



**HEALTH ACTION INTERNATIONAL
GLOBAL PROGRAMME OF WORK, 2002-2006**

1 January – 31 December 2005

April 2006

Part I - Narrative report

On behalf of the four regional coordinating offices:

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**HEALTH ACTION INTERNATIONAL
ANNUAL REPORT
ACTIVITIES JANUARY 1 – DECEMBER 31, 2005**

Health Action International (HAI) is an informal network of around hundred and sixty member organizations and individuals focusing on health, development, consumer and other public interests in over seventy countries.

Founded in Geneva in 1981, HAI adheres to the **essential medicines concept** (that fewer than 350 medicines are necessary to treat more than 90 per cent 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 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 2005. The report describes the aims, activities and results of all of HAI's projects. Each project is summarised under the five thematic areas:

- **Rational use of medicines**
- **Access to essential 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.

Indication is made of the primary type of activity being undertaken, these being

- **Advocacy**
- **Research**
- **Education and capacity building**
- **Information sharing**
- **Action campaigns**

Where an activity is a multi-year project with more than one goal, the current aim is highlighted in bold text, and the project time frame is given.

The coordinating office which leads 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.

For the first time, a **DRAM** format has been adopted to present global activities:

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

A typical entry, therefore, might look like this:

Project Thematic Area:	Rational Use of Medicines
Project Title:	Multi-country survey on banned/restricted drugs
Project Locus:	Regional: HAI Asia Pacific(Country A, B, C)
Project Type:	research, advocacy, information sharing
Project Time Frame	2005 – 2007
Coordinating Office	HAIAP
Project Coordinator	Prasadini Perera
Project Means (M)	NB: because this is the first year, figures may not always be available in the format of DRAM, but according to theme. In the future all costing of individual programmes will include full DGIS handling taiefberekening MFS

The text follows, under the headings:

AIMS **(D)**
 ACTIVITIES **(R)**
 RESULTS **(A)**

Work programme:

The report closes with an outline of proposed project work for 2006, following the same format as above, but excluding mention of results.

NB: It should be noted that the vast majority of HAI Africa's activities in 2005 were funded by DfID. The HAI Africa activities being reported on in this document are only those which were supported by Global Programme funds. However, they have been related to the wider context of how they fit into the organisation's strategic plan.

Project Thematic Area: Rational Use of Medicines

Project Title:	Technical Briefing on Rational Use of Medicines
Project Locus:	Global
Project Type:	Advocacy
Project Time Frame	58 th World Health Assembly, May 16-25, 2005
Coordinating Office	HAI Africa
Project Partners:	HAI Europe, Ecumenical Pharmaceutical Network
Project Coordinator	Eva Ombaka
Project Means	USD 3294

AIMS:

To prepare delegates to support the proposal of a resolution on Rational Use of Medicines in order to support the continuation of WHO work in this area, and to seek a mandate for the establishment of a department on rational use of medicines within the WHO secretariat.

ACTIVITIES

Presentations were given on various aspects of and problems relating to rational use of medicines by representatives of civil society groups in Africa, experts from the WHO and research institutions, and practising clinicians.

RESULTS

The technical briefing saw the participation of over 80 delegates, including key staff from WHO and the Government of Sweden, which introduced the resolution and was instrumental in facilitating the support of the European Union, the Andean Group of countries and the Africa Group for a resolution on rational use of medicines. Although in the course of the Assembly, the resolution was revised to focus primarily on rational use of antimicrobial agents, HAI was able to persuade countries to request the WHO secretariat to continually report on its work in this area. This allows the secretariat to request budgetary allocation for work on rational use of medicines, although it does not establish a permanent function at the WHO. Furthermore, HAI was able to receive the commitment of the Government of Sweden to further advocacy on rational use of medicines within Europe, with a view to the presentation of a strong resolution, including a permanent mandate for rational use of medicines, a programme and timetable of action on key problems, at the WHA Executive Board in 2006.

Project Thematic Area: Rational Use of Medicines

Project Title:	Multicountry survey on banned/restricted drugs
Project Locus:	Regional – Asia Pacific (Bangladesh, India, Indonesia, Malaysia, Pakistan, Philippines, Sri Lanka, Thailand)
Project Type:	Research
Project Time Frame	2005-2007
Coordinating Office	HAI Asia Pacific
Project Partners:	Gonoshasthaya Kendra (Bangladesh), Asian Community Health Action Network (India), Prof Sri Suryawati (Indonesia), The Network for Consumer Protection (Pakistan), Assoc Prof Mohamed Izham Mohamed Ibrahim (Malaysia). Health Action Information Network (Philippines), Department of Community and Family Medicine, University of Kelaniya (Sri Lanka), Drug Study Group (Thailand)
Project Coordinator	Prasadini Perera
Project Means	500 US \$ (Total budget allocated – 12000 US \$)

AIMS

To determine whether or not a selected number of drugs on the UN Consolidated List of Products ‘*Whose Consumption and/or Sale Have Been Banned, Withdrawn, Severely Restricted or not Approved by Governments*’ are in use in the region and to develop a standardised methodology for the assessment exercise.

ACTIVITIES

The UN Consolidated List was circulated to project partners and members were asked to make a selection from this list of products they would like to see banned or restricted in their countries. Working in concert with the HAIAP regional office, members outlined selection criteria and considered alternatives for methodological approaches.

RESULTS

A draft methodology was drawn up and circulated to members for their review. The methodology is expected to be finalised in 2006, after which it will be used in a year-long survey. The findings of the survey are expected to be applied to improve the rational use of medicines in the region.

Project Thematic Area: Rational Use of Medicines

Project Title:	Advocacy of European Union Presidencies on Patient Safety
Project Locus:	Regional – Europe
Project Type:	Advocacy , Information Sharing
Project Time Frame	
Coordinating Office	HAI Europe
Project Partners:	n/a
Project Coordinator	Jeremy Smith
Project Means	€ 6.990 (part thereof)

AIM

To provide information on critical areas of HAI's work to key stakeholders, to support decision making at the institutional level

ACTIVITIES

Patient Safety

HAI Europe wrote to the Luxembourg Minister of Health prior to their Presidency of the EU Council of Ministers, concerning their health priorities. In turn, HAI Europe was present at the Luxembourg Presidency's conference on Patient Safety in April.

In June HAI Europe attended a briefing from the UK government prior to their own Presidency starting on 1 July, which maintained the focus on patient safety. HAI Europe raised questions about the inclusion of medicine safety within a patient safety agenda.

Patients' reporting of adverse reactions

In May, when HAI Europe organised a seminar which brought together representatives of a range of groups interested in the issue of patients' reporting of adverse reactions: regulators / government agencies, consumer groups and professionals' associations. There were presentations and discussion on 5 existing systems of patients' reporting, three run by government agencies and two by consumer groups.

HAI Europe gave a brief oral report on the HAI seminar to the June meeting of the (spell out) EMEA/CHMP Working Group with Patients' and Consumers' Organisations.

RESULTS

Patient Safety

HAI members will be present at a UK Presidency patient safety summit (28-30 November) to emphasise again the gap in their agenda.

Patients' reporting of adverse reactions

A report of the HAI seminar on adverse reactions was written, providing a critical assessment of these systems and sought to identify ways of sharing good practice and of coordinating the use of data collected in different countries.

Regulation of Medicines

A summary version of the report of the UK Parliamentary Health Committee Inquiry into *The Influence of the Pharmaceutical Industry* was produced (the introduction and conclusions lifted directly from the report, with a short introductory comment from HAI Europe). Permission was obtained to translate all or part of the Inquiry report. A public statement was also written and circulated. HAI member BUKO Pharma Kampagne translated this statement into German and HAI translated it into French.

Project Thematic Area: Rational Use of Medicines

Project Title:	Second National Workshop on Rational Use of Antibiotics in China
Project Locus:	National – Asia Pacific (China)
Project Type:	Education and capacity building
Project Time Frame	28-30 November 2005
Coordinating Office	HAI Asia Pacific
Project Partners:	Dr Yang Yong Hong, Beijing Children's Hospital, China and Dr Ken Harvey, La Trobe University, Australia
Project Coordinator	Dr K Balasubramanam, Dr Ken Harvey (La Trobe University, Australia) and Dr Yang Yong Hong (Beijing Childrens' Hosptial, China)
Project Means	25500 US \$

Introduction

In the early 1990s, problems with antibiotic use in China were found and articles in an international journal were published bringing this to the attention of local and international scientists. In 1994, with the support of Consumers International (CI) who used to host HAIAP), the first National Workshop on the Rational Use of Antibiotics in Beijing, organized by the Chinese Society of Paediatrics was successfully held in China. Chinese data on antibiotic resistance and antibiotic use was summarized, educational initiatives were shared, barriers to rational antibiotic use were explored and an action plan, including policy suggestions, was formulated.

The irrational use of antibiotics is a global problem, of concern to all countries and the World Health Organization. By sharing ideas, cultures, and medical knowledge, this workshop not only benefited the Chinese people but also assisted the international community and demonstrated the value of international cooperation because all countries envisaged the same or if not similar problems and as a result all could learn from one another.

AIMS

To provide an opportunity for university and hospital clinicians, pharmacists, opinion leaders and policy makers to contribute and learn from Chinese and international initiatives that promoted rational antibiotic use.

ACTIVITIES

The workshop was attended by directors, senior clinicians and pharmacists from Chinese Hospitals, universities and professional associations, as well as representatives from the WHO Beijing office, Chinese Ministry of Health and Ministry of Science and Technology, State Food and Drug Administration, China Centre for Disease Control and Prevention, Beijing City Health Bureau. Australian speakers came from La Trobe University, the National Prescribing Service and Medicare Australia. In addition to lectures, small group discussion sessions gave all participants ample opportunity to put forward their own views and discuss the conference recommendations.

