



The Medicines Transparency Alliance – Implementing Our Pilot Phase

Briefing Paper

This briefing paper sets out the aims and plans for the pilot phase of the Medicines Transparency Alliance (MeTA). It is drawn from a longer document 'Implementing our pilot phase' available online and in hard copy. Please visit www.MedicinesTransparency.org

Background

The Medicines Transparency Alliance's (MeTA) long term goal is to make high quality essential medicines available and affordable to poor people who are currently unable to access them. One in three people in the world are deprived of the medicines they need because of ineffective health delivery systems, overpriced, poor quality and inappropriately used medicines. Fundamental inefficiencies in both the pharmaceutical market and across the health and commodity supply systems means the situation persists in many countries. Weak governance and a lack of transparency in medicines selection, regulation, procurement, distribution and sales contribute to this inefficiency.

MeTA will focus on strengthening the capacity of countries to collect, analyse, disseminate and use data on the quality, availability, pricing and use of medicines.

Many countries have pioneered work to increase transparency and accountability in medicines supply chains. The UK Department for International Development (DFID) is building on this and working with partners such as the World Bank and the World Health Organization to develop a new global Medicines Transparency Alliance, launched in May 2008. DFID will provide initial funding for MeTA until mid 2010 when the pilot phase ends.

MeTA draws on a number of existing multi-stakeholder initiatives from ongoing efforts by developing country to improve governance and strengthen national procurement and pharmaceutical supply systems, and on work done to promote transparency in the health sector by WHO, Health Action International, the World Bank and Transparency International.

How does MeTA work?

Seven countries - Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia - are participating in MeTA. In each country MeTA works by bringing together different stakeholders in the government, business and civil society sectors who are willing to

collaborate to improve people's access to medicines. Each country will set up a multi-stakeholder forum to work together during the MeTA pilot phase. The global alliance will support participating country members to reform health systems, improve stakeholder engagement, strengthen governance in the health sector and broaden transparency efforts.

The focus of efforts centres on increasing transparency and accountability. This is because in many countries there is a lack of information on the quality, availability, price and use of medicines. This leads to inefficient or inappropriate practices and decision making systems that are difficult to engage with. Increasing transparency creates the potential for better accountability. If more information about the quality, availability, pricing and use of medicine is available in the public domain, the public has more opportunity to understand this information and act on it. It is hoped this will lead to greater public debate about medicines, increased pressure to improve public policy and drive improvements in the procurement, distribution, sale and prescription of medicines.

MeTA's approach shifts some decision-making power to the consumer and puts greater competitive pressure on suppliers. This could improve the functioning of the pharmaceutical market and encourage public purchasers of medicines to allocate their resources more appropriately.

What will countries participating in MeTA do?

Each **country** is expected to:

- 1) Make a formal government commitment to pilot MeTA
- 2) Sign up to an agreed set of principles that govern MeTA
- 3) Form a national representative multi-stakeholder group
- 4) The multi-stakeholder group should develop a two year workplan and meet regularly to arrange data collection, disclosure and dissemination and to discuss implications for policy and practice.
- 5) Participate in the MeTA International Advisory Group (IAG) to review findings, assess global trends and provide MeTA's Management Board with advice and recommendations for the future direction of MeTA.

Making the multi-stakeholder approach work

There are four critical factors that have to be addressed to ensure that a multi-stakeholder approach will work:

- 1) The approach must be developed to fit the local context
- 2) The right people must be brought together around the table
- 3) Time must be devoted to building trust
- 4) The ability of groups to play an active role and to engage with their wider constituencies must be strengthened.

Core component of the pilot phase

Once the representative multi-stakeholder group is operational, the core component of the initiative is to disclose data on the quality, availability, pricing and use of medicines, and to proactively collect such data if it is not already done routinely. Countries already collecting data can disclose them straight away. Otherwise a means of collecting them will have to be developed first.

The four types of **data** are:

- Data on the **quality** and registration status of medicines
- Data about the **availability** of medicines
- Data on the **price** of medicines
- Policies, practices and data concerning the **promotion** of medicines

For each of these areas, **disclosure** should cover:

- 1) Policy – what relevant laws and policies are in place?
- 2) Practice – for instance, what is the procedure for the registration of medicines?
- 3) Outcomes – such as the pricing outcomes achieved through public procurement.

Information that should be analysed and put into the public domain falls in four areas:

- 1) Supply chain operations
- 2) Affordability of medicines
- 3) Equitable access
- 4) Rational use of medicines

An International Secretariat will provide financial and technical support to the pilot countries to help them progressively disclose, analyse and use data and information. It will also help countries to bring different stakeholders (including those from government, civil society and the private sector) together to scrutinise available data and information, discuss the issues highlighted through this process and consider how best to respond.

The International Secretariat will:

- 1) Help with the establishment and operation of national multi-stakeholder groups and secretariats;
- 2) Manage the flow of finances to pilot countries and others as appropriate;
- 3) Provide support to strengthen the capacity of stakeholder groups that would otherwise find it difficult to engage in dialogues, such as civil society organisations;
- 4) Offer technical support for communication activities in countries, and
- 5) Organise MeTA meetings and conferences, manage MeTA communication and sharing of knowledge and support the International Advisory Group.

Global Research Network

Several of MeTA's international partners will also work together to facilitate the development of a global research network focused on improving Access To Medicines in developing countries. This separate but linked initiative will include a core component on transparency and accountability issues in the medicines supply chain, to support MeTA countries in learning from their ongoing efforts in this area and to build a robust evidence base. MeTA will help the pilot countries make use of this global Access to Medicines research network. The network will also help to collect medicines data generated by others outside the MeTA pilot countries which will then be accessible through the MeTA website.

MeTA will serve as a mechanism to monitor pharmaceutical market imperfections, increase market and health system efficiency, strengthen procurement operations, and encourage innovative and responsible business practices and good governance. It will also assess the effectiveness of relevant market and health system interventions, especially those focused on increasing access to medicines for poor and vulnerable people.

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