Medicines Transparency Alliance
Global Meeting 2014

Meeting Synthesis

This publication contains the report of the Medicines Transparency Alliance Global Meeting 2015 and does not necessarily represent the decisions or policies of the World Health Organization.
Has transparency improved knowledge?

Table 2 Stakeholder roles in MeTA

Civil society - achievements and voices

Conclusions

Table 2 Stakeholder roles in MeTA

Discussion Summary: Meta Added Value, Opportunities and Challenges

Knowledge Cafe

Has transparency improved knowledge?

Barriers and enabling factors for successful Policy recommendations

Improving accountability - the role of MeTA

Sustainability

Closing
ACKNOWLEDGEMENTS

Special thanks are extended to Anne Paschke who served as rapporteur at the meeting, consolidated the information and put together this report. Thanks and acknowledgments go to Health Action International for support in preparing the meeting and to the participants from MeTA countries who shared their valuable experiences and insights.
Each year an estimated US$ 4 trillion is spent worldwide on health services. A large proportion of this expenditure is due to pharmaceutical expenditure. Despite this, there is a continued lack of access in many countries, affecting treatment outcomes of the millions of people suffering from illnesses such as malaria, pneumonia, cardiovascular disease and diarrhoea. For these people and others struggling to live with conditions such as diabetes, high blood pressure and mental illness, the medicines which can be used to cure or manage their illnesses can be too expensive or simply not available. Moreover, those medicines that are available may be of doubtful quality or dispensed inappropriately.

The pharmaceutical sector is complex and a lack of information, information asymmetries and/or conflicting information contributes to inefficiencies, distorted practices and vulnerabilities to corruption. Without information it is difficult, if not impossible, to identify root causes and solutions to improving access to medicines.

The Medicines Transparency Alliance (MeTA) is an initiative funded by the United Kingdom Department for International Development which works to improve access to medicines by increasing transparency and accountability in the pharmaceutical sector. Multi-stakeholder groups have been formed to collect and share data on the selection, procurement, quality, availability, pricing, promotion and use of medicines. The data and evidence collected is analysed and used to support policy dialogue and to advise and recommend actions that improve access to medicines. The initiative was piloted in 2008-10 and is now in its second phase, MeTA Phase 2 which is taking place during 2011-2015.

The global meeting for countries participating in MeTA was organized to share experiences and to develop a deeper understanding of the strategies and practices that have been successful in improving transparency and accountability in the pharmaceutical sector.

We thank DFID for their support and thank the representatives from the MeTA countries who have worked so hard to establish and maintain the multi-stakeholder dialogue, improve transparency and accountability and to make policy recommendations for improving access to medicines. We hope that this report is useful in sharing some of the many achievements made in countries through this initiative.

Dr Kees de Joncheere
Director, Department of Essential Medicines and Health Products
World Health Organization
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>EXPLANATION</th>
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<tbody>
<tr>
<td>CHAT</td>
<td>Coalition for Health Advocacy and Transparency</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DTC</td>
<td>Drug and Therapeutic Committees</td>
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<td>EML</td>
<td>Essential Medicines List</td>
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<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>JFDA</td>
<td>Jordan Food and Drug Administration</td>
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<td>MeTA</td>
<td>Medicines Transparency Alliance</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>Medicine Price Observatory</td>
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<td>MTC</td>
<td>Medicine and Therapeutic Committees</td>
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<td>NDA</td>
<td>National Drug Authority</td>
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<td>NMP</td>
<td>National Medicines Policy</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>SDP</td>
<td>State Drug Policy</td>
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<td>SMS</td>
<td>Short Message Service</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>SSFFC</td>
<td>Substandard/spurious/falsely-labelled/falsified/counterfeit medical products</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
MeTA was established in 2008 in seven countries: Ghana, Jordan, Peru, Philippines, Kyrgyzstan, Zambia, and Uganda. The aim of the programme is to improve access to affordable, quality essential medicines by improving transparency and accountability in the medicines supply chain. Transparency and accountability are recognized as important factors for improving governance and they are central to the hypothesis of MeTA for improving access to medicines. In addition, the hypothesis emphasises that evidence based, multi-stakeholder policy dialogue will lead to better policy making.

**The MeTA Hypothesis**

MeTA Phase 2 began in 2011 with a prioritization process by the multi-stakeholder groups to identify gaps in information. Countries then gathered data, analysed and disseminated the data, held multi-stakeholder dialogue and made policy recommendations. As the programme entered its final year, it was deemed timely to organize a global meeting to share experiences on improving access to essential, quality medicines and to plan for the longer term.

A meeting was held 1-4 December 2014 at the Best Western Hotel, Chavannes-de-Bogis, Switzerland. Information presented at the meeting and discussed in the workshops has been analysed and consolidated by topics or country context. Rapporteur notes, power point presentations by countries and sectors as well as country materials have been used to prepare the report. Thus the report aims not only to summarize the information from the meeting but also to synthesize the information to:

- Contribute to the learning on if and how MeTA activities have improved transparency and accountability
- Display differences and similarities in country approaches
- Identify the added value of the MeTA programme

**OBJECTIVES OF THE MEETING**

1. To share experiences in improving access to quality essential medicines through improved transparency in the pharmaceutical sector.
2. To identify promising and recommended practices and strategies to improve transparency, policy dialogue and access to quality essential medicines.
3. To begin a planning process for longer term sustainability of MeTA
EXPECTED OUTCOMES

1. Joint understanding of practices and strategies and how they contribute to MeTA outcomes.
2. A deeper understanding of the ways forward to continue to work towards improving access to medicines through improved transparency in the pharmaceutical sector.
3. Draft sustainability plans

COUNTRY PRESENTATIONS

On the first day of the meeting, representatives from each MeTA country introduced their respective national MeTA structures as well as activities and achievements. The following section summarizes the country presentations. The complete presentations are available at: http://www.who.int/medicines/areas/governance/transparency_global_meet/

Table 1 provides an overview of the structures in the different MeTA countries. All countries have some form of a multi-stakeholder decision-making body and some have advisory type bodies as well. All countries have a coordinator or secretary involved in the implementation and administration of the programme and several countries have a secretariat comprising several key stakeholders. All countries hold a MeTA forum at least once a year to include a broader number of stakeholders.

The key activities, policy recommendations and achievements reported by countries are summarized on pages 10 to 16.
<table>
<thead>
<tr>
<th></th>
<th>Ghana</th>
<th>Jordan</th>
<th>Kyrgyzstan</th>
<th>Philippines</th>
<th>Peru</th>
<th>Uganda</th>
<th>Zambia</th>
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<td><strong>Legal Structure</strong></td>
<td>Registered public not for profit organisation</td>
<td>Registered with the SEC as a non-stock, non-profit entity</td>
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<tr>
<td><strong>Decision making body (name)</strong></td>
<td>Council</td>
<td>Steering Committee</td>
<td>Council</td>
<td>Council</td>
<td>MeTA assembly</td>
<td>Council</td>
<td>MeTA Executive</td>
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<tr>
<td><strong>Number of members</strong></td>
<td>19</td>
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<td>18</td>
<td>80</td>
<td>15</td>
<td>12</td>
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<td><strong>Frequency of meetings</strong></td>
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<td>Monthly</td>
<td>Twice a year</td>
<td>Quarterly meetings</td>
<td>2 x monthly meetings</td>
<td>Not reported</td>
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<td><strong>Chair (sector)</strong></td>
<td>Chair from public and private sectors</td>
<td>Director of regulatory authority</td>
<td>Elected</td>
<td>Elected from among the members of the Board of Trustees</td>
<td>Director of regulatory authority</td>
<td>3 co-chairs from public, private sector and CSO</td>
<td>Not reported</td>
</tr>
<tr>
<td><strong>Other structure (name)</strong></td>
<td>Subgroups constituted by council members</td>
<td>a. Advisory Board; b.technical working groups</td>
<td>Board of Trustees</td>
<td></td>
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</tr>
<tr>
<td><strong>Number of members</strong></td>
<td>As needed</td>
<td>a.4</td>
<td>As needed</td>
<td></td>
<td>15</td>
<td></td>
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<tr>
<td><strong>Frequency of meetings</strong></td>
<td>As needed</td>
<td>a. Yearly</td>
<td>Bi-monthly</td>
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<tr>
<td><strong>Secretariat if any(composition)</strong></td>
<td>Chair, WHO, Coordinator and admin assistant</td>
<td>Coordinator</td>
<td>Coordinators, WHO</td>
<td>Chair, coordinator</td>
<td>Chair, coordinator, WHO</td>
<td>3 members from public, private sector and CSO</td>
<td>Coordinator</td>
</tr>
<tr>
<td><strong>CSO coalition (if any) with representation on decision making body</strong></td>
<td>NGOs in Health representing &gt;400 members</td>
<td>Jordanian Civil Society Organizations Health Alliance (JCSOHA)</td>
<td>Alliance for Transparency in Drug Supply representing 19 NGOs</td>
<td>CHAT - Coalition for Health Advocacy and Transparency</td>
<td>NGOs in Health representing CSOs and one Professional society</td>
<td>HEPS (Coalition for health promotion and social development), Uganda National Health Consumers Organisation</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

