HEALTH ACTION INTERNATIONAL
GLOBAL PROGRAMME OF WORK, 2002-2006

1 January – 31 December 2006

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Narrative report – Part One

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FOREWORD

The presentation of this Annual Report, 1 January 2006 – 31 December 2006, marks the last report in the cycle which began in 2002. The past year has seen the culmination of HAI’s ongoing work in its 25th Anniversary celebrations held at various venues worldwide.

It is to HAI’s credit that it has proved to be as powerful now as it was when in 1981 it was established as the only international NGO representing the voice of civil society on pharmaceutical issues. HAI was at that time at the forefront of championing the WHO’s Essential Medicines Concept; today, HAI still works with WHO on many issues, not just with their headquarters in Geneva but also at a local/national level. The approach may have changed slightly over the years, but the aim is still to improve access to essential medicines and improve their rational use through research excellence and evidence-based advocacy.

The ongoing work programme for the whole of the HAI network has been informed by current debates at government and civil society level, and by HAI’s continued commitment to complement the work in international development of its various funders. HAI is grateful to its long-standing donors who have encouraged and supported the HAI Foundation in the past and who rightly can share in its successes in influencing policy to facilitate equitable healthcare in all the HAI regions.

In particular, the support from DGIS (the Dutch Government Department for International Cooperation), FINNIDA (The Finnish Government department for International Development Aid) and SIDA (The Swedish International Development Cooperation Agency) during this period enabled the network to extend and grow beyond its original scope now achieving global recognition in its expertise and authority on medicine policy throughout the world. Under DGIS oversight in 2005, a re-structuring of the management of the HAI Foundation was begun, leading to the formation of a fifth HAI regional office: HAI Global. This will facilitate the trans-national reach of HAI on international programmes to be coordinated from one central office thus enabling a streamlined accountability for global funds accrued to the HAI Foundation.

At the end of the current cycle, the HAI Foundation will be seeking additional funding to secure the international impact of HAI’s work and the voice of civil society at the World Health Organization and other international fora. A new cycle of work will be undertaken, building on its past successes and launching HAI on its next stage of development giving a voice to the poor and marginalised on a global platform.
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HEALTH ACTION INTERNATIONAL
ANNUAL REPORT
ACTIVITIES JANUARY 1 – DECEMBER 31, 2006

Health Action International (HAI) is an informal network of approximately 180 member organisations and individuals focusing on health, development, consumer and other public interests in more than 70 countries.

Founded in Geneva in 1981, HAI adheres to WHO’s essential medicines concept (that fewer than 350 medicines are necessary to treat more than 90% of health problems requiring medicines), and as such promotes:

- **The rational use of medicines:** that all medicines marketed should meet real medical needs; have therapeutic advantages; be acceptably safe and offer value for money.
- **Access to these essential medicines** to ensure that they are available at affordable prices when treatment is needed, especially for the poorest.
- **Greater transparency** in all aspects of decision-making around pharmaceuticals, for example, by reducing industry secrecy and control over important clinical data.
- **Better controls on medicinal drug promotion** and the provision of balanced, independent information for prescribers and consumers.
- **Network development:** as a membership-based organisation which defends the right to health, HAI welcomes collaboration with like-minded organisations, and considers network development an important strategy for the advancement of its work.

With regional coordinating offices in Africa, Asia Pacific, Europe, and Latin America HAI carries out its work through advocacy, research, education and capacity-building, information-sharing and action campaigns. The regional offices collaborate in a Global Programme of Work that is set out by the HAI International Steering Group. This group meets annually, to review progress made in meeting HAI targets, and to respond to new developments in HAI’s areas of work.

HAI members, through their own institutions and pursuits, complement and advance the work of the HAI regional offices. Their work is presented and discussed at annual general meetings in each region. This report concerns itself with work coordinated and carried out by the regional offices in 2006. The report describes the aims, activities and results of all of HAI’s projects. Each project is summarised under one of the five thematic areas:
- Access to essential medicines
- Rational use of medicines
- Transparency and ethics in medicines policy
- Better controls on medicines promotion
- Network development

Under each of these areas, activities are further described according to their locus of activity and scope, according to whether they are:
- Global
- Regional or
- National

To the extent they can be identified, countries involved are listed in parentheses.

The primary type of activity involved is also indicated, these being:
- Advocacy
- Research
- Education and capacity-building
- Information-sharing
- Action campaigns

The coordinating office leading each project is named, as is the lead coordinating officer.

The report also indicates the source and amount of funding for each project, under the heading Project Means.

The report has adopted the DRAM format requested by the Dutch Ministry of International Cooperation (DGIS) to present HAI's global activities:

Doelen (Aims)
Resultaten (Results)
Activiteiten (Activities)
Middelen (Means)

As stated above, for the sake of clarity the 'Means' has been placed at the start of each section under Project Means.
PROJECT THEMATIC AREA:
ACCESS TO ESSENTIAL MEDICINES

AFRICA

Project Title: WHO/HAI Africa Regional Collaboration for Access to Essential Medicines
Project Locus: Africa - Regional
Project Type: Advocacy, education and capacity-building
Project Time frame: 2002-2007 (Pilot phase)
Coordinating Office: HAI Africa
Project Partners: World Health Organization, DFID
Project Coordinator: Patrick Mubangizi, Christa Cepuch
Project Means: Global Programme (part thereof)

INTRODUCTION
With the support of DFID, HAI Africa and the World Health Organization are collaborating on a project to increase access to essential medicines in Africa. While most of the financial support for this project is received from DFID, HAI Africa used some of the Global Programme funding for promotional and information-sharing activities, which are listed below.

AIMS
To improve policies and practices in order to increase access to essential medicines. To increase the availability and affordability of medicines through improved interaction among ministries of health, WHO, and the civil society organisations of the HAI Africa network.

ACTIVITIES
HAI Africa participated in revision and drafting of Kenya's National Pharmaceutical Policy (KNPP)
- Monitoring of Medicine prices project started in Kenya, Uganda and Tanzania, training completed in all the 3 countries
- A briefing paper on WHA RUM Resolution was submitted to the MOH and to other Ministries of Health of Africa countries
- Development of the report of the Kenya survey on price, quality and availability of all anti-malarial medicines on the market

RESULTS
Capacity building skills were improved by participants undertaking the various surveys. The surveys also allowed HAI Africa to give expert input into discussions regarding the KNPP as well as helping to influence government policy on MMP.

The Briefing Paper on the WHA Rational Use of Medicine Resolution helped to contribute to a better understanding by governments and other interested parties in the problems surrounding this issue as well as raising the profile of HAI Africa.
Access to Essential Medicines

**Project Thematic Area:**

**Project Title:**

**Project Locus:** Regional – Africa and Global

**Project Type:** Advocacy, education and capacity-building

**Project Time frame:** April 2006-June 2006

**Coordinating Office:** HAI Africa

**Project Partners:** HAI Africa member from Malawi

**Project Coordinator:** Patrick Mubangizi

**Project Means:** US$ 4,000

**AIMS**

To ensure that African delegations are able to work effectively to advance World Health Assembly policies that would increase access to essential medicines for the poor and most vulnerable.

