

Medicines Transparency Alliance

Annual Review 2009/2010



Effecting Change





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Contents

Foreword	3
Introduction	4
The Medicines Transparency Alliance in action ...	5
Structure	5
Pilot countries	5
International support and activity	7
Country Updates	8
Ghana.....	8
Jordan.....	9
Kyrgyzstan.....	10
Peru.....	11
Philippines.....	12
Uganda	13
Zambia	14
Looking Forward	15

Foreword

The Medicines Transparency Alliance (MeTA) was launched in May 2008 with the aim of improving access and affordability of medicines for people, often the poorest, who are unable to access essential medicines due to high cost or local unavailability. In order to achieve this, it has created a unique collaboration between governments, the private sector and civil society in seven countries around the world.

These seven pilot countries – Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia – have moved, in two years, from ideas and discussion to decisive action.

Last year's Annual Review was entitled 'Laying the Foundations'. It acknowledged that the first year of this important programme was focused, in each country, on getting the basics right. Each country made a commitment to make information about the supply of essential medicines clear and available and, where necessary, implement reforms to their health systems. They agreed to bring together their government, the private sector and civil society organisations and create an environment of trust. They undertook to identify the changes that needed to be made and create a plan of action to which everyone was committed.

By the end of the first year, each of the pilot countries had achieved many of these objectives. The second year has seen action plans being developed and translated into real activity – which is already effecting genuine and positive change.

This review will chart the progress of the pilot countries over the last 12 months. It will look at the issues they have faced, the activity that is now taking place, the achievements that have been made and the lessons that have been learnt.

This document will tell seven unique stories – they are seven unique countries facing distinctive challenges. But it will also consider the story of the Medicines Transparency Alliance as a whole. What experiences and achievements have been shared? What elements might be changed in the future? What advice and support can these pilot countries offer each other and the rest of the global health community?

The importance of action in this area cannot be overstated. Across the globe, one person in every three – about two billion people – lacks access to essential medicines. Millions die every year from illnesses such as malaria, pneumonia and diarrhoea – which can be cured with the timely use of appropriate medicines.

The Medicines Transparency Alliance is effecting real change – and, ultimately, this change will save lives.

“This review will chart the progress of the pilot countries over the last 12 months. It will look at the issues they have faced, the activity that is now taking place, the achievements that have been made and the lessons that have been learnt.”



Brian Elliott

Executive Director, International MeTA Secretariat

Introduction

“The Medicines Transparency Alliance has provided a unique opportunity for governments, civil society and the private sector to improve the quality of information available about medicines in seven pilot countries, and to use this to drive more accountability for getting quality, affordable medicines to the people who need them. Bringing diverse interests together can be challenging, but countries and the international MeTA partners – the Secretariat, DFID, WHO and the World Bank – have worked hard and are now beginning to see results.”

Department for International Development, UK



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The Medicines Transparency Alliance is funded by the United Kingdom’s (UK’s) Department for International Development (DFID) and is supported by the World Bank and the World Health Organization (WHO). It was initiated as a response to the United Nation’s Millennium Development Goals (MDGs).

These goals, to be achieved by 2015, were adopted by 189 world leaders and signify an international commitment to reduce poverty and hunger, and to tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation.

Millennium Development Goal 8:

Develop a global partnership for development.

Target 8.e: In cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries.

Millennium Development Goal 8.e deals directly with increasing access to essential medicines. It recognises that health is a fundamental human right and that access to healthcare, including access to essential medicines, is a prerequisite for realising that right. It also recognises that achieving the MDGs will require a partnership of governments, the private sector and civil society.

For a third of the world’s population, essential medicines are often unavailable through their public health systems. They are usually unaffordable from private vendors. They are sometimes inappropriately prescribed. They may be sub-standard or counterfeit.

These problems are often due to a failing somewhere in the medicines supply chain. This could be poor planning, logistics, corruption or bureaucracy. Or it could be the number of links in the chain – the more hands and processes the medicine passes through, the more opportunities there are for mismanagement, mark-ups or unethical practices to take place.

The Medicines Transparency Alliance proposes the hypothesis that making the links in the medicines supply chain transparent and giving the public access to information on the price, availability and quality of medicines will clarify responsibilities and accountability and offer better informed choice to the consumer. The systems for delivering and accessing these medicines will then become more efficient and the cost of medicines will come down. Achieving this level of transparency requires the collaboration of a nation’s government, businesses and civil society organisations (CSOs).