RESULTS

The workshop received wide coverage from the Chinese press. HAI News 135 carried a lead article based on the proceedings of the workshop (the workshop recommendations and conclusions are given below) while a completed version of the report is to be posted on the HAIAP website soon. The completed report is currently being reviewed by a group of experts comprising Chinese, Australian and Sri Lankan organizers.

Workshop recommendations;

1. The Chinese MoH needs to change the present perverse funding system which requires hospitals and health services to encourage excessive and inappropriate prescribing in order to remain financially viable.
2. Appropriate Chinese officials could benefit from undertaking a study tour of the Australian Pharmaceutical Benefits Scheme & MEDICARE system.
3. The recently published Chinese, "Principles of Clinical Antimicrobial Use Guidelines" needs to be supported by a dissemination and implementation strategy. This will require setting up a rational drug use (RDU) coordinating unit and appropriate funding from local sources &/or donors. Roles suggested for the RDU coordinating unit include:
 - 3.1. Supporting hospitals involved in the current MoH surveillance of antibiotic use and antibiotic resistance to extend this work to include antibiotic audits (comparing what is prescribed in certain areas with guideline recommendations), targeted education campaigns to correct problems identified and campaign evaluation;
 - 3.2. Linking with international counterparts such as the Australian National Prescribing Service in order to increase local capacity in supporting, running and evaluating RDU campaigns;
 - 3.3. Coordinating and supporting local groups involved in antibiotic guideline production in order to reduce duplication of effort and make the process more sustainable;
 - 3.4. Linking with international groups such as the Australian Therapeutic Guidelines project to assist keeping antibiotic guidelines up-to-date as well as extending the project to other therapeutic areas;
 - 3.5. Translating and localising the WHO "Guide to good prescribing" into Chinese and making this available to all medical schools, perhaps via the MoH web site;
 - 3.6. Commissioning research by academic departments (clinical pharmacology, pharmacy, paediatrics, public health, etc), perhaps in association with international colleagues experienced in this area, in areas such as:
 - 3.6.1. OTC antibiotic use;
 - 3.6.2. Pharmaceutical industry promotional practices and Codes of Conduct;
 - 3.6.3. Drug pricing in China compared to other countries.
4. Chinese DTCs need to be strengthened by:

- 4.1. Using the planned 2006 launch of the Chinese translation of the WHO Manual, “Drug and Therapeutics Committees - A Practical Guide” to run a national workshop on DTCs with a special focus on improving antibiotic use;
 - 4.2. Linking key hospital DTCs with international counterparts in order to exchange personnel, train trainers and build capacity.
5. The Chinese Consumers Association (CCA) and the Chinese Paediatric Society should co-author appropriate articles in CCA publications to assist public education about appropriate antibiotic use.

Conclusion

Clearly much progress has been made since the first antibiotic workshop was conducted in China in 1994. Nevertheless, many challenges remain. Further data about increasing antibiotic resistance and inappropriate antibiotic use have led to concerns about privatisation of the Chinese health care system, the need for hospital funding reform and the requirement for a more comprehensive medicinal drug policy that better ensures equitable access to necessary drugs for all, both rich and poor. If this journey is to progress there is a need for more people - consumers, clinicians, pharmacists, academics, administrators and the pharmaceutical industry to share these goals, come on board and progress the work. Finally, this workshop demonstrated the value of international cooperation because all countries face the same problems and all can learn from each other.

Project Thematic Area: Rational Use of Medicines

Project Title: Promotion of Rational Use of Medicines in the Community
Project Locus: National – Latin America (Peru)
Project Type: Research, advocacy
Project Time Frame: 2005 - ongoing

Coordinating Office: AIS LAC
Project Partners: SAIDI (the South American Infectious Disease Initiative)
Project Coordinator: Roberto Lopes Linares
Project Means: Global Programme (part thereof)

AIM

To plan activities related to the promotion of rational use of medicines, and particularly rational use of antibiotics, in Peru. To undertake such activities in collaboration with governmental and non- governmental partners

ACTIVITIES

Adaptation of the WHO Course for *Promoting RDU in the Community* for use in the Latin American context.

RESULTS

Drafting of the adaptation is underway. The final draft should be available for testing in 2006.

Project Thematic Area: Rational Use of Medicines

Project Title:	Participation in the Drug Utilisation Research Group of Latin America (DURG-LA)
Project Locus:	Regional – Latin America
Project Type:	Education and Capacity building, Information sharing
Project Time Frame	19 – 23 September, 2005
Coordinating Office	AIS LAC
Project Partners:	N/A
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIM

To exchange information and share expertise with other Latin American researchers in the area of medicine utilisation

ACTIVITIES

The regional office facilitated the participation of HAI-LA members from Argentina, Brazil, Colombia; Nicaragua and Peru in the eleventh DURG-LA meeting, held in Guatemala. The members attended topical discussions on therapeutic innovation, clinical research in primary care, FTAs and intellectual property, information on medicines, behaviour of the pharmaceutical industry, the inappropriate use of drugs, independent information, drug safety, the bulletin Farmacos, and pharmacoepidemiology training in Latin America.

RESULTS

An important outcome was the commitment of the group to extend its work beyond rational use to access, and in particular to conduct research on free trade agreements and their impact on access to medicines in the region.

Members further agreed to work jointly on drug promotion and ethics in clinical research

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	
Coordinating Office	HAI Europe
Project Partners:	HAI Africa, WHO
Project Coordinator	Marg Ewen
Project Means	€ 197.950

Introduction

In May 2003 Health Action International (HAI) and the World Health Organization Department of Essential Drugs and Medicines Policy published a working draft of 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 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 advocate, based on the findings of research for price transparency, and improved medicines price policy in all countries.

ACTIVITIES

Capacity Building

Regional post-survey workshops were held in Africa, Asia Pacific, India and Central Asia in 2005.

Africa

Nine country survey teams - from Ethiopia, Kenya, Tanzania, Ghana, South Africa, Nigeria, Uganda, Mozambique and Zimbabwe – participated in the workshop which was held 24-26 January 2005 in Pretoria, South Africa. The workshop was opened by the South African Minister of Health. The workshop was facilitated by Martin Auton (regional technical advisor) with assistance from Marg Ewen and Gilles Forte (project co-ordinators from HAI Europe and WHO Geneva respectively).

Each survey team presented their preliminary results and experiences with using the survey tool. The following issues were then discussed via plenary sessions and group work:

- data cleaning processes
- data analysis and interpretation
- presenting data informatively (including Excel training)
- evidence-based policy recommendations
- advocacy approaches

Throughout 2005, Martin Auton provided technical support and guidance to the national survey managers on all aspects of the survey.

Central Asia

The Central Asian post-survey workshop was held in Almaty, Kazakhstan in February 2005. Survey teams from five countries participated - Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan and Mongolia. Each survey team presented their preliminary results and experiences with using the survey tool. The rest of the workshop focused on the issues listed above. Marg Ewen facilitated the workshop. Throughout the year, technical assistance was provided by Kirsten Myhr (regional technical advisor) and Marg Ewen.

Asia Pacific

The Asia Pacific post-survey workshop was held at Universiti sains Malaysia in Penang in May 2005. Survey teams from China, Malaysia, Indonesia, Pakistan and the Philippines participated. The survey manager for the Fijian survey was unable to attend. Project personnel facilitating the workshop were Kirsten Myhr (regional technical advisor), Libby Levison (consultant on price components), Pierrick Gonnet (IT consultant – workbook and database) and Marg Ewen. Daisy Carandang represented WHO.

The format was similar to the previous post-survey workshops, however, three additional issues were discussed:

- Use of the revised price components methodology and workbook, which was trialled in China, Malaysia, Pakistan and the Philippines (see Section 5 for more information). It was felt that collecting comprehensive data on the various components applied in a country was possible, and worthwhile, using the new tool. Malaysia used innovative methods to get the data.
- Improvements to the survey workbook and website. In addition to minor formatting changes to the workbook, it was agreed that the workbook should be adapted to allow automatic analysis of EDL medicines surveyed (particularly availability) and to have an additional page for entering public sector availability-only data.
- Proposed methodology to regularly monitor medicine prices and availability (see below for further information)

India

This post-survey workshop was held in Goa, 21-23 June 2005. Participants were members of the survey teams from Maharashtra (2), Chennai, West Bengal, Haryana and Karnataka. Anita Kotwani (regional technical advisor), Martin Auton and Richard Laing (WHO Geneva, project co-ordinator) facilitated this workshop. Technical support throughout the year was provided by Anita Kotwani.

Middle East

Dr Zafar Mirza, regional advisor on pharmaceuticals in the Eastern Mediterranean region of the WHO intended to facilitate an EMRO region post-survey workshop in late 2005. Following the Pakistan earthquake he assisted with relief efforts. As that left insufficient time to organise the workshop, the workshop was postponed until the summer of 2006. Following discussions in the region, it is hoped that in early 2006 Saudi Arabia (and possibly other GCC countries) will undertake a price survey.

Surveys

In addition to the nine pilot surveys, surveys have now been completed or are nearing completion in the following countries:

Algeria, Bosnia Herzegovina, Cameroon, Chad, China (Shandong), Ethiopia, Fiji, Ghana, India – Chennai, Haryana, Karnataka, Maharashtra (2), Rajasthan and West Bengal, Indonesia, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Kuwait, Lebanon, Malaysia, Mali, Mongolia, Morocco, Nigeria, Pakistan, Peru, Philippines, Senegal, South Africa, Sudan, Syria, Tanzania, Tunisia, Tajikistan, Uganda, Uzbekistan, Vietnam, and Zimbabwe. A survey in Yemen, conducted by the Ministry of Health, is about to get underway.

Regional and international analyses

Regional analyses of prices, availability, and affordability are underway in Africa (by Martin Auton) and India (by Anita Kotwani). To aid data comparisons, a programme was developed to amalgamate data from national workbooks.

