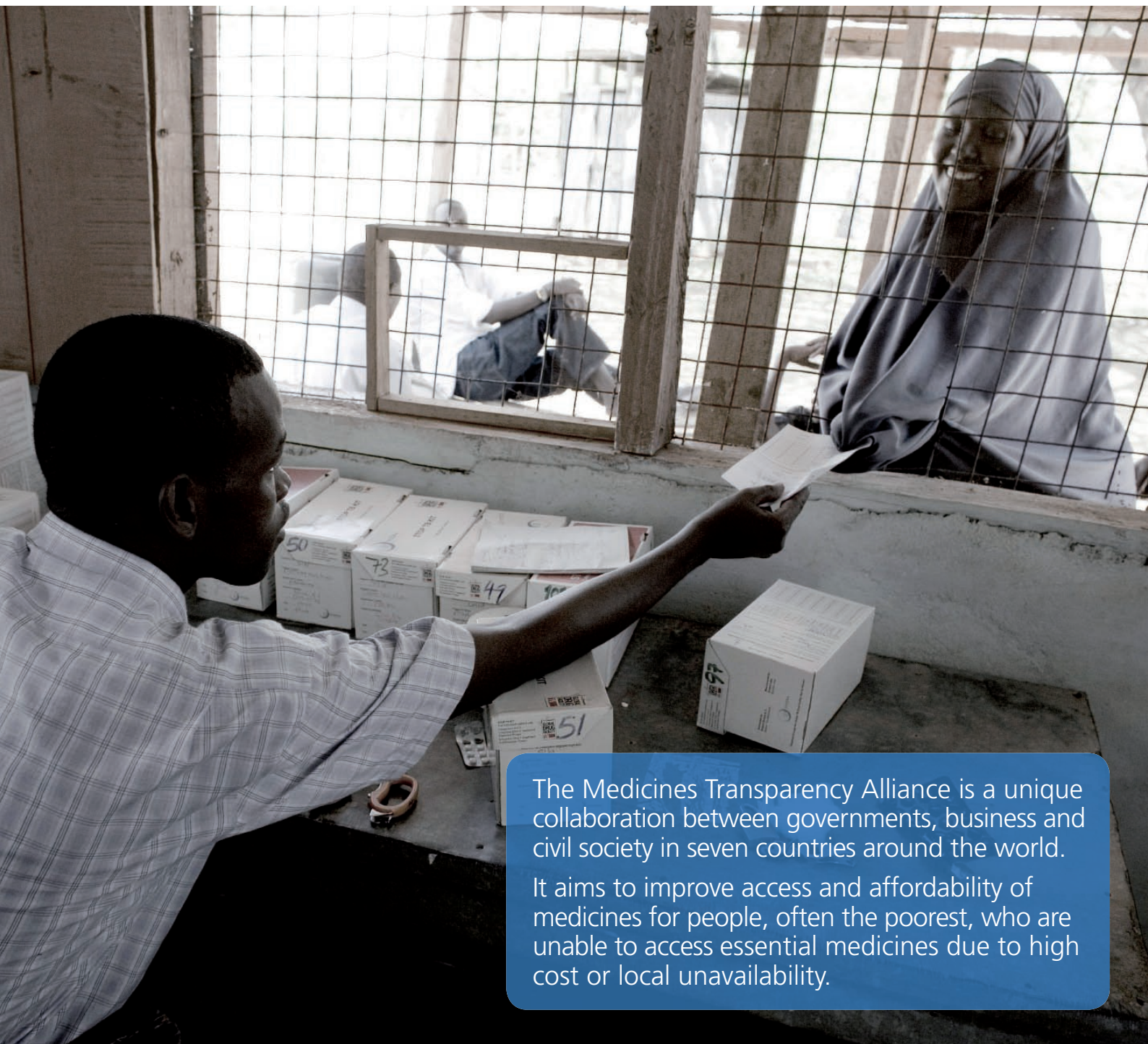
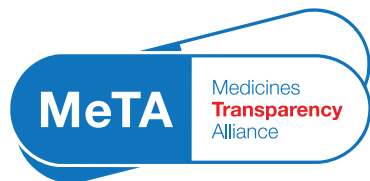


Medicines Transparency Alliance



The Medicines Transparency Alliance is a unique collaboration between governments, business and civil society in seven countries around the world.