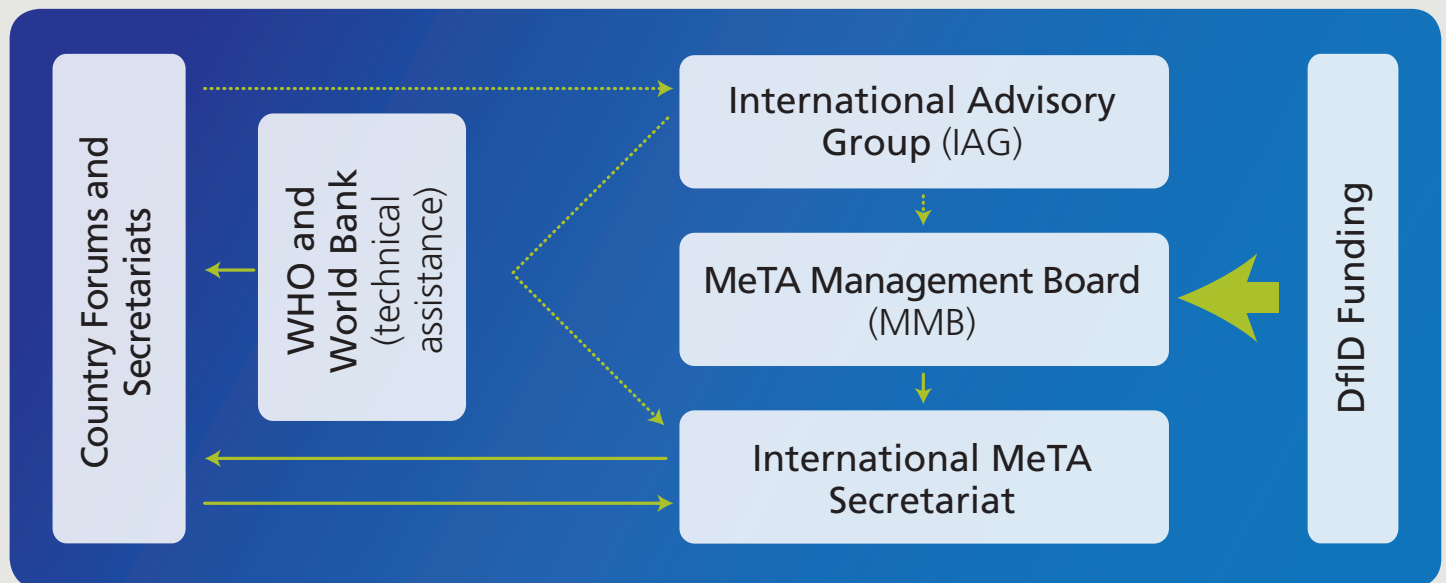
The seven pilot countries of the Medicines Transparency Alliance have established this collaborative working; they are in the process of identifying the weaknesses in their medicines supply chains and they are taking action to disclose relevant information, raise public awareness and rectify problems in the supply of essential medicines. This activity has not been without its challenges, and while this review will look at the excellent progress the countries have made, in a number of different areas, it will also consider the lessons that have been learnt and the challenges that lie ahead.

“MeTA is a unique opportunity to support countries for the establishment of reliable systems to generate and analyse pharmaceutical sector information and ensure that this information is accessible to policy makers, health professionals and the public and that it contributes to better health in countries.”

World Health Organization

The Medicines Transparency Alliance in action

The structure



The International MeTA Secretariat

The International MeTA Secretariat coordinates, organises, promotes and supports the implementation of the Medicines Transparency Alliance at the global level. It channels technical and financial support to the pilot countries, maintains contact with all national stakeholders, strengthens capacity, organises global and regional meetings of working groups, and services the global governance structures.

The MeTA Management Board (MMB)

Chaired by DFID, the MeTA Management Board is a core group of the founding partners – DFID, WHO and the World Bank. The MeTA Management Board provides overall guidance for the programme and agrees the support to be provided to participating countries through the International Secretariat.

International Advisory Group (IAG)

The International Advisory Group is an advisory body that supports the overall work of the Medicines Transparency Alliance, with a particular commitment to its transparency and accountability goals. It consists of elected representatives of each pilot country and a number of experts drawn from international organisations, academia and the private sector.

The pilot countries

The seven pilot countries of the Medicines Transparency Alliance are very different. Their populations, health systems, government structures and funding structures are all unique. The project has been responsive to these existing structures. As a result, the way the Medicines Transparency Alliance has been established and the rate at which certain elements of the programme have progressed have varied from country to country. However, a number of fundamental elements have been established in every country.

Country Forums, MeTA Councils and Secretariats

- **MeTA Forum:** Each of the pilot countries has established a national multi-stakeholder forum. The MeTA Forum, which meets annually, consists of a wide representation of all stakeholders and other parties interested in access to essential medicines.
- **MeTA Council:** The national MeTA Councils, which govern the MeTA process in each country, meet regularly and oversee the implementation of the MeTA programme. They have greatly facilitated the debate on national issues and priorities and every MeTA Council

has agreed and is implementing a work programme, intended to further the aims of the Medicines Transparency Alliance in their country.

