve transparency and accountability around the way medicines are selected, regulated, procured, distributed, supplied and then prescribed to and used by patients.

The super goal of MeTA is to improve health outcomes for poor people in these countries. The MeTA goal is to ensure access to affordable essential drugs in developing countries (Millennium Development Goals {MDG} 8, Target 17). The initiative is being supported financially by Department for International Development (DFID) during its present Phase One.

Zambia joined a number of MeTA pilot countries on 29th April, 2008, before the MeTA global launch of mid-May in London, after a formal invitation on 4th March, 2008. The MOH confirmed to participate.

This was followed by a stakeholder consultative meeting in July 2008. From October 2008, there was revived interest in MeTA and the 3 month draft National workplan for the pre-launch stage (January 1st to March 31st) was finalized in cooperation with Transparency International Zambia (the Acting national secretariat at the time). MeTA Zambia was successfully launched on March 31st 2009, by the Minister of Health. Prior to this, a 6 month national workplan had been approved by the MeTA Management Board (MMB) in London. It was envisioned that implementation of the workplan would commence on April 1st 2009. However, due to internal and external constraints, funds were only released in July, 2009.

In order to maximise on the available MeTA budget, MeTA Zambia Council decided to identify low 'hanging fruits' for the period between July to September 30th 2009. The rest of the planned activities and additional activities have been pushed into the draft one year national workplan starting October 1st 2009, up to the end of the MeTA pilot phase, September 30th 2010.

2. Existing Situation

2.1 Sub-committee Implementation Status

Several meetings by the sub-committees were held, the most being held by the Communications sub-committee. 'Low hanging' were identified by each sub-committee for implementation by September 2009.

Due to poor response from members on the development of one year workplan, further meetings were held by the MeTA Task Force (consisting of a member from each of the sub-committee, TIZ Senior Programme Officer/Acting MeTA Coordinator and the MeTA Consultant), set up to fast track the development of the one year draft workplan. Activity based budgets were equally developed for submission to the MeTA Council stakeholder's meeting which would review and adopt the draft plan.

2.1.1 Finance & Administration

The MeTA office was established, with internet/phone facilities installed and relevant equipment purchased. An Intern was recruited in mid-August, and a Coordinator is due to start work on October 7th after the position was advertized and interviews conducted.

2.1.2 Communications

Several meetings were held by the communications subcommittee to decide on activities to be completed by September 30, 2009. “Low hanging fruits” were identified, which included the development of the first draft leaflet; community sensitization in two districts (Solwezi and Mwinilunga) of North Western where stakeholders sensitization meetings were held, 30 minute programmes on community radio were broadcast, and a one hour phone in radio programme organized.

Work on the development of the MeTA Zambia website was also initiated.

2.1.3 Policy & Advocacy

To promote policy dialogue with policy makers, a letter was written to the Secretary, Cabinet Office requesting them to disseminate MeTA information to all line ministries. A positive response was obtained, requesting for MeTA materials to be distributed to all line ministries. These have since been sent.

In addition, a successful de-brief meeting was held for 5 Members of Parliament (MPs) from the 3 main political parties (ruling and opposition), which included a Deputy Minister. There was a lot interest generated about MeTA. The MPs resolved to raise a motion in Parliament, which would provoke discussions on MeTA issues.

An orientation workshop on supply chain management was held on August 19th, for MeTA Council members to build capacity in this technical area. However, the department of procurement in MOH failed to show up, despite numerous invitations, as they said the topic was a ‘sensitive one’.

2.1.4 Research & Survey

TORs were developed for contracting of a Consultant to conduct a desk review of the selected documents. The Consultant has since reviewed the available documents and is currently compiling the report.

TORs for contracting of a Consultant for private sector mapping survey were reviewed, and mapping survey conducted in July 2009. Some recommendations from the mapping survey have been incorporated in the current one year plan.

2.2 MeTA Council Meetings

Despite the late release of funds, one meeting was held in May at which the following was achieved:

- Proposed MeTA Council/Forum members were reviewed and adopted
- MeTA Council Rules and Regulations were reviewed and adopted
- The following office bearers were elected:

- Chairman
- Vice Chairman
- Secretary General
- Conflict of Interest declaration was circulated and members advised to sign the form
- Members of the four Sub-Committee were elected
- MeTA MOU was reviewed and changes made
- Proposed priority activities for the four Sub-Committees paper was circulated for members to review whilst waiting for funding.

2.3 MeTA Forum Meetings

Due to the late release of funds, no activities were implemented to provide for analysis and dissemination of information. Consequently, no MeTA Forum meeting was held.

2.4 Proposed Activity Areas for Zambia's one year MeTA Workplan

In line with Government's vision through the National Drug Policy of 1999 (which commits itself to "the provision of equity of access for all Zambians to good quality, safe and efficacious medicines which are affordable and rationally used as close to the family as possible", the Human Rights Charter's 'access to essential drugs' being a human right, as well as the core MeTA values; the proposed activities in the one year workplan will continue to focus and build on the design of the initial country workplan.

The following programme activities will therefore be undertaken:

2.4.1 Finance & Administration

- Establish and maintain dedicated office space as a Secretariat.
- Provide and maintain Communications Systems and office Equipment
- Recruit an additional office Intern to complement the Coordinator and available office intern. This is in order to supplement the efforts of the Secretariat in the implementation of the Meta work plan
- Provision of Stationery and Printing
- Develop Code of Ethics for the members of the sub committees
- Establish rules and regulations and logistics of disbursements and expenditure of funds in line with the financial guidelines stipulated

2.4.2 Communication

- Development of MeTA website including website designing, training, hosting and maintenance
- Participation in national events specifically the Trade Fair in Ndola and the Agricultural and Commercial Show in Lusaka
- Proactive dissemination of existing data (from reports, reviews and surveys etc) on pricing, availability, accessibility, registration, quality, distribution etc. of medicines to public sector, through the following channels:
 - Dissemination of findings through development, printing and distribution of fact sheets
 - Video production and documentary airing
 - Making and distributing DVDs through ZANIS for showing to communities in five districts of the pilot project namely Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga

- Development and dissemination of Citizens Complaint/Feedback mechanism
- Community sensitization through road shows in four districts of Kabwe, Mkushi, Solwezi and Mwinilunga
- Strengthening debate on medicines on community radio stations that will include a stakeholders meeting in Lusaka for capacity building, production and airing of programmes at five radio stations at Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga

2.4.3 Policy & Advocacy

The sub committee on Policy and Advocacy has outlined the following activities it will undertake during its one year programme. These include:

- PRA Orientation workshop to MeTA Council
- PRA Seminars with Pharmaceutical Stakeholders in Lusaka Province
- PRA Seminars with Pharmaceutical Stakeholders in Copperbelt Province
- Advocate for the establishment of a national quality control lab – to include:
 - Consultative meetings with MOH
 - Writing of paper on the dangers of counterfeit medicines
 - Assessment of costs for establishing lab study
 - Advocacy by MPs sympathetic to MeTA objectives (advocacy to cover Parliament and MOH)
 - Cultivate a partners network
- Support review of the National Medicines Policy (NMP) and Strategic Plan to include:
 - Consensus meetings with Stakeholders
 - Designing of revised National Medicines Policy
 - Printing of revised National Medicines Policy
 - Launch of the National Medicines Policy

2.4.4 Research & Survey

The Research and Survey subcommittee will undertake the following activities:

- Conduct a study on recommended retail prices
- Conduct a study on the impact of PRA increased fees on the availability and accessibility of medicines
- Conduct a MeTA data disclosure tool survey
- Conduct a survey on the availability and accessibility of pediatric formulations
- Contribute to addressing the challenges of local manufacturers and impact of Intellectual Property Rights (TRIPS)

3. How will the one year Project help to improve Transparency and Accountability?

Government's commitment to improving access to medicines is enshrined in the objectives of the National Health Strategic Plan (NHSP), as well as the National Drug Policy (NDP). MeTA Zambia will build on this objective and policy vision to build knowledge on transparency and accountability issues related to access to medicines.

3.1 Finance & Administration

Dedicated office space and staff will help implement the Meta work plan more effectively and therefore add value to accountability and transparency. The development of the Code of Ethics for members of the Council and subcommittees is intended to improve attendance of meetings by members and commitment to the implementation process of the Meta work plan. The rules, regulations and the logistics procedures governing the disbursements and financial reporting of the Meta project is intended to improve transparency and accountability.

3.2 Communications

The findings from the numerous studies/assessments that have been conducted in the Zambian pharmaceutical sector have not been disseminated to the public domain. This has been largely due to lack of a coordination mechanism to establish such a forum. However, the MeTA Zambia website once established, should provide a platform for disseminating most of these findings

These findings will thereafter be translated into fact sheets, video documentaries, DVDs, road shows, and community radio programmes covering access, affordability, pricing, quality etc. of medicines.

Accountability and transparency issues in the procurement and supply chain system of medicines will also be disseminated to the public. The MeTA Council through its communications subcommittee will initially disseminate non-contentious information, before slowly building up to more sensitive issues.

3.3 Policy & Advocacy

On August 19, 2009 an orientation workshop was organized for MeTA Council members to build their capacity on pharmaceutical issues. Unfortunately the department of procurement at MOH failed to show up for this important learning workshop for MeTA council members.

During the sixth months to September 30, 2009 the subcommittee contacted the Secretary to the Cabinet requesting him to disseminate MeTA information to all line ministries. The response was positive and the secretary to the cabinet requested the committee to provide MeTA materials for distribution to the ministries.

The PRA seminars with Pharmaceutical Stakeholders in Lusaka and the Copperbelt will allow greater understanding between the PRA and pharmaceutical institutions especially with regard to issues of licensing of drugs, the new fees which in the past have become centres of friction and control.

Capacity building is a very important aspect of any intervention. In this regard, MeTA will also provide support training in Quality Control procedures for Quality Control analyst at the PRA.

There a lot of counterfeit products in Zambia and medicines are not excluded from this scourge. A paper on the dangers of counterfeit medicines will be commissioned.

Some MPs, from both ruling and opposition parties, have already shown both interest and greater understanding of MeTA principles and how these principles will impact on the provision of health

services in Zambia. In this regard a debriefing meeting with these MPs took place where they resolved, as part of advocacy in Parliament, to raise a motion to provoke debate of MeTA issues in Parliament.

3.4 Research & Survey

Currently, there is no policy on what mark up a wholesalers, hospital or retail pharmaceutical outlets can charge for medicines and allied products. It is hoped that the study on how these outlets price their medicines will inform the policy committee on the issues to be tackled as regards transparency in the pricing of medicines. The findings will also assist in advocating for a government policy on recommended prices for key essential medicines. This is not introducing price controls, but will assist the public to make informed decisions when buying medicines.

There have been complaints from the pharmaceutical industry due to the hiking of fees, especially registration fees for products, by the Pharmaceutical Regulatory Authority (PRA). There is also a claim that because of the fees, distributors have reduced the number of items on their lists especially for low value and low volume products, some of which are said to be essential. However, there has not been any structured study to confirm these reports.

The unavailability of child friendly formulations especially for HIV and AIDS, Malaria and Tuberculosis has been an issue. It has been observed that even where available, they may only be suitable for children up to a certain weight or age. This usually leaves a gap especially for those who are children and not yet adults.

On the whole findings of studies and surveys to be conducted will inform other sub-committees on vital issues to concentrate on as they carry out advocacy and disseminate information to the public and relevant authorities.

4. Strategies

4.1 Establishment of National Secretariat

Transparency International Zambia was chosen and confirmed to host the Meta Secretariat to avoid the Ministry of Health monopolizing the project. A National Coordinator and two office interns are to be appointed to help run the secretariat on a day to day basis. This is in order to facilitate effective implementation of the MeTA work plan.

4.1.1 Administration

Dedicated office premises is to be made available and for the office to run efficiently, a budget provision had to be made for administrative costs such as office rentals, office running costs, telecommunication services, equipment etc.

4.1.2 Salaries

Provision has been made in the budget for the remunerations of the Coordinator and the two office interns. The total budget provision for these remunerations should not exceed 15% of the annual budget

4.1.2 International Travel

Provision has been made for International travel (twice in one year) for one Meta member to attend any Meta International meetings or International Medicines forum e.g. TRIPS. This will encourage exchange

of ideas and exposure to issues surrounding medicines accessibility to the disadvantaged community. This provision includes cost of travel e.g. airfare, visa fees and airport transport only.