Advocacy and Policy Changes

HAI Africa is developing advocacy tools for use by survey managers. These are expected to be finalized, and made available, by early 2006.

As surveys have been completed, a number of countries have undertaken stakeholder workshops.

Constituency Building

Presentations

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

- 65th annual congress of the International Pharmaceutical Federation (FIP), held in Cairo September 2005: presentations by Marg Ewen and Douglas Ball (survey manager, Kuwait)
- Conference on Quality Use of Medicines and Pharmacovigilance held in Kazan, Russia, 12-14 October 2005: presentation by Richard Laing
- WHO planning meeting on the Global Initiative to Treat Chronic Diseases, held in Cairo, 11-13 December 2005: presentation by Marg Ewen
- WHO Technical Briefing, held in Geneva 19-23 September 2005: presentation by Richard Laing
- Heidelberg University course in rational drug use, November 2005: presentation by Marg Ewen

A workshop was held at the 38th annual conference of the Indian Pharmacological Society, held in Chennai, India on 29 December 2005 showcasing the results from the six India surveys and promoting the methodology. Presentations were given by Anita Kotwani (regional technical advisor), Richard Laing, Prof S Tripathi (West Bengal survey manager) and Dr K Weerisurya (WHO SEARO). In addition, posters showing data from the Haryana and Karnataka surveys were displayed.

These presentations are lodged on HAI's website – see <http://www.haiweb.org/medicineprices/news/index.html>

Evaluation of the Methodology

Sampling

In mid/late 2005 staff at the HAI Latin America co-ordinating office in Peru

commenced a large validation study to assess:

- whether expansion of the facilities sampled to more remote locations, and increasing the number of regions from 4 to 6, significantly changes the data.
- the interplay among close competitors – prices were collected for all ACE inhibitors, ulcer medicines and oral diabetic medication on the Peruvian market (innovator brands and all generics). This was a significant undertaking as large numbers of generic equivalent medicines are marketed in Peru.

In addition to these therapeutic groups, the price and availability of medicines on the core list were also surveyed. By the end of 2005, data had been collected in all 6 regions in the country, entered into spreadsheets developed specifically for this study, and checking was underway.

Reference price volatility

Following a study of MSH price volatility in late 2004, Yves-Antoine Flori drafted guidance for survey managers on comparing price data, for an individual medicine, across surveys where the MSH reference price differed. By following this advice, survey managers can be assured that differences in price ratios are due to local prices – not differences in the reference price. This guidance is lodged on HAI's – see <http://www.haiweb.org/medicineprices/manual/comparing.html>

Actual price people pay for medicines

A pilot study comparing survey prices with what people actually pay was conducted in New Delhi in October 2005 by Anita Kotwani and Martin Auton. Mystery shoppers bought the product one day (on presentation of a prescription by INN name), and data collectors surveyed the same facility the following day. While the primary focus is to validate the price given to data collectors, this pilot survey also assessed whether the innovator brand or cheapest generic was sold, or whether a cheaper therapeutic alternative is suggested. It was interesting to find that the cheapest generic equivalent was not always sold. The price paid by the mystery shopper showed little variation to the price collected by the data collector, for the identical product. The study will be undertaken in Tanzania and Zambia in January and February 2006 respectively.

Increased Transparency of Medicine Prices

Medicine Prices and Database

The work of the project is showcased on HAI's website:

www.haiweb.org/medicineprices

Updates to the methodology were lodged on the site as required e.g. in-depth advice on data checking (see <http://www.haiweb.org/medicineprices/faq.html>).

As surveys were completed, data and reports were lodged on the :

<http://www.haiweb.org/medicineprices/surveys.php> - reports, medicines surveyed etc

http://www.haiweb.org/medicineprices/query_mpr.php - price database

http://www.haiweb.org/medicineprices/query_aff.php - affordability database

Press or other articles on survey findings were also lodged on the website, and subsequent policy changes.

Following requests from survey managers, it was decided at the project meeting in December 2004 to modify the methodology to exclude surveying the most sold generic equivalent of each medicine. This required a major update of the workbook which was completed in early 2005 by Pierrick Gonnet. The new workbook is lodged on the website along with information on why we made this modification.

In late 2005 a major upgrade of the database was needed to accommodate the growing amount and complexity of survey data. The new database has been designed for maximum flexibility (also by Pierrick Gonnet). It is expected to be operational in February 2006.

In-depth Studies

Multi-country assessment of price components

In 2004 Libby Levison (project consultant) drafted a new handbook and workbook on price components, giving in-depth advice on the various types of components that may apply in a country and how to collect this data. The new methodology proposed surveying component prices for 12 medicines (patented, recently off-patent, older product/generic and innovator brand) rather than 3 as originally proposed in the WHO/HAI manual.

Survey managers at the Asia Pacific workshop were trained in its use. Libby provided on-line technical support following the training workshop. It was trialled in Malaysia, China, and the Philippines. Ms Levison also conducted three in-country studies with the survey managers in Morocco, Uganda and Pakistan.

A report of the findings on price components in all these countries is expected to be completed in early 2006 (to be lodged on the web-site and a paper submitted to an international journal). Recommendations will also be made on amendments to the methodology and workbook.

The evidence collected shows the value of this new approach. The Malaysian study revealed that dispensing doctors were procuring medicines at lower prices than pharmacists, and often applying higher mark-ups. For one medicine surveyed, dispensing doctors applied a mark-up of over 300% (the highest mark-up found in private pharmacies was 140%). A paper reporting this finding will be submitted to Lancet in early 2006.

Case studies of price disparities

Based on the results of surveys undertaken using the WHO/HAI methodology, 5 national case studies will be undertaken to explain to a general readership the nature and complexity of the medicines market in each country, with its unique and common characteristics, its strengths and weaknesses, and possible routes for improving the availability of affordable treatment for all in need. Andrew Creese, health economist and former co-ordinator of the project, is undertaking these studies.

The primary data source is the workbook, supplemented with local knowledge (survey manager and regional technical advisor) and available international comparisons. Each case study will include sections on:

- the overall situation of prices and availability of essential medicines in the country
- emerging issues (prices, availability, components etc) based on the evidence and country context
- prioritised set of policy options

Case study reports will be lodged on HAI's website and a synthesis paper submitted to an international journal. The first step was to identify countries where medicine price surveys suggest relatively high or relatively low prices, by the MSH price benchmark. It was agreed to study Morocco, Uganda, Malaysia, Mongolia and Peru. By the end of 2005, initial outlines had been drafted and discussed with project staff, regional advisors and survey managers in 4 countries (Morocco, Uganda, Malaysia, and Mongolia). Data checking for the expanded Peru survey has yet to be completed so the initial analysis has not yet commenced. It is expected that the case studies will be completed in April 2006. Each of these studies will be reported in separate publications

RESULTS

Capacity Building

When finalised, workbooks and reports of surveys have been posted on HAI Europe's website. A journal article on the Malaysia survey will be submitted by the Malaysian researchers in early 2006.

In Nepal, John Snow Inc. undertook a survey of commodities (OCP, IUD, condoms, vaccines and other medicines) for reproductive health using the WHO/HAI methodology. Another RH survey is nearing completion in Nicaragua. The Nepal report is on HAI's website (<http://www.haiweb.org/medicineprices/related/index.html>)

The United Arab Emirates used the workbook to assess median price ratios and affordability (using fixed prices) but did not undertake field work.

In 2005 the Non-Communicable Diseases section of WHO (Dr Shanti Mendiss) used the WHO/HAI methodology to survey the price, availability and affordability of 35 medicines used to treat chronic conditions. The surveys were undertaken in Bangladesh, Malawi, Nepal, Pakistan and Sri Lanka. Unlike most other surveys, no technical assistance was provided by project personnel. It was encouraging that the researchers who undertook the survey reported the methodology was straightforward to use. We expect the results to be published on the website in early 2006.

Regional and International Analyses

An international comparison of prices, availability and the affordability of medicines to treat chronic conditions is expected to be completed by February 2006. This secondary analysis, by Susanne Gelders and Nakae Noguchi, used data from 29 price surveys. Fourteen core-list medicines used to treat asthma, diabetes, epilepsy, hypertension and psychiatric disorders were included in the analysis. Sectors included public sector procurement prices, and patient prices, availability and affordability in public sector facilities and private retail pharmacies. This synthesis report will be published by WHO in 2006. Articles on the cost of treating diabetes, asthma, cardiovascular disease and psychiatric conditions will be abstracted from the analysis.

Advocacy and policy changes

The project has been advised of the following policy changes in response to the evidence gathered:

- In late 2005 the Lebanese government changed its regulations on price components. Until 2005, fixed mark-ups (import, wholesale and pharmacy) applied irrespective of the FOB price (in 2004 accumulated mark-ups were 71.4%). Now decreasing mark-ups apply with increasing FOB price – ranging from 66.73% for medicines less than \$10 to 46.19% for medicines over \$100. Retail price reductions of 3-15% are predicted;
- It was reported in Arabic and English newspapers in mid-2005 that the Kuwaiti government had decided that non-Kuwaiti nationals will no longer pay for medicines in the public sector;
- The UAE government had reduced medicine prices by 7-8%; and
- In March 2005 a 10% tax was abolished on pre-packaged imported medicines in the East African Community (Kenya, Tanzania, Uganda).

Price monitoring tool

It was apparent by the end of 2004 that a monitoring tool was needed to routinely, easily and inexpensively monitor medicine prices, availability and affordability. This tool would compliment the comprehensive survey tool.