It aims to improve access and affordability of medicines for people, often the poorest, who are unable to access essential medicines due to high cost or local unavailability.

A matter of life and death

Across the globe, one person in every three – about two billion people – lacks access to essential medicines. Millions die every year from HIV and AIDS, tuberculosis, malaria, pneumonia, measles, diarrhoea, heart disease and strokes – yet medicines exist for nearly all of these problems.

For these two billion people, these essential medicines are often:

- unavailable through their public health systems
- unaffordable from private vendors
- inappropriately prescribed, dispensed or sold
- substandard – or simply fake

As a result, there is a lack of confidence in the health systems and in the medicines themselves in many countries. Public health spending is inefficient and costly. Most importantly, people are becoming sick or dying unnecessarily.

The medicine chain – weak links

Most of these problems are due to a failing somewhere in the medicine chain – from production to dispensing and promotion. They can also be due to the sheer number of links in the medicine chain.

The more hands and processes the medicine passes through, the more opportunities there are for mismanagement or unethical practices to take place.

Logistics

Poor logistics can often result in a lack of good quality medicines. For example:

- warehouses are too small or not equipped to hold the right medicines
- distribution systems are created on an ad hoc basis and are inefficient and costly
- delivery vans may be in short supply or may not have sufficient fuel
- deliveries are made late and the medicines expire before they reach the patient

Corruption

Corruption in the medicine supply chain can take many forms:

- drugs trials are conducted without regulatory approval
- medicines are registered without all the requisite information
- counterfeit and substandard medicines replace good quality drugs
- medicines are stolen for private re-sale
- medicines are unethically promoted

The World Health Organization estimates that between 10% and 30% of the medicines on sale in developing markets can be counterfeit.



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Millennium Development Goal 8

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

Medicines Transparency Alliance

As a response to the United Nation's Millennium Development Goals, the UK Government, through its Department for International Development, initiated the Medicines Transparency Alliance.

Medicines

Access to health care is a fundamental human right. A reliable supply of essential medicines is a key element of an effective health system. Without improving access to essential medicines, this fundamental human right cannot be fulfilled.

“By 2015, an estimated 10.5 million lives could be saved every year by expanding access to existing treatment for infectious diseases, maternal and child health and non-communicable diseases.”

World Health Organization

Transparency

Where the health system itself is not working effectively, getting good quality, affordable medicines to patients is difficult. The risks of corruption, inefficiency and waste are high.

But change can happen. This change comes from transparency. The more information that is available about the medicines – from the moment they are produced until they reach the patient – the less opportunity there is for these abuses to take place.

Governments, donors, practitioners, patients, business and citizen groups all need to know that the medicines are:

- fairly priced – have prices been unreasonably inflated by taxes, duties and margins?
- available – are medicines being irrationally or illegally removed from distribution?

“Transparency is a principle that allows those affected by administrative decisions, business transactions or charitable work to know not only the basic facts and figures but also the mechanisms and processes.”

Transparency International

- good quality – are the products registered? Have manufacturers been inspected and are products routinely tested?
- ethically promoted – will the medicines do what the advertisers claim?

There are huge benefits to this openness – and not just to the consumer. A company's reputation can be unfairly tarnished when good quality products are tampered with after distribution. Governments can be blamed for poor logistics when in fact drugs are being stolen at the point of delivery. Health centre staff can be unjustly accused of dispensing ineffective medicines when late deliveries have resulted in out-of-date drugs.

Understanding the vulnerabilities in the medicine chain is the first step in establishing what changes need to be made – and putting things right.