4.2 Management Structure

4.2.1 MeTA Council

This is the governing council that will oversee the implementation process of the workplan, as well as monitor the performance of the national secretariat. The composition of the Meta Council consists of stakeholders from government, CSO'S, and Private Sector and C`P. Some of the members of the Council have signed the declaration of Conflicts of interest, whilst others need follow up. It is planned that the Council meetings will be held once every two months, for monitoring of the implementation process

4.2.2 MeTA Council Sub – Committees (Reconstitution)

The MeTA Council sub-committees have been meeting, however, they have been poorly attended, especially during the period of the development of the national workplan. It is envisioned that the sub-committees will meet *at regular intervals and or bi-monthly to* facilitate reporting to the MeTA Council.

There will also be a re-constitution of these four subcommittees in line with the private sector mapping recommendations; as well as include committed MeTA Council members representative of all three stakeholders to improve meeting attendance and participation, in order to achieve the aims and objectives of META.

The Finance/Administration will develop the Code of Ethics for the members of the sub committees as stipulated by the Meta Council, as well as review the Financial Guidelines for adoption by the Council.

4.2.3 MeTA Forum

Membership of the Meta Forum will consist of the 30 council members and another 30 others from a cross section of the society and wider stakeholders. The Meta forum will meet bi-annually for a general discussions and feedback on issues of transparency and accountability concerning amongst others, pricing, procurement, accessibility, availability, and affordability of medicines.

4.3 Communication Strategy

In an effort to strengthen MeTA Council coordination and collaboration, an information 'repository' will be established and this will include the development of a MeTA Zambia website.

Assessment, study/survey reports and other relevant core MeTA information will be posted on this website. Furthermore, the information will be developed into fact sheets, on video documentaries, community radio programmes and road shows. It is envisioned that later (beyond the pilot phase, if successful), a physical library will also be established.

There will be follow up to the two sensitization stakeholder meetings were held in Solwezi and Mwinilunga during the first six months of the project.

Similar community coverage during the year is planned for three provinces, representing rural and peri-urban and urban areas, namely Radios Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga. This will be done through conduction of a two day stakeholder capacity building meeting for the community radio

station staff from the above mentioned community radios, at which action plans will be developed for production of programmes on medicines issues.

Furthermore, following the stakeholder meeting the Chiefs, NGOs, District Health Management Teams (DHMT) and the community who were targeted in Solwezi and Mwinilunga during the first six months of the project will during the year be similarly targeted in Chongwe, Kabwe and Mkushi. It is recognized that there are some proactive NGOs/CSOs in these areas which will also be targeted to help make simple MeTA activities sustainable.

Two road shows each in Central and North Western provinces will also be conducted.

Further dissemination of MeTA objectives/issues will be covered during the national events, i.e. at the Trade Fair in Ndola and the Agricultural and Commercial Show in Lusaka.

4.4 Policy & Advocacy

For the six months project the Policy and Advocacy subcommittee organised the PRA orientation workshop for MeTA Council members while in the one year plan the committee has targeted two pharmaceutical stakeholders meetings in Lusaka and Copperbelt provinces.

Further the committee wrote a letter to Secretary to the Cabinet requesting his office to disseminate MeTA information to all line ministries. The response was positive as cabinet office requested for MeTA materials to be distributed. The materials were forwarded to Cabinet Office and the committee will monitor this development to see how these ministries use this information.

The debriefing meeting for 5 MPs from three main political parties including the ruling party has resulted in a cadre of MPs who are passionate about MeTA issues and have resolved to raise a motion in Parliament to provoke debate. It is obvious that the ensuing debate in Parliament will raise the MeTA Zambia profile and the Policy and Advocacy committee aims at utilising this in its work. Besides the debate in Parliament the committee will step its consultations with the MOH and other quasi government organizations such as Medical Stores, the PRA and the Medical Council of Zambia.

The committee's advocacy for the establishment of a national quality control lab is important in its work especially with regard to issues of counterfeit medicines. It is with this in mind that a paper on the dangers of counterfeit medicines will be commissioned.

4.5 Research & Survey

The sub-committee will continue conducting operational research and surveys to inform other sub-committees. This will be done through contracting of competent consultants. Other relevant information and documents will be gathered through members of the committee and the wider MeTA council

The MeTA data disclosure tool survey provide Council members with a feel of what information is available (if available is it easily accessible or not) or not available etc. Indeed, this will be like a situation analysis, and will be of value during the implementation process.

4.6 Programme Activities

4.6.1 Finance & Administration

Managing and monitoring of the National Secretariat of Meta will be the core activity. It is envisaged that the Secretariat will hold meetings once a week and will give a financial report monthly or as required. Disbursement of funds will be made as per financial guidelines stipulated. An Activity report will be submitted to META Council every two months preceding Meta Council's bi-monthly meetings.

4.6.2 Communications

The findings from the reports/surveys will be used to disseminate information concerning quality, affordability, availability etc. of medicines, as well as explain and sensitize the public about MeTA objectives and values. All segments of the public will be targeted in the three pilot provinces.

Consequently, different marketing strategies and communication campaigns will be used to reach the intended target, in line with cultural diversity. Towards this end, the following activities will be undertaken:

4.6.2.1 Urban Areas

- Post information on MeTA Zambia website
- Participate in two (2) national events - the Lusaka Agricultural and Commercial Show and the Trade Fair in Ndola
- Development of fact sheets for dissemination to public domain
- Video production and documentary airing
- Burning DVDs of documentaries for distribution through ZANIS and for showing to communities in five districts
- Radio program on one station

4.6.2.2 Community Sensitization

- Development and dissemination of Citizens Complaint/Feedback mechanisms (Report cards) on access, availability and affordability of medicines in rural areas
- Community sensitization road shows in four districts of Kabwe, Mkushi, Solwezi and Mwinilunga
- ZANIS showing DVDs to communities in five districts of Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga
- Community Radio programmes at five radio stations in Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga

4.6.3 Policy & Advocacy

The following activities have been outlined by the Policy and Advocacy Committee for its one year programme:

4.6.3.1 PRA Seminars involving Pharmaceutical stakeholders in Lusaka Province

4.6.3.2 PRA Seminars involving Pharmaceutical Stakeholders on the Copperbelt

4.6.3.3 Support training in Quality Control procedures for Quality Control analyst

- Consultative meetings with MOH Writing of a paper on dangers of counterfeit medicines
- Assessment of costs for establishing national control lab study
- Advocacy by MPs sympathetic to MeTA objectives – the advocacy to cover Parliament and MOH
- Cultivate a partners network

4.6.3.4 Support review of the National Medicines Policy and Strategic Plan

- Consensus meetings with Stakeholders
- Designing of revised National Medicines Policy
- Printing of revised National Medicines Policy
- Launch of revised National Medicines Policy

4.6.4 Research & Survey

- Study on recommended retail prices
- Study on the impact of PRA increased fees on the availability and accessibility of medicines
- MeTA disclosure survey
- Survey on the availability and accessibility of pediatric formulations
- Contribute to addressing the challenges of local manufacturers and impact of Intellectual Property Rights (TRIPS)

4.6.5 Synergies with GGM/TISDA

WHO initiated activities within the framework of the Good Governance for Medicines (GGM) project after the Zambian MOH joined the initiative in July 2007. These activities are included in the WHO country plan.

