

Medicines Transparency Alliance

International Secretariat, 112 Malling Street, Lewes, East Sussex, BN7 2RJ, United Kingdom
Tel: +44 1273 486861 Fax: +44 1273 478485



Inaugural Meeting

MeTA International Advisory Group (MIAG) 16 September 10am – 4pm

MIAG Participants

Taher Abu Samen	Jordan MeTA Representative
Eduardo Banzon	Philippines MeTA Representative
Richard Calland	Institute for Democracy in South Africa (IDASA)
Armin Fidler	World Bank
Robin Hodess	Transparency International (TI)
Ton Hoek	International Pharmaceutical Federation (FIP)
David Jamieson	Supply Chain Management
Richard Laing	World Health Organization (WHO)
John McHale	Pioneer Investments
Stephanie Meredith	The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
David Ofori	Ghana MeTA Representative
Eva Ombaka	Ecumenical Pharmaceutical Network (EPN)
Mavis Owusu-Gyamfi	Department for International Development
Madike Seye	GlaxoSmithKline
Dilip Shah	Indian Pharmaceutical Alliance (IPA)
Sophia Tickell (in the Chair)	Chair, MIAG & Chairperson, SustainAbility

MIAG Observers

Danny Graymore	Department for International Development (DFID)
Geraldine Murphy	Department for International Development (DFID)

MeTA Secretariat

Wilbert Bannenburg	Technical Director
Elodie Brandamir	Secretariat Manager
Andrew Chetley	Communication and Capacity Strengthening Director
Garth Singleton	Interim Executive Director

In Attendance

Kate Timperley	SustainAbility (taking notes)
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1.1 Welcome and Introductions

The Chair opened the meeting by thanking the MIAG members for their attendance – in particular those who had travelled a long way to be present, such as the representatives from the MeTA pilot countries. She noted that Stephanie Meredith was in attendance for the IFPMA, acting as proxy for Director, Alicia Greenidge.

She noted that the meeting would be run under the Chatham House Rule and would be recorded with an Aide Memoire to be posted on the MeTA website, together with the presentations made during this meeting.

The Chair underlined the role of the MIAG as analysing, synthesising and providing input at a country level, providing counsel and advice to call out key issues, lessons to learn and macro trends that may have an influence on MeTA (to be passed to the Secretariat or to the MeTA Management Board MMB).

1.2 Secretariat Progress Report

Andrew Chetley, Communications and Capacity Strengthening Director of MeTA

AC underlined his hope that the MIAG could build on its body of knowledge and experience to help MeTA find a common language, sharing ideas, and discuss how to build links with other initiatives that impact on the global pharmaceutical industry and wider society.

AC updated the group on progress in the MeTA pilot countries, noting that it is a complex and non-linear change process. Multi-stakeholder collaboration is new for many, meaning that it is taking time to build relationships, trust, discussion and insight

He noted the MeTA Secretariat's desire to create a culture of mutual accountability and problem solving, able to engage new stakeholders with influence across a range of disciplines. And he reinforced its desire to support the creation and implementation of systems and ideas to leverage long term societal change and ultimately transparency and best practice for all.

He underlined the key issues on which the MeTA Secretariat felt the IAG might provide input:

- The need to acknowledge and support national diversity while encouraging information disclosure on an international level;
- Provision of advice on the best strategic approaches to finding common ground for the multiple bottom lines in play for MeTA (including on how to manage trade-offs);
- Help define 'what success looks like' for MeTA projects both now and in at the end of the pilot phase.

