

Long WORKSHOP REPORT FORM

Number and title of workshop: Special Session: Reconstructing confidence: Strengthening participatory Accountability and Health

Coordinator: Paul Banoba, Africa and Middle East Department, Transparency International

Date and time: Saturday, Nov.13 2010, 14-16pm

Moderator: Robin Hodess, Policy and Research Director, Transparency International

Rapporteur: Cornelia Abel, Europe and Central Asia Department, Transparency International

Panellists

Wilbert Bannenberg, Technical Director, MeTA Secretariat

Goodwell Lungu, Executive Director TI Zambia

Mohamed Ramzy Ismail, Technical Officer Essential Medicines and Pharmaceutical Policies, WHO;

David Winters, CCM Manager, Global Fund

Summary

The workshop “Reconstructing Confidence: Strengthening Participatory Accountability and Health” brought together experts from major organisations globally involved in supporting access to medicines and transparency in the pharmaceutical sector, as well as one panellist representing a local Civil Society organisation intensively involved in making international effort work on the ground in Zambia. Participants were introduced to the the Global Fund to Fight Aids, Tuberculosis and Malaria (GF), the WHO programme “Good Governance for Medicines” (GGM), and the recently piloted Medicines Transparency Alliance (MeTA) by inside experts responsible for these initiatives, who related their experiences, successes and challenges. The fourth panellist provided a refreshing view from one of the countries piloting MeTA nationally, providing a point of view of the national NGO and outlining the challenges Transparency International Zambia faced when trying to support MeTA implementation and achieve greater transparency in access to medicines. The pointed presentations were followed by a lively discussion with the audience, among others challenging Mr. Winters (GF) about the effect of funding stops to Mauretania and DRC, brought up the issue of limited involvement of stakeholders in Country Coordinating Mechanisms (CCMs), and questioned the real results of the MeTA initiative and its sustainability. The workshop concluded with the recognition that each of the existing mechanisms needs to know more about each other, and should exchange pro-actively more often, seemingly best through catalysts like Transparency International.

Summary of presentations

1. Wilbert Bannenberg, Technical Director, MeTA Secretariat:

Mr. Bannenberg introduced the problem of access to medicines (30% of world’s population without access to medicines, lack of quality, corruption in medicine supply chains etc.), and explained the concept of MeTA – the Medicines Transparency Alliance, established as 2-year pilot project in 2008 under Tony Blair, modelled after Extractive Industries Transparency Initiative (EITI), and aiming to support implementation of Goal eight of the Millennium Development Goals. A Secretariat was established and charged with providing technical assistance and coordination, with a budget of 100.000 GBP/year, approved for two years;

seven countries got involved (Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda, Zambia). The working hypothesis: improve access to medicines through structured multi-stakeholder dialogue of Public sector, private sector and CSO's aiming at transparency, disclosure and accountability in provision of medicines – robust and relevant information to be shared in multi-stakeholder circles should lead to more efficient policies and their implementation and in the end to improved access to medicines.

Assessing the roles played by each stakeholder group and achievements made during the past 2 years, he underlined the involvement of CSO's (establishment of national CSO coalitions in each MeTA country, strengthened capacity in areas such as networking, promotion of essential medicines concepts, advocacy, carrying out procurement monitoring, found the public sector-to slowly have accepted the value of MeTA, largely recognizing the need to adapt policies around medicines and having succeeded to establish active Drug regulatory authorities, while Private sector posed the biggest challenge (diversity!), often willing to listen but not to contribute to information sharing.

Conclusions after two years of MeTA implementation were:

- a. -multi-sector stakeholder groups need time to be established, every country needs space to go at its own pace
- b. -potential champions of the idea need to be involved from beginning
- c. -all parties need to commit to transparency and disclosure
- d. -everybody needs to be ready to at least discuss in spite of clear differences in interest
- e. -building trust is crucial and needs time
- f. -tools are already developed and available

2. Goodwell Lungu, Executive Director TI Zambia

As head of the CSO advocating for creation of the conditions for multi-stakeholder processes and coordinated action under MeTA in Zambia, Mr. Lungu described the MeTA structure in Zambia consisting of one main council of 30 member organizations, and a so-called “MeTA forum” as a dissemination platform for 100 organisations from the private sector, public sector, civil society and professional interest groups. Further, he extracted the main issues encountered during the MeTA process, namely 1) the problem to achieve true equality of stakeholders within the council (e.g. the Ministry of Health representing the government and owning the necessary budget for actions, as well as TI Zambia with direct contact to most ordinary people were seen as more influential than other stakeholders, especially the private sector). 2) In order to prepare and facilitate the MeTA process, TI Zambia prepared a number of actions, some of which were perceived a being directed against stakeholders involved in the process (e.g. the government), which complicated cooperation and building of trust. Mr. Lungu then explained two actions taken by civil society under the lead of TI Zambia to support the MeTA process:

- a. In order to raise awareness of the MeTA process from the beginning, taking into account the short pilot phase, TI Zambia sent the idea of MeTA to parliamentarians directly to solicit their support. Taken up by a number of parliamentarians from opposition and government, a motion to taken before Parliament to compel government to pass a law guaranteeing access to medicines across the country. While the debate was very intense, the motion was not passed in the end as those fearing that it would entail greater budget commitments, were too numerous.
- b. Consistent efforts were made to bring officials from the Ministry of Health, Private sector and Civil Society together in Radio and Television discussions to inform citizens on MeTA's work, succeeding after some time