The make-up of these Councils is not uniform across the pilot countries but they all include the principal public, private and civil society actors. Membership is drawn from a combination of representatives from:

- Government – Ministry of Health, Drug Regulatory Authority, National Procurement Agency, National Health Insurance body
- Business – domestic manufacturers, generic and brand-name pharmaceutical companies, wholesalers and retailers
- Professional groups – doctors, nurses and pharmacists
- Civil society – community, patient, health, consumer, good governance and transparency groups, media, faith-based organisations and academics
- Donors
- International agencies
- **MeTA Secretariat:** The development and implementation of each country's work programme is coordinated by a national secretariat, which reports to the MeTA Council and the International MeTA Secretariat in the UK.

Baseline Medicines Data Surveys

As a first step in the implementation of these work plans, each country – supported by the International MeTA Secretariat – is undertaking a review of their pharmaceutical sector, beginning with a baseline situation analysis.

This baseline assessment enables country-specific indicators to be identified, which are then used to track progress and demonstrate the levels of engagement of different stakeholders to the Medicines Transparency Alliance process. It will also allow evaluation of how MeTA has supported improved access to medicines in the participating countries beyond the pilot phase.

Three key components to this assessment have been identified. They are being applied differently in each country depending on the national situation and available resources. These components are:

- **Component One:** An inventory of existing pharmaceutical sector data that is then made publicly available.
- **Component Two:** An indication of the degree of community access to essential medicines, through healthcare facility and household surveys.
- **Component Three:** An indication of the quality of the multi-stakeholder process, which includes a 360-degree assessment of the existing levels of engagement.

To assist the pilot countries in this process, the International MeTA Secretariat and WHO have worked with the WHO Collaborating Centre in Pharmaceutical Policy at Harvard University and the Institute for Development Studies (IDS) to develop and provide a set of tools, technical assistance and additional resources to country groups.

As part of Component One, a data disclosure survey tool was shared with all MeTA pilot countries at the end of July 2009 and this disclosure survey has now been completed in all seven countries. The second element of

Component One – a pharmaceutical sector scan – has also been completed in the Philippines and Ghana and is on-going in the other five countries.

Component Two, the household and health facility survey, has been conducted in Ghana, Jordan, the Philippines and Uganda to date. Component Three, a review of multi-stakeholder working, has been conducted in the Philippines and Uganda and is ongoing in Jordan, Peru and Zambia.

A broader toolkit to assist countries in conducting their baseline assessments and pharmaceutical sector reviews, developed by MeTA and its partners, is being collated and will be made publicly available by the International MeTA Secretariat in the near future.

“The Medicines Transparency Alliance has been highly synergistic with the World Bank’s effort to strengthen health systems in low and middle-income countries, by improving governance in the pharmaceutical sector and addressing inefficiencies in procurement and distribution of essential medicines. The multi-stakeholder approach is helping to engage the private sector in a more constructive way to support the overall health policy agenda.”

World Bank

Engaging the private sector

The Medicines Transparency Alliance seeks to ensure consistent availability to patients in developing countries of affordable, high quality medicines and also to ensure that these medicines are ethically promoted and sold. In order to achieve these aims it is imperative that the private sector is actively engaged, both in the pilot countries and at the international level.

The private sector – which consists of manufacturers, importers, wholesalers, distributors and retailers – is the prime actor in the essential medicines supply chain in many countries. As much as 80% of all essential medicines are sold on the private market. Weaknesses in the supply chain can impact very heavily on the

price, quality, and availability of medicines. Through the process of data disclosure these weaknesses can be identified and, through the multi-stakeholder discussion and analysis process, solutions can be proposed and agreed.

The private sector in the pilot countries is asked to:

- share prices and make essential medicines as affordable as possible
- publicise the codes of ethical promotion which they apply and promote
- engage in the debates on how these codes can be improved and more widely applied
- assist in the diagnoses of problems around availability, together with the other stakeholders, and seek joint solutions and policy updates

- work proactively with Drug Regulatory Authorities (DRAs) to improve quality – by providing intelligence, identifying and naming providers of sub-standard products and assisting DRAs to strengthen their capacity to improve quality.

The level of private sector engagement differs from country to country – some national forums are still seeking greater participation. However, there is a growing recognition within the industry of the widespread advantages of being involved in the Medicines Transparency Alliance process and the engagement to date has allowed information to reach the public domain that would not have previously been available.