The TISDA Programme is also currently being run by the TIZ secretariat.

Zambia MeTA and GGM/TISDA will continue to collaborate as far as possible to build synergies, as the projects have similar objectives and values.

5. Description of MeTA Workplan

5.1 Goal

To contribute to increased access to affordable quality assured essential medicines in co-operation with pharmaceutical companies (MDG 8, Target 17), with a focus on the poor.

5.2 Objectives

To contribute towards improving governance, transparency and accountability in the supply chain of medicines in Zambia in order to increase access to medicines. This will be achieved through:

- having a strong civil society group

- having a well functioning multi stakeholder governing body
- aim at achieving value for money

5.3 Activities

See Appendix 2 on Page 24

5.4 Expected Outcomes/Outputs

5.4.1 Expected Outputs:

The following Output Indicators are expected:

- Communication strategy including press releases, website content, fact sheets, citizens complaint/feedback mechanisms developed and implemented
- Proactive dissemination of developed fact sheets from above findings through different media/forums including MeTA Zambia website to public domain
- Video documentaries completed and aired
- DVDs burnt, distributed through ZANIS and shown to communities in five districts of Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga
- Radio programmes aired on community stations in Chongwe, Kabwe, Mkushi, Solwezi and Mwinilunga
- Community sensitisation road shows conducted in Kabwe, Mkushi, Solwezi and Mwinilunga
- Strengthened debate on medicines issues through community radio programmes
- National secretariat formalized and running
- MeTA Council/Meta Council Subcommittees formalized and regular meetings being held
- Communication strategy developed and implemented
- Private sector mapping survey conducted
- Desk review of existing documents conducted, gaps identified and survey on identified gaps conducted
- Fact sheets developed from above findings
- Stakeholder (MeTA Council members) capacity building in public/private sector supply chain experience and systems conducted
- PRA orientation of MeTA Council members to enhance knowledge on regulatory issues conducted
- Letter written to Secretary to Cabinet requesting the dissemination of MeTA issues to line ministries, positive response received and materials sent for distribution
- PRA seminars involving pharmaceutical stakeholders in Lusaka and on the Copperbelt organised and conducted
- Review of the National Medicines policy and strategic plan supported
 - Consensus meetings with Stakeholders held
 - Revised National Medicines Policy designed
 - Revised National Medicines Policy printed
 - Revised National Medicines policy launched

5.4.2 Expected Outcome Indicators:

- Increased awareness on transparency and accountability on medicine issues by the community
- Increase knowledge among MeTA Council stakeholders in procurement processes, supply chain systems and regulatory issues
- Increased awareness on transparency and accountability on medicine issues by MeTA Forum members
- Increased knowledge among policy makers and implementers about MeTA objectives

5.4.3 Impact indicators:

- Awareness by public domain including the community on pricing, quality, access, availability etc of medicines
- Demand by public domain including the community for improved health care delivery systems
- Public sector influenced to make some improvements on health delivery systems, the national supply chain in particular

6. Risks/External Factors

6.1 Risks

The public sector is not traditionally accustomed to operating in an open environment. For the MOH, the risk of being transparent and open would be that it would find itself 'exposed' to queries for which the civil service structure is not exactly set up to deal with. Hence there is potentially a risk that the MOH might be slow to take on all/some of the MeTA principles.

6.2 Challenges

6.2.1 Changing systems

While MOH management may wish to introduce wide- ranging changes to operational systems, the biggest challenge may be in the area of managing change.

6.2.2 Willingness to change

Another challenge may be the willingness of staff to conduct business in a different way that demands transparent and accountable ways of working

6.2.3 Human Resource Issues

The critical shortage of pharmaceutical personnel in both public and private sectors has the potential to impact negatively on the MeTA programme, as there might not be adequate capacity to own and adhere to the MeTA initiative. This is further compounded by the already anxious and demoralized personnel due to the lengthy re-structuring process in the MOH.

6.2.4 Dealing with outcomes

MeTA principles suggest that recipients of services will demand various rights, data, information, etc. The MOH and PRA may face a challenge of having to meet these new needs

6.2.5 Financing change

These challenges also apply to cooperating partners who partner the MOH in implementing and managing the health sector. To what extent are donor institutions, the local and international NGOs willing to face up to transparent, accountable and responsible ways of operations?

The global financial meltdown is another big challenge which could reduce funding from international donors.

6.2.6 Limited Information

There is limited information to the public on matters of transparency and accountability in medicines supply and procurement systems. With revelations on corruption in the Ministry of Health, some health personnel are very cautious on giving out any information.

6.3 External Factors

6.3.1 Pressure from the community

The public and private health sectors shall face external demands for changes in operations in line with positions being taken under MeTA. There will be pressure to conform and live up to espoused standards in all sectors (public, private and donor communities). That external pressure will require positive and constructive engagement by all parties, with the public.

6.3.2 Pressure from donor institutions

While a number of donors remain to get on board the MeTA initiative, the objective of MeTA is close to all current and potential donors. Recipient governments on MeTA will be expected to put in place arrangements that improve on accountability, transparency, etc. Those failing to do so are likely to face steps that may lead to reduction in support.

7. Management arrangements

7.1 Establishment of National Secretariat

Transparent International Zambia is the national MeTA Secretariat. An Intern and a Coordinator have since been recruited. The national workplan has budgeted for recruitment of another Intern, due to the amount of work involved.

7.2 MeTA Council

This is the governing council that oversees the implementation process of the workplan, as well as monitors the performance of the national secretariat (consists of stakeholders from government, CSOs and private sector). There are 30 members however; there is varying degrees of commitment amongst the members, which is posing a challenge in the implementation of programme activities.