Klara Tisocki (project consultant) developed a draft methodology based on recommendations developed at the December 2004 project meeting. Features of the draft methodology include:

- Monitoring sentinel facilities in the public and private sectors (80 in total).
- Monitoring the retail price of 10 medicines per month (from the core list), on a three-month rotation. Prices will be collected annually for all 30 medicines
- Only data for the lowest priced product will be collected
- A simple and sustainable method to collect data and give feed-back to the pharmacists e.g. e-mail, fax, phone or mail (no data collectors).
- Comparing medicine price variations to price variations for some basic consumer commodities e.g. a dozen eggs, a kilogram of sugar or salt.
- Brief standard monthly and quarterly reports showing median unit prices, ranges, variation over the last three months, affordability and availability.

Note: unlike the comprehensive survey tool, prices will not be compared to an international reference prices.

Two 6-month pilot studies were initially planned but three will be undertaken. – by the Malaysian Ministry of Health, The Network for Consumer Protection in Pakistan, and HAI Africa (Kenya). In November 2005 a training workshop was held in Malaysia, facilitated by Ms Tisocki. Training for the Pakistan pilot was postponed until January 2006 due to the earthquake. HAI Africa intends to get their pilot underway in early 2006.

Increased Transparency of Medicine Prices: Medicine Prices and Database

The work of the project is showcased on HAI's website:

www.haiweb.org/medicineprices

Updates to the methodology were lodged on the site as required e.g. in-depth advice on data checking (see <http://www.haiweb.org/medicineprices/faq.html>).

As surveys were completed, data and reports were lodged on the :

<http://www.haiweb.org/medicineprices/surveys.php> - reports, medicines surveyed etc

http://www.haiweb.org/medicineprices/query_mpr.php - price database

http://www.haiweb.org/medicineprices/query_aff.php - affordability database

Press or other articles on survey findings were also lodged on the website, and subsequent policy changes.

Following requests from survey managers, it was decided at the project meeting in December 2004 to modify the methodology to exclude surveying the most sold generic equivalent of each medicine. This required a major update of the workbook which was completed in early 2005 by Pierrick Gonnet. The new workbook is lodged on the website along with information on why we made this modification.

In late 2005 a major upgrade of the database was needed to accommodate the growing amount and complexity of survey data. The new database has been designed for maximum flexibility (also by Pierrick Gonnet). It is expected to be operational in February 2006.

Preparation of next phase of the project

In September 2005, HAI and WHO submitted a comprehensive funding proposal for the next phase of the project (Phase III) to the EU.

Proposed activities include:

- pre/post-survey workshops in Latin America and the Caribbean, and support for 10 surveys in these regions (plus others in other regions)
- synthesis reports of survey data in all regions
- further national case studies and a methodology developed that all countries can apply to investigating price disparities.
- tools developed and applied for measuring chronic disease treatment costs (not just medicine prices) such as HIV/AIDS, diabetes etc
- regional policy development workshops
- funding of advocacy efforts in 10 countries
- further development of the monitoring tool and use in 6 countries
- international medicine prices conference, and publication of the *World Medicine Prices Report*
- review of the manual and workbook, with extensive input from survey managers, and publication of the second (final) edition

further development of the including the ability to undertake extended analysis of the entire data set.

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	
Coordinating Office	HAI Europe
Project Partners:	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 Coordinator	Jeremy Smith, Spring Gombe
Project Means	€ 4.903

Introduction,

Two events spurred the creation of the Essential Innovation project:

In 2003, the World Health Assembly Instructed the Director general to establish the terms of reference for an appropriate time-limited body to collect data and proposals from the different actors involved and produce an analysis of intellectual property rights, innovation, and public health, including the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect developing countries, and to submit a progress report to the Fifty-seventh World Health Assembly and a final report with concrete proposals to the Executive Board at its 116th session. The Commission on Intellectual Property Rights, Innovation and Public Health was created in May 2003 at the Fifty-sixth World Health Assembly which adopted resolution WHA56.27: "...to collect data and proposals from the different actors involved and produce an analysis of intellectual property rights, innovation, and public health, including the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect developing countries..."

And in 2004, the Dutch Presidency of the European Union, adopted 'Priority Medicines for the Citizens of Europe and the World' as the theme of its Presidency. The Priority Medicines project set out to identify 'pharmaceutical gaps', diseases for which effective treatments are lacking and towards which research should be prioritized. HAI was concerned that the Priority Medicines project failed to confront the fundamental tension between health and commercial interests. Its 'proposals do not deviate from a model of medicines' research which suffers from the corrupting influence the pharmaceutical industry has on research agenda,

In both cases HAI was invited to give the consumer perspective on the programmes of work. The CIPIH invited HAI to act as the NGO liaison, and the Dutch Presidency invited HAI to serve as the consumer representative in its discussions.

AIMS:

To hold consultations with consumers, health care providers, regulators, and policy makers to examine the evidence of the success of the current global framework of financing R&D as a mechanism for delivery of drugs, 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 2005, HAI

- participated in the meetings of the CIPIH, including informal consultations in February 2005, and working groups and an Open Workshop in Geneva , May 30-June 1, 2005. The Open Workshop considered: four themes: Disease Burden, Intellectual Property, Innovation, and Capacity Building,
- HAI gave input in all of these areas but was particularly involved in the discussions on Capacity Building and submitted its position to the Commission on ‘Which policies may lead to the development of innovative capacity in developing countries, including regulatory systems?’
- HAI circulated four briefing papers developed on essential innovation to all delegates of the 58th World Health Assembly – 192 countries, and over 300 non governmental organisations and other civil society actors and the pharmaceutical industry
- HAI created a consultative working group involving Medecins sans Frontieres, OXFAM, The Consumer Project on Technology, The Sanger Institute of the Wellcome Trust and others to coordinate joint advocacy at the World Health Assembly and other fora.
- As the NGO liaison to the Commission, HAI coordinated international NGO response to the working discussion lists of the Commission, securing responses in particular from civil society groups in developing countries.
- The Essential Innovation project supported the development of a public health agenda for research and development under the 7th European Framework Program and informed implementation of global and national macroeconomic and health programs as well as initiatives for exploitation of technological advancement in the life sciences.

RESULTS

- HAI and its partners were able to open up the dialogue to a wider audience which has resulted in the Governments of Kenya and Brazil putting forth a resolution on Essential Health Research & Development to the World Health Assembly in May 2006
- HAI’s positions were integrated into the report of the CIPIH, drafting of which began in October 2005. The report is expected to be published in early 2006.
- While the ‘Priority Medicines Project had been completed at the end of the Dutch Presidency, its findings were taken up in part in the UK Presidency, particularly the question of medicines regulation.
- HAI was also invited to the European Green Party’s Priority Medicines night, sponsored by Dorette Corbey, where stakeholders networked with members of the Pry, the Parliament, the Commission and each other (please see p. XX under European Campaigns work for details).
- HAI was invited to consult on the creation of the Drugs for Neglected Disease Initiative Board and to review the terms of reference for the appointment of a consumer advocate for DNDi. DNDi is the most important not for profit

pharmaceutical entity, created in 2003 to improve the quality of life and the health of people suffering from neglected diseases by using an alternative model to develop drugs for these diseases and ensuring equitable access to new and field relevant health tools.

Project Thematic Area: Access to Essential Medicines

Project Title:	Enhancing Equitable Access To HIV/AIDS Medicines: Assessment Of The Benefits And Risks Of Public Private Interactions (PPI)
Project Locus:	Global (Ghana, Kenya, Moldova, Peru, Thailand, Vietnam case studies)
Project Type:	Research, Advocacy, Education and Capacity building
Project Time Frame	2003-2007
Coordinating Office	HAI Europe
Project Partners:	HAI Africa, Asia Pacific, Latin America
Project Coordinator	Colleen Daniels
Project Means	€ 176.226

Introduction

Growing recognition of the depths and costs of the AIDS crisis have produced, at the transnational level, a shift away from a largely public production of health care policy to an institutional framework involving a 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, PPIs are expected to move fast in making medicines available to people living with HIV and AIDS. In practice, fast and effective action is proving to be difficult: funds for implementation of projects are often constrained, with implications for their functioning and the communities they are intended to serve. Other risks have been recognised including strain on existing health infrastructure, inequity in delivery, and questions about accountability and responsiveness to the public.

AIMS

To develop a methodology to conduct country situation analyses in a number of pilot study countries, to assess the impact of PPIs on access to medicines at the community and country levels, and to inform global data collection and policy making

ACTIVITIES

The key activities undertaken in Phase II of the project:

Development of the methodology for the field research (Phase II) part of the project.
The methodology is based on the findings of the six country situation analyses completed in Phase I of the PPI project.

- *A plan of action, including preparatory activities and clearance, pre-testing of instruments and training of research-assistants, data-collection and analysis was then done by each team. Pre-testing was done in Thailand and Peru and resulted in some minor changes to the methodology. This was facilitated by the Project Coordinator, Colleen Daniels.*
- *Teams also identified areas of technical support required, and Kenya and Ghana were requested in-depth technical assistance.*

A Project Workshop - Data-collection was completed by June 2005, and reports and results were presented at a workshop in August in Bangkok, Thailand. At this workshop, the teams identified key findings during a peer review of reports, which were then used to elaborate an outline for the synthesis report. The use of peer review of the reports (whereby each country team reviewed another country's report) was important because it enabled teams to comment on each other's work and not just present findings. As a result the meeting was highly efficient and the group outlined the similarities, differences and key concerns requiring action in each country.

RESULTS

Methodology Development

- HAI identified the key elements for each level in a PPI (community/PLWHA [People Living with HIV and AIDS], health facility and policy), and key methods to be used to collect the data.

Decisions on sample sizes and selection of sites were made at the country level.

A contrasting case-study approach utilizing a mix of quantitative and qualitative methods was used. This enabled researchers to contrast the key characteristics of the most important PPI at the national level, and their operations in selected health facilities at the local level. Each country justified the choice of PPIs and health facilities. In each country two PPIs ¹(illustrative of the operation of the PPI in the country) and 5 health facilities in different districts/provinces were chosen to assess. Hence the study included up to 10 facilities per country.

