# MeTA Component 3 Baseline Assessment

## Philippines Country Report

**Report Prepared by:**
Gavin Stedman-Bryce, Pamoja Consulting Ltd

**Contributors:**
Dr. Serafin Talisayon, CCLFI Philippines
Kate Hawkins, Institute of Development Studies
Nick Perkins, Institute of Development Studies

# Multi-stakeholder Assessment Report

## Contents Page

## Acknowledgements

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## Glossary of Terms

| | |
|---|---|
| **AGAP** | Ayos na Gamot sa Abot-kayang Presyo |
| **CHAT** | Coalition for Health Advocacy and Transparency |
| **DOH** | Department of Health |
| **GMAP** | Government-Mediated Access Price |
| **HAIN** | Health Action Information Network |
| **HSRA** | Health Sector Reform Agenda |
| **ICT** | Information and Communication Technologies |
| **IDS** | Institute of Development Studies |
| **ILHZ** | Inter-Local Health Zones |
| **ITC** | International Technical Consultant |
| **LGU** | Local Government Unit |
| **NTC** | National Technical Consultant |
| **PCIJ** | Philippine Centre for Investigative Journalism |
| **PHAP** | Pharmaceutical and Healthcare Association of the Philippines |
| **PhilHealth** | Philippine Health Insurance Programme |
| **PNDF** | Philippine National Drug Formulary |
| **RAAKS** | Rapid Appraisal of Agricultural Knowledge Systems |
| **SWAPs** | Sector Wide Approaches |

# 1.0 Executive Summary

## 1.1 Background to MeTA

The Medicines Transparency Alliance (MeTA) exists to help people get access to the medicines they need in 7 pilot countries. To achieve this MeTA works to increase the flow and availability of information while increasing accountability by way of a multi-stakeholder process. MeTA supports the creation of an enabling environment for multi-stakeholder processes that coordinates action, and collects and synthesises knowledge and enables social learning to resolve issues on medicines collectively. MeTA multi-stakeholder processes:

- Bring together the private sector, civil society and government;
- Start a process of dialogue, building trust and learning together;
- Improves innovation, decision making and action; and
- Are useful in complex situations where people want to work together on a problem but they have different interests, perspectives and values.

A baseline assessment for the quality of the multi-stakeholder process and a communications audit took place in Philippines between February-March 2010. This report provides information on the process that was used to gather information about the work of MeTA Philippines, the findings of this research, an analysis of MeTA Philippines' multi-stakeholder working and communications as well as suggestions for how this function could be improved over time in the form of 10 key recommended changes.

## 1.2 Key Findings

i. The current multi-stakeholder MeTA Council comprises a number of experienced, influential and well respected members with long records of public service both at government level and in academia.

ii. The 25-strong MeTA Council has excellent representation from government, various professional groups, and the private sector. This partnership is complimented by active participation of MeTA's civil society coalition known as CHAT (Coalition for Health Advocacy and Transparency).

iii. Stakeholders within MeTA are clearly comfortable with each other and work well together. The Council's Chair and MeTA Secretariat staff have undoubtedly established an enabling environment where stakeholders can freely express their opinions in an open way with each other without fear of reproach.

iv. We found that stakeholders interact in an informal and friendly way, contributing comments and opinions freely. There do however appear to be some topics that are not freely discussed at Council meetings, mostly relating to issues of corruption.

v. Stakeholders who engaged with the assessment process exhibited a strong sense of ownership over the MeTA programme and gave generously of their time and views. It is our opinion that the quality of the relationship between MeTA stakeholders in the Philippines is high.

vi. During our observations, whenever contentious issues were raised among stakeholders, the multi-stakeholder partnership was mature enough to respectfully process these; always erring on the side of preserving the multi-stakeholder process over upholding the opinions of any individual.

vii. MeTA Philippines have covered much ground since MeTA's inception, with a strong secretariat team and ambitious work plan. While the multi-stakeholder partnership is strong, some barriers to more effective engagement do exist that may limit the multi-stakeholder process if not addressed.

viii. With reference to the multi-stakeholder process, the Philippine workplan highlights the establishment of governance protocols for the MeTA Council and support to CSO groups. However, although sustaining the multi-stakeholder partnership is a key outcome of the workplan, there are few activities within the workplan document that pertain to sustaining and strengthening a quality, multi-stakeholder partnership.

ix. Attendance at MeTA Council meetings is active but only among a small circle of regular members; and some members habitually do not attend. Sustained and productive engagement of key officials within the Department of Health remains a challenge.

x. Some stakeholders suggested that the MeTA Council meetings for many months have had to focus on internal process issues that do not make for an interesting meeting agenda and subsequently do not attract busy government officials.

xi. There is a strong sense from stakeholders that they want the various government departments to be actively participating in MeTA and that the absence of government representation is counter-productive and damaging.

xii. There is no media representation on the MeTA Council. It is not clear from the workplan whether media representation was considered during initial stakeholder analysis when forming the MeTA Council; or whether this is a failure of engagement.

xiii. MeTA's mission and purpose is well understood by the majority of stakeholders we met during the assessment process. While this shared understanding of mission and purpose appears clear, some stakeholders are less certain about MeTA's specific objectives and activities. This has led to some stakeholders feeling that the workplan is too ambitious and not achievable. This perception for some stakeholders can act as a barrier to effective participation.

xiv. Some stakeholders are not clear what they are getting from the multi-stakeholder process or what they can usefully contribute; the issue of added value must be addressed to support stakeholders 'find their feet' within the partnership.

xv. The majority of stakeholders reported being appreciative of the communication they receive from MeTA, the circulation of MeTA Council minutes being a commonly cited example. Despite having a well-developed and useful website, few stakeholder cited the MeTA website as a source of regular information or as a vehicle to encourage multi-stakeholder engagement.

xvi. The timeliness of information, particularly for NGO's representing civil society groups, was a concern. Given that NGO's represent a broad constituency group where decision-making processes may involve several layers of consultation; the timely receipt of information from MeTA would facilitate better NGO engagement in MeTA Council business. In addition, feedback loops between stakeholders to ensure a steady and fit-for-purpose flow of information to and from people at the grassroots level needs serious consideration.

xvii. The need to create a range of new communication products (a communication toolkit) is an important tactic that could greatly support the multi-stakeholder process. We consider such products as essential in promoting the benefits of being a MeTA member; as well as helping stakeholders communicate more effectively with a non-technical audience about MeTA's purpose. Other communications ideas such as having on-line e-forums and discussion groups were felt to be useful by a range of stakeholders.

xviii. A significant number of respondents cited the lack of a single health information repository as a serious impediment to information exchange, policy dialogue and the roll-out of best practice. Stakeholders did report however that WHO was a particularly credible source of health information and was well regarded by all.

xix. Finally, the role MeTA could play in cultivating a range of sector champions should be given consideration. Champions from all sectors including government and the private sector could be supported by MeTA to bring about cultural change in the health system.

## 1.3 Key Recommended Changes

***The following recommendations are designed to improve information exchange and enhance MeTA Philippine's multi-stakeholder processes.***

To address some of the barriers we identified during the assessment process, a range of key recommended changes are suggested below. The intention of the recommendations is to support and strengthen the foundations upon which the multi-stakeholder process can move forward.

Hence, many of the recommendations focus on strategic issues, such as developing a stakeholder informed communication strategy; and ensuring key staff have the support and management skills required for acting as brokers in a complex multi-stakeholder partnership.