**ACTIVITIES**

Before the May 2006 World Health Assembly, HAI Africa prepared advocacy tools, (including the briefing paper ‘Rational Use of Medicines (RUM): A background to the current WHA draft Resolution’). Efforts were made to sensitise civil society partners about these issues that would have an impact on access to medicines so that they could better carry out their advocacy work on medicines issues with representatives of national delegations at the meeting. Of particular importance was a draft resolution on research and development. HAI facilitated briefings in Africa to ensure that civil society partners and delegations had the information they needed to be effective at the WHA. In addition, HAI Africa sponsored the participation of a civil society organisation partner from Malawi at the meeting in Geneva.

HAI Africa also produced fact sheets on access issues and developed information sheets on the rational use of medicines that were used during informal discussions at the Assembly. These fact sheets were widely disseminated to the heads of national delegations.

**RESULTS**

Country delegations were well informed about, and sought better support from WHO on, global policies and issues affecting access to medicines for their populations. In addition, HAI Africa and its civil society organisation partner at the meeting were able to collaborate with other NGOs on promoting the draft resolution on the rational use of medicines, which was eventually passed by unanimous consent at the WHA Executive Board meeting held in early 2007. This cooperative effort has created a strong partnership between HAI Africa and its partner in Malawi which promises to lead to greater collaboration in activities undertaken in Malawi. The meeting provided a venue for HAI Africa to promote its collaboration project with WHO/TCM (Technical Co-Operation on Medicines) amongst government delegations attending the Assembly too. Finally, members of civil society taking part in the advocacy work at the Assembly were regarded by delegates as effective, well-informed partners in the debate on these medicines and policy issues.
Project Thematic Area: Access to Essential Medicines

Project Title: Information Dissemination
Project Locus: Regional – HAI Africa
Project Type: Education, capacity-building and information-sharing
Project Time Frame: 2006 (and ongoing)
Coordinating Office: HAI Africa
Project Partners: N/A
Project Coordinator: Betty Amailuk
Project Means: US$ 2,749

AIMS
To provide public information on key access issues and the role played by various actors in impeding or improving access to essential medicines. To create useful yet simple and user-friendly material for members of civil society engaged in access issues. To profile HAI’s work on access issues to an audience outside of the health sector.

ACTIVITIES
HAI Africa published two fact sheets on access to essential medicines issues (WHO/HAI Africa Regional Collaboration for Access to Medicines" and "A neglected Declaration: Five years after Doha, Medicine not available for All") and posted them on its website and international listservs. The fact sheets were meant to act as advocacy tools before and during the World Health Assembly. They focused on such key priorities as the resolution on research and development of medicines and on the rational use of medicines.

RESULTS
The two fact sheets were originally distributed to members of HAI Africa’s network, as well as to a listserv with hundreds of subscribers. This was done electronically in the run-up to the World Health Assembly. Once they were posted in this way, the fact sheets circulated to other networks electronically as individuals and groups shared them with others. Ultimately, many civil society partners used the fact sheets in their own information and lobbying campaigns aimed at the Assembly.
Project Thematic Area: Access to Essential Medicines

Project Title: Challenges and Prospects of Access to Essential Medicines in Africa

Project Locus: Regional - Global
Project Type: Advocacy, education and capacity-building
Project Time frame: During the Humanitarian Development Summit held in Nairobi in October 2006

Coordinating Office: HAI Africa
Project Partners: N/A
Project Coordinator: Patrick Mubangizi
Project Means: Global Programme (part thereof)

AIMS
To gain greater visibility for the problem of access to essential medicines in Africa and to profile the work HAI Africa is conducting in this area.

ACTIVITIES
HAI Africa participated in the high-level meeting of international organisations, bilateral partners, developing country governments, NGOs and UN agencies at the Humanitarian Development Summit in October. It sponsored the attendance of one of the meeting’s key speakers—Sisule Musungu. Musungu, HAI Africa’s Board Chairman, addressed the plenary, speaking on the challenges and prospects of attaining greater access to essential medicines in Africa. In addition, the work of HAI Africa was displayed during the event.

RESULTS
The Summit provided HAI Africa with an opportunity to speak out on the need to increase access to essential medicines. It also gave it the possibility to promote its work and goals and to network with like-minded organisations on access to essential medicines in Africa and related issues. As a result, many civil society organisations expressed interest in its activities, especially in the area of sharing information on medicine pricing.
Project Thematic Area: Access to Essential Medicines

Project Title: Participation in WHO Monitoring & Evaluation Meeting
Project Locus: Regional - Global
Project Type: Advocacy, education and capacity-building
Project Time frame: During the WHO Monitoring & Evaluation meeting July 2006
Coordinating Office: HAI Africa
Project Partners: Prospective civil society organisation partner from Tanzania (Christian Social Services Commission)
Project Coordinator: Patrick Mubangizi
Project Means: Global Programme (part thereof)

AIMS
To support regional organisations working on access to medicines issues and ensure that HAI Africa’s concerns are raised at international forums on the topic.

ACTIVITIES
As part of its outreach efforts in countries in Africa beyond its core membership area, HAI Africa enabled a civil society organisation partner from Tanzania to attend the WHO’s Monitoring and Evaluation meeting in Geneva. During the meeting, the representatives discussed the development of global indicators on access to essential medicines.

RESULTS
The partner organisation that attended the meeting is now playing an active role in the WHO/HAI Africa team undertaking the monitoring of medicine prices in Tanzania. The meeting provided an opportunity for HAI Africa and partners to continue participating in the assessments of the pharmaceutical sector to streamline activities within the region in the pharmaceutical sector.
ASIA PACIFIC

Project Thematic Area: Access to Essential Medicines

Project Title: Regional Seminar on the Future of Health Services: Who will live and who will die?

Project Locus: Regional

Project Type: Advocacy, education and capacity-building, information-sharing

Project Time frame: 10-12 April 2006

Coordinating Office: HAI Asia-Pacific

Project Partners: Gonoshasthaya Kendra, Savar, Dhaka, Bangladesh

Project Coordinator: Dr. K. Balasubramaniam

Project Means: US$ 50,000

AIMS
- To provide a forum for a panel discussion in the presence of national ministers and Parliamentarians as well as members of the Department of Patent, Design and Trademark on the opportunities that Bangladesh has as a least developing country (LDC) with considerable pharmaceutical manufacturing capacity;
- to develop as a regional hub for pharmaceuticals given the transitional period before it has to be TRIPS-compliant (2013-2016);
- to provide a forum for discussion and brainstorming on issues that affect health services;
- to provide the opportunity to develop a draft discussion document for a National Health Policy Framework.

ACTIVITIES
Before the seminar, a team of individuals with expertise on the TRIPS Agreement and Public Health were contacted by HAI Asia-Pacific. By e-mail, the group discussed how to attain a national patent law and waiver by 2016. These individuals were invited to be resource people at the seminar.

The panel discussions were attended by government officials from various ministries and the Parliament, members of HAI Asia-Pacific and other delegates. At the meeting, they engaged in an active discussion, working to convince representatives of the need for a public health interpretation of TRIPS and the development of a national patent law including the flexibilities available to least developed countries as set out in the TRIPS Agreement and the Doha Declaration.

Prior to the seminar, members of HAI Asia-Pacific were invited to prepare papers raising issues that affect healthcare services and their provision. In total, 12 papers were presented during the meeting that addressed issues regarding health systems, the role of decentralisation, privatisation and primary healthcare, the effect of poverty and other social determinants on health, medicine prices, pharmaceutical promotion and the effect of
medical tourism on health systems. Working groups helped develop guidelines for a National Health Policy framework.