Alliance

In order to implement the systems which allow for this transparency in the medicine chain, the engagement and commitment of three main groups are crucial.

These groups are:

- governments
- business
- civil society organisations

Governments

Governments have a responsibility to provide access to health care, which includes access to essential medicines. The governments of many developing nations often struggle to fulfill this mandate, dealing with high demand for medicines, restricted budgets and entrenched and inefficient bureaucracies.

The Medicines Transparency Alliance creates the opportunity for these governments to work openly with the private sector to meet their national goals and objectives. When governments are able to access rational and accurate data on medicines they can reduce leakage, price mark-ups and counterfeits – helping them make more rational and efficient decisions on health expenditure. Collaboration with civil society organisations can build in a 'reality check' on their policy decisions and the way they are implemented.

Business

Pharmaceutical companies – from multi-nationals and generic manufacturers to wholesalers and distributors – are critical in ensuring that people have access to affordable, good quality drugs. They hold much of the crucial information about the medicines – their quality, their use and their costs. However, they also operate in a competitive and confidential environment where the disclosure of information feels neither comfortable nor natural.

This perceived 'secrecy' can sometimes result in the private sector – particularly the larger companies – being seen as the 'villains'. They are blamed for charging exorbitant prices for medicines – preying on the poor and vulnerable – when they are making every effort to research and develop new drugs and ensure that their medicines are as effective and widely available as possible.

The Medicines Transparency Alliance offers them the opportunity to show that they are behaving responsibly and equitably and to restore confidence in their products. It helps to create a more open and level playing field and gives them increased access to more sophisticated market intelligence.

Civil society organisations (CSOs)

CSOs occupy a vital position between the individual, the state and the private sector. They are critical actors in the policy development, programme design, delivery and measurement of health interventions. They offer the perspective of the consumer and they often best understand the realities and sensitivities of a particular health issue or a particular region.

The Medicines Transparency Alliance offers these groups a seat at the table and a genuine role in identifying the issues which need tackling and proposing practical and achievable solutions.

The challenges

Bringing these groups together and creating this atmosphere of openness and transparency is not without its challenges.

These groups are not natural allies and past relationships – particularly when identifying responsibility and, more frequently, apportioning blame – have been fraught and tense. Multiple and conflicting interests may have established the groups as opponents in some countries.

Creating a space where the appropriate parties are all present and where they have an equal voice can be complicated. Establishing trust, ensuring real dialogue and allowing for the sharing of previously confidential information is challenging. Seven countries have risen to this challenge.



Effecting change – the seven pilot countries

Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia are the pilot countries for the Medicines Transparency Alliance.

These countries are very different. They vary in their size, their populations, their health challenges and their health systems. The Medicines Transparency Alliance has developed in each country to take account of these differences, reflected in the pace and form of development.

The broad goals in each country are shared. In order to change policy and market behaviour, increase the efficiency of the pharmaceutical supply chain and

engender more responsible business practice, the pilot countries are working on the following steps:

- collecting data on the price, availability, quality and promotion of medicines
- analysing the data to identify critical problems in the medicine supply chain
- developing an action plan
- sharing crucial information to raise public awareness



Taking action

The seven pilot countries of the Medicines Transparency Alliance have identified their challenges and are taking decisive action.



Peru 1

Population: c 28.7 million

Health sector issues: Despite health care reforms, access to essential medicines by the poorest segments of the population, especially in rural areas, is still restricted.

Inadequate regulation allows low quality, high cost medicines to infiltrate the market.

Priority: To increase public access to information on medicine prices.

Major achievement: The launch, in January 2010, of a national Price Observatory for medicines – a database of medicine prices which the public can access via the internet.

Ghana 2

Population: c 23 million

Health sector issues: Access to healthcare varies greatly across geographic areas and socio-economic groups.

Counterfeit and sub-standard medicines are prevalent in local markets.

Priority: To improve the quality of essential medicines.

Major achievement: The implementation of a drug testing system which uncovered sub-standard antibiotics.