1 As reported by counties
KYRGYZSTAN

ACTIVITIES

- Supported the Ministry of Health (MoH) on the development and approval of the State Drug Policy (SDP).
- Establishment of a platform for all stakeholders to voice and discuss pharmaceutical issues.
- Supported the MoH on improvement of different aspects of medicines policy through collection, publication and dissemination of robust information on pharmaceutical issues.
- Support of the MoH inter-sectoral working group on revision of the legal framework of the pharmaceutical sector.
- Piloting of a drug codifier and VEN/ABC analysis software in hospitals (further rolling out across the country planned).
- Preparation for a HAI/MeTA assessment of the nature, extent and impact of medicines regulation on promotional practice completed (assessment planned for 2015).
- Development of National Pharmaceutical Profile reporting system on the basis of WHO/GFATM Pharmaceutical Sector Country Profile ongoing.
- Information needs assessment for medicine availability and prices planned and will be used for designing a medicines price monitoring system.

MAIN POLICY RECOMMENDATIONS

- Facilitate open discussions on medicine governance issues on government level.
- Specifically mention medicines as a special good in national frameworks.
- SDP timeframe should be adequate to achieve long term goals of changing people’s attitudes towards drugs, rational use of medicines and introduction of changes in legislation.
- Monitoring and evaluation system should be developed in parallel with SDP, follows theory of change format and placed independently at the inter-sectoral level.

ACHIEVEMENTS

- MoH established a special unit on drug policy formulation.
- Drug codifier software is to be installed in all hospitals.
- Development partners supported the MoH proposal to make medicines policy a priority component and target indicator of health care reform.
- SDP acted as trigger for a review of the legal framework for the pharmaceutical sector and provided justification for revision so as to remove gaps, contradictions and corruption risks.

"With MeTA we achieved a peaceful revolution and shifted power from the regulatory authority to the MoH. We put policy in the right place."
GHANA

ACTIVITIES

- Assessment of CSO knowledge, attitudes, beliefs and practices on medicines.
- Training on WHO transparency assessment tool.
- Baseline assessment and interventions to strengthen Drugs and Therapeutic Committees (DTCs).
- Continued engagement of stakeholders and high-level policy makers.
- CSO capacity building and advocacy actions.
- DTC interventions and monitoring planned.
- Transparency assessment and good governance framework planned.

MAIN POLICY RECOMMENDATIONS

- Creation of an enabling environment for transparent processes and procedures within the pharmaceutical sector.
- A central Management Information Systems to enhance access to information on health technologies including pharmaceuticals.
- Adequate sharing of information to strengthen the capacity of consumers to demand accountability from providers with commensurate responsibility from consumers.
- The establishment of a multi-stakeholder platform to share information on the pharmaceutical sector.

| Pricing | 1. National Health Insurance Authority should negotiate prices with wholesalers to arrive at realistic and definite prices for products of high financial impact. |
|---------------------------------|
| Prescribing | 2. There is the need for a policy framework to enable the reduction of prices of medicines including imported medicines. |
|-----------------| 3. There should be downward adjustment of import duties, taxes, tariffs, levies etc. on medicines and strategies to ensure that the removal of these tariffs etc., lead to reduction in the prices of medicines. |
|-----------------| 4. Medicines on the EML should be tax-exempt in order to promote reduced prices of such essential medicines as well as improve affordability and sustainability for out-of-pocket payments and the national health insurance scheme. |

| Transparency | 5. Irrationally prescribed medicines should not be reimbursed. |
|------------------| 6. Levels of use should be ascertained and implemented. |
|------------------| 7. Education is one key aspect where individuals and professional bodies are sensitised on the issue that less expensive drugs are equally very effective. |
|------------------| 8. There should be a separation of services, i.e. prescribing and dispensing to ensure rational use. |
|------------------| 9. There should be even distribution of health professionals in the country. |
|------------------| 10. Evidence-based cost-effective treatment protocols should be widely circulated and used by health professionals in order to reduce wastage. |

Communiqué – outcome of MeTA Forum

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1. National Health Insurance Authority should negotiate prices with wholesalers to arrive at realistic and definite prices for products of high financial impact.
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9. There should be even distribution of health professionals in the country.
10. Evidence-based cost-effective treatment protocols should be widely circulated and used by health professionals in order to reduce wastage.

Transparency:
11. There should be increased advocacy and enforcement of statutory provisions for improved transparency in the supply chain management processes.
JORDAN

ACTIVITIES

- Support to the Jordan Food and Drug Administration to develop the National Medicines Policy (NMP).
- Public education.
- Improve Capacity Building for CSOs and health care providers to support strengthening transparency and accountability of the pharmaceutical sector.
- Dissemination of Policy documents – NMP.
- Development of policy on disclosure of pharmaceutical sector information such as medicines registration, quality assurance, and availability of medicines.
- Recommendations to pharmacy and therapeutics committees to improve Rational Use of Medicines.

Planned:
- Selecting essential medicines for Essential Medicines List (EML).
- Set out activities, responsibilities, budget and timeline to implement the NMP.
- Pharmaceutical situation reassessment to assess the effect of Syrian refugees’ influx on the majority of the components of the pharmaceutical situation in Jordan.

MAIN POLICY RECOMMENDATIONS

- NMP to ensure access to safe, effective, affordable and good quality drugs at all levels of health care on the basis of health needs.
- Activating the role of the Jordanian Civil Society Organizations Health Alliance in defending the rights of patients and to ensure the availability of essential medicines.
- Dissemination of information to professionals and the public (Surveys, laws and guidelines, decision making process, SOPs, medicines prices and availability).

ACHIEVEMENTS / HIGHLIGHTS / SUCCESSES

- NMP finalized and approved: [http://apps.who.int/medicinedocs/en/m/abstract/Js21605en/](http://apps.who.int/medicinedocs/en/m/abstract/Js21605en/)
- Disclosure policy approved and implemented: [http://apps.who.int/medicinedocs/en/m/abstract/Js21607en/](http://apps.who.int/medicinedocs/en/m/abstract/Js21607en/)
- Civil Society representation institutionalized.
- MeTA principles and concepts widely disseminated at all levels of various institutions represented in the MeTA committees.
- Conflict of interest declaration forms instituted for JFDA committee members.
- Policies and programs to promote generics/branded generics.
- Public-private partnerships promoted for securing medicines supply.
THE PHILIPPINES

ACTIVITIES

- Technical projects: Researches, studies, dialogues in collaboration with WHO, CHAT, government and other stakeholders.
- Collaboration and partnership: DOH advisory council, oversight committees, CSO health budget advocacy and monitoring, other coalitions.
- Community monitoring: Medicines Watch, Philhealth Watch, utilization of health budgets, utilization of sin tax revenues.