***Key Recommended Change #1***
Strengthen the MeTA multi-stakeholder process by seeking the support of a communications professional

***Key Recommended Change #2***
Develop a robust communications strategy that engages a broad audience and is driven by stakeholder engagement centred on MeTA priority issues

***Key Recommended Change #3***
Develop a range of key messages on MeTA strategic priorities that can be used by a broad range of stakeholders and are readily accessible to the media

***Key Recommended Change #4***
Develop a fit-for-purpose range of communications tools making use of MeTA's online communication toolkit[1], that support MeTA stakeholders in disseminating MeTA's key strategic issues and supports them to play an active part in the multi-stakeholder process

***Key Recommended Change #5***
As an integral part of the communication strategic review process, undertake an internal process to clearly decide on who the main targets and consumers are for MeTA's messages and communication products

***Key Recommended Change #6***
Consider the 'added value' for stakeholders wishing to participate in MeTA and tailor this for key stakeholder groups

***Key Recommended Change #7***
Explore more fully the range of ICT channels through which MeTA can engage a broader audience of stakeholders by reviewing the MeTA Philippine website with the potential to host smaller, satellite sites, or to have discrete sub-sections within the current site for different stakeholder groups

***Key Recommended Change #8***
Increase attendance at Council meetings by engaging MeTA members through sending timely text/email reminders and establishing an alternate delegate list for high level members

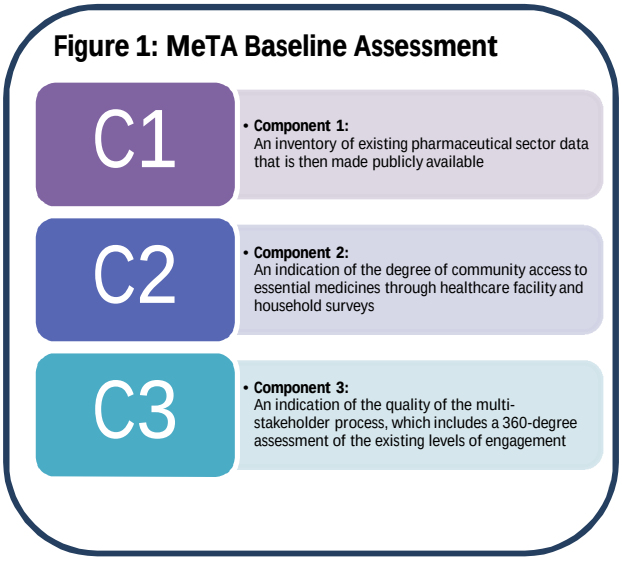
***Key Recommended Change #9***
Establish a series of technical working groups comprised of members at a middle-management, operational level who can commit sufficiently to service the terms of reference of the group

***Key Recommended Change #10***
Provide leadership and management training to key staff within the MeTA Philippines Secretariat

[1] http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits/communication-toolkit/

## 2.0 Introduction to the Multi-stakeholder Assessment

The Medicines Transparency Alliance (MeTA) is an innovative multi-stakeholder partnership that aims, through information provision, to increase transparency along every link of the medicines supply chain: from policy development and implementation; to procurement, promotion and distribution of medicines. MeTA is a pilot project currently funded to operate within 7 low- and lower- middle income countries all of which are working towards the broad aim of increasing access to essential medicines for poor people.




The current 2-year MeTA pilot phase ends in September 2010 and in parallel with this project cycle a number of baseline assessment activities are underway that aim to:

1. Enable **country-specific indicators** to be identified by the national MeTA multi-stakeholder groups
2. Track **national progress** and demonstrate the level of **engagement of different stakeholders** in the MeTA process
3. Provide a foundation for **longer term evaluation of outcomes** and impact beyond the pilot phase

There are 3 main components to the baseline assessment process; this document details the assessment activities relating to component 3 undertaken in partnership with MeTA Philippines (See Figure 1).

### 2.1 Purpose of Baseline Component 3

The purpose of the baseline component 3 assessment is to give an indication of the quality of the multi-stakeholder process. Given that MeTA's principle tools in achieving its aims are centred squarely on information and accountability around the quality, prices, availability and promotion of medicines; the multi-stakeholder process lies at the heart of everything MeTA aspires to achieve.

The assessment focuses on key multi-stakeholder processes including: the identification of communication channels that could be used by MeTA country programmes and related fora to expand their access to information on medicines; and analysing policy frameworks and processes with a view to identifying blockages and proposing innovative solutions to improve communication and working links between stakeholders. **In so doing, the assessment has developed an approach and set of tools that all MeTA countries can use in the future**.

A number of additional documents accompany this report, including a *Methodological Guidance Document and toolkit*; and a *Communication and Information Scoping Document*.

Two of the seven MeTA pilot countries were selected to trial the approach before a wider roll-out phase to other MeTA pilot countries; the Philippines and Uganda were selected for this purpose. This report details the findings and analysis from MeTA Philippines, the first MeTA pilot country to undergo baseline component 3 assessment. A separate report for MeTA Uganda has been produced and is available upon request from the International MeTA Secretariat.

## 3.0 MeTA Component 3 Baseline Assessment Methodology

The MeTA model is built upon multi-stakeholder processes. These processes have been shown to be useful in complex environments where there are no easy solutions to big development problems. The aim of the multi-stakeholder process is to bring people together to communicate and make decisions collectively to improve transparency and accountability. An important part of any multi-stakeholder process is dialogue – conversations that are aimed at the resolution of positions.

MeTA uses the multi-stakeholder process to help achieve its aim to help people get access to the medicines they need. MeTA prioritises transparency/sharing of information and accountability and they advocate creating the conditions for multi-stakeholder processes that coordinates action, and collects and synthesises knowledge and enables social learning to resolve issues on medicines collectively.

To make progress on their aim MeTA has partnered with the Institute of Development Studies (IDS) in order to create a set of tools that provide a snapshot of the functioning of the multi-stakeholder process and suggest ways that barriers and challenges can be overcome.

### 3.1 Systems theory of social innovation

The multi-stakeholder assessment is underpinned by the assumption that social actors/stakeholders exist within knowledge and information systems which emerge as different individuals and groups begin to work together toward a common aim. These systems are constructed by the actors within them and their boundaries change over time. Formal and informal linkages between network actors – for example regular meetings or mutual friends – can facilitate the flow of information and exchange of resources or knowledge. Through these interactions social innovation occurs. The success of multi-stakeholder processes depends on cooperation among actors, effective communication, agreement with respect to objectives and interests, and how well the system defines and coordinates its tasks. By studying the existing system actors can see what changes to social organisation might be useful to help them work together better.

The assessment methodology draws on participatory action research approaches to problem solving which stress the importance of stakeholders constructing their own solutions to the challenges that they face.[2] Participatory tools were used to gather, organise and interpret information. These are available as a toolkit.[3]

### 3.2 Objectives of the assessment

The methodology developed for this assessment helps to uncover: the system that MeTA is working within; how different actors communicate and organize themselves; what stakeholders want from the multi-stakeholder process; what it achieves and what it does not. The objectives are:

[2] This methodology draws on thinking and tools developed as part of the Rapid Appraisal of Agricultural Knowledge Systems (RAAKS).
[3] Available on MeTA's website at http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits

- To identify opportunities to improve the knowledge and information systems within which MeTA stakeholders are working – to improve the organization, decision making and exchange of information among actors, with the aim of improving the potential for learning and innovation.
- To create awareness among relevant actors (such as target groups or constituencies, managers, policymakers, manufacturers, retailers, researchers) with respect to the opportunities and constraints that affect their performance as innovators.
- To identify actors and potential actors who do or could act effectively to remove constraints and take advantage of opportunities to improve innovative performance and to encourage their commitment to such changes.

## 3.3 Data collection and analysis[4]

The methodology is built around 3 phases; the focused collection of information, qualitative analysis, and strategic decision-making.

Phase A: Defining the relevant systems and its problems

The first phase was to identify opportunities to improve the knowledge and information system by looking at the broader environment that MeTA stakeholders are working within, the problems that the multi-stakeholder process is hoping to overcome and the actors involved. The tools used in this phase were core document review, informal conversations with key informants and desk based research.

Phase B: Analysing constraints and opportunities

In the second phase team members systematically gathered information on the social organisation of innovation by conducting face to face interviews with MeTA stakeholders. This resulted in a more detailed picture of how different networks of actors interact, the issues that dominate their debates, and the way they coordinate their activities or fail to do so. Interview findings were discussed with the research team and MeTA staff to improve understanding of the position of respondents. They were then placed into a matrix grid to allow for easy identification of recurring themes and patterns which helped guide the analysis.