Technical assistance

The project coordinator, Colleen Daniels, relocated to Kenya for a period of four months to provide training, help find partner organizations to collect data, data collection and other technical assistance as required by both the Ghanaian and Kenyan teams. The Project Coordinator also visited Peru and Thailand to provide assistance with the semi-structured interviews with policy/decision makers.

The Project Coordinator also conducted training sessions with field researchers in Kenya and did some interviews (at various levels) in Thailand, Kenya, Ghana and Peru.

Findings from Project Workshop

The key findings from the country presentations included

¹ Moldova could only assess the Global Fund as it is the only PPI in the country.

- Evidence that public and private initiatives are intertwined in all countries in treatment access programs. There are great difficulties in assessing the partnerships as a result we focused on the interactions between public and private sectors.
- Despite low-cost and free distribution of ARVs in all participating countries, access is still a serious problem, due to other costs such as transport, waiting times and the costs of tests.
- Lack of appropriate counselling and stigma and discrimination in health facilities limit access.
- Finally, the target orientation of the treatment programs has risks in the sense that quality of care and human resource development lag behind in the scaling up ARV provision in most of the settings we studied.

Example of key findings in Thailand and Vietnam.

Thailand's ARV provision program is ahead of the five other countries in many ways. By manufacturing generic drugs and moving to universal coverage for ARV provision the situation is moving in the right direction. The Thai Government integrated Global Fund resources into the national program of ARV provision. However, there is still a treatment gap, due to the lack of readiness, (i.e. training, personnel, resources, medicines) of health facilities at the local level to provide treatment and care for PLWHA. Another concern is the looming problem of budget to address drug resistance and the costs of second line drugs regimes.

In Vietnam the country was unprepared for the sudden influx of money and resources to address the ARV provision. As a result there were many hurriedly developed and sometimes incoherent policies pushed through the system to deal with implementation to scale up access to ARVs. Due to these policies, PPI activities are now vertical programs competing with each other. There are many conflicts between the different programs/projects (national and international). This has also resulted in the development of private sector involvement without nationally enforced guidelines protecting PLWHA. At the health system level, lack of training for both health workers and PLWHAs, unequal access to ARVs and other medicines, low quality counselling, and discrimination (e.g., neglect of drug users who account for 70% of HIV cases) are the major obstacles to the HIV treatment programs. There is also a high risk of irrational sale, prescription, and use of ARVs. Side effects and drug resistance are also becoming problematic and will only get worse without intervention.

The meeting concluded with an agenda for action for Phase III.

The key actions to be undertaken are:

- Finalize the reports for publication in early 2006;
- Develop strategies for national advocacy
- Hold in-country workshops to disseminate and inform key stakeholders including government, civil society, PLWHA and private sector on the findings and recommendations of the reports; and
- Develop campaigns for action where appropriate.
- Develop strategy for international advocacy, information dissemination

Project Thematic Area: Access to Essential Medicines

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	USD 2749

AIMS

HAI Africa and the World Health Organization, with support from DfID, are involved in a collaboration project on increasing access to essential medicines in Africa. The project's *goal* is to improve policies and practices to increase access to essential medicines. Its *purpose* is to increase availability and affordability of medicines through improved interaction among ministries of health, WHO, and the civil society organisations of the HAI Africa network. While most of the financial support for this project is received from DfID, HAI Africa used some of the Global Programme funding for some promotional and information sharing activities, which are listed below.

ACTIVITIES

Paper Presentation at the 2005 Strategies for Enhancing Access to Medicines (SEAM) conference (June 20-22, 2005)

HAI Africa was given an opportunity to present on its Collaboration Project with civil society, the World Health Organization and ministries of health at the SEAM conference in Accra, Ghana. Along with the WHO National Professional Officer in Uganda, HAI Africa prepared and presented the paper *Increasing access to essential medicines through collaboration between government, civil society and the WHO: the case of Uganda* in a parallel track session. The paper detailed the administrative and management mechanisms established and the progress of activities jointly implemented by HAI Africa, the WHO and the Government of Uganda.

Sponsorship of HAI member participation in East African Community regional workshop ((May 2005)

Within the Collaboration Project, HAI Africa seeks to increase the capacity of CSOs to play a role in policymaking mechanisms related to access to essential medicines. With the increasing energy towards economic and political union of the East African Community, there was an opportunity for HAI Africa to advocate for health and medicines issues at this regional level. HAI Africa has supported members in their advocacy for the integration of promoting access to essential medicines into national and regional legislation, to expand contact and information sharing with regional

policy makers and other experts, and to contribute to the implementation of appropriate medicines policies at the national level.

HAI Africa supported its civil society partners within Kenya and Uganda to prepare for and present briefings on “Intellectual property and access to essential medicines” at the regional workshop ‘*East African Community (EAC) Partner States’ Legal , Trade and Pharmaceutical Experts and Manufacturers of Essential Medicines on the Review of National Patent Laws and WTO TRIPS Flexibilities*’ . Representatives of the EAC Assembly, and the Ministries of trade, health, foreign affairs, and the judiciaries of the EAC, as well as experts from NGOs, the industry and academia participated at this meeting.

SOME RESULTS FROM THE COLLABORATION PROJECT

- HAI's presentation ‘*Increasing access to essential medicines through collaboration between government, civil society and the WHO: the case of Uganda*’ was attended by over 20 delegates from several countries. The abstract and paper presented were distributed to the conference participants – over 400 delegates from more than 40 countries and dozens of organisations. A synopsis of the paper was included in the proceedings published of the meeting, and made available on the SEAM website.
- HAI member HEPS Uganda was appointed to the EAC Task Force on Intellectual Property and Access to Essential Medicines. The task force is an eight member body charged with a mandate of carrying forward the expeditious implementation of the May 2005 meeting’s recommendations.
- HAI Africa and its civil society partners in the EAC were able to present access to medicines issues at the meeting, which brought together about 150 legal and pharmaceutical experts, policymakers, civil society and local pharmaceutical manufacturers. They discussed TRIPS in relation to access, as a step towards improving the use and implementation of the TRIPS flexibilities in the East African region.
- As an immediate follow-up to the EAC meeting, the Collaboration Country Working Group in Uganda (Ministry of Health, WHO, HAI Africa and HEPS Uganda) held a national workshop titled *Uganda National Workshop on Patents and Access to Medicines: Incorporation of WTO/TRIPS Safeguards into the National Laws and Policies*. The workshop discussed the need for Uganda to use TRIPS flexibilities and safeguards to maximize access to essential medicines. Among the recommendations the meeting is encouraging the Ugandan government to:
 - Request an extension of the current transition period before full implementation of TRIPS regulations
 - Avoid “TRIPS plus” obligations in bilateral and multilateral trade agreements. TRIPS Plus standards go beyond those outlined by the WTO TRIPS Agreement. For example, the TRIPS agreement stipulates that intellectual property rights must be protected for 20 years. An example of a TRIPS Plus standard would be to increase the time of protection, e.g. for 25 years
 - The Industrial Property Bill should be reviewed to take into account the concerns raised in the workshop
 - A national intellectual property policy should be developed, which addresses national priorities and aspirations.
- The HAI partner in Uganda, HEPS, was appointed to the Drug Management

Committee of the Uganda Ministry of Health.

Project Thematic Area: Access to Essential Medicines

Project Title:	Information Dissemination
Project Locus:	Regional – HAI Africa
Project Type:	Education and capacity building, information sharing
Project Time Frame	Throughout 2005 (and ongoing)
Coordinating Office	HAI Africa
Project Partners:	n/a
Project Coordinator	Betty Amailuk
Project Means	USD 2749

AIMS

To provide public information on access issues and the role of different actors in facilitating or impeding access to essential medicines. To provide useful yet simple and user-friendly information resources to civil society engaged in access issues. To profile HAI's work to an audience outside the health sector.

ACTIVITIES

HAI Africa published several fact sheets on access to essential medicines and posted them on international listservs including Afro-Nets (African Networks for Health Research and Development). The fact sheets covered issues such as the impact of the pharmaceutical industry on access to essential medicines, the 10% tax imposed on medicines through the East African Community, medicines access concerns in the EU Economic Partnership Agreements, and the new Indian Patent Law.

RESULTS

The fact sheets were originally distributed to HAI Africa's network, as well as to the Afro-Nets listserv, with hundreds of subscribers. They generated substantial interest and were also cross-posted by other networks (including Kenya NGO Alliance Against Malaria, Pan Africa Treatment Access Movement, Pambazuka News, and Equinet) onto their own list servs and distribution lists. HAI Africa has received multiple requests for additional simplified updates on the complex issues that influence access to essential medicines. HAI Africa is currently developing additional fact sheets as advocacy tools surrounding the World Health Assembly, including the draft resolutions on research and development of medicines and on rational use of medicines and will circulate them before the WHA. Pending information requests include HAI Africa's interpretation of the new voluntary licensing agreements from Big Pharma for ARV production in developing countries, and others.

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
Project Time Frame	2005-2007
Coordinating Office	HAI-LA
Project Partners:	The Observatory of the Right to Health of the Economic and Social Research Consortium (CIES),Peru
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIM

To gather information about national drug policies 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 project was in the elaboration stage in 2005. AIS members from these countries corresponded to agree a protocol for data collection, and met in Lima, Peru, 27-29 October to review preliminary situation reports and define the concepts and analytical tools to be used.

RESULTS

The participants have agreed the matrices of the document, and a plan for the preparation of a joint report.