MAIN POLICY RECOMMENDATIONS

- Establishment of a sustainable monitoring & evaluation program for medicine access programs
- Alignment of the pharmaceutical supply chain management systems with the national and local governments
- Organize and undertake multi-stakeholder advocacy campaigns for (i) ethical standards in pharmaceutical promotion, (ii) safe and quality medicines.

ACHIEVEMENTS

- Institutionalized the multi-stakeholder approach in planning, implementing and monitoring health programs. Initiated and / or participated in discussions on priority health issues. Engaged patients and civil society.
- Forwarded policy recommendations that are collectively arrived at following multi-stakeholder consultations.
- Regular information disclosure – MeTA inspired a platform of regular information sharing and exchange among stakeholders.
**PERU**

**ACTIVITIES**

- Development and operation of Medicine Price Observatory (MPO).
- Surveillance of drug availability based on CSO and patient participation implemented.
- Development and operation of Medicine Quality Observatory.
- Development and operation of Medicine Public Procurement Observatory.
- Promotion of transparency and accountability in public procurement, quality and availability of medicines.
- Methodology to measure availability and prices of tracer medicines in the country.
- CSO developed dialogues on human rights and medicines policy in four different regions of the country.
- Planned: prepare reports related to medicines availability based on observatory data.

**MAIN POLICY RECOMMENDATIONS**

- MeTA Peru sent a letter to MoH recommending compulsory licensing of Atazanavir 300mg.
- A multi-sector public commission was created in 2011 to analyse tax exoneration of a group of medicines and to design policy recommendations using MPO reports.
- Inspired by MPO data, the government created the inclusive pharmacy initiative.

**ACHIEVEMENTS**

- MPO serves as a reliable source of price information for the public and for civil society and government organisations, receiving about 3000 visits per day. The MPO exposes significant differences in medicines prices between private health services and other health facilities. The creation of the public inclusive pharmacy initiative, which aims to increase access to medicines for the poor, based its budget on MPO data.
- Medicine Public Procurement Observatory serves as a source to generate different types of analyses showing transparency and accountability in public acquisition of medicines.
- MeTA Perú has developed a policy dialog space, to cover topics of national importance such as orphan drugs, judicial decisions affecting access to medicines, TRIPS safeguards and intellectual property in medicines.
- A social surveillance system for availability of medicines has been designed.
UGANDA

ACTIVITIES

- Medicines availability and price survey conducted.
- Price component study conducted.
- Training of community leaders on social accountability conducted.
- Needs assessment and intervention in regional hospitals to operationalize Medicine and Therapeutic Committees.
- Quality of medicines in rural drug outlets assessed.

MAIN POLICY RECOMMENDATIONS

- MoH and National Drug Authority (NDA) should set up a forum to share information on quality of medicines.
- MoH should consider strengthening the monitoring of essential medicines within the next National Pharmaceutical Sector Strategic Plan to improve data access and usage.
- NDA and MOH should consider engaging all sector players to agree on a policy of recommended retail price.

ACHIEVEMENTS

- The NDA drug register is now available online; by sending an SMS clients can inquire about the registration status of a drugs, pharmacy, drug shop or manufacturer, volume and value of imports.
- Increased public debate and reporting on medicines-related issues such as stock outs.
- Involvement of private sector and CSOs in policy dialogue with MoH.
ZAMBIA

ACTIVITIES

- Policy dialogue meeting held with the Minister of Health
- Procurement workshops held in various provinces
- Six CSO sensitisation workshops
- Studies being conducted on prices and procurement efficiency
- Review of medicines policies and tender procedures in the public sector
- CSO data collection after studying existing projects
- Road shows, dance and drama at district level
- Appointment of Meta focal points in five provinces

MAIN POLICY RECOMMENDATIONS

- Enactment of “Medicines and Allied Substances Act” to allow the establishment of health shops to dispense medicines
- Strengthening of local manufacturing through domestic preferential treatment
- Establishment of an independent procurement unit outside the Ministry of Health

ACHIEVEMENTS

- Workshops resulted in formation of local advocates of the MeTA core principles and values
- The level of appreciation of MeTA activities to increase access for Essential Medicines in Zambia has improved
- Ongoing sensitization of the public through local focal points
- Protocol for Prices Study completed
SYNTHESIS OF DISSEMINATION STRATEGIES CARRIED OUT IN COUNTRIES

The types of information and channels of dissemination reported have been diverse and include:

- Press briefings
- Discussion papers
- Newsletters
- Fact sheets
- Formal letter to MoH
- Interviews
- Policy documents
- Online tools
- Meetings
- Online sharing, websites
- Social media: twitter & facebook
- Road shows
- Youtube videos
- Round tables with stakeholders
- Focus groups: involvement of target audience to engage them in dialogue
- Pharmaceutical newspapers
- T-Shirts
- Puppets
- Media
- Radio
- Policy dialogue
- MeTA discussion series
- Workshops
Each country presented their experience and progress in an area of work that had been addressed through MeTA. The technical areas covered at the meeting included:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Country</th>
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<tbody>
<tr>
<td>National medicines policy</td>
<td>Jordan</td>
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<td></td>
<td>Kyrgyzstan</td>
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<td>Price and availability</td>
<td>Uganda</td>
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<td>Peru</td>
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<td>Quality of medicines</td>
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<td>Rational use of medicines</td>
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<td>Promotion</td>
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### NATIONAL MEDICINES POLICY

#### JORDAN

<table>
<thead>
<tr>
<th>Problem</th>
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<tbody>
<tr>
<td>Previous NMP implementation plan did not have an activity plan. Pharmaceutical policy is not regularly monitored or assessed. Some policies have been achieved, others not.</td>
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</table>

<table>
<thead>
<tr>
<th>MeTA Objective</th>
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<tbody>
<tr>
<td>Support revision of NMP, addressing weaknesses of previous version.</td>
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<table>
<thead>
<tr>
<th>Activities</th>
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<tbody>
<tr>
<td>NMP Committee formed by MeTA Steering Committee.</td>
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<tr>
<td>NMP Committee reviewed NMP 2002 and pharmaceutical sector data and drafted revised version.</td>
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<tr>
<td>MeTA Steering committee reviewed and approved the final NMP draft.</td>
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<thead>
<tr>
<th>Results</th>
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<tbody>
<tr>
<td>NMP formally adopted by the MeTA advisory board and by the Ministry of Health.</td>
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<tr>
<td>Revised NMP published on JFDA website (<a href="http://apps.who.int/medicinedocs/en/m/abstract/js21605en/">http://apps.who.int/medicinedocs/en/m/abstr act/js21605en/</a>).</td>
</tr>
<tr>
<td>NMP Implementation Task Force established.</td>
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<tr>
<td>NMP contains new sections, including on transparency and governance.</td>
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<tr>
<td>Standards / target indicators defined against which government can be held accountable.</td>
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<tr>
<td>Greater acceptance of NMP.</td>
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<tr>
<th>Outcomes / Impact</th>
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<td>pending</td>
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#### KYRGYZSTAN

<table>
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<tr>
<th>Problem</th>
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<tbody>
<tr>
<td>Despite previous SDP, there is still: a high dependence on external markets; low affordability/availability of medicines; poor information sharing mechanisms; weak regulation and supply systems.</td>
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<table>
<thead>
<tr>
<th>MeTA Objective</th>
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<tbody>
<tr>
<td>To introduce a multi-stakeholder approach for SDP revision and to address acute and systemic issues of the pharmaceutical sector.</td>
</tr>
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<table>
<thead>
<tr>
<th>Activities</th>
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<tbody>
<tr>
<td>Advice on multi-stakeholder process and technical expertise provided to MoH.</td>
</tr>
<tr>
<td>Round tables and focus groups with experts conducted.</td>
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<tr>
<td>Research on medicine policy and the national pharmaceutical sector conducted.</td>
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<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoH created inter-sectoral multi-stakeholder working group that developed SDP.</td>
</tr>
<tr>
<td>Approval of SDP by government decree in July 2014.</td>
</tr>
<tr>
<td>SDP triggered anti-corruption engagement and revision of legislation to remove gaps, contradictions and corruption risks.</td>
</tr>
<tr>
<td>Standards / target indicators defined against which government can be held accountable.</td>
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</tbody>
</table>

