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### **Activity 4.2a**

## **INFORMATION DISSEMINATION OF KEY PILOT STUDIES AND AWARENESS CAMPAIGN ON:**

- **AVAILABILITY AND QUALITY OF MEDICINES**
- **FOR THE CSO COALITION AND COMMUNITY HEALTH WORKERS**
- **IN LUSAKA, CHILANGA, CHONGWE AND KAFUE DISTRICTS**

**CONSULTATIVE WORKSHOP HELD AT TECLA LODGE IN LUSAKA**

**22 OCTOBER 2013**



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## **1.0 Background to the CSO Workshops**

The CSO Coalition as the civil society organizations were referred to under the pilot phase had their separate budget from the main MeTA activities. This CSO budget £50,000 at the time made it possible for the CSO Coalition to organize several training workshops that included budget tracking in medicines issues, research, Medicines Supply Chain, Government Structure, Policy Formulation and Analysis. Besides the CSO Coalition organized visits to Medical Stores and other quasi government institutions. Further an attempt was made to organize a meeting between officials from the Ministry of Health and the CSO Coalition to discuss CSO findings on difficulties of accessibility of medicines to ordinary people in various communities. Apart from local training CSOs underwent other training in Uganda and London organized by the international secretariat.

Thus the workshops under the second phase are intended to remind CSOs of the training under the pilot phase and how this relates to their role in this phase. Two workshops have already been undertaken in Solwezi and Ndola on 27 and 29 August 2013 respectively. At the end of both workshops MeTA focus groups were set up and for the Ndola workshop five focus groups were set up for Chililabombwe, Kitwe, Mufulira, Luanshya and Ndola.

## **2.0 CSO Workshop under the Technical Budget**

This activity was approved in the workplan of 10 December 2012 as an activity under the administrative budget. Then the activity was planned as a half day workshop with at least an hour's session in the afternoon without a tea break and as such the budget for this activity was set at ZMK10, 250.

The activity was transferred to the technical budget after MeTA Zambia implemented the Livingstone Procurement Workshop – a technical activity budgeted at ZMK24, 280 and without funding from the local WHO as they could not refund the costs incurred by MeTA Zambia.

Thus MeTA Zambia agreed to the local WHO proposal that the CSO Lusaka workshop should be implemented under the technical budget and suggested that the activity be implemented by 22 October 2013.

In this regard it was also proposed that its budget is revised to match closely to the expenditure on the Livingstone Procurement Workshop already implemented by MeTA Zambia. This revision was done and the new budget for the CSO Lusaka Workshop increased to ZMK16, 050 an amount which was accepted by the local WHO. MeTA Zambia made a request seeking the release of this amount by WHO.



### **3.0 Objectives of the Workshop**

The main objective of the workshop was to create awareness of medicine issues raised in the pilot phase studies as well as medicine issues involving pricing, quality and accessibility to ordinary Zambians in Chilanga, Chongwe, Kafue and Lusaka.

The second objective was to create a sense of ownership by local citizens of MeTA principles so they can take it upon themselves to spearhead their claim to the right of access to quality, affordable medicines and to encourage the establishment of District MeTA focus groups that can draw on funding from the CDF for their activities.

### **4.0 Implementation of CSO Lusaka Workshop - Activity 4.2a**

This activity was implemented 22 October 2013 as agreed between MeTA Zambia and the local WHO. The workshop was held at TECLA Lodge and it started at 0830 with registration, introductions and participants' expectations from the workshop. Although the main focus of the workshop was Mr. Chipupu Kandeke's presentation of pilot phase studies and the MeTA Communication Strategy, other presentations such Counterfeit, Sub Standard, Generic and Branded Medicines made by Lusaka Province pharmacist Mr. Abram Mukesela from the Ministry of Health and identifying advocacy medicines issues by Mr. Banza Chela from Treatment Advocacy Literacy Campaign (TALC) were equally important to the CSOs. Two presentations – one by the President of the Pharmaceutical Society of Zambia Mr. Liyoka Liyoka and the trustee of the Media Institute of Southern Africa (MISA) Zambia chapter Mr. Masautso Phiri provided the participants with updates of MeTA origins and objectives internationally and MeTA Zambia specifically. The workshop which was also video filmed ended with the setting up of MeTa focus groups for Chilanga, Chongwe, Kafue and Lusaka districts.