Phase C: Articulating strategies for action

During the third phase the opportunities and constraints identified in earlier phases provide a basis for coming to an agreement on future actions to strengthen the multi-stakeholder process. The tool for this phase was a multi-stakeholder workshop at which the analysis from the first 2 phases was discussed and clarified to make sure that our understanding was robust. Mission clarification was conducted. Through Problem and Innovation Trees (See Appendix IV for examples) we corroborated data collected from earlier phases to triangulate our findings and strategised about how barriers could be overcome.

[4] Please refer to MeTA's Multi-stakeholder Methodology Guidance Document and Toolkit available on MeTA's website at http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits

## 4.0 Who Are The Stakeholders?

***The following sections are comprised of the main findings from the Component 3 Baseline assessment.***

MeTA Philippines operates within a complex health system that is modelled on a decentralised system of government. During the early 1990's the *Local Government Act* began the transfer of various powers from central to local government. This transference of power included most elements of the health system; making responsibility for health planning, investment and provision a devolved issue.

The decentralised government structure makes for complex health planning and compounds many policy challenges in MeTA's four key programme areas (Price, Promotion, Availability and Quality), leading to wide disparities for consumers in terms of availability and price of essential medicines, for example.

This clearly has implications for MeTA's work and requires MeTA to engage with a broad range of stakeholders not only at central government level but perhaps more importantly at the local government level. The key stakeholder target groups for MeTA include the *Public Sector*, the *Private Sector* and *Civil Society.* In addition MeTA Philippines works closely with multilateral agencies such as WHO, the World Bank and the European Union who collaborate and work in Sector Wide Approaches (SWAPs) structures.

The current multi-stakeholder MeTA Council comprises a number of experienced, influential and well respected members with long records of public service both at government level and in academia. The 25-strong MeTA Council has excellent representation from government, various professional groups, and the private sector. This partnership is complimented by active participation of MeTA's civil society arm known as CHAT (Coalition for Health Advocacy and Transparency). CHAT was formed in 2009 and has over 20 organisational members drawn from civil society and political groups.

### 4.1 Public Sector

At the central government level the Department of Health (DOH) remains the principal agency within the health system and is tasked with developing national strategy, policy, standards and other guidance. The DOH has over 16 different offices, among the most relevant to MeTA are:

- **Food and Drug Administration**
  *Develops plans, policies, programmes and strategies for regulating drugs; formulates rules, regulations and standards; develops and maintains a database of all licensed drugs; and promotes rational drug use, among other specific tasks.*
- **Health Policy Development and Planning Bureau**
  *Formulates, implements and manages the research agenda for health process; and formulates policies on health sector development, among other specific tasks.*

At the local government level primary care is under the purview of cities, municipalities and barangays[5]; with secondary and tertiary care being devolved to the provinces. This highlights the need to have local government representation involved in the multi-stakeholder partnership.

In 1998 the Health Sector Reform Agenda (HSRA) was instituted beginning a process of health sector revitalisation. Later in 2005 the Government published an updated health sector blueprint for implementing health reform[6].

The health sector reform strategy implementation in the Philippines centres around 4 key pillars of change in the health sector: health financing; health service delivery; health regulation; and good governance in health[7]. The health reform strategy is a call to action for all stakeholders (public, private, civil society, donor agencies, etc.), galvanising various actors to work against health system fragmentation.

Under the Reform Agenda a number of governance efficiencies have been conceived that have potentially positive outcomes for medicines procurement, pricing, quality and availability over time. For example, municipalities in some areas have come together to share resources and work together in joint health programming, known as Inter-Local Health Zones (ILHZ's). Similarly the Reform Agenda has seen LGU's enter into pooled procurement arrangements to facilitate more efficient drug purchasing.

A new medicines law was adopted in 2008 – referred to as the "Cheaper Medicines Law" - that aimed to make available to Filipinos, quality assured essential medicines at more affordable prices. This is to be achieved through a range of policies including generics policies and a government-regulated maximum drug retail prices (MDRP). Only five active pharmaceutical ingredients have been subject to price regulation, whereas 113 medicines have been brought under voluntary price restraint, described in the GMAP (government-mediated access price); through negotiation between manufacturers and the government. This scheme has been criticised however as the drugs listed in the GMAP are mostly originator brand medicines bought by the rich and is therefore seen to have limited benefit for the poor. Lower priced generic substitutes exist for many of the medicines under MDRP or GMAP. The limitations of the scheme are compounded by the DOH not agreeing to expand the list of price-controlled drugs in the immediate future.

## 4.2 Private Sector

The pharmaceutical market in the Philippines is valued at over PhP103 billion[8]; with a year-on-year strengthening of the pharmaceutical sector seen in recent times. The marketplace is dominated by the larger multi-nationals who supply drugs for cardiovascular diseases and respiratory conditions; as well as vitamins supplements, for example.

The private sector market is well established and organised. For example, the Pharmaceutical and Healthcare Association of the Philippines (PHAP) is a collegiate grouping of some 56 pharmaceutical

[5] Local parish level
[6] Department of Health website http://www.doh.gov.ph/
[7] Formula One for health website http://www2.doh.gov.ph/F1/F1_MAIN.htm
[8] MeTA Philippine's Workplan

companies brought together under a common mission. PHAP aims to make quality, life-saving drugs available to the Filipino population through partnering with government, professional groups and NGO's.

The private sector plays a large role in the provision of health care to the average Filipino. Around fifty per cent of all doctors have private practices with slightly fewer than 50% of all hospitals being privately owned.

### 4.3 Civil Society

The Philippines has an active and vibrant civil society engaged in improving the health system. Civil society groups play an important role in the Philippine health system, providing health care and support services. A broad range of organisations are also involved in advocacy efforts to draw attention to the plight of many indigent Filipinos unable to access basic health care.

In 2009 the Coalition for Health Advocacy and Transparency (CHAT) was formed comprising organisations drawn from across the Philippines and concerned with issues related to access to essential medicines, transparency and public health. CHAT has become a partner in MeTA, sharing MeTA's mission and aims to extend the impact of MeTA's strategic priorities within the NGO sector.

CHAT's long term aims are:

- To become a strong, articulate and credible voice of vulnerable groups that will continuously engage the government, industry and the private sector on vital issues related to people's healthcare and access to medicines;
- To be able to influence policy makers and law-making bodies in enacting and implementing measures that will improve the health care system in the Philippines;
- To be able to influence pharmaceutical industry policies and practices that will promote access to quality and affordable medicines;
- To work for improved transparency and accountability in the selection, procurement, sale and distribution of essential medicines in the country; and
- To raise the level of and sustain public awareness on people's health care and access to medicines, leading to more pro-active participation from the community and society.

A number of other NGO-platforms exist to serve the health needs of Filipinos. For example, the Philippine NGO Council on Population, Health and Welfare; and the Health Alliance for Democracy.

## 5.0 Who is Participating in MeTA?

All MeTA target stakeholder groups are represented in the MeTA Philippine multi-stakeholder partnership. The MeTA Executive Committee comprises high-level representation from civil society, government, the private sector and includes an academic representative.

The Chair of the Executive Committee, Roberto Pagdanganan is the current president of CHAT and a former Governor with a long career in government. He is joined by Alexander Padilla, under-secretary at the Department of Health, as Vice-Chair; Cecile Sison, an organisational member of CHAT, as Secretary; Normita Leyesa, president of Philippine Pharmacists Association, as Treasurer; and former Chair Dr. Alberto Romualdez, stays on as a senior advisor.

The council membership has 25 representatives comprised of: 8 public sector members (5 from Government Departments and 3 from the Legislative); 1 academic member; 2 members from professional groups; 3 members from civil society; 2 members from the private sector; 5 Multilateral members (WHO, WHO-WPRO, EU, DFID & WB); and 4 individual members.

### 5.1 MeTA Council and Secretariat

The MeTA Secretariat has 5 full-time members of staff, this includes: 1 co-ordinator; 1 technical consultant; 2 research associates; and 1 website administrator. With the exception of the website administrator, all staff members have a background in either medicine or pharmacy. The MeTA Secretariat supports the multi-stakeholder council as well as overseeing the implementation of an ambitious pilot phase workplan.