The three-day seminar was attended by network participants from 15 countries in the Asia Pacific region: Afghanistan, Australia, Bangladesh, China, India, Indonesia, Iran, Malaysia, The Maldives, Nepal, Pakistan, The Philippines, Sri Lanka, Thailand and Vietnam. Representatives from HAI’s regional offices in Africa and Europe, as well as a HAI Asia-Pacific intern from Canada participated as well.

RESULTS
The Bangladesh National Patent Law and Waiver 2016
The group unanimously approved a resolution prepared by the seminar participants that was then handed over to Dr. Alauddin Ahmed, a Parliamentarian. The resolution recommended that the government take immediate steps to review the national patent law in order to exclude pharmaceutical products and processes from patent protection, and to forbid the mailbox provision and market exclusivity. Dr. Ahmed assured the assembly that the matter would be discussed. This seminar took place at a time when several meetings and discussions were being held in Bangladesh on this issue and thus complemented those efforts.

The seminar’s deliberations included inputs from working groups, presented papers and panel discussions. Based on these, the secretariat produced a draft guideline for a National Health Policy framework. This framework was circulated to all of the participants and HAI Asia-Pacific members to be used as a campaigning and lobbying tool to increase public awareness and to call upon governments to develop and strengthen National Health Policies.
**Project Thematic Area:** Access to Essential Medicines

**Project Title:** Study on Drugs for Treating Anaemia

**Project Locus:** India

**Project Type:** Advocacy, action campaign, education and capacity-building, information-sharing

**Project Time Frame:** December 2005 – December 2006

**Coordinating Office:** HAI Asia-Pacific

**Project Partners:** Drug Action Forum – Karnataka (DAF-K)

**Project Coordinator:** Prasadini Perera

**Project Means:** US$ 1,550 (disbursed in Dec 2005)

**INTRODUCTION**
Anaemia is a common clinical problem presenting a major public health problem in India and other countries in South Asia. Its most common cause is a lack of nutrition and it largely affects women and children. While there is a wide range of preparations available, many market remedies are irrational and costly.

**AIMS**
To document the extent of the problem regarding the rationality, availability, and cost of anaemia remedies. To disseminate the findings to all stakeholders: consumers, prescribers, the drug industry and policy makers.

**ACTIVITIES**
The study was carried out to gather information on the following areas: the rationality of products available to treat anaemia through a systematic study of the medicines available by prescription as listed in the Current Index of Medical Specialities, a reference commonly used by prescribers. These medicines were checked for rationality against the WHO Model List of Essential Medicines and the National Essential Medicines List of India. It reviewed the cost of these products in comparison to that of rational therapy. It checked the availability of anti-anaemia medicines in the public and private sectors, it conducted a survey among prescribers asking them about their habits when prescribing anti-anaemia medicines. It also sought reasons from the drug industry for irrational anti-anaemia preparations.

**RESULTS**
The study’s findings were published in a booklet entitled *A study on drugs for treating anaemia: A campaign for access to essential drugs*. The book was released on 9 December 2006 and is available both in English and Kannada. The study generated media interest ([Decan Herald 4 January 2007 “Medication: Out of Reach of People”](#)) which helped publicise the availability of the publication. The findings were also circulated on various e-mail forums.

The project’s survey found:
- A screening of 338 drugs used to treat anaemia from a popular medical reference guide (CIMS Oct 2005-Jan 2006), revealed that only one of the drugs, (ferrous fumarate 200 mg), met the standards set out in India’s Essential Drugs List and by the WHO.
- Some of the drugs listed to treat anaemia in the drug guide contained substances such as alcohol, liver extract and haemoglobin that are not recommended in any standard medical
text book.
- In total, 70% of the medicines contained more than two active ingredients making them outright irrational and a huge economic waste.
- The one drug that did meet the WHO's standard was not easily available at most chemists' outlets, simply because it does not offer a high profit margin.
- This rational anti-anemia preparation (ferrous fumarate 200 mg) was the least expensive drug, showing that all of the other irrational preparations were more costly.

The project's booklet includes a list of recommendations and messages for consumers, prescribers, policy-makers, and the drug industry. It also includes a tear-out page addressed to India's Minister of Chemicals and Petrochemicals that describes the extent of nutritional anaemia in the country, the non-availability of rational drugs to treat it, the irrational and costly medicines available and a list of measures the Minister is urged to consider to make essential medicines available to all those who need them. Readers are encouraged to sign the letter and send it to the Minister.
Project Thematic Area: Access to Essential Medicines

Project Title: Regional Consultation on the Impact of the WTO/TRIPS Agreement for HAI Members, Health and Trade Ministry Officials of the WHO/EMRO Member States

Project Locus: Regional – Asia Pacific
Project Type: Advocacy, education and capacity-building
Project Time Frame: August – September 2006
Coordinating Office: IHA Asia-Pacific
Project Partners: Third World Network (TWN), Eastern Mediterranean Regional Office for the World Health Organization (WHO/EMRO), Médecins Sans Frontières (MSF) and Consumer Project on Technology (CPTech)

Project Coordinator: Dr. K. Balasubramanian
Project Means: budget of US$ 30,000 not yet disbursed

AIMS
To inform health and trade ministry officials about the impact of the WTO/TRIPS Agreement on access to essential medicines.

ACTIVITIES
Initial contact with WHO/EMRO and TWN has been established. There is mutual agreement on the need for this Consultation. However, the funds to enable a meeting in October were not released by the Sri Lankan government due to their freezing of special foreign bank accounts and this meeting has therefore necessarily been postponed.

EXPECTED RESULTS
1. Sharing of expertise in implementation of TRIPS agreement
2. Increased consumer awareness of the adverse impact of TRIPS and access to medicines
3. Presentation of guidelines and recommendations for developing public health sensitive legislation to enable increased access to essential drugs. Networking and establishing contacts with key personnel in the WHO/EMRO states.
Project Thematic Area: Access to Essential Medicines

Project Title: Position Paper on Poverty and Health
Project Locus: Regional – Asia Pacific
Project Type: Research, education and capacity-building
Project Time Frame: 2006
Coordinating Office: HAI Asia-Pacific
Project Partners: HAI members in AP region
Project Coordinator: Prasadini Perera
Project Means: US$ 1,000

AIMS
To develop a HAI Asia-Pacific position on poverty and health, focusing on the relationship between the two and to disseminate this HAI perspective to a wider audience. To provide objective information on these issues to key stakeholders to support decision-making at institutional and individual levels.

ACTIVITIES
A Working group of HAI-AP members has been established, materials collected and a discussion document drafted.

RESULTS
The draft discussion document has been circulated to the HAI-AP members for finalisation at a meeting in Dhaka.
EUROPE

Project Thematic Area: Access to Essential Medicines

Project Name: HAI/WHO Project on Medicines Prices:
Phase II: Better access to essential medicines in low- and middle-income countries: tackling the challenges of price and availability

Project Locus: Global
Project Type: Research, Advocacy, education and capacity-building
Project Time Frame: DGIS 2002-2006 (ongoing)
Coordinating Office: HAI Europe
Project Partners: WHO, HAI Africa, HAI Asia-Pacific, HAI Latin America
Project Coordinator: Marg Ewen
Project Means: Global Programme

INTRODUCTION
Since May 2003, Health Action International (HAI) and the World Health Organization’s Department of Essential Drugs and Medicines Policy have been devising and refining a manual to collect and analyse the prices people pay for a selection of important medicines, as well as identifying price components (taxes, mark-ups, etc.) and the affordability and availability of key medicines.