7.3 MeTA Council Sub-Committees

The MeTA Council established four sub- committees from within and outside the MeTA Council membership, to deal with specific issues. The Meta Council identified priority areas in the work plan for these sub-committees. As mentioned earlier, the sub-committee membership will be reconstituted during the year, for reasons highlighted earlier. The sub-committees will also meet regularly to facilitate reporting to the MeTA Council, the sub-committees will hold their meetings before the MeTA Council meeting.

7.4 MeTA Council Forum

General discussions and feedback on issues of transparency and accountability concerning amongst others, accessibility, availability, affordability of medicines, will be tabled under the MeTA forum. Stakeholders from a cross section of society will be invited to these meetings that will be held bi-annually.

The MeTA Council will establish contact with stakeholders for participating in MeTA Forum.

8. Financial arrangements

The International MeTA Secretariat is providing £100,000.00 for the period October 1st 2009 to September 30th 2010 for the MeTA one year pilot in Zambia. Arrangements for the transfer of funds to the National Secretariat are detailed in the Memorandum of Understanding between the International MeTA Secretariat and the Zambian MeTA Council (through the Finance/Administration sub-committee).

TIZ MeTA national secretariat holds a separate stand alone account for the MeTA project in Zambia. It has been noticed that there is a need to strengthen the implementation of the MeTA financial guidelines by both the national secretariat and the MeTA Council.

9. Budget

See Appendix 1 on Page 17

10. Monitoring system

The ultimate output and outcomes will be that the objectives of the one year country workplan have been achieved. The International MeTA secretariat will work with the national MeTA secretariat at country level and agree on objectives and indicators for evaluation of the pilot project.

- National secretariat routine monitoring:

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- Financial monthly reporting by TIZ national secretariat to MeTA Finance/Admin sub-committee
- Progress reports of the working sub-committees every two months to MeTA Council
- Quarterly reports of TIZ national secretariat/MeTA Council to International MeTA secretariat

Appendix 1: Activity Based Budget

FINANCE AND ADMINISTRATION

Activity	Item	Unit	Qty	No. of days/session	Unit Price ZMK	Amount ZMK	Amount GBP @8000	% of budget
1.1 National Secretariat running cost	1.1.1 Salaries	Months	12	1	12,000,000	144,000,000	18,000	
	1.1.2 Office rental and running cost	Months	12	1	2,500,000	30,000,000	3,750	
	1.1.3 Communication (Internet/phones/courier)	Months	12	1	2,000,000	24,000,000	3,000	
	1.1.4 Internet set-up	days	7	1	1,000,000	7,000,000	875	
	1.1.5 Stationery and Printing	Months	12	1	166,667	2,000,000	250	
	1.1.6 Equipment	Units	1	1	10,000,000	10,000,000	1,250	
	1.1.7 Equipment maintenance costs	Months	12	1	500,000	6,000,000	750	
	1.1.8 Travel Expenses Incidentals	Days	20	1	1,000,000	20,000,000	2,500	
	1.1.9 Publication	publications	5	1	2,000,000	10,000,000	1,250	
	Sub-Total					253,000,000	31,625	67.9
1.2 MeTA Council Sub-Committee Meetings	1.2.1 Transport	days	35	12	135,000	56,700,000	7,088	
	1.2.2 Stationery and Printing	Months	12	1	166,667	2,000,000	250	
	1.2.3 Lunch	days	35	5.1429	60,000	10,800,000	1,350	
		Sub-Total					69,500,000	8,687
1.3 MeTA Council Meetings and Workshops	1.3.1 Transport/Fuel Refund	days	35	5.1429	135,000	24,300,000	3,037	
	1.3.2 Lunch	days	35	5.1429	60,000	10,800,000	1,350	
	1.3.3 Venue	days	6	1	500,000	3,000,000	375	
	1.3.4 Stationery and Printing	Months	6	1	333,333	2,000,000	250	
	1.3.5 Teas	days	12	1	600,000	7,200,000	900	
1.4 Reconstitution of sub-committees	1.4.1 Fuel/communication refunds	days	2	7	135,000	1,890,000	236	
	1.4.2 Lunch refund	days	2	7	60,000	840,000	105	
	Sub - Total					50,030,000	6,254	13.4
	TOTAL (Finance and Admin)					372,530,000	46,566	100.0

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COMMUNICATIONS

Activity	Item	Unit	Qty	No. of days/session	Unit Price ZMK	Amount ZMK	Amount GBP @8000	% of budget
2.1 Development of MeTA website	2.1.1 Website design/training	People	1	10	450,000	4,500,000	563	
	2.1.2 Website hosting	Months	1	12	300,000	3,600,000	450	
	2.1.3 Website maintenance	Months	1	12	500,000	6,000,000	750	
2.2 MeTA Forum Meetings	2.2.1 Transport	people	60	2	135,000	16,200,000	2,025	
	2.2.2 Stationery and Printing	Months	2	1	3,000,000	6,000,000	750	
	2.2.3 Lunch Teas/Venue	days	2	1	10,000,000	20,000,000	2,500	
	Sub - Total					56,300,000	7,038	22.7
2.3 Dissemination of findings from surveys/reports	2.3.1 Website content	Days	1	0	0	0	0	
	2.3.2 Press releases to various media	Days	12	0	0	0	0	
	2.3.3 Interviews of Chairperson	Days	1	0	0	0	0	
	2.3.4 Development of fact sheets (meeting costs (fuel refunds/lunch)	Days	10	10	93,600	9,360,000	1,170	
	2.3.5 Facts sheets - printing	qty	4000	1	1,000	4,000,000	500	
	2.3.6 Distribution of fact sheets to provinces	Days	8	1	62,500	500,000	63	
	2.3.7 Stationery and printing	months	12	1	1,000,000	12,000,000	1,500	
	2.3.8 ZANIS publicity	Days	5	5	50,000	1,250,000	156	
	2.3.9 Publication cost	Months	5	1	1,000,000	5,000,000	625	
	Sub - Total					32,110,000	4,014	13.0
2.4 Participation in national events (Trade Fair, Agriculture show)	2.4.1 Lusaka - Transport refunds/lunch	People	1	1	1,950,000	1,950,000	244	
	2.4.2 Ndola - Breakfast/lunch/dinner	People	1	4	518,000	2,072,000	259	
	2.4.3 Printing T-shirts	Qty	200	1	32,000	6,400,000	800	
	2.4.4 Accommodation	Days	1	4	960,000	3,840,000	480	
	2.4.5 Fuel refunds	People	4	4	118,125	1,890,000	236	
	Sub - Total					16,152,000	2,019	6.5