Project Thematic Area: Access to Essential Medicines

Project Title:	Access to Medicines in the negotiations of the US-Andean FTA
Project Locus:	Regional – Latin America
Project Type:	Advocacy
Project Time Frame	2005, ongoing
Coordinating Office	HAI-LA
Project Partners:	FOROSALUD Peru; OXFAM UK, OXFAM America, Mision Salud, Colombia
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIMS

To advocate for the right to health in, and defend access to medicines in the elaboration of the US- Andean Pact free trade agreement. To disseminate information on the process of the FTA and its potential impact on health to institutions and individuals concerned about access to health.

ACTIVITIES

With the support of partner civil society organisations AIS LAC undertook the following activities:

- the publication of a paper on the FTA and access to medicines
- lobbying of all the meetings of the FTA held in 2005: in Cartagena, Guayaquil and Washington D.C.
- lobbying of the US Senate and House of representatives over three sessions, in collaboration with Oxfam America and Mision Salud. In all over 50 advisors to Representatives, senators and their advisors were directly lobbied.
- participation in the Latin American Bishops' conference and the United States Conference of Catholic Bishops on the effects of Commercial Agreements, September, 2005
- participation in coordination meetings of civil society groups campaigning against the FTA
- the realisation of conferences on the FTA and access to medicines and workshops for universities, NGOs, trade unions, the media and politicians
- support to the Ministry of Health on specific aspects of the FTA

RESULTS

The concerns raised by HAI-LA and its partners have led to the querying of the FTA by members of the US Congress and House of representatives and the governing institutions of the Andean Pact countries. Approval of the FTA has been delayed on both sides. HAI-LA will continue to monitor the situation in 2006.

Project Thematic Area: Transparency and Ethics in Medicines Policy

Project Title:	Production of information material on drug industry influence of patient groups
Project Locus:	Regional – HAI Europe
Project Type:	Advocacy , Information Sharing
Project Time Frame	2004 - ongoing
Coordinating Office	HAI Europe
Project Partners:	n/a
Project Coordinator	Jeremy Smith
Project Means	€ 967,43

AIM

To provide information on the corruption of patient advocacy in health to key stakeholders, to support decision making at the institutional level.

ACTIVITIES

Industry funding of patient groups

In March, HAI Europe produced a short briefing paper entitled *Unhealthy influence: patients' groups and industry funding*. This was circulated at the European Health Policy Forum as a result of which discussions began with the European AIDS Treatment Group and the Association of European Cancer Leagues (ECL), both groups receive industry funding, and are sensitive to the risk of conflict of interest. HAI Europe was then invited to speak at a June meeting of the ECL Board on 'Collaborating with the Pharmaceutical Industry'. Although ECL will not move to a policy of no industry funding, ECL members do retain a considerable scepticism to industry and will try to minimise the effects of influence.

In July, HAI Europe published a report *Does the European Patients' Forum represent patient or industry interests? A case study in the need for mandatory financial disclosure*, detailing the lack of transparency and close ties to the pharmaceutical industry of the most prominent European patients' organisation. Producing the report was a reaction to the manner in which key EU consultation and decision-making processes are limited to industry-funded groups. It was also an opportunity to tap into the growing attention accorded transparency and reputational issues within the EU following the French and Dutch no votes, typified by Commissioner Kallas' 'European transparency initiative'.

The report was circulated to the Commissioners responsible for Health and for Enterprise, as well as the European Medicines Agency (EMA) and all members of the European Health Policy Forum (50+ stakeholders). HAI Europe has raised similar concerns with the World Health Organisation regarding its 'patients for patient safety' project, a part of its World Alliance for Patient Safety program. 'Patients for patient safety' is coordinated by a group of patients' and consumers' organisations, including the 99% industry-funded International Alliance for Patients' Organisations (IAPO). An IAPO employee is seconded to 'patients for patient safety' and took the lead in organising a summit in November.

On April 15, HAI Europe met with Dr Isabelle Moulon, who co-chairs the

EMEA/CHMP Working Group with patients' and consumers' organisations and pressed her on the lack of transparency and conflicts of interest of Working Group members. HAI Europe attended the June meeting of the Working Group as the representative of the European Public Health Alliance and as such could not raise HAI positions, simply gain clarification as to the timetable for approving the *Criteria to be fulfilled by patients' and consumers' organisations involved in EMEA activities* and the process of assessing compliance

HAI Europe has provided information to MEPs and to members of the EMEA Management Board about the predominance of industry-funded groups on the EMEA/CHMP Working Group with Patients' and Consumers' Organisations. The Green Party has consistently raised this issue at meetings of the European Parliament Environment, Public Health and Food Safety Committee. Prior to the EMEA Management Board meeting of 28-29 September, HAI Europe wrote to all Board members with information on the failure to meet the *Criteria to be fulfilled by patients' and consumers' organisations involved in EMEA activities*, as well as the dependence on industry funding, of most Working Group members, as well as the EPF/EFNA groups now represented on the Board itself

RESULTS

HAI received feedback from the European Commission recognising the value of its work.

In his reply, Robert Madelin, Director General for Health and Consumer Protection, referred to the HAI report as being 'widely publicised' and stated that 'the Commission shares your view that transparency and accountability are basic values'. Commissioner Verheugen, responsible for Enterprise and Industry, indicated that "my services have already asked the European Patients Forum to make the information on its funding public", but also that he still considers it to be "an important representative for the interests of patients in Europe".

Similarly HAI received acknowledgement of the need for transparency from the WHO. Correspondence with the chair of the World Alliance for Patient Safety program drew the concession that communications about 'patients for patient safety' will carry a disclaimer stating the role of IAPO.

The European Patients' Forum report received the following press coverage:

- *Europees patiëntenforum afhankelijk van industrie*, (European patient forum dependent on industry) De Telegraaf (Netherlands), 16 July
- *Patientenkoepel drijft op farmageld*, (Umbrella group dependent on pharma funds), Trouw, (Netherlands), 15 July
- *Ujawnić źródła finansowania organizacji pozarządowych*, [approximate translation: 'exposing the financial resources of patients organisations'] Medycyna Praktyczna (Practical Medicine Magazine, Poland)
- *Patients' impatience*, Applied Clinical Trials magazine, 1 September

The paper on the EPF was covered on the websites of

- Stichting Pandora, Spitsnet, *Sociaal en Economisch Nieuws*, Medicalfacts (Netherlands);
- Pharma-Brief, LobbyControl (Germany);
- Paul Flynn MP (UK);
- International Baby Food Action Network, Spinwatch, Corporate Europe

Observatory, European Public Health Alliance, EUBusiness.com, SCRIP, Patient and Public Involvement Forum, Lung Cancer Directory, Qu4RAD (international).

Project Thematic Area: Transparency and Ethics in Medicines Policy

Project Title:	Pan American Conference on Harmonisation of Drug regulations
Project Locus:	Regional – Latin America
Project Type:	Advocacy , Information Sharing
Project Time Frame	Annual Conference, ongoing from 2002
Coordinating Office	AIS LAC
Project Partners:	n/a
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIMS

To monitor the process of harmonisation of medicines regulation in the Americas from a public perspective. To defend the public interest, including patient safety, access to medicines and ethical concerns in the Pan American Network for Drug regulatory Harmonisation.

ACTIVITIES

HAI-LA members from Peru, Colombia and Nicaragua participated in the IV Pan American Conference on Harmonisation of Drug Regulations, a meeting organised by PAHO. The members gave their input on Good Manufacturing Practices, Pharmacopeia and quality control, good clinical practice, drug registration, drug counterfeiting, bioequivalence and drug promotion.

AIS LAC members were particularly concern that the standards being set for bioequivalency in the harmonisation process would limit access to ARV medicines and lobbied for modification of the harmonisation criteria.

In addition HAI-LA members advocated for the introduction of drug promotion as a topic for consideration in the harmonisation process.

RESULTS

HAI-LA successfully advocated for the following changes in the harmonisation review process

- the consideration of bioequivalency as a quality and not interchangeability criterion
- the elimination of a generalised demand for the use of bioequivalence for ARV products, and rather its use on a case-by-case basis
- the importance of fulfilling good manufacturing practice as a determining factor in the quality of drugs
- the introduction of drug promotion as a topic in the process of harmonisation, with particular reference to the Ethical Criteria for Drug Promotion of the WHO
- the establishment of two new working groups: on pharmacovigilance, and on vaccines and biologicals.

Project Thematic Area: Better Controls on Medicines Promotion

Project Title:	HAI/WHO Project on Drug Promotion
Project Locus:	Global
Project Type:	Research, education and capacity building, information sharing
Project Time Frame	2004-2007
Coordinating Office	HAI Europe
Project Partners:	WHO
Project Coordinator	Marg Ewen
Project Means	€ 7.345

Introduction

Increasing attention is being paid to the relationship between health professionals and the pharmaceutical industry, and the role of drug promotion in prescribing, dispensing and drug use decisions. Education of medical and pharmacy students has a crucial role to play in preparing future practitioners to respond appropriately to drug promotion and to ensure that their own interactions with the pharmaceutical industry meet a high ethical standard and are consistent with regulatory norms. A review of promotion material in the WHO/HAI Drug Promotion Database showed little had been published on education initiatives to students and no international survey, to examine the extent to which medical and pharmacy students are being educated about drug promotion, had been conducted.

AIMS

- To ascertain the aims and extent to which medical and pharmacy students are being educated about drug promotion
- To publish a practical guide for medical and pharmacy students on understanding and responding to pharmaceutical promotion

ACTIVITIES

Survey

In 2004 an initial faxed survey, seeking names of contacts who were educating medical or pharmacy students about drug promotion, reached 1014 medical and pharmacy faculties in 110 countries. We received 710 contact names in 91 countries. Of these, 564 were names of individuals who were involved in education on drug promotion (the remaining 146 stated that the faculty was not involved in education about drug promotion). In late 2004 a more detailed questionnaire was developed covering the following issues: amount of time spent on this type of education, placement in the curriculum, types of promotional activities, regulatory and ethical issues covered, educational techniques, materials developed, evaluation, judgment of success and identification of barriers to success.