3. Mohamed Ramzy Ismail, Technical Officer Essential Medicines and Pharmaceutical Policies, WHO

Mr. Ismail introduced the World Health Organisation's “Good Governance for Medicines” programme (GGM). Starting by outlining the dangers and spaces for corruption and unethical behaviour within the pharmaceutical sector, he identified the goal of the programme developed to counteract those risks: to strengthen national health systems by promoting good governance (thus preventing corruption). This involves raising awareness on the impact of corruption as well as promoting individual and institutional integrity in the pharmaceutical sector (with effects on national health policies), increasing transparency and accountability in

medicine regulatory and supply management systems and finally building national leadership's capacity to reach institutionalisation of good governance in pharmaceuticals. From 4 participating countries in 2004, 28 countries involved by 2010 incl. several high-income countries. Designed for health professionals, the programme consists of 3 phases: 1) Preparation of National transparency assessment reports, requiring first stakeholder cooperation, looking at the use of standards and awareness of stakeholders about structures and policies (25 reports produced to date), 2) Development and official adoption of national GGM framework promoting two approaches: "Discipline-based approach" (top-down, adoption of Laws, policies and procedures against corruption and for pharmacy practice with adequate punitive consequence for violation) and "Values-based approach" (bottom-up, promotion of ethical principles and moral values to increase institutional integrity), and 3) Implementation of GGM framework as part of Ministry of Health's action plan – enacting the approaches promoted previously.

Looking ahead, the challenges for GGM in 2010-12, he stated, involve identification of best practices in Phase III-countries, institutionalisation of the programme, monitoring and evaluation of implementation, preparation of communications strategies and fundraising for further improvement.

4. David Winters, CCM Manager, Global Fund

Mr. Winters introduced the Global Fund to Fight Aids, Tuberculosis and Malaria (GF). Out of frustration with "medical apartheid", this new institution was created by world leaders under Kofi Annan as a funding mechanism set for rapid distribution without the political challenges encountered by the UN or the uncertain sustainability of an NGO. Governed by a Board of 20 members (10 from implementing block incl. northern and southern NGOs + persons affected by the diseases and 10 from donor-block, incl. states, private sector, private institutions), the Secretariat (serving the board and responsible for grant making) and the Technical Review Panel on the international level work with Local Fund agents (LFA) as well as the main feature of the set-up, the Country coordination mechanisms (CCM) which constitute the main platform for all stakeholders involved. The CCM's have a number of responsibilities, but most importantly need to develop a proposal based on a national strategy, submit it to the GF and once approved, oversee its implementation. The CCM also determines the Principal Recipient (PR) of the funds. What sets the GF apart from other health sector support mechanisms is the clear and non-negotiable linkage of funding eligibility to requirements on transparency and accountability. Mr. Winters explained how this linkage was developed and brought to the point where it is practically functioning today – with 6 requirements having to be fulfilled by each country and GF carrying out a two-step screening process to determine compliance. After outlining the most prominent problems, e.g. underlining that the health sector is traditionally not used to scrutiny around their accountability and mentioning that GF was particularly struggling with CCMs chaired by the Ministry of Health of the country, he drew the conclusion that saying no to funding has a powerful impact, with countries, once refused, really sorting out their policies. He finally underlined the challenges ahead: NGO membership selection, ensuring broad stakeholder input into proposals (esp. for TB and Malaria) and a transparent review of submissions to a national proposal, and above all, the issue of conflict of interest which is a major issue if the chair of the CCM and the PR are identical.

Main Outputs

Main key output: Recognition of the Conflict of Interest issue in multi-stakeholder approaches to transparency in medicines

Other outputs:

- Not easy to engage civil society in processes involving highly technical issues which are characteristic of the Health Sector
- But there is now to some extent already greater transparency and greater disclosure, which can be considered as a start

- Everybody involved in the issue needs to make a commitment for transparency and disclosure and needs to be ready to truly discuss, at least the issues where consensus is reachable
 - MeTa: Even though the pilot phase with 7 countries has been concluded, most of those involved are ready to continue in the process, take it further and have true interest in greater disclosure and more transparency around the provision of medicines and the health sector in general
 - There is scope to learn from each others approaches – this should be continued
- Civil society can gain the knowledge and expertise to contribute to the different programmes (GGM, CCM), e.g. as has happened in Zambia where TI Zambia acts as convener of additional stakeholders not formally included in the CCM (MeTA-Forum) and advocates for transparent implementation of the GF programme with national parliamentarians

Recommendations, Follow-up Actions

General

- There are different degrees to commitment of multi-stakeholder approaches between MeTA and GF – maybe one should start by measuring which approach would be most sustainable
- Preparation of a glossary which enables less specialized stakeholders to understand the matter and what the specialized stakeholders are speaking about, as basic requirement for true discussion and involvement

For governments:

- Should be finding ways to modify the processes established and create their own procedures in accordance with local conditions to increase transparency in the health sector and allow universal access to medicines
- need above all to keep the interest of citizens at heart when modifying (Interpretation: “nationalizing”) international processes

For Civil Society:

- citizens should be able to hold whoever handling public funds accountable
- TI could work on a report/future GCR concerning the pharmaceutical sector

For international organisations fostering multi-stakeholder approaches;

- Involve and bring on board “champion” countries and “champion” stakeholders, with the motivation to create transparent and functioning processes

Highlights

During the presentations and discussions, the issue of Conflict of Interest in the current approaches to increase access to medicines emerged as most urgent issue to be tackled in the near future.