International support and activity

The International MeTA Secretariat provides direct country support and works closely with the national secretariats on their distinct technical and coalition-building issues. It also provides a number of crucial international services and resources, and it facilitates the global exchange of ideas, advice and support.

Toolkits

A series of toolkits are being developed to offer practical guides for anyone working on issues relating to the Medicines Transparency Alliance. Each toolkit covers a particular area of work and comprises a number of 'How to...' guides. The first of these, the Communications Toolkit, is made up of a series of concise documents which offer practical advice and guidance on all communications tasks – from drafting press releases and talking to journalists to conducting interviews and organising press conferences. A toolkit to help countries conduct pharmaceutical situation assessments is also being collated.

International and national forums

The International MeTA Secretariat seeks to create a continuous flow of information, advice and knowledge between the pilot countries and with the rest of the global health community. The fact that the countries are developing their programmes in different areas and at different rates has allowed for a valuable exchange of ideas, experiences and best practice. A number of national and international meetings and events have been organised to expedite this exchange. These include:

- **A Level Playing Field** – a consultative meeting for pharmaceutical representatives to learn and share their perspectives on MeTA (June 2009)
- **MeTA Country Sharing** – a three day meeting with representatives of the seven countries to share successes, challenges and lessons learnt to date (December 2009)
- **MeTA National Forums** – Jordan (November 2009), Ghana (December



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2009), Philippines (January 2010), Zambia and Uganda (May 2010), Peru and Kyrgyzstan (June 2010)

- **Pharmaceutical Policy Reform** – a Flagship Course developed by the Harvard School of Public Health and supported by the World Bank and the Medicines Transparency Alliance (January 2010)
- **Multi-Stakeholder Working** – a two-day workshop on the experience and challenges of multi-stakeholder working, facilitated by Wageningen University (January 2010)
- **Civil Society Capacity Strengthening** (Jordan) – a workshop on pricing, promotion and communication (March 2010)
- **MeTA Learning Exchange Visits** – MeTA has encouraged the pilot countries to learn from each other through learning visits. Jordan and Zambia visited the Philippines (April 2010) and Uganda, Jordan and the Philippines will visit Ghana (June 2010)
- **Capacity Building Workshops on Governance** – these are being held in collaboration with the Construction Sector Transparency Initiative (CoST) in Tanzania (May 2010 – MeTA Uganda attended), in Zambia (May 2010) and Ghana (June 2010)

The Medicines Transparency Alliance is also involved in other global events including the World Health Assembly (2009 and 2010) and the Global Health Council (2009 and 2010) as well as the International Pharmaceutical Federation (FIP) in Istanbul in 2009.

Notably, the Global MeTA Forum will take place in London from 29 June to 2 July 2010. It will be a four day programme of presentations, discussions and debates – where delegates from all stakeholder groups in the MeTA pilot countries will share their experiences, successes and challenges of the last two years.

“Something really exciting has happened in Uganda as a result of MeTA. The Government has invited the private sector to participate in the formulation of the next five-year strategic plan for pharmaceuticals in Uganda, which in the past we have never been involved with.”

Nazeem Mohamed
Co-chair of MeTA Uganda Council

Ghana

Population: c 23 million

Life expectancy at birth: 59 years

Public/private health expenditure per capita: US\$ 98 (2003)

UNDP Human Development Report 2006

Government health expenditure (as % of total health expenditure):

42.2% (2004)

WHO Health Statistics 2007



Country update: Ghana

Ghana has a mixed healthcare delivery system, with a wide range of public, private for-profit and private non-profit facilities. A National Health Insurance Scheme (NHIS) was introduced in 2003 with the aim of facilitating the provision of healthcare that is free at the point of delivery. Although utilisation of health services has increased significantly, the scheme faces significant challenges and is vulnerable to fraud – in part due to a lack of systematic analysis of National Health Insurance Authority (NHIA) data. Access to healthcare varies greatly across geographic areas and socioeconomic groups, and medicine quality remains an issue, with counterfeit and sub-standard medicines prevalent in local markets.

Priorities

The top priority of MeTA Ghana is to increase transparency in the medicines supply chain – focusing initially on factors affecting the quality of essential medicines and the sustainability of the NHIS.

In addition, the work plan supports a national civil society network, which is working to increase public understanding of issues such as medicines quality and patient rights.

Medicine quality assurance

In order to strengthen quality assurance of essential medicines, MeTA Ghana and the World Bank have funded and worked with the Ghana Food and Drugs Board to test antibiotics and other medicines using minilabs at sentinel sites around the country.

This work has contributed to the identification and recall of some sub-standard antibiotics. This was extensively covered in the national press and has raised public awareness about medicine quality.