During subsequent discussion, the MIAG expressed the view that MeTA would benefit from:

- A clearer definition of success: MeTA would be stronger if it was more clear about what success looks like in the short and long term; was clearer about the nature of the 2 year pilot phase (is the underpinning MeTA philosophy a hypothesis to be tested and if so, what happens if it fails?) And finally, it encouraged the identification of benchmarks to measure progress during the course of the project.
- Building links with other initiatives through the global Secretariat.
- The provision of more data on medicines transparency on the MeTA website (both from and to the pilot countries) including information about pricing systems and means of obtaining reliable data.
- Greater clarity about how it plans to support moves from having the right players and governance structures in the national MeTA Forums to systematic disclosure, transparency and information disclosure. The MIAG noted that it may have particular expertise to offer on this issue.
- A more iterative exchange between the MIAG and the Secretariat about progress between meetings and the ability of the MIAG to provide ad hoc advice and counsel on request.
- Greater publicity about MeTA aims, objectives and progress to maximise involvement.

The Chair asked the pilot countries what they see as the single most significant challenge in the creation of the in-country MeTA structures.

Philippines noted that previous work with the WHO to push transparency and accountability means that the process has moved quickly. The biggest challenge has been to subsume pre-existing work into MeTA and create a joint agenda. However, MeTA has been successful in bringing together many different

stakeholders, acting as a safe discussion forum for industry, government and civil society organisations. The next key challenge is to establish a joint agenda and priorities that will engage so many stakeholders.

Jordan noted the active government involvement in Jordan's MeTA process as a strength and highlighted the challenge of prioritising from so many competing agendas. It is also important to ensure that each stakeholder has an equitable stake in the MeTA process, given that they come from very different power bases.

Ghana confirmed that the building blocks are in place and that the key challenges have been identified. There is interest to understand more clearly the authority that the locally established MeTA group will have and raised the question as to how to sustain the process beyond the pilot phase.

2 Multi-Stakeholder Working: Lessons from the Front Line

Richard Calland made a presentation about multi-stakeholder working which provoked a discussion amongst the MIAG members about the key aspects of successful, consensus forging, multi-stakeholder initiatives. These are:

- The importance of an agreed common purpose and mandate.
- Establishment of rules to achieve that common purpose.
- Ensuring the right process to achieve that common purpose.
- Having the right content to achieve that common purpose.
- Establishing the key deliverables for that common purpose.
- Validation and sufficient disclosure of the information into the public domain to ensure enough trust and transparency of the process of achieving that common purpose.
- The existence of sanctioning measures within the process to address lack of compliance.

The MIAG also made the following comments about multi-stakeholder working as being particularly pertinent to MeTA:

- The importance of clearly defining the nature of the representation of those represented on the national MeTA forums.
- The need to set sufficient rules and guidelines to create a level playing field for all participants.
- The need to develop selection criteria to result in the correct balance of stakeholders within MeTA (e.g. patients as well as health activists) and establish whether the MIAG should play a role in suggesting the type of community stakeholder groups from which MeTA participants should be selected to ensure that correct balance.
- To ensure the right size of forum for MeTA in each pilot country to balance inclusiveness and effectiveness.
- To ensure the highest quality of information and process for discussion within each MeTA forum, perhaps via capacity building programmes and extensive use of the website.
- To recognise that consensus will not be achievable on every issue and the importance of acknowledging that on some issues the group is likely to have to agree to disagree.
- To maximise the potential of the MeTA website by validating and disclosing the most reliable data on access to medicines.
- Support for the idea of a capacity building, resource and support programme for civil society organisations to identify how they might better engage with MeTA (and other similar initiatives)
- A view was expressed that pilot countries might each develop national codes of conduct for marketing that all pharmaceutical companies and their distributors would have to adhere to.

3 The Emerging Markets – Healthcare Need and Commercial Opportunity

The Chair noted that this session was designed to explore wider trends within the global healthcare market place - and the growth in emerging markets in particular – and the impact such trends might have on MeTA's work.