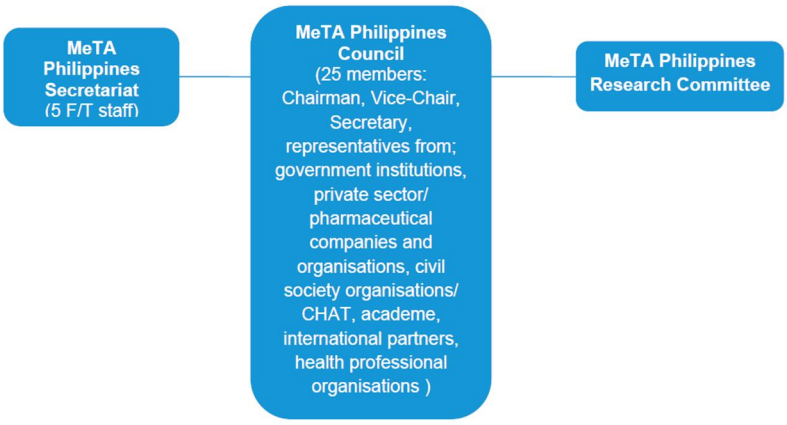
**Table 1.0 MeTA Executive Committee and Council Membership**

| EXECUTIVE COMMITTEE | |
|---|---|
| **Chairman** | Roberto Pagdanganan (President, CHAT) |
| **Vice-Chairman** | Alexander Padilla (Undersecretary, DOH) |
| **Secretary** | Cecile Sison (President, Healthwatch) |
| **Treasurer** | Normita Leyesa (President, PPhA) |
| **Senior Adviser** | Alberto Romualdez, Jr. (former chair, MeTA Philippines) |
| | |
| **STAKEHOLDER REPRESENTATIVES** | |
| **Government** | Robert So (Officer-in-Charge, NCPAM) |
| **Civil Society/CHAT** | Angel Mendoza (Convenor, AGAP) |
| **Private Sector** | Joey Ochave (Vice-President, Unilab) |
| | |
| **COMMITTEE HEADS** | |
| **Membership** | Reiner Gloor (Executive Director, PHAP) |
| **Research** | Kenneth Hartigan-Go (former Exec Director, PSECP) |
| **Advocacy and Partnerships** | Rey Melchor Santos (President, PMA) |

| INSTITUTIONAL MEMBERS | |
|---|---|
| **Department of Health (DOH)** | **Dr. Esperanza Cabral**, Secretary, (10-present) |
| **Philippine Health Insurance Corporation (Philhealth/PHIC)** | **Dr. Rey Aquino**, President and CEO, 08-present;<br>Dr. Shirley Domingo, 09 – present |
| **Food and Drug Administration (FDA)** | **Dr. Nazarita Tacandong**, Director in Charge, 09-present;<br>Ms. Lulu Santiago, Chief of Laboratories, 09-present |
| **Commission on Audit (CoA)** | **Dir Villaflor Fernandez**, Asst., Commisioner, National Gov Sector, 07-present;<br>Ms. Nenette Monica Tadeo |
| **Department of Budget and Management (DBM)** | **Dir Arturo Bumatay**, 07-present |
| | |
| **ACADEMIC** | |
| **Asian Institute of Management (AIM)** | **Mr. Francis Estrada**, President, 07-present;<br>Ms. Patricia Lontoc, 07-present |
| | |
| **PROFESSIONAL ORGANISATIONS** | |
| **Philippine Pharmacists Association (PPhA)** | **Ms. Normita Leyesa**, President, 08-present;<br>Atty. Froilan Bagabaldo, Exec. Vice President, 08-present |
| **Philippine Medical Association (PMA)** | **Dr. Rey Melchor Santos**, President, President, 09-present;<br>Dr. Arthur Catli, Executive Director, Secretariat, 10-present |
| | |
| **CIVIL SOCIETY** | |
| **Philippine HealthWatch Initiative (HealthWatch)** | **Ms. Cecile Sison**, 07-present |
| **Ayos na Gamot sa Abot-kayang Presyo (AGAP) Coalition** | **Mr. Angelito Mendoza**, Convenor, 09-present;<br>Ms. Paula Tanquieng, 09-present |
| **Cut the Cost, Cut the Pain Network (3CPNet)** | **Ms. Edeliza Hernandez**, 09-present |
| | |
| **LEGISLATIVE** | |
| **Individual** | **Dr. Alberto G. Romualdez Jr.**, 07-present |
| | **Dr. Kenneth Hartigan-Go**, 07-present |
| | **Mr. Roberto Pagdanganan**, 07-present |
| | **Atty. Alexander Padilla**, 10-present;<br>Dr. Robert So (OIC, NCPAM) 07-present |
| | |
| **PRIVATE SECTOR** | |
| **Pharmaceutical and Healthcare Association of the Philippines (PHAP)** | **Mr. Reiner Gloor**, President (former Executive Director), 08-present |

| | |
|---|---|
| **Philippine Chamber of Pharmaceutical Industries (PCPI)** | **Mr. Edward Isaac**, President, 09-present;<br>Atty. Jose Maria Ochave, Unilab, 09-present;<br>Ms. Abigail Estanislao, Administrative Director, 09-present |
| | |
| **MULTILATERAL PARTNERS** | |
| **The World Bank (WB)** | **Dr. Eduardo Banzon**, Senior Medical Specialist, 07-present;<br>Dr. Eduardo Banzon, Senior Medical Specialist, 07-present |
| **World Health Organization (WHO) Office in the Philippines** | **Dr. Soe Nyunt-U**, Country Representative, 07-present;<br>Ms. Catherine Dauphin, 09-present |
| **World Health Organization - Western Pacific Regional Office (WHO-WPRO)** | **Dr. Budiono Santoso**, Regional Adviser in Pharmaceuticals, 07-present;<br>Mrs. Dardane Arifaj, consultant, 08-present |
| **Department of International Development (DFID), UK** | **Ms. Lorraine Hawkins**, DFID Consultant to MeTA, 07-present |
| **European Commission (EC) Delegation in the Philippines** | **Mr. Fabrice Sergeant**, Senior Task Manager EC Delegation in the Philippines, 07-present;<br>Ms. Rita Bustamante, Program Officer , 07-present;<br>Ms. Klara Tisocki, ECTA-HSP Drug Regulation Specialist , 07-present;<br>Mr. Pablo Alcocer Vera, ECTA-HSP Pharmaceutical Management Specialist, 07-present;<br>Ms. Anja Bauer, 07-present |

**Figure 1: MeTA Philippines Structure**



The Council holds regular meetings that are convened monthly in advance with email reminders sent out to all members. Email communication between members also supports the distribution of news items, events and details of future meetings plus acts as a vehicle for distributing minutes and agenda items. Members also have access to the MeTA Philippine website secure area where they can view archived items, engage in e-Discussions and communicate with one another.

Most of the Council members know each other well and where they were not previously known to each other, the MeTA multi-stakeholder process has played an excellent role in facilitating relationship formation.

## 5.2 Workplan

MeTA Philippines' workplan[9] is clearly oriented towards increasing the availability and flow of information to strengthen decision-making and implementation of medicine policy and related processes. The workplan is informed by a situational analysis conducted in 2007[10] that mapped stakeholder groups and priorities, with a set of key activities and budget being agreed at MeTA Council level.

The workplan has 3 strategic priorities which include:

1. Sustaining a multi-stakeholder collaboration among government, academia, professional groups, the private sector and civil society;
2. Setting up structures and systems for continuous information disclosure; and
3. Building a strong interface with policy and decision makers at both the national and local levels.