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2.5 Documenta ry, production and airing	2.5.1 30 min documentary	Inserts	1	20	1,750,000	35,000,000	4,375	
	2.5.2 Airtime 30 min	Inserts	1	2	6,000,000	12,000,000	1,500	
	2.5.3 North Western Airtime 15 mins	Inserts	1	14	321,429	4,500,000	562	
	Sub- Total					51,500,000	6,437	20.8
2.6 Make and distribute DVDs through ZANIS for public viewing in 5 pilot districts	2.6.1 Purchase DVDs	No.	200	1	1,000	200,000	25	
	2.6.2 Burning DVDs	No.	200	1	5,000	1,000,000	125	
	2.6.3 Distribute DVDs to 5 pilot districts	No.	200	1	2,500	500,000	63	
	2.6.4 ZANIS to show videos to public in 5 pilot districts	Days	5	2	500,000	5,000,000	625	
	Sub- Total					6,700,000	838	2.7
2.7 a) Developme nt and disseminati on of Citizens complaint/ feedback report cards	2.7.1 Printing of cards	No.	5000	1	1,000	5,000,000	625	
	2.7.2 Collection of cards	Days	1	1	250,000	250,000	31	
	2.7.3 Analysis of reports	Days	1	1	0	0	0	
2.7 b) Community sensitizatio n road shows	2.7.4 Hire of rig	Days	1	10	700,000	7,000,000	875	
	2.7.5 Fuel	Days	1	10	420,000	4,200,000	525	
	2.7.6 Crew	Days	4	10	200,000	8,000,000	1,000	
	2.7.7 Logistics/production	Days	1	5	560,000	2,800,000	350	
	2.7.8 PA System	Days	1	10	400,000	4,000,000	500	
	Sub - Total					31,250,000	3,906	12.6
2.8 Strengthening debate on medicines issues on community radio								
2.8 a) Stakeholder meeting for MeTA community radio station officials	2.8.1 Accommodation	Nights	12	2	697,500	16,740,000	2,093	
	2.8.2 Facilitators	People	2	1	1,200,000	2,400,000	300	
	2.8.3 Fuel refunds	People	12	1	250,000	3,000,000	375	
	2.8.4 Dinner	Days	12	2	90,000	2,160,000	270	
	2.8.5 Breakfast	Days	12	2	45,000	1,080,000	135	
	2.8.6 Lunch	Days	15	2	60,000	1,800,000	225	
	2.8.7 Teas	Days	15	2	40,000	1,200,000	150	

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	2.8.8 Venue	Days	1	1	900,000	900,000	113	
	2.8.9 Stationery	No.	1	1	1,000,000	1,000,000	125	
	Sub - Total					30,280,000	3,785	12.2
2.8 b) Production & airtime in Chongwe, Mkushi, Kabwe, Solwezi and Mwinilunga							2,250	
	2.8.10 Production and airtime	Days	6	13	230,769	18,000,000		
2.8 c) Radio programs in Lusaka on one radio station							687	
	2.8.11 Production and airtime	Days	1	14	392,857	5,500,000		
	Sub - Total					23,500,000	2,937	9.5
	TOTAL (Communication)					247,792,000	30,974	100.0

POLICY AND ADVOCACY

Activity	Item	Unit	Qty	No. of days/session	Unit price ZMK	Amount ZMK	Amount GBP @ 8000	% of Total Budget
PRA Orientation workshop to MeTA council	3.1.1 Refreshments and meals	person	35	1	100,000	3,500,000	438	
	3.1.2 Transport/Fuel refund/Communication	person	35	1	135,000	4,725,000	591	
	3.1.3 Venue	Hall	1	1	500,000	500,000	63	
	3.1.4 Fuel (Secretariat)	Liters	100	1	6,000	600,000	75	
	3.1.5 Facilitation	person	3	1	400,000	1,200,000	150	
	3.1.6 Communication	person	3	1	100,000	300,000	38	
	3.1.7 Stationery	Each	1	1	1,500,000	1,500,000	188	
	sub-Total						12,325,000	1,541
							0	
PRA seminars with Pharmaceutical stakeholders in Lusaka province	3.2.1 Refreshments and meals	Each	23	1	60,000	1,380,000	173	
	3.2.2 Transport/fuel refund/Communication	Each	20	1	200,000	4,000,000	500	
	3.2.3 Venue	Each	1	1	500,000	500,000	63	
	3.2.4 Fuel	Liters	100	1	6,000	600,000	75	
	3.2.5 Communication	person	5	1	100,000	500,000	63	
	3.2.6 Facilitation	Each	3	1	400,000	1,200,000	150	
	3.2.7 Stationery (Toners)	Each	1	1	2,450,000	2,450,000	306	

Draft MeTA National Workplan for Zambia

	sub-Total					10,630,000	1,329	11.1
							0	
PRA seminars with Pharmaceutical stakeholders in the Copperbelt province	3.3.1 Refreshments and meals	Each	30	1	100,000	3,000,000	375	
	3.3.2 Transport/fuel refund/Communication	Each	30	1	135,000	4,050,000	506	
	3.3.3 Fuel/transport (secretariat)	liters	50	4	6,000	1,200,000	150	
	3.3.4 Per Diems	days	4	2	281,250	2,250,000	281	
	3.3.5 Communication	days	2	5	50,000	500,000	63	
	3.3.6 Accommodation	person	5	3	320,000	4,800,000	600	
	3.3.7 Organising costs	days	3	1	100,000	300,000	38	
	3.3.8 Facilitation	person	1	3	400,000	1,200,000	150	
	3.3.9 Venue	Each	1	1	500,000	500,000	63	
	3.3.10 Stationery	Each	1	1	1,500,000	1,500,000	188	
	sub-Total					19,300,000	2,413	20.2
Support training in Quality Control procedures for Quality Control analyst	3.4.1 Hold consultative meetings with MoH	days	1	5	0	0	0	
	3.4.2 Write paper on dangers of fake medicines	days	1	10	195,000	1,950,000	244	
	3.4.3 Sponsor the assessment of costs for establishing lab study	days	1	10	1,560,000	15,600,000	1,950	
	3.4.4 Advocacy by MeTA MPs secretariat to speak with MoH/Parliament	person	1	10	195,000	1,950,000	244	
	3.4.5 Cultivate partners network	days	30	1	0	0	0	
		sub-Total					19,500,000	2,438
Support review of the National Drug Policy & Strategic Plan	3.5.1 Consensus meeting with stakeholders	days	1	12	135,000	1,620,000	203	
	3.5.2 Designing of revised NMP	copies	2500	1	2,496	6,240,000	780	
	3.5.3 Printing of revised NMP	days	1	1	16,000,000	16,000,000	2,000	
	3.5.4 Launching of revised NMP	person	1	1	10,000,000	10,000,000	1,250	
		sub-Total					33,860,000	4,233
	GRANT TOTAL					95,615,000	11,952	100.0