Between January and April 2005 HAI Europe faxed the detailed questionnaire to the 564 contacts (199 schools of pharmacy, 333 schools of medicine, 32 others). There were 262 responses (46%). Thirty-four were excluded for various reasons. Barbara Mintzes, HAI Europe member and lead investigator, analysed the data from 228 respondents (64 countries). The draft analysis was reviewed by project members at a

meeting in July 2005 in Amsterdam (see below). The survey report was subsequently published and distributed by early 2006.

Practical Guide on Understanding and Responding to Pharmaceutical Promotion

Project members, drug promotion experts from Africa, Latin America, Russia, Australia, and Canada, meet for 3 days to July 2005 to not only review the survey results but also decide the objectives, content and format of a practical guide for students on dealing with drug promotion. Authors and reviewers, some external, were assigned for each chapter.

Prior to the meeting, Marg Ewen (HAI Europe) collected examples of education material from 50 of the survey respondents. This material was reviewed at the meeting for inclusion in the practical guide.

RESULTS

Publication of survey report

The HAI and WHO report of the survey findings will be lodged on both websites in 2006. Key findings from the report include:

- 72% respondents reported that education about drug promotion is part of the required curriculum, however, nearly one-third of medical and one-fifth of pharmacy respondents reported only 1-2 hours of education on promotion within the required curriculum.
- Over half the respondents were educating students on one or more of the following issues: advertisements, sales representatives, sponsored conferences and seminars, promotional 'research', gifts and industry funded journals.
- 75% of respondents covered the regulation and/or ethics of drug promotion - mostly reporting that they discussed national government regulation of promotion, followed by professional codes, and the ethics of interactions with the industry.
- Most common aims were to teach critical appraisal of promotion, increase students' use of independent information sources, and to improve prescribing or dispensing after graduation.
- Only a small minority of educators systematically evaluated the effectiveness of education
- Lack of integration and inadequate time allocation were frequently mentioned as barriers to success.

Although the survey results were exploratory, they provided a snapshot of the type of education being provided, subject matter, techniques and aims. The number of responses far outweighed the published literature describing educational initiatives for medical and pharmacy students on drug promotion. Interestingly, there was broad interest in further development and work in this area by respondents.

Drafting of the Practical Guide for students

It was agreed the Practical Guide would follow the format of the Guide to Good Prescribing and be promoted as accompanying the GGP. It will contain 7 core chapters (each including proposed student activities) and 3 supplementary chapters. By the end of 2005 some chapters were at the review stage while others were still not drafted.

Outline of the Guide:

Core chapters

1. Global Overview of Drug Promotion
2. Techniques to influence use of medicines
3. Critical analysis of advertisements
4. Dealing with pharmaceutical representatives
5. Responding to patient requests for advertised medicines
6. Ethical conflicts
7. Codes, guidelines and regulations

Supplementary chapters

1. Critical analysis - use and abuse of statistics in advertising
2. Sources of objective medicine information
3. A doctors dilemma – the Nancy Olivieri story

Project Thematic Area: Better control on Medicines Promotion

Project Title:	Production of fact sheet: <i>Bending the rules</i>
Project Locus:	Regional – HAI Europe
Project Type:	Advocacy , Information Sharing
Project Time Frame	
Coordinating Office	HAI Europe
Project Partners:	n/a
Project Coordinator	Jeremy Smith
Project Means	€ 1.888

AIM

To provide information on the distortion of information in the promotion of medicines of HAI's work to key stakeholders, to support decision making at the institutional level

ACTIVITIES

In March HAI Europe produced a short briefing paper entitled *Bending the Rules: medicines' promotion and the distortion of information* and circulated at the European Health Policy Forum. A more substantial paper, specifically focused on responding to the proposed public private partnership for information was drafted for publication at the Health Policy Forum in December 2005.

HAI Europe was represented on a European Health Policy Forum Working Group on information, which had been tasked to develop a paper on health information. The working group met in late 2004 and in March 2005. The final version of the paper was presented to the EHPF on 11 March and then circulated to all EHPF members on a 'no response = approval' basis.

RESULTS

Most of HAI Europe's comments to the final draft were included in the final version. Forty-four out of around fifty EHPF members signed up to the report and hence to an explicit rejection of direct-to-consumer advertising: "[i]n extending its comments to include commercial advertising the Forum is seeking to underline the role advertising can play in influencing health related choices. Recognising the impact of such advertising the Forum argues that no relaxation of current EU legislation which prohibits the advertising of prescription only medicines should be envisaged".

Project Thematic Area: Network Development

Project Title:	HAI participation in the 10 th International Women and Health Meeting, New Delhi, India
Project Locus:	Global
Project Type:	Advocacy , education and capacity building, information sharing
Project Time Frame	September 21-25, 2005
Coordinating Office	HAI Africa
Project Partners:	N/A
Project Coordinator	Dorothy Okemo
Project Means	USD 1875

AIMS

To advance knowledge of HAI's work among women's groups advocating for the right to health for women. To support advocacy and lobbying of governments to increase health care budgets.

ACTIVITIES

The 10th International Women's Meeting on Health was held in New Delhi India and attracted over 800 participants from 70 countries from regions including Africa, Asia, Latin America, the Caribbean, Eastern Europe and USA. The meeting was divided into plenary sessions and parallel sessions on various issues around the main theme: 'Health Rights, Women's Lives, Challenges and Strategies for Movement Building'.

RESULTS

- Drafting of a 10-point declaration on advocacy issues that could be carried forward by both the women's health movement and individual organizations represented at the meeting.
- Reaffirmation of a renewed call for action to improve the health and lives of women, through activism, advocacy, lobbying and health sector reforms.

Project Thematic Area: Network Development

Project Title:	The HAIAP website
Project Locus:	Global
Project Type:	Advocacy, education and capacity building, information sharing
Project Time Frame	ongoing
Coordinating Office	HAI Asia Pacific
Project Partners:	HAI Africa, Europe, Latin America
Project Coordinator	Passanna Gunasekara
Project Means	500 US \$

AIMS

To provide a forum for the presentation of the vision, mission, advocacy and research of HAI, with emphasis on work in the Asia Pacific region.

ACTIVITIES

The HAIAP website www.haiap.org provides information on the latest publications of HAI, including the global newsletter, activities and events of HAIAP, relevant news and event coverage on health, pharmaceuticals and development issues of interest to members and partners. The website is seven pages long and also includes the history of HAIAP, contact information, links to the other regional offices and a feedback page.

RESULTS

In 2005, the website received approximately 6500 hits a month.

Project Thematic Area: Network Development

Project Title:	Production and dissemination of HAI News – the global newsletter of the HAI network
Project Locus:	Global
Project Type:	Education and capacity building, information sharing
Project Time Frame	ongoing
Coordinating Office	HAI Asia Pacific
Project Partners:	HAI Africa, Europe, Latin America
Project Coordinator	Passanna Gunasekara
Project Means	1500 US \$

AIMS

To provide a forum for the exchange of information and experiences of HAI network members

ACTIVITIES

HAI Asia Pacific publishes the newsletter quarterly on behalf of the global network. The editors present a lead article which examines and analyses in depth a particular issue of interest to HAI members drawn from current affairs in health and pharmaceuticals. The newsletter includes section network news in which contributions from HAI members and partners projects, campaigns, events and activities are featured. A further section, Journal Scan, reports on developments in international campaigns for rational health and pharmaceutical policies. The resources section reviews selected publications of interest in health and development.

A reader survey was conducted in 2005.

RESULTS

In 2005, HAI News was published three times. Issues 132/133 (a double issue), 134 and 135 were circulated to 500 subscribers in 102 countries.

HAI news is also published electronically and is accessible on <http://www.haiweb.org/publications>.

Project Thematic Area: Network Development

Project Title:	HAIAP on Editorial Board of PLOS (Public Library of Science)
Project Locus:	Global
Project Type:	Education and capacity building
Project Time Frame	28-30 November 2005
Coordinating Office	HAI Asia Pacific
Project Partners:	Beijing Children's Hospital
Project Coordinator	Dr. K. Balasubramanian
Project Means	500 US \$

AIMS

The Public Library of Science (PLOS) is a non-profit organization of scientists and physicians committed to making the world's scientific and medical literature a freely available public resource.

The Public Library of Science (PLOS) seeks to catalyze a change from traditional subscription-based scientific and medical journal publishing to open access publishing by publishing its own open access journals and through advocacy for open access among producers and consumers of the scientific and medical literature. Open access publishing takes advantage of the ability to exchange information more efficiently and creatively via the Internet, allowing barrier-free access to scientific and medical information for a global audience. PLOS is part of the global open access movement, which includes Nobel laureates and other scientists, major funding agencies, publishers, librarians, patient advocacy groups, lawmakers, and many others.

ACTIVITIES

Editorial Board

PLOS Medicine invited Dr Balasubramaniam, Advisor/Coordinator of HAIAP to serve on the editorial board of the journal. Dr Balasubramaniam assists with the assessment of articles submitted by contributors and acts as an “ambassador” to the community, raising awareness among colleagues about the journal and open-access publishing in general, to report any novel/controversial development or important ongoing studies in the region that PLOS should consider covering in the magazine and to comment on editorial policies and standards.

Academic Editor – PLOS Medicine –

HAIAP was invited by PLOS Medicine to serve as the academic editor for a manuscript titled, “Mass Fatality Management following the South Asian Tsunami disaster: case studies in Thailand, Indonesia and Sri Lanka”.

The academic editor who reviews papers submitted to PLOS Medicine along with one of PLOS’ on staff editors and advises the editors throughout the evaluation process

including whether the paper is potentially an important contribution to the field and therefore merits in-depth review and if so, suggestions for reviewers are submitted. Finally, the academic editor is expected to comment on the decision based on the reviewers.