The workplan describes a range of activities that focus on 5 key outcomes, these include:

1. Making available information on quality and registration of medicines availability, pricing ethical promotion and national and local policies on access to essential medicines;
2. Setting up of structures and systems for disclosure of information at the national and local government levels;
3. Improving technical capacity of stakeholders and providing incentives for transparency and good governance practices;
4. Setting up mechanisms for advocacy and participation in decision making processes;
5. Sustaining a multi-stakeholder collaboration

With reference to the multi-stakeholder process, the workplan highlights the establishment of governance protocols for the MeTA Council and support to CSO groups. However, **although sustaining the multi-stakeholder partnership is a key outcome of the workplan, there are few activities within the workplan document that pertain to sustaining and strengthening a quality, multi-stakeholder partnership.**

[9] Available at http://www.medicinestransparency.org/meta-countries/philippines/
[10] MeTA Background paper on propose MeTA International Alliance

## 5.3 Participation of Non-Council or Secretariat Members

Everyone interviewed as part of the multi-stakeholder assessment process were either MeTA Council members or had links to MeTA through colleagues, as part of a broader multi-stakeholder grouping. In total 25 stakeholder were interviewed (see Appendix II), 14 (56%) of whom were not MeTA Council members.

In addition to the above, we interviewed a small sample of 12 drug store patients. We asked them the following questions (Results in Appendix I):

- How do you find out about medicines for common illnesses? (e.g. from your doctor, friends/relatives, newspapers, internet, academic publications, announcements in drug stores, printed materials that go with medicines, others?)
- Are you always able to access the medicines you and your family need?
- What are your most trusted sources for information on medicines?
- Are you able to afford medicines that you and your family need?
- Have you heard or read about MeTA or Medicines Transparency Alliance?

## 5.4 Power and Influence

Stakeholders within MeTA are clearly comfortable with each other and work well together. The Council's Chair and MeTA Secretariat staff has undoubtedly established an enabling environment where stakeholders can freely express their opinions in an open way with each other without fear of reproach. Stakeholders interact in an informal and friendly way, contributing comments and opinions freely. During our observations, **whenever contentious issues were raised, the multi-stakeholder partnership was mature enough to respectfully process these, always erring on the side of preserving the multi-stakeholder process over upholding the opinions of any one stakeholder.** There do appear to be some topics that are not freely discussed at Council meetings, mostly relating to issues of corruption.

Stakeholders who engaged with the assessment process exhibited a strong sense of ownership over the MeTA programme and gave generously of their time and views. It is our opinion that the quality of the relationship between MeTA stakeholders in the Philippines is high.

## 6.0 Who is Missing from MeTA?

During our assessment two main groups of stakeholders were highlighted as missing from the multi-stakeholder process; government, at both central and local levels, and the media. During our assessment we had an interesting exploration of some of the reasons why there is variable participation in MeTA Council affairs and reasons why the Government is particularly absent.

When exploring poor participation by leading government departments a number of problems were described. Some stakeholders reported that government officials feel that they are being put on the 'hot seat' when they attend, being subjected to difficult questioning and singled out for criticism. Perhaps because of this perception many government representatives fail to attend meetings for fear of being scrutinised.

Some stakeholders also suggested that the MeTA Council meetings for many months have had too much focus on internal process issues that do not make for an interesting meeting agenda and subsequently do not attract busy government officials.

There is no media representation on the MeTA Council. It is not clear from the workplan whether media representation was considered during initial stakeholder analysis when forming the MeTA Council; or whether this is a failure of engagement.

A range of stakeholders from outside the health sector are missing from MeTA Philippines who may add value to the multi-stakeholder process. For example, other transparency groups, such as the Transparency Alliance should be considered.

## 7.0 What are the Barriers to Engagement?

MeTA Philippines has covered much ground since its inception, with a strong secretariat team and ambitious work plan. While the multi-stakeholder partnership is strong some barriers to more effective engagement do exist that may damage the multi-stakeholder partnership if not addressed.

From the views of stakeholders we interviewed (Appendix II) and from the one-day stakeholder workshop we identified some important information and communication channels (Appendix III) as well as a range of key engagement barriers.

The findings in this section as well as a number of the recommendations in Section 8.0 are informed from stakeholder activities conducted during a one-day stakeholder workshop (Appendix IV).

### 7.1 Unmet Expectations

MeTA's mission and purpose is well understood by the majority of stakeholders we met during the assessment process. While this shared understanding of mission and purpose appears clear, some stakeholders are less certain about MeTA's specific objectives and activities. Our interpretation of this situation is that MeTA has not successfully articulated and/or communicated thoroughly to its stakeholders the details of MeTA activities. This should include their rationale, the impact the activities will have and who the main beneficiaries will be. Moreover, stakeholders reported that the workplan is too ambitious with too many activities. This appears to have the effect of making some stakeholders believe the workplan is not achievable and can act as a barrier to effect participation.

In addition, although cognisant that MeTA is in a pilot phase in the Philippines, there was frustration from stakeholders that Council meetings are spending too much time discussing operational issues and not focusing on the delivery of key activities and outputs. We believe this in itself could be putting a number of members off attending Council meetings.

Finally, on the issue of unmet expectations, the issue of 'added value' was raised and discussed. Some stakeholders are not clear what they are getting from the multi-stakeholder process or what they can usefully contribute.

### 7.2 Variable Participation

Attendance at MeTA Council meetings is active but only among a small circle of regular members; and some members habitually do not attend. MeTA's challenge of engaging a broad range of stakeholder groups is particularly evident from Government departments, with a noticeable lack of engagement from the Department of Health and its various divisions. Sustained and productive engagement of key officials within the Department of Health remains a challenge.

Useful engagement with the Philippines media is yet to be realised with no media stakeholders present on the MeTA Council. MeTA does not routinely prepare press releases to engage the media except during the Annual MeTA Forum. Perhaps as a consequence of this, there are few news reports about MeTA's work.

There is a strong sense from stakeholders that they want the various government departments to be actively participating in MeTA and that the absence of government representation is counter-productive and damaging.

## 7.3 Information and Communication Gaps

### 7.3.1 Internal Information and Communication Gaps

The Philippine MeTA Secretariat communicates with its members mainly through email and its website. On the whole the majority of stakeholders reported being appreciative of the communication from MeTA, the circulation of MeTA Council minutes being a commonly cited example. Despite having a well-developed and useful website, few stakeholder cited the MeTA website as a source of regular information or as a vehicle to encourage multi-stakeholder engagement.

Findings from stakeholder interviews support the use of email and the internet by MeTA to reach the majority of its stakeholders, but for some members working in the public sector, regular access to email and the internet may be restricted. Furthermore, the timeliness of information, particularly for NGO's representing civil society groups, was a concern. Given that NGO's represent a broad constituency group where decision-making processes may involve several layers of consultation; the timely receipt of information from MeTA would facilitate better NGO engagement in MeTA Council business.

Feedback loops between stakeholders to ensure a steady and fit-for-purpose flow of information to and from people at the grassroots level needs serious consideration. For example, the dissemination of new drug policies that may affect consumers are not usually translated into local languages and may compound a number of issues MeTA is working to address. Consumers who are less well informed about essential medicines, their prices, quality and availability will not demand appropriate medicines from their health care providers. This is missing an excellent opportunity as evidence suggests doctors' prescribing habits are heavily influenced by their patients[11].

The need to make use of MeTA's Communication Toolkit[12] to create a range of new communication products was central to a number of discussions with stakeholders. These were considered essential in promoting the benefits of being a MeTA member; as well as communicating more effectively with a non-technical audience about MeTA's purpose. Other communications ideas such as having on-line eforums and discussion groups were felt to be useful, although the MeTA website administrator did explain that this has been tried in the past without much success. Participants felt however with the right hook or 'hot topic' they could attract a good number of members to participate.

### 7.3.2 External Information and Communication Gaps

A significant number of respondents cited the lack of a single health information depository as a serious impediment to information exchange, policy dialogue and the roll-out of best practice. Although a number of individual database sources do exist, for example through the WHO and some divisions of the Department of Health, there is no single point of entry for consumers and producers of health information. Stakeholders did report however that WHO was a particularly credible source of health information and was well regarded.