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## 5.0 Participants' Expectations from the MeTA Zambia CSO Workshop

Participants came up with the following expectations:

- ✓ To learn more on the accessibility and availability of essential medicine in Lusaka.
- ✓ To learn how best we access quality medicine and the measures to be put in place to access quality medicine.
- ✓ To learn and understand more on META phases.
- ✓ To learn more on how we can disseminate information on META.
- ✓ To learn how to access CDF funds using META.
- ✓ Focus on advocacy skills and right to medicine
- ✓ To create community ownership to access medicine.
- ✓ To learn how many studies were done and what was being looked for.
- ✓ To understand the supply rules of medicine
- ✓ To understand the difference between branded medicine and generic medicine.
- ✓ To have a copy of pilot study which was done before this meeting.
- ✓



## 6.0 Welcoming Remark and introduction to MeTA project objectives by Liyoka Liyoka

In opening the meeting the Pharmaceutical's Society of Zambia (PSZ) president took the delegates through the introduction of MeTA, which he said was an alliance of partners working to improve access to essential medicines and was funded by Department for International Development (DFID). MeTA was launched on 31 October 2009. He said it involves private sector, government, civil society and cooperating partners. The aim of MeTA is to improve transparency in the selection medicines and improve on equitable access to affordable medicines. Meta Zambia carried a survey and developed a position paper on counterfeit and substandard medicines with transparency international Zambia (TIZ).

In the second phase MeTA is focused on sharing findings of phase one with all stakeholders .MeTA also wants to partner with the government which is a custodian of providing access to health care and essential medicines .This can be achieved by:

- Mutual accountability through multi-stakeholders.
- Evidence based policies.
- Affordable medicine prices.
- Rational selection.
- Reliable and transparent medicine supply chain system.
- Reliable and sustainable financing.
- Creating structures with the responsible ministries that support the medicine supply chain system.

The pharmaceutical's president Mr. Liyoka Liyoka said in many times, it's not because we don't have funds but it's because of how we manage our funds. There is no need to bring medicines which have no demand from the Zambian people. He appealed to the stake holders to share information on market/demand and supply of imported genuine generic and local medicines in order to increase transparency, accountability and good governance in medicines procurement and supply chain system.





## **7.0 Review of MeTA Zambia pilot and second phase by Masautso Phiri**

The MeTA acting coordinator Mr. Phiri emphasized that medicine is a human right which every person has to demand as his/her rights. He also mentioned that the procurement system had an essential role in enhancing reasonable costs, registration and regulation of the health system. It was mentioned that the civil society organizations (CSO) is very broad and diverse, and it plays a critical role in medicine related issues. One of the partners was Health Action International (HAI) and which should be included in the alliance. He mentioned that there must be a selected number of medicines as essential medicines.



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He said that MeTA in the pilot phase brought out issues on medicine related management. This process included four stages:

### **8.0 Dissemination of Report on MeTA Zambia pilot studies by consultant Chipupu Kandeke**

1. Selection – medicines must be essential and vital, that is medicines procured should have an impact on the would-be end users.
2. Procurement-procurement depends on financial ability and is done by the Ministry of Health (MoH).
3. Distribution – storage and transportation is done by the Medical Stores Limited (MSL).
4. User-the end user is the patient.

All in all the regulation medicines management is important and needs to be implemented. The budget allocation for medicines was increased by 30% in the 2013 budget. The creation of hubs by MSL like the one in Choma is a positive move and needs to be encouraged. Issues raised on lack of local manufacturers included:

1. Lack of transparency in registering suppliers.
2. High registration fees.
3. Unregistered products on the Zambian market.
4. One local manufacturer has a long term contract with MoH.
5. MoH has tenders with other suppliers internationally.

Challenges raised on the use of local manufacturers of medicines included:

1. Lack of expertise and research in industrial Pharmaceuticals.
2. High vat and duty on pharmaceuticals raw materials.
3. Poor pay ways by GRZ.
4. High cost of borrowing.
5. High cost of fuel and electricity.
6. Cheaper imported medicines as compared to local.





7. Illegal imports and counterfeit products.
8. Lack of transparency in GRZ tenders.
9. Lack of transparency in pricing mark and whole selling.