Draft MeTA National Workplan for Zambia

RESEARCH AND SURVEY

Activity	Item	Unit	Qty	No. of days/session	Unit Price ZMK	Amount ZMK	Amount GBP @8000	% of budget	
4.1 Conduct study on recommended Retail Prices (RRP) for medicines	4.1.1 Consultancy fees	days	1	20	1,130,000	22,600,000	2,825		
	4.1.2 Dissemination meeting	days	1	1	0	0	0		
	4.1.3 Place the RRP on website	days	1	1	0	0	0		
	4.1.4 Print brochures with RRP	Brochure.	2000	1	3,500	7,000,000	875		
	4.1.5 Distribute brochures on RRP	courier	72	1	70,000	5,040,000	630		
	4.1.6 Radio adverts of RRP	ads	20	1	1,250,000	25,000,000	3,125		
	<i>Facilitation fees</i>	days	1	1	0	0	0		
	Sub - Total						59,640,000	7,455	32.2
4.2 Conduct study on the impact of PRA increased fees on availability and accessibility of medicines	4.2.1 Hold consultations with PRA			0	0	0	0		
	4.2.2 Consultancy fees	days	1	15	1,530,000	22,950,000	2,869		
	4.2.3 Advocating for review of fees/equitable funding mechanism for PRA	days	1	30	250,000	7,500,000	938		
	4.2.4 Conduct consultative meetings with manufacturers, retailers, wholesalers	days	1	20	0	0	0		
	<i>Facilitation fees</i>	Hall	1	1	500,000	500,000	63		
	Sub - Total						30,950,000	3,869	16.7
							0	0	
4.3 Conduct META Disclosure Survey	4.3.1 Data collectors	people	5	10	380,000	19,000,000	2,375		
	4.3.2 Stationery	each	1	1	2,000,000	2,000,000	250		
	4.3.3 Report writing	days	2	4	1,000,000	8,000,000	1,000		
	4.3.4 Dissemination meeting	days	1	2	2,500,000	5,000,000	625		
	4.3.5 Facilitation	each	3	1	400,000	1,200,000	150		
	Sub - Total						35,200,000	4,400	19.0
							0		
4.4 Advocate for better medicines/dosages for children	4.4.1 Survey on availability and accessibility of pediatric formulations in Zambia	days	1	10	2,200,000	22,000,000	2,750		
	4.4.2 Position paper on availability and access to appropriate formulations/dosages	days	1	5	500,000	2,500,000	313		
	Sub - Total						24,500,000	3,063	13.2

Draft MeTA National Workplan for Zambia

4.5 Address the challenges of local manufacturers and impact of Intellectual Property Rights (TRIPS)	4.5.1 Identify and collate the challenges of manufacturers from past research and surveys	days	1	15	1,530,000	22,950,000	2,869	
	4.5.2 Based on findings, lobby MoH, MPs, and other stakeholders (seek audience and write letters)	days	1	20	600,000	12,000,000	1,500	
	4.5.3 Place information on website, fact sheets etc	ads	3	4	0	0	0	
	4.5.4 Mobilise manufacturers to write open letter to the president	letter	1	1	0	0	0	
	4.5.5 Use MeTA MPs for advocacy in parliament					0	0	
	Sub - Total					34,950,000	4,369	18.9
Grand Total					185,240,000	23,155	100.0	

Appendix 2 Workplan Activities

Activities	Description	Year 1 (Qtr 1 – 4)			
National Secretariat running cost	Salaries				
	Office rental and running cost				
	Communication (Internet/phones/courier)				
	Internet set-up				
	Stationery and Printing				
	Equipment				
	Equipment maintenance costs				
	Travel Expenses Incidentals				
	Publication				
	Sub-Total				
MeTA Council Sub-Committee Meetings	Transport				
	Stationery and Printing				
	Lunch				
	Sub-Total				
MeTA Council Meetings and Workshops	Transport/Fuel Refund				
	Lunch				
	Venue				
	Stationery and Printing				
	Teas				
MeTA Forum Meetings	Transport				
	Stationery and Printing				
	Lunch Teas/Venue				
Reconstitution of sub-committees	Fuel/communication refunds				
	Lunch refund				
	Sub - Total				
	TOTAL (Admin and Policy)				
1.1 Development of MeTA website	1.1.1 Website design/training				
	1.1.2 Website hosting				
	1.1.3 Website maintenance				

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	Sub - Total				
1.2 Dissemination of findings from surveys/reports	1.2.1 Website content				
	1.2.2 Press releases to various media				
	1.2.3 Interviews of Chairperson				
	1.2.4 Development of fact sheets (meeting costs (fuel refunds/lunch)				
	1.2.5 Facts sheets - printing				
	1.2.6 Taking/sending fact sheets to provinces				
	1.2.7 ZANIS publicity				
	Sub - Total				
1.3 Participation in national events (Trade Fair, Agriculture show)	1.3.1 Lusaka - Transport refunds/lunch				
	1.3.2 Ndola - Breakfast/lunch/dinner				
	1.3.3 Printing T-shirts				
	1.3.4 Accommodation				
	1.3.5 Fuel refunds				
	Sub - Total				
1.4 Documentary, production and airing	1.4.1 30 min documentary				
	1.4.2 Airtime 30 min				
	1.4.3 North Western Airtime 15 mins				
	Sub- Total				
1.5 Make and distribute DVDs through ZANIS for public viewing in 5 pilot districts	1.5.1 Purchase DVDs				
	1.5.2 Burning DVDs				
	1.5.3 Distribute DVDs to 5 pilot districts				
	1.5.4 ZANIS to show videos to public in 5 pilot districts				
	Sub- Total				
1.6 Development and dissemination of Citizens complaint/feedback report cards	1.6.1 Printing of cards				
	1.6.2 Collection of cards				
	1.6.3 Analysis of reports				
Community sensitization road shows	1.6.4 Hire of rig				
	1.6.5 Fuel				
	1.6.6 Crew				
	1.6.7 Logistics/production				
	1.6.8 PA System				
	Sub - Total				