AIMS
To have groups use the manual as a standard and universal tool to assess the availability and price of essential medicines in low- and middle-income countries. To encourage groups and individuals to advocate for better access to needed drugs and more affordable treatments, based on the findings of research and for there to be greater transparency about medicine prices.

ACTIVITIES

Capacity Building

Surveys
In addition to conducting nine pilot surveys, surveys have now been completed or are nearing completion in the Middle East (6), Francophone Africa (8), Anglophone Africa (9), Asia/Pacific (8), India (7), Central Asia (5), Europe (2), South America (1).

Once the surveys were completed and permission was granted to publish the results, the workbook data were entered into the database and posted on HAI Europe’s website, along with survey reports and other relevant material (http://www.haiweb.org/medicineprices).
A number of countries including the Cook Islands, Ukraine, Iran, Libya and Oman are preparing to undertake surveys in 2007.

**Regional and international analyses**
To aid data comparisons, two query extractors were developed.

At the December 2006 WHO/HAI pricing project meeting it was agreed that advice was needed on undertaking international price comparisons, taking into account variations in exchange rates, reference prices and inflation, as well as purchasing power parity. This consultation will take place in January 2007, by the London School of Economics, funded directly by DFID.

Regional analyses of prices, availability and affordability are underway in the Middle East and Central Asia by the regional technical advisors (Douglas Ball and Brenda Waning, respectively). The India synthesis reported drafted by Anita Kotwani, technical advisor for India, was completed in 2006 and has been accepted for publication in the *Indian Journal of Medical Research*. A synthesis report of results from nine African surveys was drafted by Martin Auton and published in 2006. Following the publication of his report, a one-hour BBC World Service radio programme entitled “Are drugs too expensive? Can you get the medicines you need?” was aired.

An international comparison of prices, availability and affordability of medicines to treat chronic diseases was launched by Dr. Gezairy, Regional Director of WHO's Eastern Mediterranean Regional Office (EMRO), at the World Health Assembly in May 2006. This secondary analysis by Susanne Gelders, Marg Ewen, Nakae Noguchi and Richard Laing used data from 30 price surveys and covered 14 medicines used to treat asthma, diabetes, epilepsy, hypertension, and psychiatric disorders. The report can be found on WHO’s website: [http://mednet3.who.int/medprices/](http://mednet3.who.int/medprices/).

A report on the cost of treating cardiovascular diseases has been drafted by project member Kirsten Myhr. It is currently under review. Once finalised, an article will be drafted and submitted to a peer-reviewed journal.

The drafting of two analyses on pricing policies commenced in 2006. The first was a paper on pricing policy versus survey data in the Middle East, written by Samia Saad. The second focused on pricing policy versus survey data: the effect of generic policies, and was written by Aurelia Nguyen. The results of both studies were presented at the December 2006 project meeting in Cairo. Both papers should be finalised in 2007 and submitted to journals. The survey on Middle East data will be included in an information pack for Ministers in the EMRO region attending their Regional Committee meeting in September 2007.

**Advocacy and Policy Impact**

**Africa**
A workshop on policies and strategies to improve the availability and affordability of essential medicines in selected African countries was held in September 2006 in Nairobi. The
meeting was attended by participants from Chad, Ghana, Ethiopia, Kenya, Mali, Nigeria, Senegal, Uganda, Zimbabwe, France, the UK, Austria, WHO's Geneva headquarters as well as its African regional office, funder DFID, the European Union and HAI Africa. The meeting participants reviewed the results of the country surveys, discussed a multi-country analysis, and examined price control options based on various countries' experiences, including generic policies, taxes and tariffs. On the meeting's final day, the participants discussed advocacy work and country plans.

In mid-2006, HAI Africa published an advocacy toolkit for use by civil society organisations entitled “Medicine prices: a critical barrier to access: how to advocate for implementation of recommendations from Medicine Price Surveys”.

Asia
A pilot workshop on moving from survey data to advocating for policies to make medicines more affordable and available was held in Sri Lanka in June 2006. The workshop brought together representatives involved in four surveys from the Asia region funded by WHO/HAI (China Shandong province, Malaysia, Indonesia and The Philippines) and four surveys on chronic disease medicines funded by the Non-Communicable Diseases section of the WHO (Nepal, Sri Lanka, Bangladesh and Pakistan). In addition to reviewing the evidence and agreeing on policy changes to address key issues, effective advocacy strategies were discussed with participants and examples of successful advocacy described. Participants were also provided with a copy of the HAI Africa advocacy toolkit developed to accompany the survey tool.

Some teams then developed an advocacy plan which they submitted to HAI and WHO for review. A seed grant was given to the team from Shandong University, China, to hold a stakeholders meeting on the survey results, and develop and pilot a price monitoring system. The meeting was held in August 2006 with representatives from WHO’s Beijing office, National Development and Reform Committee (Department of Pricing), Ministry of Health (Department of Finance and Planning), Ministry of Labour and Social Security, Department of Health Insurance, National FDA Bureau (Department of Marketing), Drug Price Evaluation Centre NDRC, Chinese Association of Chemical Pharmacy Industry, Chinese Association of Pharmacy and Commerce as well as researchers from Shandong University.

The meeting’s outcomes included support for the pilot monitoring study with the inclusion of more medicines on the Chinese National Essential Medicines List and the Social Health Insurance Essential Medicines List to treat people with hypertension, diabetes, cardiovascular diseases and paediatric illnesses. The meeting participants also called on community healthcare centre pharmacies to distribute pamphlets showing medicine prices for patients. Finally, they urged collaboration between the Shandong University research team, the Ministry of Labour and Social Security, the Department of Health Insurance and the Drug Price Evaluation Centre of National Development and Reform Committee. The monitoring pilot study began in late 2006.

Eastern Mediterranean
Planning for a post-survey regional workshop for countries undertaking a survey in the region was undertaken in late 2006. The workshop will be held in January 2007.
Constituency Building

Presentations
Presentations on the methodology and survey results have been made throughout the year including at the following events:

- HAI Asia-Pacific regional conference in Dakar, Bangladesh, April 2006: presentation by Andreas Wulf (on behalf of Marg Ewen).
- Briefing at the 2006 World Health Assembly, presentations by Marg Ewen, Dalia Dey (West Bengal), and Carmen Perez-Casas (MSF).

A briefing entitled “Medicines for chronic diseases: Too costly, too scarce, too important to ignore” was held at the World Health Assembly in May 2006. Approximately 120 delegates attended this meeting. The briefing was co-chaired by Dr. Gezairy, Regional Director of WHO EMRO and Assistant Director General Dr. Catherine LeGales-Camus. Presentations were made by Marg Ewen (prices, affordability and availability of chronic disease medicines), Dalia Dey (survey data from West Bengal) and Carmen Perez-Casas (prices and other access issues involving second-line and recent antiretroviral medicines).

Marg Ewen and Dalia Dey drafted a briefing paper entitled “Medicines—too costly and too scarce” for WHA delegates. The paper discusses some of the key findings of the surveys, namely: treatments are often unaffordable, prices are often high, availability is often poor (particularly in the public sector), mark-ups can be excessive, and governments often apply multiples taxes to essential medicines.