It was however mentioned that the number of registered retail pharmacies had increased from 70 in 2009 to 105 in 2013. The challenges which were attributed to the less number of pharmacies includes; less number of qualified pharmacists and illegal drug stores.

A question was raised as to who registers medicinal products for the Zambian market to have unregistered products. In response it was mentioned that there was no unregistered products on the Zambian market unless if there was a porous border.

#### KEY MESSAGES

- There must be transparency and accountability in pricing of medicines.
- The registration bodies for medicines should ensure transparency.
- Public awareness needs to be enhanced on accessing drugs from registered pharmacies.
- Branded products are not always better than generic.

#### ADVOCACY POINT

1. Government should remove duty on pharmaceutical products e.g. pharmaceutical raw materials like pharmaceutical starch etc.

### **9.0 Counterfeit, Sub standard, generic and Branded Medicines and the Supply Chain by A. Mukesela**

The Lusaka province pharmacist Mr. Mukesela mentioned that counterfeiter products in health care are a criminal offence. A counterfeit product is a product which is deliberately and fraudulently mislabeled with respect to identity of the original product. On the other hand a substandard product is a product that does not meet quality specifications.

Counterfeit products can cause treatment failure, drug resistance or death. Counterfeit can also cause the public to lose confidence in conventional medicine.

#### ***BRAND NAME AND GENERIC MEDICINES.***



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Brand name is a name decided upon by the manufacturer of a product e.g. Panadol while generic panadol is known as paracetamol which is the active ingredient in both products.

fighting for the right to access quality and affordable medicines. He formed focus groups for each district involved and urged the groups to come up with activities that would be presented to CDF committees for funding. He also mentioned that it was disappointing that the politicians who were invited did not turn up.

## **10.0 Identifying advocacy issues in the district with regard to MeTA Principles and objectives by Banza Chela**

## **11.0 Role CSOs in phase two and the way forward – Goodwell Lungu**

## **12 Closing Remarks by David Banda**

In conclusion the Pharmaceutical Society of Zambia (PSZ) representative said it has been a pleasure to have this gathering let's be forceful in dealing with medicines transparency.

The MeTA chairperson Mr. Phiri thanked all participants for coming and encouraged everyone to continue being involved in medicines issues and in particular MeTA Zambia.

## **15.0 Observations on Implementation and Budget Changes**

The main observation with regard to this activity relates to WHO changes to the agreed budget after the activity had already been implemented. These changes are not minor but extensive and they provide a serious financial reporting challenge. Besides these changes were made at the time WHO had decided to transfer MeTA Zambia funds through the Zambia Medicines regulatory Authority (ZAMRA) and begs the question – why do this at this stage? Herebelow is a comparison between the agreed budget and the budget:



**Activity 4.2a - Conduct Information dissemination of pilot studies and awareness campaign on availability and quality of medicines for pilot phase CSO Coalition and Community Health Workers in Lusaka**

					WHO's Budget	Agreed Budget
Awareness campaign in Lusaka province through dissemination of advocacy messages from the pilot studies as part of capacity building for CSO	Conference package provider	Facilitator	500	4	2,000.00	2000
		Venue	600	1	600.00	600
		Lunch	70	50	3,500.00	3500
		Tea	25	50	1,250.00	4000
		Transport refunds support staff	150	5	750.00	750
		transport refunds participants	100	45	4,500.00	4500
		Video Camera Hire	700	1	700.00	700
		<b>TOTALS</b>			<b>13,300</b>	<b>16,050</b>

## 16.0 Conclusion

In conclusion MeTA Zambia is positive that the following expected outputs were met. Participants understood a) pilot phase studies and possible messages for the advocacy campaign b) the essence of access to essential medicines in Chilanga, Chongwe, Kafue and Lusaka with regards to their pricing, quality and availability c) the difference between counterfeit, substandard, generic and branded medicines d) the supply chain and their own role in it e) identify medicines issues for advocacy in their district and f) their role as CSO in MeTA second phase and agree to form a MeTA focus group in their district.

MeTA Zambia also believes that the changes to the budget referred to above are unacceptable as they were made after the activity was already implemented and costs incurred. In this light MeTA Zambia's view is that the WHO meets its obligation and allows ZAMRA to release the budgeted funds for this activity. Besides WHO's inability to release funds as requested has created a challenging financial reporting problem for MeTA Zambia with regard to the administrative budget.





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