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1.7 Strengthening debate on medicines issues on community radio					
1.7 a) Stakeholder meeting for MeTA community radio station officials	Accommodation				
	Facilitators				
	Fuel refunds				
	Dinner				
	Breakfast				
	Lunch				
	Teas				
	Venue				
	Stationery				
	Sub - Total				
1.7 b) Production & airtime in Chong we, Mkushi, Kabwe, Solwezi and Mwinilunga	Production and airtime				
1.7 c) Radio programs in Lusaka on one radio station	Production and airtime				
	Sub - Total				
	TOTAL (Communication)				
2.1 PRA Orientation workshop to MeTA council	2.1.1 Refreshments and meals				
	2.1.2 Transport/Fuel refund/Communication				
	2.1.3 Venue				
	2.1.4 Fuel (Secretariat)				
	2.1.5 Facilitation				
	2.1.6 Communication				
	2.1.7 Stationery				
		sub-Total			
2.2 PRA seminars with Pharmaceutical stakeholders in Lusaka province	2.2.1 Refreshments and meals				
	2.2.2 Transport/fuel refund/Communication				
	2.2.3 Venue				
	2.2.4 Fuel				
	2.2.5 Communication				
	2.2.6 Facilitation				

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	2.2.7 Stationery (Toners)				
	sub-Total				
2.3 PRA seminars with Pharmaceutical stakeholders in the Copperbelt province	2.3.1 Refreshments and meals				
	2.3.2 Transport/fuel refund/Communication				
	2.3.3. Venue				
	2.3.4 Fuel (secretariat)				
	2.3.5 Per Diems				
	2.3.6 Communication				
	2.3.7 Accommodation				
	2.3.8 Organising costs				
	2.3.9 Facilitation				
	2.3.10 Stationery				
	sub-Total				
2.4 Support training in quality control procedures for quality control analyst	2.4.1 Hold consultative meetings with MoH				
	2.4.2 Write paper on dangers of fake medicines				
	2.4.3 Sponsor the assessment of costs for establishing lab study				
	2.4.4 Advocacy by MeTA MPs secretariat to speak with MoH/Parliament				
	2.4.5. Cultivate partners network				
	sub-Total				
2.5 Support review of the National Medicine Policy & Strategic Plan	2.5.1 Consensus meeting with stakeholders				
	2.5.2 Designing of revised NMP				
	2.5.3 Printing of revised NMP				
	2.5.4 Launching of revised NMP				
	sub-Total				
	TOTAL (Policy and Advocacy)				
3.1 Conduct study on recommended Retail Prices (RRP) for medicines	3.1.1 Consultancy fees				
	3.1.2 Dissemination meeting				
	3.1.3 Place the RRP on website				
	3.1.4 Print brochures with RRP				
	3.1.5 Distribute brochures on RRP				

Draft MeTA National Workplan for Zambia

	3.1.6 Radio adverts of RRP				
	<i>Facilitation fees</i>				
	Sub - Total				
3.2 Conduct study on the impact of PRA increased fees on availability and accessibility of medicines	3.2.1 Hold consultations with PRA				
	3.2..2 Consultancy fees				
	3.2.3 Advocating for review of fees/equitable funding mechanism for PRA				
	3.2.4. Conduct consultative meetings with manufacturers, retailers, wholesalers				
	<i>Facilitation fees</i>				
	Sub - Total				
3.3 Conduct META Disclosure Survey	3.3.1 Data collectors				
	3.3.2 Stationery				
	3.3.3 Report writing				
	3.3.4 Dissemination meeting				
	<i>Facilitation</i>				
	Sub - Total				
3.4 Advocate for better medicines/dosages for children	3.4.1 Survey on availability and accessibility of pediatric formulations in Zambia				
	3.4.2. Position paper on availability and access to appropriate formulations/dosages				
	Sub - Total				
3.5 Address the challenges of local manufacturers and impact of Intellectual Property Rights (TRIPS)	3.5.1 Identify and collate the challenges of manufacturers from past research and surveys				
	3.5.2 Based on findings, lobby MoH, MPs, and other stakeholders (seek audience and write letters)				
	3.5.3 Place information on website, fact sheets etc				
	3.5.4 Mobilise manufacturers to write open letter to the president				
	3.5.5 Use MeTA MPs for advocacy in parliament				
	Sub - Total				
4.0 Monitoring & Evaluation	4.1 Mid-Term review by Independent Consultant				

Appendix 3: List of Attendance at MeTA Council Meeting September 25th 2009

Name	Organis ation	Mobile/phon e	e-mail
1.Masautso phiri	MISA	0977607282	yakudanjawa@yahoo.com
2Lutangu Ingombe	Unza	0979326864	Lutangu.ingombe@unza.zm
3.Rickson Kanema	Zyafac	0977347448	Zyafac2003@yahoo.com
4.Stanley Mulenga Kolala	TIZ	0979260067	smulengakolala@yahoo.com
5.Prescious Zulu	Zaca	0977303315	zaca@zamnet.zm
6.Rose Sichelwe Dimuna Phiri	ZARAN	0979092885	dimunaphiri@gmail.com
Mary Lungu	MTI	097745165	lungumary@gmail.com mlungu@mcti.gov.zm
Ruth Mudando	ZBPF	0955753616	rmwanamu@yahoo.com
Sakala Christopher	SCP ltd	0977779692	Sakala_cn@yahoo.co.uk
Anne Kapaya	FHT	0966435656	Annekapaya@yahoo.com
Oliver Hazemba	MSH	0977772438	ohazemba@msh.org
Raymond Mutale	TI-Z	097327537	rmutale@tiz.org.zm
Stuart Nsana	Tiz		snsana@tiz.org.zm
Violet Kabwe	MeTA Consult ant	0977755796	Kabwe@gmail.com
Julie Munsaka	MeTA Intern	0977541205	jlmunsaka@yahoo.com
Mwansa Shibemba	TIZ	0977761878	mshibemba@tizambia.org.zm
Mr. Nsofwa	TIZ		nsofwa@tiz.org