### Issues raised during discussion

- There was particular interest in the pricing component of the NMP in Jordan. Jordan had been using an international reference price based on higher income countries. By using a reference price from countries with similar GDP and health insurance systems, they were able to reduce prices.
- Intersectoral approach to revision of NMP can be beneficial.
- Kyrgyzstan reported that some interest groups were opposed to transparency in the course of the revision and development process, including influential people who also own pharmaceutical business.
- Other participants felt that a revision involving a multi-stakeholder approach could be feasible and beneficial in their countries as well.
## PRICE AND AVAILABILITY

<table>
<thead>
<tr>
<th><strong>PERU</strong></th>
<th><strong>UGANDA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td>Increasing medicine prices and out of pocket spending.</td>
</tr>
<tr>
<td></td>
<td>Prices cannot be directly influenced due to an unregulated free market.</td>
</tr>
<tr>
<td><strong>MeTA Objective</strong></td>
<td>Establish market transparency through the development of a web-based Medicine Price Observatory (MPO).</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Achieved signature from Minister of Health for legislation of MPO.</td>
</tr>
<tr>
<td></td>
<td>MPO website developed.</td>
</tr>
<tr>
<td></td>
<td>Data analysis.</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>Policy recommendations for tax exoneration of medicines based on MPO data.</td>
</tr>
<tr>
<td></td>
<td>Government procurement rules modified.</td>
</tr>
<tr>
<td></td>
<td>Inclusive pharmacy project created by government.</td>
</tr>
<tr>
<td></td>
<td>MPO now owned and operated by government on public budget.</td>
</tr>
<tr>
<td><strong>Outcomes / Impact</strong></td>
<td>More patients know where to buy and therefore have access to cheaper medicines. Inclusive pharmacy project created by government.</td>
</tr>
</tbody>
</table>

### Issues raised during discussion

- Medicines Price Observatory (MPO) was labelled a "flagship of MeTA".
- It was clarified that MPO had not been developed as tool to bring prices down but as transparency tool to empower consumers.
- Currently a monitoring study is ongoing in Peru to validate the prices reported by pharmacies.
- The difference between data collection and data use was discussed - "Let's not confuse activity with outcome".
- It was stressed that capacitated CSOs are a vital partner in increasing the use of data.
## PROCUREMENT EFFICIENCIES

<table>
<thead>
<tr>
<th>ZAMBIA</th>
<th>KYRGYZSTAN</th>
<th>PERU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td><strong>Problem</strong></td>
<td><strong>Problem</strong></td>
</tr>
<tr>
<td>High stock-out rates.</td>
<td>Procurement not transparent.</td>
<td>No systematic data on procurement strategies available to evaluate strategies implemented in 2010-2013.</td>
</tr>
<tr>
<td>Level of procurement efficiency unknown.</td>
<td>Unspecific legal framework for medicine purchasing.</td>
<td></td>
</tr>
<tr>
<td>Selection criteria for procurement of medicines not transparent in Central Medical Store.</td>
<td>No computerized system for monitoring hospital procurement; fragmented IT systems.</td>
<td></td>
</tr>
<tr>
<td>Private sector pricing of essential medicines.</td>
<td>Price difference of same generic up to 800% between facilities.</td>
<td></td>
</tr>
<tr>
<td><strong>MeTA Objective</strong></td>
<td><strong>MeTA Objective</strong></td>
<td><strong>MeTA Objective</strong></td>
</tr>
<tr>
<td>Improve transparency and accountability in private sector pricing and to inform policy.</td>
<td>Influence policy making and legislation on procurement and coordinate dialogue between stakeholders.</td>
<td>To collect and analyse data to show how different procurement strategies have improved availability.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Activities</strong></td>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td>Government permission of procurement survey obtained.</td>
<td>Medicines management software developed.</td>
<td>IT system developed</td>
</tr>
<tr>
<td>Study protocol for private sector pricing study developed &amp; submitted to ethics board.</td>
<td>Development of national standard bidding documents for pharmaceuticals.</td>
<td>Technical commission established to monitoring progress.</td>
</tr>
<tr>
<td></td>
<td>Coordination of stakeholders.</td>
<td>Support MoH to disseminate information.</td>
</tr>
<tr>
<td></td>
<td>Facilitation of inter-sectoral working group on drug codifier.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integration of drug codifier into accounting software in 3 hospitals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integration of drug codifier into the state e-procurement system.</td>
<td></td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td><strong>Results</strong></td>
<td><strong>Results</strong></td>
</tr>
<tr>
<td><em>Survey results not yet available</em></td>
<td>Specific clause for medicines procurement included in draft law on public procurement.</td>
<td>Data provides leverage to advocate for improved procurement methods.</td>
</tr>
<tr>
<td></td>
<td>Public procurement included in drug policy 2014-2020.</td>
<td>Data on drug procurement from last 3 years is in public domain.</td>
</tr>
<tr>
<td></td>
<td>Transparency of E-procurement of drugs.</td>
<td>Encourage national and regional public purchasers to increase their participation in pooled procurement.</td>
</tr>
<tr>
<td></td>
<td>National standard bidding documents for pharmaceuticals.</td>
<td></td>
</tr>
</tbody>
</table>
Outcomes / Impact

<table>
<thead>
<tr>
<th>Information not available yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open information on procurement prices of medicines by hospitals will reduce prices. Integration of drug codifier into e-procurement platform will make the bidding application process simple and shorter.</td>
</tr>
<tr>
<td>Allows holding government to account for where and how money is invested.</td>
</tr>
</tbody>
</table>

Issues raised during discussion

- It was stressed that legislation on procurement is crucial.
- Participants encouraged sharing of legislation between countries to learn from each other.
- Rural reach is a neglected issue in most countries.
## QUALITY OF MEDICINES

### UGANDA

<table>
<thead>
<tr>
<th><strong>Problem</strong></th>
<th>Anecdotal evidence that there are counterfeit and substandard medicines in Uganda.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MeTA Objective</strong></td>
<td>Augment NDA capabilities beyond enforcement.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>105 samples picked from 4 districts.</td>
</tr>
<tr>
<td></td>
<td>Samples tested in minilab.</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>Testing showed that 5 out of 105 samples failed.</td>
</tr>
<tr>
<td></td>
<td>NDA has not responded to results.</td>
</tr>
<tr>
<td><strong>Outcomes / Impact</strong></td>
<td>Discussions under way to set up QoM forum to share information on quality.</td>
</tr>
<tr>
<td></td>
<td>Increased public confidence in medicines on the market.</td>
</tr>
<tr>
<td></td>
<td>Increased quality of medicines as substandard products have been removed.</td>
</tr>
</tbody>
</table>

### PHILIPPINES

<table>
<thead>
<tr>
<th><strong>Problem</strong></th>
<th>Limited consumer awareness of dangers of SSFC.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MeTA Objective</strong></td>
<td>Engage stakeholder in community advocacy campaign to strengthen vigilance and reporting.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Co-organization of information campaign targeting public as well as policy makers.</td>
</tr>
<tr>
<td></td>
<td>Co-founding of <em>Coalition for Safe Medicines</em>.</td>
</tr>
<tr>
<td></td>
<td>Development of the Medicines Watch tool to support the advocacy for safe and quality medicines.</td>
</tr>
<tr>
<td></td>
<td>Organisation of MeTA roundtable discussion on the theme “Multi-stakeholder Approach to Strengthening Community Advocacy for Safe and Quality Medicines.” During the National Consciousness Week Against Counterfeit Medicines.</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>Culture of vigilance and reporting inspired.</td>
</tr>
<tr>
<td><strong>Outcomes / Impact</strong></td>
<td>Not measured yet.</td>
</tr>
</tbody>
</table>