Following the briefing, the British Medical Journal published an editorial by Tessa Richards entitled “The great medicines scandal. New initiatives offer hope that global inequity in access to medicines will be reduced”. In the editorial, Richards draws attention to the
WHO/HAI report on prices, availability and affordability of chronic disease medicines and states “the report’s findings make explicit what has long been recognised: that the cost of medical care impoverishes or is simply beyond the reach of many people in developing countries.” She continues, “Amid the gloom, however, there is some light. Simply collecting data and presenting it to governments can stimulate action.” The journal later published nine rapid responses to her editorial.

Evaluation of the Methodology

Sampling validation
In 2005 and 2006, HAI Latin America staff in Peru conducted a standard price survey along with two major survey design expansions—i.e. of the medicines targeted and the types of outlets in the sample—for the purpose of conducting a validation exercise. By including, in this one survey, comprehensive data on all products in three therapeutic classes (ACE inhibitors, oral anti-diabetic medicines and ulcer medication) plus dozens of additional pharmacy outlets that are normally excluded for the standard sampling frame, they sought to assess whether the usual target medicines list and outlet sample approach are methodologically adequate.

Project member Jeanne Madden analysed the results which confirmed the strength and appropriateness of the WHO/HAI approach. The analysis was discussed at the December 2006 project meeting. Findings for therapeutic alternatives to the core list medicines were generally similar to findings for core list medicines, except that most alternatives played relatively small roles in the Peruvian marketplace. Findings for more remote outlets were comparable to the findings for the standard sample outlets. Indeed, there appeared to be little association between outlet location and the price or availability of medicines.

IMS Health has also approached the project for possible collaboration. This organisation has undertaken a comparative analysis of the Peru survey data with its data. A very close correlation was found for branded, innovator products. However, a similar correlation was not found for generic products.

Multi-country sampling validation
Methodological issues addressed by this validation study were the recommended sample of outlets and the targeted core list of medications.

A simulated client approach was used to investigate whether the prices paid by patients for branded and generic medicines were the same as the prices collected by data collectors using a survey approach. The study also explored if the pharmacies offered, on request, a generic equivalent or an alternative medicine which was cheaper. The first study was undertaken in Dar es Salaam, Tanzania and Lusaka, Zambia in 2006. In India, prices paid by simulated patients were about 8% less for originator brands than those collected by the data collectors, and 24% more expensive for the lowest priced generic. When the data on individual medicines was considered, the differences were quite small for most medicines (except generic ciprofloxacin). In Tanzania, overall prices paid by simulated patients were the same for generic medicines as the prices collected by the data collectors (no originator brands were sold to the simulated patients as all pharmacies use generic substitutes). When the data on individual medicines are considered, there were marked differences but overall these
proved to be not statistically significant. In Zambia, the results were mixed. Overall, simulated patients with prescriptions by originator brands ended up paying less for their medicines than the prices obtained by the data collectors, and those with prescriptions by generic name paid more than the prices obtained by the data collectors.

Undertaken by Jeanne Madden, the analyses of availability included data from 20 surveys and focused on the percentages of outlets with particular medicines in stock and the number of medicines with enough outlets with particular medicines in stock and the number of medicines with enough outlet observations to conduct price analyses. The validation study’s key findings included:
- Availability is higher for local supplementary list medicines than for core list medicines;
- Availability varies greatly among surveys, and among medicines in individual surveys;
- Low availability is common and poses a potential threat to the achievement of thorough, reliable surveys.

Analyses of inter-outlet price variation included data from 29 surveys. Key findings included:
- Variability is higher for generics than originator brands
- Generic price variability is higher in public sectors versus private sectors
- Price variability is low and does not appear to threaten the methods
- There were high-variability outliers among medicines in most surveys, and amongst countries, which merit further scrutiny.

Implications for the methodology, which were discussed at the December project meeting included:
- Survey teams should receive more guidance on the circumstances in which the required minimum sample sizes may be inadequate and how to strengthen their sampling frame
- The project should consider changes to the targeted core medicines list.

**Increased Transparency of Medicine Prices**

**Medicine Prices and Database**
The work of the project is showcased on HAI’s website: [www.haiweb.org/medicineprices](http://www.haiweb.org/medicineprices)

The database ([www.haiweb.org/GlobalDatabase/Main.htm](http://www.haiweb.org/GlobalDatabase/Main.htm)) contains the following information:
- Price and availability per survey
- Price and availability per medicine
- Summary data per survey
- Affordability per survey
- Affordability per condition

Other survey results, including price components and the originator brands surveyed, can be found on [http://www.haiweb.org/GlobalDatabase/survey_result/Main.htm](http://www.haiweb.org/GlobalDatabase/survey_result/Main.htm)
The development of a new database was undertaken to accommodate the growing amount and complexity of survey data and to allow the data manager maximum flexibility in maintaining the database. The new database was completed by May 2006.

In-depth Studies

**Multi-country assessment of price components**

In 2005, project consultant Libby Levison conducted three in-country studies on price components with the survey managers in Morocco, Uganda and Pakistan. In 2006, she drafted a report on the findings which will be reviewed by national governments in early 2007. The report should be published by mid-2007. [A paper reporting the findings will be submitted to a peer-reviewed journal in mid-2007.

**Case studies of price disparities**

Based on the results of surveys undertaken using the WHO/HAI methodology, five national case studies were undertaken to determine the causes of price disparities and identify policy options that could address the problems found in Mongolia, Uganda, Morocco, Malaysia, and Peru. Health Economist Andrew Creese undertook these studies in collaboration with the survey managers from these countries, and the regional technical advisors.

The five cases studies were completed in December 2006. Based on the Malayan study, *PLOS Journal* accepted an article written by the survey manager Zaheer Ud-Din Baber and Andrew Creese. Andrew Creese also drafted a synthesis article which has been submitted to the *International Journal of Health Policy and Planning*. Permission to publicise the case study reports on HAI’s website have been made to survey managers.

**Price monitoring tool**

Three six-month pilot studies were undertaken in 2006—by the Malaysian Ministry of Health, the Network for Consumer Protection in Pakistan, and HAI Africa in Kenya. In November 2005, a training workshop was held in Malaysia, facilitated by project member Klara Tisoki. In-country training for the Pakistan pilot, and on-line support for the Kenya pilot, were undertaken in early 2006. On-line support was provided throughout the pilot period. The pilot testing of the monitoring tool was funded by WHO EMRO (Pakistan) and HAI Africa (Kenya). The following conclusions have been drawn from the pilots:

- Regular price information is needed to inform consumers so that they can make better choices, but has to be provided on key medicines that consumers need and want (these may not be core medicines), and has to be provided frequently (monthly or according to a routine schedule) so it is current.
- For a policy perspective, monitoring can be used to identify problems in the market and thereby act as an early warning system. This kind of monitoring can be done with sentinel sites, and needs to be fairly routine (e.g. quarterly).
- To evaluate a policy, targeted monitoring is needed, focusing on a specific question. Frequent monitoring for a limited period is needed until the policy impacts are clear.
A government can monitor drug prices to enforce regulations. This needs to be done with a limited set of products, but all of the facilities involved (primary health care facilities, hospitals, etc.) have to be surveyed.

When monitoring is done from an advocacy perspective, it should focus on a selected set of products. The data collection process can be conducted once or twice a year, but it is difficult to do more frequently.