Raising awareness

To build an effective advocacy network and a more informed citizenry or 'consumer base', the Ghana MeTA Civil Society group was formed. This group is currently focused on raising public awareness and advocacy capacity – taking

the country's significant regional, cultural and linguistic diversity into account.

Over the past year and a half, the civil society network has grown steadily – from a core team of just four CSO representatives to a diverse network of more than 100, covering all ten regions of the country.

Communication materials have been developed and translated into seven local languages. They are being used by community-based organisations and cover important health issues from a patient and community perspective, with an emphasis on consumer protection.

Health Insurance

MeTA is working alongside the NHIA to extract information from its electronic database according to agreed indicators. The electronic data are being validated with additional primary data on access, pricing and rational use collected from health facilities across three regions.

This joint data collection and analysis will help to inform evidence-based policies and help regulators to enforce existing laws and guidelines of the Ministry of Health.

Learning from experience

The Ghanaian experience has highlighted some valuable lessons, particularly in relation to creating successful and sustainable multi-stakeholder group dynamics and involving national institutions:

- group memberships need to be balanced, representative and formalised to ensure motivation and continuity, and to ensure that all communities are informed and empowered on medicines issues;
- the collaboration with national regulatory and health institutions, such as the Food and Drugs Board or the National Health Insurance Authority, as well as the private sector and civil society organisations is useful for all sides and will ultimately benefit the ordinary consumer.

“Over the past year and a half, the civil society network has grown steadily – from a core team of just four CSO representatives to a diverse network of more than 100, covering all ten regions of the country.”



Country update: Jordan



In Jordan, public funds account for around 55% of national health financing, while the private sector contributes 40% of funds and donors provide 5%. The biggest challenge in the public health sector is poor availability of essential medicines. Many medicines are only available from the private sector, where they can be up to ten times more costly than international reference prices, resulting in high out of pocket expenditure.

Priorities

MeTA Jordan established that the lack of essential medicines in the public sector stems mainly from a lack of rational planning and forecasting, and inefficiencies in the medicines supply chain. As a result, it has prioritised the improvement of the national system of selecting and prescribing essential medicines, as well as improving rational use of medicines.

In particular, the work plan focused on updating the national Rational Drug List using evidence-based criteria to identify or remove medicines.

Classification of medicines

The classification of medicines (restricted, unrestricted, authorised and unauthorised) in the Rational Drugs List has been reviewed. Transparent, detailed evidence-based regulations have been recommended for the implementation of the classification of medicines.

The Rational Drug List will be revised as part of the national work plan, helping to improve the purchase, supply and delivery of essential medicines in the public health system.

Standard Treatment Guidelines (STGs)

Gap and situation analyses for the availability and use of STGs in different health facilities in Jordan have been performed. Although some public institutions have STGs, no unified national STGs for the public sector exist.

Standard, evidence-based guidelines for the pilot treatment of essential hypertension have been developed by MeTA Jordan in collaboration with UK National Institute for Clinical Excellence (NICE), the World Bank and the UK Department of Health Global Strategy. As part of the wider strategy to improve the rational use of medicines by prescribers and patients and the availability of medicines, these STGs will also be piloted within public primary healthcare centres.

Learning from experience

A very positive outcome of the MeTA activity in Jordan has been the establishment of a successful working relationship with the Jordanian government. The Minister of Health is now looking to the MeTA Council for further input and guidance on national medicines policy.

Jordan

Population: c 6 million

Life expectancy at birth: 79 years

Public/private health expenditure per capita: US\$ 440 (2008)

UNDP Human Development Report 2008

Government health expenditure (as % of total health expenditure): 45.3% (2005)

Jordan National Health Accounts (NHA) 2007

“At the beginning, stakeholders were suspicious of the Medicines Transparency Alliance – whether involvement in the council would compromise them or their organisations in any way. When we started working together it became clear that this would not be the case. We are now pooling our experience, our knowledge, our skills and this enriches the implementation of the project.”

Dr Taher Abu Al Samen
Chair of MeTA Jordan Council, Secretary General of the High Health Council



Country update: Kyrgyzstan

Kyrgyzstan

Population: c 5.2 million

Life expectancy at birth: 69 years

Public/private health expenditure per capita: US\$ 161 (2003)
UNDP Human Development Report 2006

Government health expenditure (as % of total health expenditure): 59.1% (2004)
WHO Health Statistics 2007

“Civil society organisations are becoming more active in Kyrgyzstan through participating in MeTA. Recent developments include building stronger alliances with government officials and private sector stakeholders to carry out research on procurement processes at the local level.”