### Issues raised during discussion

- Medicines quality is a topic of great interest to countries.
- Transparency with regards to quality issues remains difficult.
- MeTA can build bridges and foster communication between an under-resourced RA and the private sector that has resources.
- Who should receive what information?
- RAs can be elusive and working with them is a challenge.
- In some countries there is a fear of reporting as there is no legal protection against being sued.
### RATIONAL USE OF MEDICINES

#### GHANA

<table>
<thead>
<tr>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings of quality of health care assessment revealed that irrational use is high.</td>
</tr>
<tr>
<td>Weak Drugs and Therapeutic Committees (DTCs) affect drug management functions in health facilities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen DTCs at the district level to improve RUM and contain cost (implications for health insurance).</td>
</tr>
<tr>
<td>Improve drug management functions in line with best practice.</td>
</tr>
<tr>
<td>Build capacity of CSOs to advocate for RUM and sustainability of the investments in DTCs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design of three-phased RUM/DTC programme <strong>phase I</strong>: assess baseline RUM indicators of DTC operations in public and private hospitals; <strong>phase II</strong>: establish DTCs and build their capacity; <strong>phase III</strong>: monitor and assess progress in DTCs.</td>
</tr>
<tr>
<td>Buy-in secured from MoH, Ghana Health Service and the National Health Insurance Authority.</td>
</tr>
<tr>
<td>Policy briefs developed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data from RUM study on website</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final results pending, programme ongoing</td>
</tr>
</tbody>
</table>

#### UGANDA

<table>
<thead>
<tr>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrational drug use is a global problem, both in institutional and community settings.</td>
</tr>
<tr>
<td>MTCs are established at hospitals but dormant.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reinvigorate dormant MTCs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation research to assess operations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelming willingness among prescribers, nurses and MTC members to improve.</td>
</tr>
<tr>
<td>Strategy has been included in new USAID/USSHC program for scale up.</td>
</tr>
<tr>
<td>Key lessons to be used to improve functionality of MTCs improved.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final results pending, programme ongoing</td>
</tr>
</tbody>
</table>

### Issues raised during discussion

- Discussion evolved around what strategy/measures to apply in case of non-compliance.
- It was stressed that punitive measures were difficult as prescribers/DTCs should be able to say "We made a mistake" and irrational use was mostly due to system problems, not people.
- While one perspective was that education was most important to improve RUM another participant argued that regulation and ethical criteria were critical in order to minimize the impact of pharmaceutical company influence.
- In Uganda, prescribers were sensitized to the problem when they saw their own handwriting (e.g. having prescribed 5 antibiotics for one condition).
PHILIPPINES

Problem
Preference for high-cost branded drugs even when generic alternatives already exist due to unethical marketing practices of drug companies.
Lack of consistent, reliable accessible source of independent and non-promotional information as most education and information provided by industry.

Objective
Raise awareness of and commitment to ethical principles of relevant stakeholders.

Activities
Establishment of ETHIKOS movement (=oversight, information, advocacy).
Multi-stakeholder workshop on ethical drug promotion and marketing.
Consultations with FDA.
Focus groups with stakeholders.

Results
With encouragement from MeTA, and in accordance with The Mexico City Principles on Voluntary Codes of Business Ethics in the Biopharmaceutical Sector, the Philippine Chamber of the Pharmaceutical Promotion (PCPI) has enacted its own Code of Ethics that is based on a system of voluntary self-regulation.
Plans to pilot the WHO/HAI tool “Understanding and Responding to Pharmaceutical Promotion” in the Philippines through Training for Trainers Workshops.
Draft administrative issuance on regulation of medicines promotion.
FDA aware of its key role in ensuring an environment of ethical standards in a regulated industry.

Outcomes / Impact
Ethical standards in pharmaceutical promotion were embodied in a pending legal issuance, to define interactions between industry and healthcare professionals for the benefit of patients.
Rational prescribing (doctors), dispensing (pharmacists) and use of medicines (consumers).
Integration of courses on understanding pharmaceutical promotion in the curriculum of medicine and pharmacy schools.

Issues raised during discussion
- Challenging problem, under-regulated in most countries.
- Voluntary self-regulation vs. regulatory framework.
- Both doctors and industry should face consequences.
- Possible accountability sanction mechanisms i.e. name and shame (Jordan); fining model (Philippines).
- Opportunity for MeTA to add value.
- One participant stated that early interventions and training with junior doctors was crucial as "breaking bad habits is more difficult than preventing them before they start".
"The most opaque feature of medicines is quality"

"Rational use of medicines continues to haunt us. It is given the least attention."

On tackling unethical promotional practices: "It is new and it is political."

Key: respect for each other’s position - “agree to disagree”

On the dialogue on quality of medicines: "For us it has opened a door. Before that we (CSO) did not even know that we could do something about it."

On rational use of medicines: "In the world we live in it is often more effective to incentivise than to use punitive measures."
MULTI-STAKEHOLDER APPROACH

One objective of the meeting was to identify the specific conditions under which multi-stakeholder engagement is beneficial. The rich experience of participants helped to obtain deeper insights into these conditions.

THE IDEAL MULTI-STAKEHOLDER PLATFORM

Commonly mentioned characteristics and general principles of an ideal platform were:

- Mutual trust and respect
- Equal voice
- Representation of all relevant and concerned stakeholders
- Decisions based on consensus

Other factors mentioned by individual countries included common values and equal ownership.

CHALLENGES

Every country experienced challenges. While some challenges were specific to the national context, some were common to all countries. The most commonly mentioned challenges with regard to multi-stakeholder engagement were the following.

- **Representation**: While everyone agreed that representation of concerned stakeholders was important, there were discussions on how to achieve such representation. Most countries felt that some stakeholder (groups) were underrepresented, including academia, particular private sector actors such as those from pharmacy chains, national medical stores, wholesalers and human rights organisations. Hidden agendas were mentioned to be another challenge of appropriate representation as in these cases it was not always clear which interests were represented.

- **Commitment** of stakeholders was reported to be a challenge in several countries. As everyone had busy schedules and commitments outside of MeTA.

- **Lack of ownership** by government was considered an issue where government was not the perceived driver of the process and where access to senior MoH representatives was rather low. In other countries where government was the key driver of the platform and agenda, perception of government ownership was positive.

- **Handling conflict** - While a few felt there had not been any conflicts, most countries had experienced it and advised that willingness to **compromise** and **position-shifting** to some extent was crucial. Through further discussions and **dialogue**, consensus building could be achieved.
META ADDED VALUE

The key opportunities provided through the MeTA stakeholder interaction were cited as:

- **Deconstruction of anxiety and stereotypes**
- **Broadening views and understanding** of interests, power and commonalities of other sectors and stakeholders
- **Improving rationality and objectivity**
- **Fostering of democracy** by strengthening voice, participation and pluralism
- **Providing value in numbers** - what one sector cannot achieve alone is easily achieved in a multi-stakeholder approach
- **Fostering a shared responsibility** – deciding together gives confidence and courage to take a clear stand and commit to specific outcomes
- **Enabling mutual learning** - about weaknesses and strengths of other stakeholders
- **Reducing differences** through considerate dialogue
- **Building trust** and respect between sectors
- **Creating new friends and networks**

**SELECTED COMMENTS FROM THE DISCUSSIONS DURING THE SESSION ON THE MULTI-STAKEHOLDER APPROACH**

"It was difficult to decide who should be represented. We kept the same constant representation of key stakeholders and involved other relevant institutions case by case."

"MeTA is the jewel in the crown of multi-stakeholder engagement."