Zambia 3

Population: c 12.9 million

Health sector issues: Access to health services is impeded by the physical distance from services, high treatment costs and low numbers of healthcare staff.

Medicine supply is restricted, with essential drugs often out of stock.

Priority: To increase public awareness of the right to access to affordable, good quality medicine.

Major achievement: The launch of a national publicity campaign, in March 2010.

Uganda 4

Population: c 32.4 million

Health sector issues: Continued improvement of the health system is impeded by the prevalence of preventable communicable diseases, the rapidly increasing demand for services and resource constraints.

Priority: To improve government policy-making systems.

Major achievement: The participation of business and CSOs in strategic national health planning, on the request of the government.

Jordan 5

Population: c 6 million

Health sector issues: Only 28% of essential medicines are available to patients in public health centres.

Most consumers have to buy their medicines from private sector pharmacies where the drugs can be up to 10 times more costly.

Priority: To improve and increase the selection of essential drugs in the public health system.

Major achievement: The revision of the Rational Drug List.

Kyrgyzstan 6

Population: c 5.2 million

Health sector issues: The health system has undergone comprehensive reform since national independence, but it is still adapting to meet the population's health needs.

Priority: To introduce new health laws which improve the quality and access to medicines.

Major achievement: The mobilisation and participation of civil society groups in national debates.

Philippines 7

Population: c 91 million

Health sector issues: Access to health care for rural dwellers and the poor is limited.

Medicine prices are extremely high – as much as 30 times higher than in neighbouring Asian countries.

Priority: To reduce the price of essential medicines.

Major achievement: The ratification of the Affordable Medicines Act 2009.

“So far the collaborative effort is working well and stakeholders are starting to let go of their extreme positions. The local pharmaceutical industry is very interested in participating in MeTA as it gives them an opportunity to disclose information and quash misplaced beliefs that gaps and inefficiencies in the medicines supply chain are caused by them.”

Alexander Dodoo and David Ofori-Adjei, Co-chairs of MeTA Ghana Council

Moving forward

The pilot countries are now in a position to share their experiences with the global health community and offer each other advice, guidance and support.

“You should not have to choose between buying medication for an ailing parent or buying food for your children. It is not fair or necessary.”

Carissa Etienne, World Health Organization



A number of important lessons have already been learnt – and these will form the basis of future work and progress:

- activity needs to be led by the participating countries
- the right people need to be round the table from the outset
- commitment needs to be made by every party involved
- gaining consensus and understanding requires a constant and frank exchange of views
- some decisions will be tough – the Alliance needs to stay focused on the objectives
- building trust takes time – but is crucial

As the information about essential medicines in these seven countries becomes more readily available and comprehensive, responsibilities and accountability will become clearer. The systems for delivering and accessing these medicines will become more efficient. The cost of medicines will come down, allowing the people in those countries to have a greater access to better quality medicines. And, ultimately, lives will be saved.

For further information,
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The Medicines Transparency Alliance was launched in May 2008. It is funded by the United Kingdom's Department for International Development and is supported by the World Bank and the World Health Organization.

Malaria is the most common killer in Uganda. It takes more than 300 lives every day, mostly children under five and pregnant women.

There are pills (anti-malarials) that can stop malaria at an early stage before the sufferer develops complications and, in the worst cases, dies. But many health centres do not have a regular supply of these drugs. Many do not even have simple pain-killers. 'Stock-outs' – empty shelves – are the norm all over Africa.

A mother arriving with a sick child at a health centre may not be offered any medication. If her child is diagnosed with malaria, her only option then is to try a private supplier. The drugs on offer there might be poor quality or even counterfeit. They will probably be sold loose – and she will only buy as many as she can afford. A tablet needs to be given to her child 6 times during a period of 3 days. She might not be able to afford all 6, or maybe give only 1 or 2, and save the remainder for a future attack or another child. An incomplete treatment risks not curing the disease and could even build up resistance to the medicine.