**November Project meeting**

A meeting of the project’s Advisory Group, Steering Committee, consultants, WHO regional pharmaceutical advisors and selected survey managers was held at WHO’s Eastern Mediterranean Office in Cairo from 28 November to 2 December 2006. The first three days focused on methodological issues, the final two days on policy advocacy.

Many technical issues were discussed including:

- sampling method (regions, sectors and facilities)
- core and other lists of medicines
- revisions to the workbook
- training survey personnel and data quality assurance
- automated survey report generation
- actual prices versus data collection prices
- methodology for measuring price components
- the monitoring tool
- norms and definitions
- methodological issues encountered while preparing synthesis reports

A number of pricing policy issues were also discussed including the work done in EMRO and WHO Africa comparing survey data with pricing policies, and Aurélie Nguyen’s paper on policies to promote the use of generics and their effect on medicine prices. National health accounts were also discussed, as was DFID’s new Medicines Transparency Alliance (McTA).

Andy Chetley of Health Link U.K. facilitated discussions on possible advocacy activities, at the national and international level, in phase III of the project. Discussions focused initially on what HAI should try to achieve through its advocacy work on medicine prices. Three survey managers then discussed their advocacy efforts to date in group sessions. Members of the group gave suggestions to advance their national advocacy efforts.

The focus on the last session was moving forward on advocacy. The group brainstormed on evidence-based issues that might be good international advocacy themes. As a key focus in the next phase of the project is advocacy, it was agreed that a subgroup of five or six people should lead the project’s advocacy work. The project’s advocacy experts will primarily be HAI members, plus experts external to the project. The advocacy group’s first meeting is scheduled for May 2007 when the project’s advocacy strategy will be developed.

**RESULTS**

**Policy changes**

In 2006, WHO and HAI were informed about the following policy changes in response to gathered evidence on pricing:
• In 2005, the Lebanese government reduced the patient price of 1,100 medicines (25% of all registered medicines in the country) and introduced regressive mark-ups. In 2006, the Ministry of Health commenced publishing patient prices and pharmacy margins on their website, which is updated every two weeks. In April 2007, they expect to distribute the first Lebanese national Formulary to all doctors and pharmacists, which will include price information. In 2007, they also intend to review the price structure of locally manufactured medicines and in 2008/9 they intend to implement a re-pricing scheme for all medicines that will result in reduced FOB (free on board) prices.

• The government of Tajikistan abolished 20% VAT on all medicines. As this tax was applied early in the supply chain, its removal results in a significant reduction in add-on costs (from an average of 122% to 86%).

• The Indonesian government is considering abolishing VAT. Currently 10% VAT is applied twice in the supply chain. Abolishing this tax would reduce add-on costs of 54-88% to 28-56%. The pharmaceutical industry association announced that from 1 July 2006 it would reduce the price of 100 branded generics, containing 34 active substances.

• In response to the Mali survey that showed very high generic prices in the private sector and high pharmacy mark-ups, the Ministry of Health undertook a more detailed survey of the private sector, including major wholesalers. A committee, that included pharmacy association representatives, proposed fixing the prices of about 100 essential medicines in the private sector. This was achieved in March 2006 through a government regulation, and a system was established to monitor wholesale and retail prices. Monitoring has shown that prices are falling, much faster at the wholesale level but also in retail outlets.

• The Kenyan government is revising its National Medicines Policy based on survey findings amongst other issues.

• The Nigerian government is drafting a medicines policy based on its survey findings.

• In June 2006, it was reported that the Malaysian Ministry of Health proposed capping the price of more than 1,000 essential medicines used to alleviate pain and treat infections, hypertension, diabetes, depression and other conditions. However, by late 2006, this proposal appeared to be as yet unfeasible.

• In February 2006, the Ministry of Chemicals and Fertilizers in India (the ministry responsible for medicine policy) issued a press release saying a number of reports indicated that the price of some medicines were very high compared to the cost of production, and that there were huge margins for retailers. It said the Minister wanted all stakeholders to think about how to decrease prices for essential medicines, otherwise more medicines would be put under price control. Eleven companies said
they would decrease prices for about 100 commonly used brand generics. In September 2006, the Ministry launched a 24-hour helpline. Through it, people can complain about medicine prices; unfortunately, the helpline itself is unable to supply price information.

**Use of the methodology by other initiatives**
The project’s co-ordinators were approached by the Medicines for Malaria Venture (MMV) in late 2006 as it intends to undertake a multi-country study in Africa on the price, availability and affordability and sales of antimalarial medicines. MMV also intends to take on some market behaviour studies. The first survey is expected to start in Uganda in March/April 2007. Richard Laing and Marg Ewen will provide technical support to MMV on the survey protocols.
Project Thematic Area: Access to Essential Medicines

Project Name: Essential Innovations
Project Locus: Global
Project Type: Research, advocacy, education and capacity-building
Project Time frame: 2006
Coordinating Office: HAI Europe, HAI Africa, Asia Pacific, Latin America, MSF, OXFAM, CPTECH, The Wellcome Trust, AIM, Prof. Graham Dukes and several other national and regional non-governmental organisations, and individuals

Project Partners: Andreas Wulf, Christian Wagner
Project Means: Global Programme (part thereof)

INTRODUCTION
HAI’s Essential Innovation project aims to emphasise and support the World Health Assembly initiative taken in 2003 to establish a body to collect data and proposals from various actors and produce an analysis of intellectual property rights, innovation, and public health. This analysis is to include the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect people in developing countries. The Commission on Intellectual Property Rights, Innovation and Public Health (CIPHI) was created in May 2003 at the 56th World Health Assembly. The following year, the Dutch government adopted “Priority Medicines for the Citizens of Europe and the World” as the theme of its EU Presidency. Its Priority Medicines project set out to identify “pharmaceutical gaps”, diseases for which effective treatments are lacking and therefore in need of urgent research. HAI expressed concern that the Priority Medicines project failed to confront the fundamental tension between health and commercial interests. In both cases, HAI was invited to give the consumer perspective on the programmes of work. The Commission on Intellectual Property Rights, Innovation and Public Health invited HAI to act as the NGO liaison, and the Dutch Presidency invited HAI to serve as the consumer representative in its discussions.

In May 2006 the World Health Assembly decided to take more public responsibility for research on tropical and poverty-rated diseases. The decision was based on the recommendations by the CIPHI. The 2006 WHA decided to establish a working group to develop a concrete plan for action (Resolution 59.24)

AIMS
To hold consultations with consumers, health care providers, regulators, and policy makers to examine evidence of the success of the current global framework used to finance R&D as a mechanism for drug delivery, diagnostic tools and other instruments to meet public needs. To explore policy adjustments necessary to improve R&D and to document best practices for achieving essential innovation.

ACTIVITIES
In 2006, HAI participated in the meetings of the CIPHI. HAI created a consultative working group involving Médecins Sans Frontières, OXFAM, The Consumer Project on Technology,
The Sanger Institute of the Wellcome Trust and others to coordinate joint advocacy at theWorld Health Assembly and other fora. In mid-2006 this group has become formalised as‘The Essential Innovations Platform’ and a first planning meeting held in Amsterdam.

As the NGO liaison to the Commission, HAI continues to coordinate international NGOresponse to the working discussion lists of the Commission, securing responses in particularfrom civil society groups in developing countries. [

The Essential Innovation project supported the development of a public health agenda forresearch and development under the 7th European Framework Program and played a role inthe implementation of global and national macroeconomic and health programmes as well asinitiatives for exploitation of technological advancement in the life sciences.