Stakeholders expressed concern that those responsible for prescribing medicines do not often have access to an up-to-date copy of the national drug formulary or access to medical databases to inform

[11] Information provided during stakeholder interview

[12] Available at http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits/communication-toolkit/

their prescribing habits. Given this situation many physicians are influenced by private drug companies who approach them directly and cultivate them, encouraging the use of their drugs which may not be the right choice for the patient. There is a need to promote more widely the use of the PNDF, while reaching out and educating consumers to become more informed about which medicines to ask for.

### 7.4 Cultural Factors

The role MeTA could play in cultivating a range of sector champions could be given more attention. Champions from all sectors including government and the private sector could be support by MeTA to bring about cultural change in the health system. An interesting set of proposals was discussed by stakeholders including the use of advertising awards for sector leaders who promote their drugs responsibly and do not make outlandish claims of the effects of their products. For the public sector, the allocation of 'Pogi' points for officials who are seen to be transparent and exemplars of good practice could also be pursued.

Stakeholder voiced the need to advocate more effectively for the enforcement of existing laws and the introduction of self-regulation to drive up the quality of medicine while reducing their costs. **There was some discussion of the use of the term 'advocacy' verses the term 'lobbying', with 'advocacy' being the preferred term. Many stakeholders felt that the term 'lobbying' was understood as a forceful process that may generate resistance, whereas 'advocacy' was felt to be a more sophisticated approach with 'below the surface', more subtle strategies to effect change.**

## 8.0 How can Barriers to Engagement be Overcome?

***This section interprets the findings from the various phases of the Component 3 Baseline Assessment and distils them into a series of key recommended changes designed to improve information exchange and enhance MeTA's multi-stakeholder processes.***

A central concern voiced by stakeholders both during interviews and at the one-day stakeholder workshop was the lack of consistent participation from a number of stakeholder groups. There is growing concern that a small circle of regular members overshadows a significant number of habitually non-attending members at Council meetings. Of particular concern is the absence of officials from the Department of Health who have not been in attendance for a considerable period of time in the MeTA multi-stakeholder process.

Lack of engagement by the Department of Health is a key challenge but so too is the engagement of a broader constituency of stakeholders, for example from legislative divisions of government, local government and from the media.

The assessment has highlighted a number of reasons for inconsistent participation of members in terms of: practical, logistical problems, for example relating to members being high profile and too busy to attend meetings; through to more substantive issues such as uninteresting agendas and members not understanding what they 'get' from the MeTA process. This perhaps underscores a weakness in how MeTA communicates with its various stakeholders and highlights that a one-size-fits all style of communication cannot work in a rich multi-stakeholder environment.

Within MeTA Philippines the dominant stakeholder grouping is comprised of individuals who are medically trained, have experience in pharmacology and biological sciences and are firmly rooted in public health thinking and vocabulary. Reinforcing this situation, with the exception of the website administrator, all of MeTA's staff are medically trained. Having such a well-trained team of staff and group of stakeholders is advantageous but it narrows the focus of the multi-stakeholder partnership; works to exclude others, either directly or indirectly; and limits the potential skill set and sphere of influence of the partnership.

Having sound knowledge of public health, medicine procurement, promotion and complex drug law is undoubtedly invaluable for MeTA; but so too is the ability to communicate about what MeTA is trying to achieve, how it is going about its core business and who it needs to influence and inform. We consider such communication expertise to be an essential but missing skill set within the MeTA multi-stakeholder partnership. A range of innovations described by stakeholders during the solution-focused phase of the one-day stakeholder workshop require the expertise of a communications expert if they are to be realised. MeTA already has a large staff team so it is not advised that a full-time communications expert is recruited. That said, the multi-stakeholder process would benefit from focused support, perhaps from a communications consultant.

***Key Recommended Change #1***
Strengthen the MeTA multi-stakeholder process by seeking the support of a communications professional

Thereafter, the development of a comprehensive, targeted and fit-for-purpose set of communication products is urgently required and should form part of a broader communications strategic review process. Essential communications products should include basic, succinct factsheets on MeTA priority areas with key messages designed to convey MeTA's positions and any specific 'asks'. Such communication products should be accessible and useable by ***any*** MeTA stakeholder and assist them in disseminating MeTA's message.

Communication tools of this nature will help to enhanced the multi-stakeholder process on a number of levels; ensuring parity of roles and responsibilities; clear communication of the 'added value' of being part of MeTA; optimisation of stakeholders opportunities to promote MeTA through consistent and tailored messaging; and supporting more active participation in MeTA multi-stakeholder meetings.

***Key Recommended Change #2***
Develop a robust communications strategy that engages a broad audience and is driven by stakeholder engagement centred on MeTA priority issues

***Key Recommended Change #3***
Develop a range of key messages on MeTA strategic priorities that can be used by a broad range of stakeholders and are readily accessible by the media

***Key Recommended Change #4***
Develop a fit-for-purpose range of communications tools making use of MeTA's online communication toolkit[13], that support MeTA stakeholders in disseminating MeTA's key strategic issues and supports them to play an active part in the multi-stakeholder process

As described above the development of communication products address a number of challenges being faced by MeTA including the engagement of a broader range of stakeholders, extending MeTA's sphere of influence and reaching out to a new set of target audience groups, including the media. Of key concern for stakeholders is the need to communicate with existing and potential stakeholders about the added value of being a part of the MeTA partnership process; what they may get from it and what they can contribute to it.

As a pre-cursor to the development of new communications products, and as an integral part of the communications strategic review outlined in *Key Recommended Change #2*, there is a need for MeTA to undertake an internal process of reflection about who it sees as its main target audience. This is necessary to decide upon the various information needs of stakeholders from high level officials to grassroots consumers of medicines.

Supporting MeTA stakeholders to engage more effectively with their target audience, we believe will enhance the MeTA multi-stakeholder process. Our research shows (See Appendix III) that use of the internet, blogging and social networking are popular vehicles for improving information exchange. It

[13] http://www.medicinestransparency.org/resources/meta-resources/meta-toolkits/communication-toolkit/

makes strategic sense therefore to effectively position MeTA's website to attract the maximum range of stakeholders. Dependent upon the outcomes of the communications strategic review process this might include establishing a range of smaller, more targeted satellite websites that capitalise on Filipino's passion for blogging and social networking (*See separate Communication and Health Policy Environment Report*).

These measures will not only support the development of an incredibly targeted portfolio of communications products but will also facilitate effective engagement of stakeholder groups on a range of levels where they can exert influence in achievement of MeTA's aims.

***Key Recommended Change #5***

As an integral part of the communication strategic review process, undertake an internal process to clearly decide on who the main targets and consumers are for MeTA's messages and communication products

***Key Recommended Change #6***

Consider the 'added value' for stakeholders wishing to participate in MeTA and tailor this for key stakeholder groups

***Key Recommended Change #7***

Explore more fully the range of ICT channels through which MeTA can engage a broader audience of stakeholders by reviewing the MeTA Philippine website with the potential to host smaller, satellite sites for different stakeholder groups

Although the MeTA process is well established in the Philippines, the programme is still grappling with the many challenges any programme will face in its pilot phase; particularly when involving a complex multi-stakeholder process. As a result there are a number of operational issues that require the Council's attention and often absorb a considerable proportion of the agenda. Our findings reveal that although stakeholders are sympathetic to this situation, they do feel that too much time is devoted to organisational issues at Council meetings and not enough time is spent on substantive policy issues.

Our findings show that there are a range of causes and consequences of variable engagement by stakeholders in Council meetings, including: there are a significant number of Council members who are very senior officials with busy schedules who cannot always prioritise Council meetings; and when Council agendas outline a series of discussion points in relation to organisational issues, it is not sufficiently stimulating to attract some stakeholders to attend.

To improve this situation, careful consideration should be given to the issues that can be dealt with by the Secretariat staff in consultation with the Council Chair and Executive Committee and those issues that must be reserved for a full Council meeting. This may also require a review of MeTA's internal rules. The priority therefore should be to reduce the number of organisational issues on the

Council agenda as much as possible, leaving room for more dialogue on areas of policy and activity. Key areas of policy discourse on the agenda should then be highlighted and marketed to stakeholders to attract them to attend Council meetings.