Burul Makenbaeva

Executive Director of an NGO for Mental Health and Society in Kyrgyzstan

Kyrgyzstan’s health system has undergone extensive and effective reform since national independence. The health sector is still trying to effectively meet the population’s health needs. A remaining issue is that patients frequently purchase their own medicines for operations and procedures – which are available locally but only from private outlets. There are concerns over the quality of some these medicines and the risks associated with self-medication.

Priorities

An over-riding priority for Kyrgyzstan is to ensure that continuing reforms are as responsive as possible and that new legislation to improve the quality and access to medicines is created and implemented effectively.

The Medicines Transparency Alliance in Kyrgyzstan has identified four specific activities in its work plan:

- ensuring easy access to information on medicines in the pharmaceutical market – regarding quality and regulation
- developing transparency instruments in regulatory practice
- establishing an effective multi-stakeholder alliance
- raising awareness on health issues to stimulate the rational use of medicines.

Medicine quality assurance

As part of the awareness campaign on counterfeit medicines, a Drug Quality Survey was initiated. Training on the use of mini-labs was conducted and samples have been collected for quality testing. In total, more than 400 samples have been collected in pharmaceutical outlets, selected at random, in the capital Bishkek, and 3 other major towns. The tests have been carried out by DRA QC laboratory and by trained staff from the Pharmaceutical Department of the Kyrgyz State Medical Institute. Initial results obtained from the Pharmaceutical Department indicate that there are some ‘questionable’ samples. These will undergo further analysis by an independent laboratory.

The results of the quality testing will inform the awareness campaign, scheduled for June 2010.

Establishing an effective multi-stakeholder alliance

Soon after the official launch of the national Medicines Transparency Alliance project in April 2009, it became apparent that the commitment and engagement of the civil society organisations would be more effective if they formed a coalition. The MeTA CSO Coalition was formalised in September 2009 and its launch, which outlined the MeTA aims and plans listed above, drew significant attention from local and national media – including four major news channels. As a result, the MeTA CSO Coalition gained substantial support and impetus and is now active in organising capacity-building training. It has also agreed with regional authorities to participate in the procurement of the medicines in one of the regions of the country.

Since the change of government in Kyrgyzstan – following the political uprising of 7 April 2010 – MeTA Kyrgyzstan has begun to involve private sector representatives in its discussions. The Association of Local Pharmaceutical Manufacturers and several private companies are now working with a MeTA expert group to look at existing pharmaceutical legislation and identify ways in which it might be adapted to create more transparency and accountability in the medicines supply chain. It is anticipated that this work will help to get more data in the public domain – benefitting both the businesses and, ultimately, the consumer.

Country update: Peru



Peru

Population: c 28.7 million

Life expectancy at birth: 70 years

Public/private health expenditure per capita: US\$ 233 (2003)
UNDP Human Development Report 2006

Government health expenditure (as % of total health expenditure): 36.2% (2007)
INEI – Encuesta Nacional de Hogares Anual 2004 – 2008

Peru is a country of approximately 29 million people. Of this population, about 36% lives in poverty and 13% lives in absolute poverty. Access to quality health and social services is limited to a relatively small proportion of the population, mostly concentrated in Lima, the country's capital. It is estimated that in 2007 approximately 50% of the population had no form of health insurance.

Access to essential medicines, particularly by the poorest segments of the population in rural areas is also limited. People often go without medicines or purchase needlessly expensive "alternatives" as a result of referring to private pharmacies. Accurate information about medicines prices does not exist.

Priorities

As a result, the major focus of MeTA Peru has been to significantly increase public access to information on medicine prices, strengthening the medicines supply chain in the public sector and increasing civil society vigilance on procurement and availability of medicines.

Data disclosure

In particular, MeTA Peru focused its efforts on developing a Price Observatory to give the public access to accurate information about medicine prices. Its specific contribution was in writing the draft legislation that would both acknowledge the Price Observatory nationally and require all medicine producers and sellers – both public and private – to publish their prices.

The Minister of Health signed the legislation for the Price Observatory in January 2010. It is now being prepared and soon a database of medicine prices will be accessible, which will allow the public to make informed choices about where to get their medicines.

With this new tool MeTA Peru has contributed to active participation in price checking on behalf of average citizens as well as by civil society groups who are monitoring prices and availability of medicines in the country. Finally, the expectation is that the Observatory will help to bring down prices, improving access to essential medicines among the population.

Learning from experience

MeTA Peru created the political space for this discussion and the impetus to make this a reality. They chose not to focus their efforts on the building of the Observatory itself but ensured that it was institutionalised, recognised and supported by the government and that it became a platform from which to ensure the transparency of both the public and private sectors. This has set an important precedent in the country as it sends a strong signal that both will be held accountable.