RESULTS
As HAI and its partners were able to open up the dialogue on this issue to a wider audience,thegovernments of Kenya and Brazil drew up a resolution on Essential Health Research &Development to put before the World Health Assembly in May 2006. After intensive lobbywork by HAI the Resolution was passed.

In addition, HAI’s position on the issues involved was further integrated during the draftingof the report of the Commission on Intellectual Property, Public Health and Innovationwhich began in October 2005.

While the Dutch government’s “Priority Medicines Project” was completed at the end of theDutch Presidency of the EU, its findings were taken up in part in the UK Presidencyparticularly the question of medicines regulation.

HAI was invited to consult on the creation of the Drugs for Neglected Disease InitiativeBoard and to review the terms of reference for the appointment of a consumer advocate forDNDi (DNDi is the most important not for profit pharmaceutical entity, created in 2003 toimprove the quality of life and the health of people suffering from neglected diseases byusing an alternative model to develop drugs for these diseases and ensuring equitable access to new and field relevant health tools).

The new network ‘The Essential Innovation Platform’ (established in response to the Inter-Governmental Working Group (IGWG) of theWHO) enables HAI to have a wider reach in its campaign activities regarding essential health R & D relevant to diseases particularlyaffecting developing countries; it has wider scope and expertise to make lobbying efforts more efficient and powerful. Strategy to further this aim will include creating more publicpressure on national governments to take a clear position during inter-governmentaldiscussions; continuing work on alternative models for need-driven R & D; producing anddisseminating position papers on R & D; extra emphasis on this topic at the 2007 WHA.

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Project Thematic Area: Access to Essential Medicines

Project Title: Public Private Interactions: Assessing the Benefits and Risks in Antiretroviral Treatment Programmes

Project Locus: Global
Project Type: Education and capacity-building, advocacy
Project Time Frame: 2006
Coordinating Office: HAI Europe
Project Partners: HAI Asia-Pacific, HAI Africa, HAI Latin America
Project Coordinator: Colleen Daniels
Project Means: 61,000 euro (Danida) and 9500 euro (Global Program)

INTRODUCTION
Growing recognition of the depths and costs of the AIDS crisis has produced a shift away from a public-sector-driven production of health care policy to an institutional framework involving a larger mix of actors.

Private Public Interactions (PPIs) are proposed as win-win solutions to the AIDS pandemic. With an outcome orientation and efficient “lean” governance structure, many expect PPIs to make medicines available quickly to people living with HIV and AIDS. In practice, fast and effective action is often difficult; funds for project implementation are often constrained, with implications for their functioning and the communities they intend to serve. Other risks include the strain they can place on existing health infrastructure, inequity in delivery, and questions about their accountability and responsiveness to the public.

AIMS
To complete research on the current situation in various countries where PPIs are active in the field of HIV/AIDS healthcare delivery and related services. To synthesise reports based on the research findings and to make recommendations for action. To begin advocacy for improved health policy based on the research and to expand the advocacy network.

ACTIVITIES
During the second half of 2005 and into 2006, the project coordinator provided technical support to country teams to assist them in the completion of the field research. Shortly thereafter, the project coordinator also worked with the project’s technical expert to edit all six country reports and returned them to the country teams for review. The six reports were then published and disseminated among stakeholders. In the second half of 2006, the project coordinator began work to finalise the synthesis report which will become available in 2007.

HAI Europe has worked to develop advocacy messages, a calendar of international, national conferences and seminars for PPI advocacy/lobbying work. Attention has also been given to
writing abstracts, papers for conferences, seminars, and presentations on the project’s conclusions.

A policy brief “HIV/AIDS: Universal Access by 2010 - 10 Challenges on the Way” was produced and launched at the WHA 2006 and an accompanying banner was made highlighting the main points of the policy brief.

The HAI Europe office also put effort into finding partners for collaboration on international advocacy; particularly by utilising existing collaboration set up for advocacy at the World Health Assembly, the UNGASS plus Five Review, and the International AIDS Society Conference. Advocacy efforts included holding a technical briefing at the World Health Assembly on the challenges and recommendations in the synthesis report. At the UNGASS, HAI Europe participated in Roundtables and panel discussions as well as developing short policy briefs on key issues for dissemination. At the international AIDS Conference in Toronto, HAI held a satellite session which used the scale-up challenges the project discovered and called for practical policies that national governments can implement and international guidelines for the minimum criteria for scale up in resource-poor settings

RESULTS
The project has led to increased international awareness of barriers to access, and the launch of national, regional and global action campaigns around these problems. It has also eased the way for greater collaboration and the exchange of expertise between regions.
Project Thematic Area: Access to Essential Medicines

Project Title: Advocacy around the World Health Assembly
Project Locus: Regional – global
Project Type: Advocacy, education and capacity-building
Project Time Frame: January 2006-June 2006
Coordinating Office: HAI Europe
Project Partners: HAI Europe members (BUKO, Medico International)
Project Coordinator: Colleen Daniels
Project Means: Global programme (part thereof)

AIMS
To lobby delegates from all regions to promote the upcoming Resolution on Research & Development; to increase participation and capacity building of partners in public health debates.

ACTIVITIES
Together with representatives from the other regional offices, briefing papers were drawn up and distributed. A Press Release concerning the recent CIPINH report (regarding the effect of patents on R&D and access to medicines) was distributed by HAI.

RESULTS
Delegates at the WHA were well informed by HAI on the key issues constituting the international work of HAI. The R&D issue in the CIPINH report led to the WHA taking more public responsibility for this issue and establishing a working group (the IGWG). HAI partners grew in their lobby expertise and in their knowledge of certain issues.
LATIN AMERICA

Project Thematic Area: Access to Essential Medicines

Project Title: Advocacy around the World Health Assembly
Project Locus: Regional – global
Project Type: Advocacy, education and capacity-building
Project Time Frame: January 2006-June 2006
Coordinating Office: HAI Latin America
Project Partners: N/A
Project Coordinator: Roberto López-Linares
Project Means: Global Programme (part thereof)

AIMS
To increase participation of HAI Latin American partners in intergovernmental public health debates and policy-making.

ACTIVITIES
Members of the network participated in HAI’s preparations for the 2006 World Health Assembly, starting with a review of Executive Board and Assembly draft resolutions. During the event, representatives of HAI Latin America lobbied delegations on all of the resolutions relating to access to essential medicines, rational use of medicines, the implementation of the TRIPS agreement and other intellectual property rights as they relate to public health. A great deal of time was put into supporting a resolution calling for a novel structure for carrying out research and development on new medicines. The resolution suggested the need for a new international system or structure that would help in the investigation and development of new medicines, particularly those that tackle disease which greatly affect people in developing countries (including leishmaniasis, Chagas disease and tuberculosis).

During the Assembly, HAI representatives disseminated a briefing paper and other supporting material for lobbying work at the national and regional levels (official delegates, social organisations). The HAI Latin America office had translated these papers into Spanish for the network’s use and wider dissemination.

After approval of the resolution, the Latin American office wrote an article summarising its importance and described the work carried out at the World Health Assembly to help ensure its passage. This was published on the regional office’s website. A written report was also sent to all regional network members.