On a practical level, it is prudent for the continued engagement of high level officials, for them to nominate a representative and for the MeTA secretariat to establish an alternate representative list. Making better use of ICT may also be a useful strategy in attracting more members to Council meetings; our research shows that the use of texting is prevalent and hence text reminders about meeting date, time and location may prove effective.

Related to the issue of Council meetings, our findings reveal that many stakeholders feel the workplan is too ambitious or that progress on the workplan is too slow. It is our sincere hope that prioritising substantive policy issues over organisational issues will help to ameliorate this perceived problem. It must be remembered however that the Council does have a role to play in governance of the programme and therefore organisational issues will inevitably fall within its purview. We therefore recommend the establishment of a range of technical working groups that are facilitated and perhaps chaired by the MeTA secretariat (to reduce reliance on the Chair).

Technical working groups can have variable life-cycles; be permanent, focusing on long-term goals; or be short-lived, task-and-finish style groups to oversee and spur on a distinct project of work. Crucially, technical working groups should not be composed of very senior officials who do not have time to progress action points but should be comprised of members who have a personal workplan complimentary to the aims of the working group.

***Key Recommended Change #8***

Increase attendance at Council meetings by engaging MeTA members through sending timely text/email reminders and establishing a second delegate list for high level members

***Key Recommended Change #9***

Establish a series of technical working groups comprised of members at a middle-management, operational level who can commit sufficiently to service the terms of reference of the group

To underpin the range of measures we have proposed in this report it would be beneficial for MeTA Secretariat staff to have a series of on-going support to strengthen their management and leadership skills. Secretariat staff are incredibly competent in terms of 'know-how' skills on issues of policy and so on. An area of strengthening therefore would be on processes, or 'show-how' skills that are crucial in managing complex relationships, for brokering and in effective advocacy.

***Key Recommended Change #10***

Provide leadership and management training to key staff within the MeTA Philippines Secretariat

# 9.0 Appendices

## Appendix I: Results from Drugs Store Customer Interviews

### Questions

1. How do you find out about medicines for common illnesses? (e.g. from your doctor, friends/relatives, newspapers, internet, academic publications, announcements in drug stores, printed materials that go with medicines, others?)
2. Are you always able to access the medicines you and your family need?
3. What are your most trusted sources for information on medicines?
4. Are you able to afford medicines that you and your family need?
5. Have you heard or read about MeTA or Medicines Transparency Alliance?

| Gender | Q1 | Q2 | Q3 | Q4 | Q5 |
|---|---|---|---|---|---|
| Female | advertisements | yes | magazines | yes | no |
| Female | Doctor and relatives | yes, sometimes buying the generic name | doctor and relatives | yes | no |
| Female | Doctor and relatives | yes, have a medicine cabinet filled with medicines for common diseases and pharmacies found near home so no problem when supply runs out | doctor and elder relatives | yes, part of income allotted for medicines | no |
| Female | Doctor | yes | Doctor | yes | no |
| Female | advertisements, word of mouth, asking over the counter pharmacies | yes | internet, literature (fliers), testimony of friends, relatives, doctors prescription | yes | no |
| Female | Doctor, relatives and friends | yes | Doctor, relatives and friends | yes | no |
| | | | | | |
| male | commercials, mom | yes | Doctor | yes | no |
| male | TV advertisments, friends | yes | testimony of friends that take medicine | yes | no |
| male | TV advertisments | yes | pharmacist | yes | no |
| male | ask other people | yes | Doctor | not always yes if in small quantity | no |
| male | doctor, consultation, old methods | not always | Doctor | not always | no |
| male | TV commercials | yes | TV commercials | yes | no |

## Appendix II: List of Stakeholder Interviews

| | Name | Position/Organization | Council member? | Date of interview |
|---|---|---|---|---|
| **1** | Suzette Lazo | Professor, UP College of Medicine | Secretariat staff | 18-Feb-10 |
| **2** | Erwin Abueva | Program Coordinator, MeTA Phil | Secretariat staff | 18-Feb-10 |
| **3** | Aiza Datu-dacula | Research Assistant, MeTA Phil | Secretariat staff | 18-Feb-10 |
| **4** | Donn Mc Valdez | Research Assistant, MeTA Phil | Secretariat staff | 18-Feb-10 |
| **5** | Grace Roxas | Reporter, Medical Observer | no | 18-Feb-10 |
| **6** | Shirley Domingo | Vice President, PhilHealth | yes | 19-Feb-10 |
| **7** | Kenneth Hartigan-Go | Board Member, Philippine College of Physicians | Secretary of MeTA Council | 19-Feb-10 |
| **8** | Jose Maria Ochave | Vice President, United Laboratories | yes | 22-Feb-10 |
| **9** | Edeliza Hernandez | Executive Director, 3CPNet (NGO) | yes | 23-Feb-10 |
| **10** | Jocelyn Palacpac | Dean, UP College of Pharmacy | no | 24-Feb-10 |
| **11** | Reiner Gloor | Exec Director, Pharmaceutical & Healthcare Assoc Philippines | yes | 24-Feb-10 |
| **12** | Alberto Roxas | Dean, UP College of Medicine | no | 24-Feb-10 |
| **13** | Eduardo Banzon | Program Manager, World Bank | yes | 24-Feb-10 |
| **14** | Grace Gonzaga | Dean, UST College of Medicine and Surgery | no | 26-Feb-10 |
| **15** | Rose Gonzales | Chief, Policy Research Division, HPDPB, DOH | no | 26-Feb-10 |
| **16** | Esperanza Cabral | Secretary, Department of Health | no | 26-Feb-10 |

| | | | | |
|---|---|---|---|---|
| **17** | Noel Espallardo | Doctor, Philippine General Hospital | no | 27-Feb-10 |
| **18** | Edelina de la Paz | Executive Director, HAIN (NGO) | no | 01-Mar-10 |
| **19** | Budiono Santoso | Senior Regional Adviser in Pharmaceuticals, WHO WPRO | yes | 01-Mar-10 |
| **20** | Dardane Arifaj | Technical Officer in Pharmaceuticals, WHO WPRO | no | 01-Mar-10 |
| **21** | Klara Tisocki | ECTA assigned to Food and Drugs Administration | no | 01-Mar-10 |
| **22** | Francesca Arias | Doctor, Philippine General Hospital | no | 02-Mar-10 |
| **23** | Normita Leyesa | President, Philippine Pharmacists Association | yes | 03-Mar-10 |
| **24-29** | 6 drug buyers | | no | 04-Mar-10 |
| **30-35** | 6 drug buyers | | no | 05-Mar-10 |
| **36** | Francisco Duque | former Secretary, Department of Health | no | 05-Mar-10 |
| **37** | Virginia Ala | Director, Health Policy Dev and Planning Bureau, DOH | yes | 10-Mar-10 |

## Appendix III: Main Information and Communication Channels by Stakeholder Group

| Source | Type of Organisation | | | | | | Totals* |
|---|---|---|---|---|---|---|---|
| | Academia | International Organisation | NGO | Private Sector | Public Sector | Drug Store Customer | |
| Internet | 100% | 100% | 100% | 100% | 33% | - | 48% (87%) |
| Meetings | 50% | 100% | 100% | 100% | 100% | - | 52% (93%) |
| Email/Groups | 50% | 100% | 67% | 67% | 67% | - | 41% (73%) |
| Newspapers | 50% | 50% | 100% | 100% | - | - | 33% (60%) |
| Reports | 50% | 25% | 33% | 33% | - | - | 15% (27%) |
| Academic Publications | 100% | 25% | 33% | 67% | 33% | - | 26% (47%) |
| Symposia/Conferences | 50% | - | - | 33% | - | - | 7% (13%) |
| Mass Media | - | - | - | - | - | 50% | 22% (0%) |
| Medical Professional | - | - | - | - | 33% | 50% | 26% (7%) |
| Relatives & Friends | - | - | - | - | - | 67% | 30% (0%) |