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Philippines

Population: c 91 million

Life expectancy at birth: 71 years

Public/private health expenditure per capita: US\$ 174 (2003)

UNDP Human Development Report 2006

Government health expenditure (as % of total health expenditure):

50.2% (2004)

WHO Health Statistics 2007

Country update: Philippines



“... now is the time to stop butting heads and start linking arms. It is not impossible to work out a united plan that will be acceptable for all, and in the end will benefit those who need it most”

Hon. Esperanza I. Cabral
M.D., Secretary,
Department of Health

The Philippines health system combines a tax-subsidised, decentralised network of public sector healthcare providers, with a large, predominantly urban private sector. The Philippines has undertaken significant health sector reforms in the past ten years with the aim of addressing problems of inequality and inefficiency.

However, progress in achieving universal health insurance has been slow and unequal. The poorest 30–40% of the population cannot afford access to essential medicines. There is low compliance with prescriptions for chronic conditions due to unaffordability, lack of social health insurance cover for outpatient medicines and a lack of awareness and acceptance of generic medicines. The public sector is more affordable than the private sector but some medicines are unaffordable in the public sector too.

Priorities

It is a national priority therefore to reduce the price of essential medicines and MeTA Philippines has focused its initial energies in this area. In particular, its work plan is centred on:

- making information available on medicines – including quality, registration, access, promotion and rational use
- setting up structures and systems for disclosure of information at the national and local government levels
- improving technical capacity for disclosing, analysing and using information and evidence in decision-making
- setting up mechanisms for advocacy and participation in decision-making processes.

Legislation

MeTA Philippines' Council members participated in the debates leading up to the ratification of the 'Universally Accessible Cheaper and Quality Medicines Act' of 2008 (Republic Act 9052). There was intense and often difficult debate between the perceived 'opponents'. Bringing the Council members together at this time (as

representatives of opposing stakeholder groups) was an achievement in itself.

The Act was signed into law by the President of the Philippines on 6 June 2008.

Multi-stakeholder engagement

MeTA Philippines has brought in private sector participation to its monthly Council and annual forums, and has supported the formation of an open civil society coalition – the Coalition on Health Advocacy and Transparency (CHAT). The forums have provided an opportunity for pharmaceutical sector monitoring and assessments to be presented, which has led to an informed and evidence-based debate among stakeholders on what policy recommendations are needed.

The Department of Health (DoH) has now adopted, for the first time, a multi-stakeholder advisory process for monitoring, consulting and obtaining advice on implementation of medicine price regulation.

A number of multinational companies have agreed to government-negotiated voluntary price reductions for some commonly prescribed medicines for chronic conditions.

In January 2010, the Philippines issued the first Good Governance for Medicines Award. This is a World Health Organization/ Good Governance for Medicines initiative which has been implemented by the DoH with the collaboration of MeTA Philippines.

Learning from experience

MeTA Philippines has found it challenging to strike the right balance between professional independence – which allows it to challenge the policies, performance and claims of the current administration – and involvement in MeTA of key government agencies responsible for medicines policies and management. It is now recognised that the most effective balance is likely to be different for different countries and could well change over time within any one country, including the Philippines.

Country update: Uganda



Over the past 14 years the Ugandan government has made considerable efforts to improve the capacity of the health sector, revive disease control programmes and re-direct clinical services to Primary Health Care. As a result, there have been a number of positive outcomes, including falling infant mortality rates and reduced HIV/AIDS prevalence.

However, continued improvement of the health system has been impeded by a number of factors. The most significant of these are the prevalence of preventable communicable diseases, the rapidly increasing demand for services (due to population growth and the effects of HIV and AIDS) and huge resource constraints.

Priorities

MeTA Uganda is focused on supporting the Government in its efforts to improve policy-making systems and to increase the accuracy and availability of publicly accessible information on essential medicines.

In particular, the work plan aims to:

- increase transparency and improve the governance of the pharmaceutical market – with particular regard to registration status, quality, price and mark-ups,

procurement processes, availability, and promotion practices

- improve access to National Drug Authority information.

Data disclosure

MeTA Uganda supported the National Drug Authority in making the database of registered medicines available on its website.

This database of registered medicines is now searchable online.

Learning from experience

It has become evident in a number of the pilot countries that the national political process can have a significant impact on the rate of progress and that national governments need to be engaged as early and as comprehensively as possible. Establishing trust among all of the stakeholders is crucial, particularly in facilitating the sharing of information. In Uganda, the government's engagement has been essential in building this trust and, in an unprecedented step, they have asked the private sector and civil society to participate in the formulation of the next five-year strategic plan for pharmaceuticals.