RESULTS
Delegates at the World Health Assembly were informed about key issues affecting the work of HAI. Plus, a number of agreements were adopted at the Assembly on issues supported by HAI, including:
At WHO's request, all interested parties were invited to discuss a paper that would adjust drug policies to promote the production and use of generic medicines in Latin American countries. Therefore, HAI Latin America attended two meetings (one in San Salvador, El Salvador held in April 2006 and the other in Montevideo, Uruguay in June 2006) where the paper was debated.

At the San Salvador meeting, HAI Latin America was one of the organisations presenting its position on generic medicines. Likewise, the Pan American Network for Drug Regulatory Harmonization’s working group on bioequivalence and bio-availability was invited to the meeting that took place in Montevideo where the paper was finalised. One of the topics discussed by the working team in the San Salvador meeting was the issue of “anti-generic” publicity campaigns being run by big pharmaceutical companies. It was the HAI Latin America network's task to gather cases of this type of advertising, and it collectively elaborated a protocol that several national level groups followed to gather “anti-generic” ads in five different countries. This information will be presented in a report to be published in 2007.
Project Thematic Area: Access to Essential Medicines

Project Title: Access to Medicines following the adoption of the US-Andean Free Trade Agreement (FTA)

Project Locus: Regional – Latin America

Project Type: Advocacy

Project Time Frame: 2006 and ongoing

Coordinating Office: HAI Latin America

Project Partners: FOROSALUD Peru; OXFAM UK, OXFAM America, Mission Salud, Colombia

Project Coordinator: Roberto López-Linares

Project Means: Global Programme (part thereof)

AIMS
To advocate for the right to health and defend access to medicines in the elaboration of the US-Andean Pact Free Trade Agreement. To disseminate information on the adopted agreement and carry out advocacy work to demonstrate its possible impact on health to institutions and individuals concerned about access to health.

ACTIVITIES
The negotiations of the US and Peru FTA concluded at the beginning of December 2005 and the Peruvian Congress approved it in June 2006. The approved text features “TRIPS-plus” measures imposed by the US that often prioritise intellectual property protection above public health. With the support of partner civil society organisations, HAI Latin America conducted a number of activities on this situation. To begin, after the agreement had been signed by all parties, HAI Latin America published an article (in Spanish and English) on its website and in the HAI bulletins summarising the negotiation’s results and implications. This document was further used during a lobbying campaign in the US Congress in July in Washington D.C. before the agreement was passed by the US Congress. HAI Latin America collaborated with FOROSalud (a Peruvian NGO) on the work and relied on logistical support and funding from Oxfam America and Oxfam GB. HAI Latin America worked to persuade members of Congress that the risks found in the agreement were just too great for Peru’s poorest people, especially on the point of access to essential medicines.

As part of its efforts to disseminate information on the risks posed by the FTA, presentations were made at seminars and other meetings. The purpose of speaking out at the following meetings was to stop the Peruvian Congress from approving the FTA as it stood.

The meetings included:
- Asociación Pro Derechos Humanos (APRODEH) [Pro Human Rights Association in Lima
- A forum organised by journalists in Chimbote in June 2006
- Pharmacists in Trujillo in May 2006
- Pharmacists in southern Lima
- The National Board of the Peruvian Medical Association
- Médecins Sans Frontières in May 2006
- The Socialist party in May 2006
-HAI Latin America also developed a brochure that will be used in 2007 to lobby the US Congress about the effects the intellectual property chapter of the FTA might have on access to medicines.
-When the Special Rapporteur of the negotiations of the Andean FTA visited Peru in the second half of 2006 to discuss concerns about the risks associated with access to essential medicines due to the TRIPS plus measures contained in the US proposal, the HAI Latin America coordinating office participated in writing a report on the country's health situation. HAI Latin America was in charge of composing the section on the FTA as it appears in the report.

RESULTS
Although the FTA was approved by the Peruvian Congress and the US Congress, a great deal of advocacy work helped achieve better awareness about people's right to health and the negative impact of international trade agreements on public health. Further work in drawing up a follow-up publication will continue as the agreement is implemented and its consequences become more clear. The project also enabled HAI Latin America to develop strong links with other actors active in this area, establishing new contacts and strengthening the network's expertise on these issues.
Project Thematic Area: Access to Essential Medicines

Project Title: Peruvian National Drug Policy
Project Locus: National - Peru
Project Type: Advocacy and information-sharing
Project Time Frame: 2006 and ongoing
Coordinating Office: HAI Latin America
Project Partners: FOROSALUD Peru; OXFAM UK, OXFAM America, Mission Salud, Colombia
Project Coordinator: Roberto López-Linares
Project Means: Global Programme (part thereof)

AIMS
To promote rational use of medicines and improve access to needed medicines through the formulation of national guidelines and policies on medicines.

ACTIVITIES
HAI Latin America joined forces with the National Health Council, in particular, the National Drug Committee, on which HAI is a civil society representative, to disseminate information promoting the implementation of the national drug policy throughout the country. As a result of these activities, different stakeholders are taking on commitments to implement the national drug policy.

HAI Latin America was also involved in contributing to the submission of a project to the Peruvian Congress to modify the General Health Law, specifically the chapter on medicines.

RESULTS
Despite vigorous efforts to promote the national drug policy and see that it was implemented, the resulting bill was not signed into law by the country's President. Instead, he has requested that work on this issue start again in the Congress.
Project Thematic Area: Access to Essential Medicines

Project Title: Drug Policy, Human Rights and Access to Medicines
Project Locus: Regional – Latin America (Bolivia, Chile, Colombia, Ecuador and Peru)

Project Type: Research
Coordinating Office: HAI Latin America
Project Partners: The Observatory of the Right to Health of the Economic and Social Research Consortium (CIES), Peru
Project Coordinator: Roberto López-Linares
Project Means: Global Programme (part thereof)

AIM
To gather information about national drug policies, laws and other legal devices and their relationship to access to medicines in five Latin American countries, in the light of the standards and international treaty obligations to which these countries are party.

ACTIVITIES
This study began in 2005 and was concluded in 2006. The study’s results were published in the book Políticas [Policies], written to promote access to medicines in Latin America. In addition, in the case of Ecuador, that country’s HAI group worked on a publication that presented its national findings. This was funded by the HAI Latin America coordination project.

RESULTS
The participants have agreed on the matrices of the document and a plan for the preparation of a joint report.
Project Thematic Area: Access to Essential Medicines

Project Title: Follow-up Work on PAHO’s Resolution on Access to Essential Public Health Supplies
Project Locus: Regional – Latin America
Project Type: Advocacy, action campaign
Project Time Frame: Ongoing
Coordinating Office: HAI Latin America
Project Partners: N/A
Project Coordinator: Roberto López-Linares
Project Means: Global Programme (part thereof)

AIMS
To advocate for continued attention on improving access to essential medicines in regional policy forums, particularly at the Pan American Health Organization (PAHO).

ACTIVITIES
HAI Latin America representatives attended the PAHO meeting in El Salvador and also participated in many meetings convened by PAHO on related issues. HAI Latin America was involved in reviewing the document on strategies to promote the use of generics, collected data on the resolution’s implementation, and also disseminated information about the resolution to HAI Latin America participants and other stakeholders.

RESULTS
At the El Salvador meeting it was decided to survey the “anti generic” promotion. HAI Latin America has collated good examples which will later lead to a publication on this issue. Access to medicines has remained a priority on the agenda of PAHO and its member states.