

DFID approach to Access to Medicines: Medicines Transparency Alliance (MeTA)

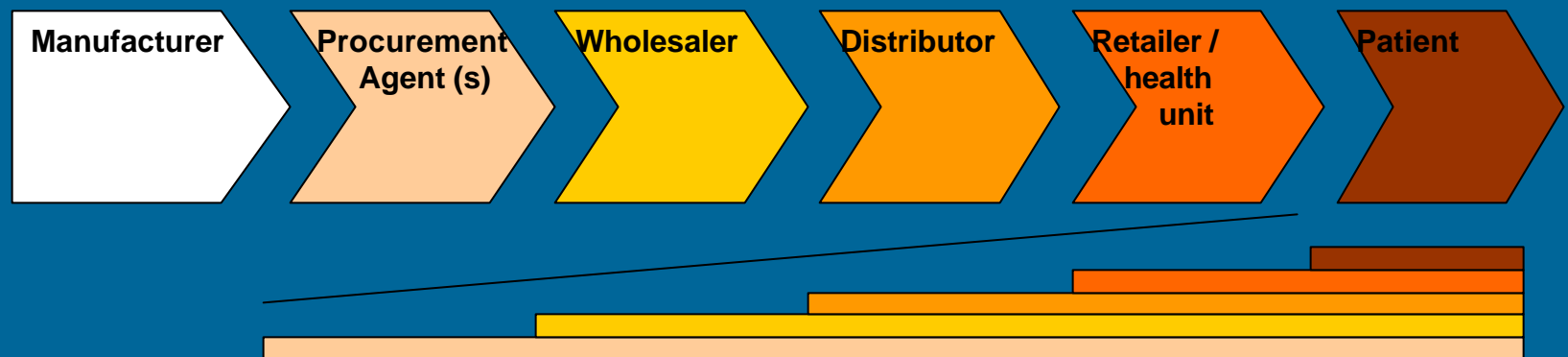
*Michael Borowitz/Charles Clift
Policy and Research Division, DFID
April 12, 2008*

What is the problem?

Globally, evidence shows that:

- Poor people lack access to essential medicines
- Prices are too high (private sector)
- Products are not available (public sector)
- Quality of products variable (public and private)

Need to focus on distribution from 'port to patient'.



What are we proposing in MeTA?

An alliance of countries, companies, civil society and others to:

- Increase **transparency** over key price, quality, procurement and availability data
- Build **accountability** to address inefficiencies and reduce excessive pricing
- Total market approach: look at both public and private sector
- Governance perspective

MeTA Model

Three levels:

- **Country level** – secure political commitment, form multistakeholder group, disclose data into the public domain, support reform efforts
- **International level** – multistakeholder group (countries, civil society, companies and other private sector, donors and others) plus international secretariat
- **Research Network** – repository for key data and analysis, active research agenda, monitoring and evaluation

Common dimensions

Make a high level political commitment to MeTA

- Form a multi-stakeholder group
- Support civil society and others to engage

Progressively disclose common data on:

- Core
 - Price
 - Quality
 - Availability
- Context
 - Supply chain
 - Affordability
 - Equity of access
 - Rational use of medicines

Phase I pilot countries for MeTA

- Covering all regions:
 - Latin America: Peru
 - East Asia: Philippines
 - EE/fSU: Kyrgyzstan
 - Middle East: Jordan
 - Africa: Uganda, Ghana
- 24 month duration
- Share learning across countries
- Fine tune approach and aspirations

MeTA implications for India

- Greater use of information on price/availability
- Public Procurement prices could be made publicly
 - Low procurement prices < MRP
- IMS price monitoring made available
- Need to use the information
 - Role of civil society
 - Active dissemination of price information

Role of Market Structure

- What determines high prices?
 - Lack of competition in supply chain
 - Understand the supply chain
 - Manufacturers, wholesalers, retailers
 - Problem may be in different parts of the supply chain
- Intervene where supply chain is not competitive
- There is no/limited competition for patented medicines.
 - Potential role of NPPA

Multi-stakeholder process

- Need to involve all stakeholders in the supply chain.
 - Producers
 - Wholesalers
 - Retailers
 - Consumers
- Civil society capacity building to support disclosure and accountability
- Create environment/incentives for regulations to be self-enforcing

The increasing role of fiscal intermediaries

- India dominated by out of pocket spending without intermediary
- In many countries, insurers drive changes in medicines prices
 - Market power
 - Interest in controlling prices
 - Internalize medicine prices into broader payment systems
 - Intermediary is often health insurer, but can be govt.