Uganda

Population: c 32.4 million

Life expectancy at birth: 52 years

Public/private health expenditure per capita: US\$ 75 (2003)

UNDP Human Development Report 2006

Government health expenditure (as % of total health expenditure): 32.7% (2004)

WHO Health Statistics 2007



“...national governments need to be engaged as early and as comprehensively as possible.”



Country update: Zambia

Zambia

Population: c 12.9 million

Life expectancy at birth: 38 years

Public/private health expenditure per capita: US\$ 51 (2003)
UNDP Human Development Report 2006

Government health expenditure (as % of total health expenditure): 54.7% (2004)
WHO Health Statistics 2007

“The MeTA Zambia publicity campaign has already raised the public’s awareness of their rights as patients and their entitlement to good quality, affordable medicine.”

The health sector in Zambia is liberalised and comprises of three broad categories of service provider:

- public/state-owned health facilities, providing over 60% of health services in the country
- faith-based health facilities under the coordination of the Churches Health Association of Zambia, providing around 30% of health services
- the private sector, providing around 10% of health services

Recent health reforms in Zambia aim to “provide equity of access to cost-effective, quality health care as close to the family as possible”. Under these reforms some significant changes have been made. Nonetheless the health sector is still subject to a number of weaknesses and continues to face some major challenges in the availability, affordability and access to medicines. This is particularly acute in rural areas where access to health services is impeded by distance, high treatment costs, poor infrastructure and low numbers of healthcare staff.

In addition, the general public are often unaware of the issues that affect the cost, the right to access and the availability of goods and services. They also do not know what to expect from service providers each time they attend a clinic, hospital or retail pharmacy outlet.

Priorities

In order to increase public awareness on these issues, MeTA Zambia has focused its initial efforts on a national awareness-raising strategy. It has a broad target audience which includes community members, private sector representatives, government officials and members of parliament.

Outreach programmes

To bring these issues to the community, MeTA Zambia initiated outreach programmes in two districts of the rural North Western province in August 2009. In early March 2010, three ‘road shows’ were also taken into local rural communities.

MeTA Zambia has also embarked on a national media campaign. Half hour programmes on community radio are being broadcast and a one hour live phone-in radio programme was organised, where local community members were able to discuss their concerns or ask questions about the MeTA Initiative.

For the urban populace, one live national TV programme was broadcast early March 2010 and weekly live radio programmes are running regularly.

The publicity campaign has already raised the public’s awareness of their rights as patients and their entitlement to good quality, affordable medicine. Community feedback has been extremely positive. The issues were widely understood and community leaders are reacting to the messages.

A motion in parliament in March 2010 enabled all Parliamentarians – both ruling and opposition – to debate all matters pertaining to the availability, accessibility, quality and pricing of medicines on the floor of parliament and, consequently, raised the MeTA Zambia profile with the policy-makers and the general public.

The Ministry of Health has approved the piloting of a new project aimed at upgrading the provision of essential medicines through the various outlets at rural and peri-urban level.

Learning from experience

The MeTA Zambia awareness-raising activity has been resource intensive and the impact has been impressive. The national MeTA team would recommend similar activities in other countries. They would, however, also recommend that the project involve some baseline research (to gauge levels of understanding and knowledge ahead of the communications activity) so that monitoring and evaluation conducted after the exercise would show quantitative, as well as qualitative, evidence of the positive difference the project has made.

Looking Forward

Over the last two years, the activities of the seven pilot countries have been intense. The experiences have been very different in each country and often very challenging. Getting the right people round the table and building trust has taken time and patience – but has, in every case, been time well spent. Gaining consensus has also sometimes been less than straightforward, but frank exchanges and detailed negotiations are leading to policies and more realistic objectives. The pace of development and change for the MeTA work plans has been different – but these differences have highlighted where improvements can be made and where pitfalls can be avoided.

The Global MeTA Forum in June 2010 will bring together all the international and national stakeholders from the public and private sectors and from civil society. It will provide an opportunity for them to share their experiences and explore with practitioners, academics and policy-makers how transparency and accountability in the pharmaceutical supply chain can be further strengthened to support increased access to medicines.

Technical support and communication materials will be provided to MeTA pilot countries to help them effectively communicate their work so that they can build on the impetus that the Medicines Transparency Alliance has created. Many of the countries have already begun to change policies and implement new processes to improve access to essential medicines. We will continue to work to deliver the positive changes that increased transparency and accountability can have on the pharmaceutical supply chain.



For further information, please contact:

MeTA International Secretariat
112 Malling Street, Lewes, East Sussex, BN7 2RJ, UK

Email: admin@metasecretariat.org

Tel: +44 (0) 1273 486861

Fax: +44 (0) 1273 478485

www.MedicinesTransparency.org