“We started with mutual suspicion, but over time this experience has grown to be fruitful and mutually beneficial.”
CIVIL SOCIETY- ACHIEVEMENTS AND VOICES

Building capacity of civil society to participate in the access to medicines dialogue and to hold government to account has been one of the key objectives of MeTA. During the meeting it became abundantly clear that CSOs in all countries had been strengthened and had in some cases become champions. In all countries CSOs have fostered innovative dissemination and communication strategies, particularly to reach the public and build pressure from society. Furthermore technical capacity was built. Common challenges include the resistance to CSO involvement by some parties and the lack of sustained commitment by health officials to CSO involvement.

CSO voices

“We started with mutual suspicion but over time this has grown to be fruitful and mutually beneficial. We engage with government at highest level!”

We have to institutionalize the CSO role.

“We achieved a peaceful revolution and put policy in the right place.

More extensive education is needed

SECTOR VIEWS ON MULTI-STAKEHOLDER ENGAGEMENT

On day three participants split into groups according to their sectors or roles in MeTA. Each group answered a set of questions on their role, challenges and wishes for the future. An overview of all answers can be found in Table 2. The presentations from each sector showed the appreciation everyone had gained for each other through the process of engaging with all the different stakeholders. It emerged that generally sector perspectives were similar across countries.
Sector voices

Government:
“We are listening!
And we are not opaque!
But you need to make a good case for your own agenda.”

Coordinators:
“Work towards the common good, not vested interests! We want MeTA to be sustainable.”

CSOs:
“Please always listen! And help each other.”

Chairs:
“Be more accommodating and tolerant.”

Private Sector:
“We are essential stakeholders. And we are not the bad guys!”

WHO:
“All efforts in MeTA support the government mandate for health service delivery; we are doing this on their behalf.”
CONCLUSIONS

PARTICIPANT CONCLUSIONS ON MULTI-STAKEHOLDER ENGAGEMENT

HOW TO DO IT RIGHT

Maintain balance of power and interest
Avoid absenteeism
Commit to and follow up on agreed activities
Be inclusive of key stakeholders
Be open to views of others
Work within government structures
Be transparent about interests – no hidden agendas
Avoid turnover of delegates from institutions
Develop clear terms of reference and set criteria for representation
Decisions should be well thought about and justified
Identify champions and opinion leaders among stakeholders
### TABLE 2 STAKEHOLDER ROLES IN META

<table>
<thead>
<tr>
<th>Describe your role</th>
<th>CSO</th>
<th>Private Sector</th>
<th>Chairs</th>
<th>Government</th>
<th>Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO</strong></td>
<td>A. Technical adviser and; B. Management of finances &amp; administration</td>
<td>Consumer rights protection; Third eye of society; Ensure societal voice; Advocate for other stakeholders outside of MeTA; Representatives of consumer interests.</td>
<td>Acting as chief executive officers, has to lead We decide We promote consensus at meetings</td>
<td>Open the discussion; Seek consultation and have multi-stakeholder perspective; Participant in discussion; Use MeTA to propagate our own positions</td>
<td>Development of workplan (in consultation with others); Provide information for websites; Oversee information campaigns</td>
</tr>
<tr>
<td><strong>Is your role different from that of others in the same sector in other countries?</strong></td>
<td>Functions quite similar across MeTA countries.</td>
<td>Mostly the same: protectors of consumers.</td>
<td>Different: access to decision makers</td>
<td>Mostly the same</td>
<td>In some countries: coordinator = secretariat (in entirety)</td>
</tr>
<tr>
<td><strong>How could your role be improved?</strong></td>
<td>More support for the financial management and administration functions is required.</td>
<td>More &amp; sustained capacity building to provide evidence; Credibility for CSOs for effective engagement and empowerment of each organisation needed.</td>
<td>Create network between MeTA countries. To be recognized as key partner in providing access to medicines.</td>
<td>Foremost we should lead by example: we have our own entrenched positions and should be the first to drop that position; Show maximum commitment to the cause of MeTA; Improve communication</td>
<td>Need to expand secretariat in line with workload; More engagement from council members (responses to emails, text messages, etc.)</td>
</tr>
<tr>
<td><strong>In what ways is participation in MeTA of value to you personally or to your work?</strong></td>
<td>A. Networks and linkages; B. MeTA reinforces our efforts &amp; primary role in access to medicines; C. Platform for policy dialogue and many opportunities for learning.</td>
<td>Broadened views and interests; Become more rational and objective because you hear other's arguments; Learning platform to see weaknesses and strengths of others.</td>
<td>Networking with local and international counterparts; Networking with decision makers; Advocate policy change; Meeting all of you!</td>
<td>Knowledge acquisition by leading very divergent multi-stakeholder platform; Learn specifics; Learn to listen more (very important!) &amp; share</td>
<td>Networks, prestige, skills in dialogue and engagement; Opportunity for improving capacity; Gratification in contributing to better access to medicines efforts.</td>
</tr>
</tbody>
</table>

MeTA Global Meeting - multi-stakeholder approach
In the course of the discussions, opportunities, challenges and the particular value of MeTA were presented and discussed. The most notable are summarized here:

**META ADDED VALUE**

Offers credibility: due to independence

Provides protection for individuals: “If you sue the MeTA board, you sue a whole community”

Fills a gap: (without MeTA) “We have information but no platform to share it!”

Supports government: Information collected and analysed by MeTA is a valuable asset for policy makers.

Appreciates stakeholders and their perspectives: Industry, health professionals and patients appreciate their respective and complementary roles.

Reinforces consistency in advocacy for medicines topics – “Moving from conscious week to 52 conscious weeks”.

Institutionalizes MeTA values and multi-stakeholder engagement, especially with CSOs.

Strengthens voice and capacity of CSO and helps to build networks.

More effective policy implementation: as any potential opposition and issues have been addressed in previous consultations.

**ENABLING FACTOR**

The single most important enabling factor mentioned was the presence of political will and commitment of government to transparency.

**OPPORTUNITIES**

- Potential spill-over effects of multi-stakeholder engagement and MeTA principles into other initiatives and programmes.
- Unique and potentially sustainable MeTA-initiated programmes.
- Stronger collaboration between sectors.
- Interest of other donors.

**CHALLENGES**

**Commonly mentioned**

- Staff turn-over and changing priorities in government
- Sustainability of MeTA
- Competing interests and strength imbalance between stakeholders

**Country specific**

- Underrepresentation of some stakeholder groups
- No tradition of routine data collection as basis for policy decision making
- Implementation of policy decisions
- Weak demand side for information
- Sustaining interest in the various programs of the multi-stakeholder coalition
On Wednesday morning participants discussed different key questions in groups. Each group gathered for 30 minutes to discuss a particular topic and then moved on to another table for another 30 minutes discussion on a new question. At the new table the rapporteur reported on what the previous group had discussed at the table. That way the newly arriving participants were able to build on the previous discussions. At the end of three rounds participants presented the summary of the discussions from each table to the whole group. The questions that were discussed were:

- Has transparency improved knowledge?
- What are the barriers and enabling factors for successful policy recommendation?
- Have improved transparency and policy dialogue led to improved accountability?

 HAS TRANSPARENCY IMPROVED KNOWLEDGE?

Summary of group discussions

- Transparency and knowledge influence each other in a cyclic rather than linear process. Action was considered the desired consequence.