John McHale made a presentation on how the market currently views the emerging pharmaceutical markets and identified the following key trends in emerging markets:

- The ongoing need for more equitable access to quality medicines.
- The complexity of healthcare systems in emerging markets, with a mix of public and private healthcare provision, a factor that will make supply chain transparency difficult to achieve.
- The recent trend of all major pharmaceutical companies to seek growth in the new commercial opportunities of emerging markets – estimated to reach 50% of global pharmaceutical sales growth by 2030.
- The highly unequal wealth distribution in emerging markets.
- Discussions about fixed and tiered pricing within this context.
- Ongoing controversy about intellectual property enforcement in emerging markets and its impact on access to affordable medicines.
- The growing tendency of payers for pharmaceutical products to ask for a clear demonstration of value for money for drugs and devices.
- The increasingly acrimonious discussions about counterfeit and sub-standard medicines and the perception – not agreed by all – that there is an unhelpful attempt to obfuscate the difference between counterfeit and generic medicines.
- The growing number of advanced market commitments to provide incentives to create products for poor people.

The MIAG also commented on the following key issues around trends in emerging markets as particularly pertinent to MeTA:

- MeTA is in a strong position to advocate for access to quality medicines by pushing for increased transparency of regulatory data
- MeTA could use its website to publicise existing public information on pricing, reimportation, mark-ups and market inefficiencies.
- MeTA could play a key role in addressing the issue of sub standard and counterfeit drugs by pushing for better quality control and disclose information about price differentials paid by patients – mainly by better disclosure of information.
- MeTA could usefully look into issues of access and highlight the health needs of those unable to attend medical centres as revealed in household surveys.

4 Corruption Risks in the Healthcare Marketplace: Why Transparency Is the Right Medicine

The Chair noted that she wished to establish the key issues around corruption to establish the most useful role for MeTA and the MIAG and the most effective point at which they might intervene. Robin Hodess made a presentation which was followed by a discussion of the following points concerning corruption and its impact on healthcare:

- That it undermines achievement of human development and puts lives at risk
- That key risk areas are regulatory policies, price, quality, and procurement data.
- That information provision needs to be reinforced by steps to ensure that it is used and absorbed to change policies and practices.
- That there is a body of evidence that shows that greater transparency in healthcare systems reduces corruption and increases access to medicine.

The MIAG also commented on the following key issues around trends in corruption:

- That a MeTA approach designed to support health systems could play an important role
- That efficient record-keeping in procurement, distribution and health delivery points can make a vital difference to tackling corruption
- That if procurement is almost solely price driven it makes it very difficult to drive corruption from the system. Systems need to be able to support quality as well as price

- At the point of selection in tendering and pre-qualification it is not uncommon for payments to be made to ensure that a product has a place in the system
- It was noted that customs entry ports tend to be a particular point of weakness
- That post-registration, the medicines supply chain becomes increasingly decentralised, making corruption harder to combat.
- It was pointed out that in the US and Australia companies are being encouraged to publish marketing expenses. MeTA countries could benefit from a review of in-country marketing practices, including those of national companies
- There is already substantial information in the public domain around corruption, and that MeTA might play a useful role in identifying and endorsing international best practice guidelines and publicising them on the website
- The publication of public sector assets could make a significant difference.
- MeTA should also address the “normalisation of corruption”, points in the system where it has become normal to pay for preferential treatment: e.g. the hospital rebate system
- Conflicts of interest should be published on national MeTA websites.
- MeTA will need specifically to address the information needs of the many people who do not have access to the internet
- It was acknowledged that more information from pilot countries would permit the MIAG to provide the most useful input and counsel.

5 Conclusions

The MIAG was aware of its role to provide advice, counsel and support to the Pilot Countries, the Secretariat and the MMB, It offered the various suggestions made at the meeting, and recorded in these notes, in this spirit. The MiAG also noted that it hoped to make its comments more specific to the needs of each pilot country as MeTA becomes more established in each one, and so would welcome detailed reports from pilot countries to make such comments possible. It would also be helpful to the MIAG going forward to have a response from the Secretariat on which of these proposals it finds useful and plans to take forward.

6 AOB

The MIAG has undertaken to meet four times in the two year pilot phase of the project – the next meeting is proposed for April 09, with two further meeting in FY 09/10.

That the Secretariat will undertake to interact with MIAG members every six months via an update on progress, to which MIAG members can respond and comment should they so wish.

The Secretariat will provide further information about the location of the next meetings for feedback.