**Figures in brackets excludes Drug Store Customers*

## Appendix IV: Outputs from Stakeholder Workshop Activities

**Problem Statement 1:**

- **Group One -- Limited information leads to limited access to medicines**
- **Group Two -- Information on medicines is limited and not publicly available, negatively affecting drug pricing, promotion, quality and availability**

**Root Causes**

- **Unethical practices related to promotion of drugs**
- **No law compelling drug manufacturers to divulge information on promotion**
- **Uncertainty about where to get information on drug pricing**
- **No sharing of information and 'Trade Secrets'**
- **Drug quality is variable due to regulatory gap**
- **Weak enforcement regulation**
- **Weak regulation and implementation of advertising**
- **Socio-cultural factors**
- **Poor governance**
- **Corruption**
- **Fragmented health services**
- **Use of popular media to spread disinformation**
- **Poor access by physicians and doctors to medical databases where scientific information on drugs is available**
- **Lack of objective 'user-friendly' information on drugs and supplements**
- **Failure of the government to deliver its mandate**
- **Formulary not available/accessible to prescribers**
- **Profit orientated pharmaceutical companies**
- **Market competition**
- **Drug labelling too vague for ordinary patient to understand**
- **Lack of up-to-date information from key government/regulatory agencies**

**Consequences**

- **Lack of transparency**
- **Poor compliance**
- **Ineffective health care system**
- **High out of pocket payments**
- **High morbidity and mortality**
- **Sub-standard drugs**
- **Poor drug access**
- **High prices**
- Drug treatment failure
- Fake drug proliferation
- Low quality of life
- Poor prescribing habits by doctors
- Quality of generic drugs are perceived as poor
- Low utilisation of PNDF as reference for prescribing
- Poor adherence to GMP
- Uninformed choice

**Problem Statement 2:**

- Group Three -- Poor implementation of procurement law

**Root Causes**

- People are not aware of the law
- Lack of price index
- Lack of local observers
- Procurement process takes too long and requires too many signature
- Not enough resources for system mechanisms
- Lack of accountability and control
- Lack of knowledge
- Corruption

**Consequences**

- Untreated disease
- Waste of drugs
- High rate of bidding failure
- High drug prices
- Lack of accessibility

**Problem Statement 3:**

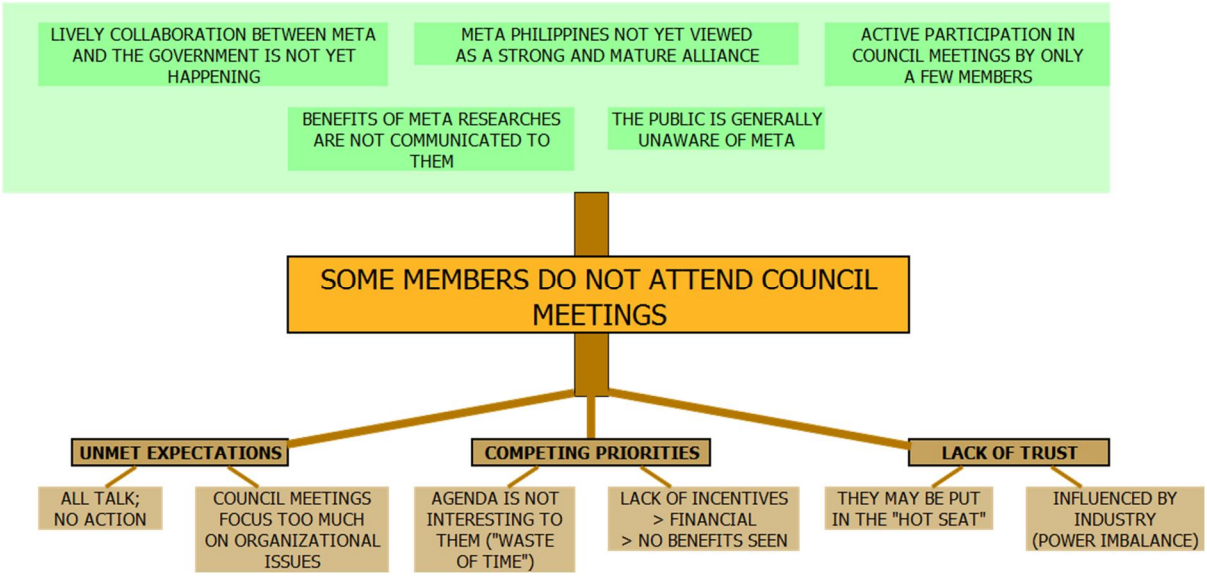
- Group 4 -- The quality of multi-stakeholder participation/involvement is variable and this affects performance

**Root Causes**

- Work plan too ambitious
- Unmet expectations
- Unclear objectives
- Information gaps and/or information overload
- What benefits to members from MeTA?
- Delayed implementation
- Government feeling they are being placed on the 'hot seat'
- MeTA process is new and acceptance takes time
- Building trust takes time
- Too much time spent on organisational issues
- Short-notice requests for feedback
- Members have other commitments
- Legislators and local government level not involved

**Consequences**

- No quorum in meetings
- Lack of feedback from sectors
- Unequal representation of stakeholders
- Delayed implementation




| | Problem Statement | Innovation Statement |
|---|---|---|
| **Group One** | Limited information leads to limited access to medicines | Provide accurate, adequate and up-to-date information to improve access to medicines |
| **Group Two** | Information on medicines is limited and not publicly available, negatively affecting drug pricing, promotion, quality and availability. | Information on medicines widely disseminated to positively affect drug pricing, promotion, quality and availability |
| **Group Three** | Poor implementation of procurement law | Support effective implementation of procurement law at LGU level |
| **Group Four** | The quality of multi-stakeholder participation/involvement is variable and this affects performance | Effectively engage all stakeholders to ensure MeTA goals are achieved |

**Innovation Statement 1:**

- **Provide accurate, adequate and up-to-date information to improve access to medicines**

**Key Activities**

- **Need to identify industry champions to catalyse change**
- **Self regulation**
- **Recognition for good prescribers**
- **Rational prescribing**
- **Education for consumers**
- **Third party accreditation/certification for advertising of drugs**
- **Award/recognition for good advertisers**
- **Dissemination of PNDF**

**Outcomes**

- **Rational drug use**
- **Trust for quality generics**
- **Informed choice**

**Innovation Statement 2:**

- **Information on medicines widely disseminated to positively affect drug pricing, promotion, quality and availability**

| |
|---|
| **Key Activities** |
| – Advocate for the ethical practices law<br>– Encourage self-regulation<br>– 3rd party negotiations should be made public<br>– Advocate for the passage of the Freedom of Information Act<br>– Enforcement of quality assurance<br>– Policies and guidelines of parallel importation |
| **Outcomes** |
| – Improved transparency<br>– Zero out of pocket payments<br>– Accessibility and availability of quality drugs improved |

| |
|---|
| **Innovation Statement 3:**<br>– To support effective implementation of procurement law at LGU level |
| **Key Activities** |
| – Create demand from consumers for the right drugs<br>– Mechanisms for 'POGI' points for local officials<br>– Accreditation requirements to include audits<br>– Pooled procurement<br>– Evidence-based decision-making and consumption<br>– Have checks and balances |
| **Outcomes** |
| – More efficient procurement of drugs<br>– More empowered consumers<br>– Lower priced and more accessible drugs |

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| **Innovation Statement 4:**<br>– Effectively engage all stakeholders to ensure MeTA goals are achieved |
| **Key Activities** |
| – Revise the workplan<br>– Create working groups<br>– Come up with recommendations after discussing research<br>– Present recommendations to legislatures and LGUs<br>– Create a 'value added' for members<br>– Develop a 'layman' document about MeTA, its objectives and benefits to all stakeholders<br>– Moderated e-group<br>– Discussion forum<br>– Engage other transparency NGO's such as Transparency International<br>– Develop key advocacy messages |
| **Outcomes** |
| – Equal representation of all stakeholders<br>– Prompt implementation of the workplan<br>– Support effective policy implementation on drugs access, affordability and safety |