  ![Diagram of transparency, awareness, action, knowledge, information demand, information supply](image)

  - MeTA had a role to play in generating initial awareness about the need for particular information. Improved awareness can lead to an increased demand for information. The supply of that information can then lead to an increase in knowledge particularly if the relevance of the information is communicated.
• There are still important unanswered questions with regards to transparency in the pharmaceutical sector.
  o Who needs to know what?
  o How much information are we willing to share?
  o What domains of transparency should we concentrate on?
  o Under which conditions will people be willing to share more?
• It is not only data/information that needs to be disseminated, but also the relevance and value of use for the information.
• The types of information include: political, technical, practical.
• The quality/completeness of information essential.
• People become comfortable to share information with others when:
  o There is trust
  o There is a clear process or tools for sharing information
  o There is policy or legislation
  o The value of sharing is communicated and understood
• Quantifying improvements in knowledge is difficult due to limitations with indicators:
  Potential sources to measure success could be:
  o User statistics available for websites
  o Media/press articles
  o Surveys among users
  o Citation analysis

A LOOK AT WHAT IS NEEDED FOR IMPROVED TRANSPARENCY IN PRICING

• Clearly articulate the benefit of transparency for stakeholders
• Proper medium for dissemination
• Knowledge of other countries’ experiences (benchmarking), e.g. Drug Reference Price
• Representation of key stakeholders in the discussion (government, CSO)
• Buy-in of stakeholders, especially government
• Constant follow up of agreed activities
• Laws/policies - examples:
  - Cheaper Medicines Law (Philippines)
  - Maximum Drug Retail Price
  - Drug Reference Price Index

META ACHIEVEMENTS

➢ Knowledge and transparency has been improved
➢ There is a better understanding of why lack of transparency is important
➢ Information asymmetries have been exposed
➢ Improved awareness that there is room for action/change
BARRIERS AND ENABLING FACTORS FOR SUCCESSFUL POLICY RECOMMENDATIONS

BARRIERS

- Political instability - changes in priorities
- Perceived lack of political will to implement recommendations
- Lack of technical capacity to formulate policies
- Lack of capacity to formulate information
- Resources required - human and financial
- Own agenda – potential conflict of interest can occur
- Lack of a real channel of communication – no real two-way communication
- Lack of strong evidence or poor data quality
- Policy development process is long – endurance required
- Lack of clear understanding of public good
- No shared vision
- Fear of victimization
- Unwillingness to offend
- Resistance to change
- Weak engagement and support of the population

STRATEGIES TO ADDRESS BARRIERS WITHIN A MULTI-STAKEHOLDER GROUP

- Build trust within the stakeholder group
- Clear recognition and respect for each other’s ideas
- Make clear how the population will benefit from the policy change
- Develop/build capacity to formulate policies
- Bring resource persons from outside to facilitate the process
- Generate evidence and data for policy decision making
- Bring everybody to the same level through good leadership
- Develop a strategic plan
- Develop tools, targets and indicators
- Create awareness about the public good within the population
- Hold politicians accountable to their manifesto
- Cultivate a shared vision
- Build capacity of the group on policy development
- Needs assessment and identification of gaps
- Hold people accountable for their actions
- Information disclosure in a transparent manner

**CHARACTERISTICS OF SUCCESSFUL POLICY RECOMMENDATIONS**

- Consider all aspects, including legislative and implementation issues
- Provide knowledge, information, evidence
- Good timing – should fit with political agenda and framework
- Understand government / ministry long-term policy direction
- Show benefits and make a good case: why should government invest in this?
- Emphasize importance of issue
- Recognize and consider other influences / players
- Have government on board early in the process

**PRECONDITIONS FOR MAKING POLICY RECOMMENDATIONS**

- Identify gaps
- Needs assessment
- Generate evidence with data
- Sensitization of decision makers-work to understand policy decisions and the political impact of the decision
- Determine and set priorities
- Build capacity to set targets and indicators
- Engage the population/stakeholders
- Assessment of what the policy will do and its acceptability

**IMPROVING ACCOUNTABILITY - THE ROLE OF META**

**General comments:**

- Legislation is necessary – but, the existence of it is not enough as it does not enforce. The reality in some countries was that most legislation was declarative rather than mechanistic, not providing for enforcement mechanisms.
- It is crucial for people to know their rights. Only then could they claim these rights and hold their government to account in case of violation of these rights.
- CSOs demanding justification of actions and results was a strong focus and result of MeTA.
• Governments may think twice before making decisions if a strong public forum is present and aware of the issues, particularly if there is a risk of breach previous agreements.
• Although there are codes of conduct that guide medicines promotion practices, there are other options, including "naming and shaming."

Examples from the MeTA countries:

VOICE

The government in the Philippines contemplated TRIPS + legislation but reconsidered adopting it because MeTA said: “We will oppose!”

Philippines - In 2001, the Pharmaceutical and Healthcare Association of the Philippines (PHAP) filed a case against the government questioning the constitutionality of parallel importation. In 2006, Pfizer filed a case against the government, including 2 officials of the FDA in their personal capacity, for alleged patent infringement for the mere filing of an application to register a product for parallel importation. These cases, and the perceived bullying tactics of the pharmaceutical industry, prompted civil society to unite to support government efforts to reduce medicine prices. Civil society efforts were an important factor that led to the eventual passage of the Cheaper Medicines Law.

Zambia – MeTA reviews Central Medical Store procurement plans to see if they are aligned with the EML. In case of non-compliance, CSOs pick up the issue and voice the problem.

ESTABLISHING LEGISLATION & SETTING STANDARDS

In Kyrgyzstan MeTA played a major role in establishing good legislation on public procurement of medicines by introducing a specific clause for medicines in the draft law and through the development of standard bidding documents for medicines.

In the Philippines MeTA served as a catalyst to promote the law on transparency and the Cheaper Medicines Bill. MeTA member-organizations have acted as catalysts in the passage of important legislation, including the Cheaper Medicines Bill, the FDA Strengthening Law, amendment of the Philhealth Charter, as well as laws on sin taxes and reproductive health.

Peru. The government issued legislation to require pharmaceutical establishments to report medicines prices thus enabling the operation of the Medicines Price Observatory.

Zambia – The government committed to providing essential medicines also in rural areas. They defined a clear standard against which they could be held accountable. The government has now increased the budget (and even gone onto deficit) to live up to their obligation to provide essential medicines.
GATHERING AND DISSEMINATING INFORMATION

**Philippines**: The **Medicines Watch** is a social accountability mechanism in the planning stage which aims to check if medicines that the government says are available, are really available. The monitoring tool will also ascertain the levels of awareness, utilization and ease of availment. **PhilHealth Watch** is another monitoring tool that is being established to determine the level of awareness and availment of social health insurance benefits in communities. Both tools are also intended to monitor the utilization of health budgets vis-à-vis the action plans of the Department of Health and the Philippine Health Insurance Corporation.

**Zambia** - The EML was disseminated throughout the country to inform the public about which medicines were supposed to be available.

**Uganda**: CSOs use data from the availability study to ask government why they are not providing what they have committed to.

**Peru**: A board of volunteers does social surveillance on HIV drugs in hospitals and then publish the results.

**Kyrgyzstan** – A pricing survey revealed that prices of centralized procurement of medicines for hospitals in Bishkek city were 2 times higher as compared with prices in provinces. CSO addressed the parliament, the president and the Mayor of Bishkek other official institutions demanding action. As a result the Mayor has banned centralized procurement, The hospitals procure medicines directly and prices have come down.

**Ghana** – while assurance of medicine quality is the mandate of the regulatory authority, the consumer role is recognized. A hotline has been set up and consumers have been encouraged to call if they see a suspicious product. That way the consumer is incorporated into the regulatory framework in what could be seen as a form of social contract.

**Zambia** – There is now more transparency in the supply system showing which medicines are available in a particular region. If a pharmacy is out of stock in a region showing availability, other pharmacists can appeal to their professional honour and challenge them without legal consequences.

CONSEQUENCES

**Philippines**: Allegations regarding the procurement of a less cost-effective medicines (for example, PCV-10 instead of PCV 13) have prompted calls for the DOH Secretary to provide justification for decisions made.
With the exception of donations in kind and collaboration with other programmes, the MeTA programme has been supported almost fully by donor funding from DFID. As the project is in its final year, countries were asked to begin planning for the longer term. Workshops were held for participants to reflect on their successes in order to build on them and to develop draft plans. While funding was considered as one of the primary gaps in the ability to continue the programme in the long term, the recognition of the need for and success of this type of platform was considered as one of the most important factors for being able to obtain sustain the programme in the long term.
CLOSING

NEXT STEPS

- Countries to finalize the MeTA activities under DFID funding.
- Countries to discuss the draft sustainability plans with MeTA stakeholders to gain consensus on next steps for longer term sustainability.
- National and international efforts to communicate the work of MeTA to be carried out.

CLOSING REMARKS

Tim Reed (Health Action International) emphasized that it was a "phenomenal success that CSOs are involved in policy making." And that he was very happy to see that MeTA had been able to "empower people to demand their right." But he also cautioned that while the sustainability of government and the private sector was a given, the place of CSO at the table in the long term was less certain due to the dependence on funding.

Deirdre Dimancesco (WHO Department of Essential Medicines and Health Products) remarked that MeTA had achieved what it had set out to do: every country had made evidence-based policy recommendations that had been taken up by government. In addition, MeTA had improved transparency and had used the multi-stakeholder platform to engage and empower consumers. She concluded that the success of MeTA was due very much to the multi-stakeholder platform of MeTA itself. She closed by emphasizing the importance of the shared vision of MeTA stakeholders of improving access to essential medicines.

Dr. Gilles Forte (WHO Department of Essential Medicines and Health Products) was impressed with the progress made in countries and congratulated everyone for this. He stressed that MeTA was an innovative, inclusive approach and that governance was a critical vehicle to strengthen systems. He encouraged everyone to work together and capitalize on the MeTA successes, tools and good practices. He thanked DFID for their support.
# Medicines Transparency Alliance
## Global meeting
1-4 December 2014, Best Western Hotel
Chavannes-de-Bogis, Switzerland

### Agenda

#### Monday

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>9:00-10:15</td>
<td>Welcome remarks</td>
<td>Kees de Joncheere</td>
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<tr>
<td></td>
<td></td>
<td>Director, WHO Department of Essential Health Technologies (EMP)</td>
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<tr>
<td></td>
<td>Introduction of the agenda</td>
<td>Deirdre Dimancesco</td>
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<td>WHO EMP</td>
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<tr>
<td></td>
<td>Introduction of participants</td>
<td>All</td>
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<tr>
<td>10:15-10:45</td>
<td>Coffee break</td>
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<tr>
<td>10:45-13:00</td>
<td>Country overviews</td>
<td>All</td>
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<tr>
<td></td>
<td>Facilitator: Deirdre Dimancesco</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
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#### Technical Activities

**Identifying successful practices and strategies for improved data collection, dissemination and policy recommendations**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>14:00-15:10</td>
<td>National medicines policy</td>
<td>Plenary presentation: Kyrgyzstan, Jordan</td>
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<td>Moderator: D. Dimancesco</td>
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<tr>
<td>15:10-16:20</td>
<td>Price and availability</td>
<td>Plenary presentation: Uganda, Peru</td>
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<td></td>
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<td>Moderator: Jane Robertson, WHO EMP</td>
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<tr>
<td>16:20-16:35</td>
<td>Coffee break</td>
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<tr>
<td>16:35-17:45</td>
<td>Procurement efficiencies</td>
<td>Plenary presentation: Kyrgyzstan, Peru, Moderator: Lisa Hedman, WHO EMP</td>
</tr>
<tr>
<td>17:45-18:15</td>
<td>Synthesis session</td>
<td>Moderator: Deirdre Dimancesco</td>
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#### Tuesday

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Review of day 1</td>
<td>All</td>
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<tr>
<td>9:00-10:10</td>
<td>Quality of medicines</td>
<td>Plenary: Uganda, Philippines</td>
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<tr>
<td></td>
<td></td>
<td>Moderator: Mick Deats, WHO EMP</td>
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<tr>
<td>10:10-10:30</td>
<td>Working coffee Break</td>
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<tr>
<td>10:30-11:40</td>
<td>Rational use of medicines</td>
<td>Plenary presentation: Ghana, Uganda</td>
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<td>Moderator: Jane Robertson</td>
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<tr>
<td>11:40-12:30</td>
<td>Promotion</td>
<td>Plenary presentation: Philippines</td>
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<td></td>
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<td>Moderator: Tim Reed, HAI</td>
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<tr>
<td>12:30-13:00</td>
<td>Synthesis Session</td>
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<td>13:00-14:00</td>
<td>Lunch</td>
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#### CSO Activities

**Sharing of CSO practices and strategies**

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<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:00-16:15</td>
<td>CSO country activities</td>
<td>All countries</td>
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<td></td>
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<td>Facilitator: Tim Reed</td>
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<tr>
<td>16:15-16:30</td>
<td>Coffee Break</td>
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#### Programmatic issues

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<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>16:30-17:40</td>
<td>Private sector engagement</td>
<td>Plenary presentation: Philippines, Uganda</td>
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<td>Moderator: Tim Reed</td>
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17:40-18:00 Introduction to the evaluation Gavin Stedman-Bryce
### Wednesday

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<th>Time</th>
<th>Event</th>
<th>Audience</th>
<th>Moderator</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Review of day 2</td>
<td>All</td>
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<tr>
<td>9:00-9:35</td>
<td>Transparency and policy dialogue workshop</td>
<td>All</td>
<td>Moderator: Deirdre Dimancesco Session moderators:</td>
</tr>
<tr>
<td>9:40-10:15</td>
<td>Session 1</td>
<td></td>
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<tr>
<td>10:20-11:00</td>
<td>Session 2</td>
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<tr>
<td>11:00-11:30</td>
<td>Coffee break</td>
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<tr>
<td>11:30-13:00</td>
<td>Presentations from transparency and policy dialogue workshop sessions</td>
<td></td>
<td>Moderator: Deirdre Dimancesco</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00-16:00</td>
<td>Multi-stakeholder platforms</td>
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<td>Moderator: Tim Reed</td>
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<tr>
<td></td>
<td>Workshop session: Structures for engagement, sustainability, governance arrangements, role of sector leadership for operational effectiveness.</td>
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<tr>
<td>16:00</td>
<td>Working coffee Break</td>
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</table>

**Country sustainability workshops and parallel sessions: IMS, evaluators and interviews**

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<tr>
<th>Time</th>
<th>Event</th>
<th>Audience</th>
<th>Moderator</th>
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<tbody>
<tr>
<td>16:00-18:00</td>
<td>Sustainability Workshop: developing a plan for sustainable structures, results and financing.</td>
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<td>Introduction: Tim Reed</td>
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<td></td>
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<td>Moderator: Deirdre Dimancesco</td>
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### Thursday

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<th>Time</th>
<th>Event</th>
<th>Audience</th>
<th>Moderator</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Review of day 3</td>
<td>All</td>
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</tr>
<tr>
<td>9:00-11:40</td>
<td>Workshops</td>
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<tr>
<td>10:30</td>
<td>Working coffee break</td>
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<tr>
<td>11:40-13:00</td>
<td>Presentations on sustainability plans</td>
<td></td>
<td>Moderator: Tim Reed</td>
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<tr>
<td>13:00-13:45</td>
<td>Lunch</td>
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<tr>
<td>13:45-14:45</td>
<td>Parallel sessions: chairs, coordinators, sector specific meetings: public sector, private sector, civil society, WHO staff</td>
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<tr>
<td>14:45-15:45</td>
<td>Feedback from parallel sessions</td>
<td></td>
<td>Moderator: Deirdre Dimancesco</td>
</tr>
<tr>
<td>15:45-16:15</td>
<td>Wrap up session</td>
<td>All</td>
<td></td>
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<tr>
<td>16:15</td>
<td>Closing remarks</td>
<td></td>
<td>Gilles Forte, WHO EMP, Tim Reed, HAI</td>
</tr>
</tbody>
</table>

*Cross Cutting Theme Workshops*

*Identifying successful strategies and practices*
Medicines Transparency Alliance
Global Meeting
1 to 4 December 2014
Chavannes-de-Bogis, Switzerland

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