RESULTS

In September 2005, HAIAP invited Gavin Yamey, one of the editors of PLOS medicine to give a presentation on open access and PLOS medicine at the Second International Consultation on Pharmacy and Medical Education in Negombo, Sri Lanka. PLOS Medicine prepared a special collection of articles on undergraduate medical education and distributed them among the participants at the consultation providing more insight among them on the topic. Dr. Yamey also summarized the main themes of the above consultation for the editorial of the December 2005 issue of PLOS Medicine under the title of, “**Improving Health by Investing in Medical Education.**” The editorial is available at <http://dx.doi.org/10.1371/journal.pmed.0020424>.

HAIAP is instrumental in circulating copies of the above journal among the Sri Lankan universities. The copies are sent to the Deans of the Science faculties, Heads of the Pharmacology Departments and Librarians. At present the journal is being circulated among five principal universities in Sri Lanka namely, the University of Kelaniya, University of Colombo, University of Sri Jayawardenapura, University of Jaffna and University of Ruhuna.

Project Thematic Area: Network Development

Project Title:	Production and dissemination of information
Project Locus:	Regional – Latin America
Project Type:	Education and capacity building, information sharing
Project Time Frame	ongoing
Coordinating Office	HAI-LA
Project Partners:	N/A
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIM

To provide public information on the work of HAI-LA. To provide a public forum for the exchange of views and discussion of health and medicines topics.

ACTIVITIES

HAI-LA publishes a website, a newsletter – *Boletín Coreo de AIS*, a bulletin – *Boletín AIS Peru*, and a discussion list to communicate its work to the public.

The website is being reconfigured, having had some problems, e.g, URL direction errors, but has been accessible in the last year.

RESULTS

The *Boletín Coreo de AIS* was published five times, and distributed to 356 subscribers, up from 330 subscribers in 2004.

The *Boletín AIS Peru* was published six times and distributed to 858 subscribers, a significant jump in numbers, from 602 subscribers in 2004.

The website- www.HAI-LA.org posted thirty new information articles. Despite problems with configuration the website received 13, 646 hits by December, 2005.

The AIS Peru Discussion list began its operation in 2005 on the *Yahoo! Groups* platform. The list has 198 registered users, who have sent a total of 403 messages (average 3 messages a day). HAI-LA is working to improve moderation of the group.

Project Thematic Area: Network Development/Access to Essential Medicines

Project Title:	Sponsorship of HAI member participation in East African Community regional workshop
Project Locus:	Regional - HAI Africa (Kenya, Uganda, Tanzania)
Project Type:	Advocacy , education and capacity building, information sharing
Project Time Frame	2005
Coordinating Office	HAI Africa
Project Partners:	HEPS Uganda
Project Coordinator	Christa Cepuch
Project Means	Global Programme (part thereof)

AIMS

To support HAI members in their advocacy for the integration of promoting access to essential medicines into national and regional legislation, to expand contact and information sharing with regional policy makers and other experts, and to contribute to the implementation of appropriate medicines policies at the national level.

ACTIVITIES

HAI prepared and distributed a compilation of briefing documents on Intellectual property and access to Essential medicines for the participants in the regional workshop '*East African Community (EAC) Partner States' Legal, Trade and Pharmaceutical Experts and Manufacturers off Essential Medicines on the Review of National Patent Laws and WTO TRIPS Flexibilities*'. Representatives of the East African Assembly, and the Ministries of trade, health, foreign affairs, and the judiciaries of the East African Community, as well as experts from NGOs, the industry and academia received copies of these documents.

RESULTS

HAI member HEPS Uganda was appointed to the East African Community Task Force on Intellectual Property and Access to essential Medicines.

HAI was able to contribute to the implementation of workshop recommendations in both Kenya and Uganda.

One outcome of the collaboration that was highlighted was the appointment of the HAI partner in Uganda, HEPS, to the Drug Management Committee of the Uganda Ministry of Health.

Project Thematic Area: Network Development/Access to Essential Medicines

Project Title:	Participation in the Collective for Life
Project Locus:	National - Latin America (Peru)
Project Type:	Advocacy, education and capacity building , information sharing
Project Time Frame	Since 2001
Coordinating Office	HAI-LA
Project Partners:	N/A
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIMS

To strengthen the research capacity of the Collective for Life, in its efforts to promote access to antiretroviral medicines (ARVs).

ACTIVITIES

HAI-LA joined the Executive Secretariat of the Collective for Life and was appointed to the Vigilance committee. Through the organisation of institutional workshops, and in its participation in coordination meetings and the general assemblies of the Collective, HAI-LA has pushed for the consolidation of research work in two main areas

- The surveillance of access to ARVs including:
 - The validation of data collection tools on access to ARVs
 - The organisation of two workshops for information gathering on health care facilities providing ARV treatment
 - The application of data collection tools in Lima and the provinces
 - Coordination of activities with those of the ministry for Health
 - The participation in the Global Fund Country Coordinating Mechanism
 - The participation in workshops for the evaluation of implementation of the 2001 UNGASS Declaration of commitment
- The monitoring of regulation of the laws that guarantee access to antiretroviral treatment.

RESULTS

HAI-LA secured the participation of the collective as a partner in the HAI global PPI project discussed earlier in the report.

- HAI-LA has facilitated:
 - Greater coordination with the national agencies working on the prevention and control of HIV and AIDS;
 - Contributions to the surveillance of the Global Fund implementation processes; and
 - Recognition of the Collective for Life by public and private organisations in the field of access to ARV treatment

Project Thematic Area: Network Development/Access to Essential Medicines

Project Title:	The VI AIS Peru National meeting
Project Locus:	National - Latin America (Peru)
Project Type:	Education and capacity building, information sharing
Project Time Frame	12-13 November, 2005
Coordinating Office	HAI-LA
Project Partners:	Civil society groups from Argentina, Colombia, Chile, Venezuela
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

AIMS

To provide a forum for the discussion of current issues in medicines in Peru. To expand knowledge of and participation in the AIS Peru network.

ACTIVITIES

In preparation of the VI AIS Peru meeting, HAI-LA organised two seminars to widen and deepen the debate on issues of current importance in the region: Generic Drugs: Quality and Bioequivalency, and Rational Use of Medicines in Professional formation.

At the meeting itself two additional current topics were discussed: free trade agreements and access to medicines.

RESULTS

Sixty four participants from five countries exchanged information and expertise and networked with each other.

HAI-LA reintroduced the AIS Peru consulting Committee, to provide expertise as needed to members.

Project Thematic Area: Network Development/Access to Essential Medicines

Project Title:	Participation in FOROSALUD
Project Locus:	National - Latin America (Peru)
Project Type:	Advocacy , education and capacity building, information sharing
Project Time Frame	August 2002 - ongoing
Coordinating Office	HAI-LA
Project Partners:	N/A
Project Coordinator	Roberto Lopes Linares
Project Means	Global Programme (part thereof)

Introduction

FOROSALUD is a Peruvian public action organisation, a coordinated space within civil society that works in the health sector by promoting the debate around the socialisation of studies and experiences of, and analysis of the health situation in the country. FOROSALUD fuels citizen vigilance and social surveillance of the health sector.

AIMS

To promote access to essential medicines and the rational use of all drugs. To network with actors in the health sector to advance these goals.

ACTIVITIES

HAI-LA has participated in FOROSALUD since its inception in 2002. In 2005 HAI-LA was elected to the Board of Directors and the Executive Council of FOROSALUD. HAI-LA represented FOROSALUD in a wide range of public events, including the National Council on Health, roundtables and regional fora on access and rational use.

HAI-LA organised conferences for civil society, trade unions, the Peruvian congress, professional associations, universities, health workers, and other constituencies. HAI-LA also organised public demonstrations for access to essential medicines, and wrote and distributed position papers and declarations that contributed to the public debate around these issues.

RESULTS

Access to essential medicines and human rights are now on the public agenda.

HAI-LA placed in charge of Notisalud - an electronic bulletin of FOROSALUD, which summarises media coverage of the issues related to health

Project Thematic Area: Network Development

Project Title:	Health and Civil Society Network of Eastern and Southern Africa
Project Locus:	Regional - Africa (Central, Southern and West Africa)
Project Type:	Education and capacity building, information sharing
Project Time Frame	February 2005, ongoing
Coordinating Office	HAI Africa
Project Partners:	EQUINET (Secretariat at TARSC and SEATINI), People's Health Movement (PHM), Treatment Action Campaign (TAC), the Community Working Group on Health (CWGH) and the Southern African Trade Union Co-ordinating Council (SATUCC)
Project Coordinator	Patrick Mubangizi, Christa Cepuch, Betty Amailuk
Project Means	USD 2062 per meeting

INTRODUCTION

During 2002/3, EQUINET, the Peoples Health Movement (PHM), International People's Health Council (IPHC) and Community Working Group on Health (CWGH) identified a need for closer dialogue and networking between health and related civil society in east and southern Africa to achieve common health goals. A meeting held in Johannesburg South Africa on November 26 2003 involving 14 networks of health civil society (many of these with numerous individual health civil society members) agreed to consolidate and strengthen civil society influence through building shared analysis and positions on health issues and strengthening of dialogue and networking; and to identify strategic issues for joint action and across health civil society. This was taken forward through health civil society participation in the June 2004 EQUINET regional conference and by a planning committee made up of EQUINET (Secretariat at TARSC and SEATINI), PHM, Treatment Action Campaign (TAC) and CWGH. The planning committee was also joined by the Southern African Trade Union Co-ordinating Council (SATUCC) and Health Action International (HAI) Africa.

AIMS

To collaborate with like minded civil society organisations to promote equity and social justice in health and to realize the right to health, to bring power to the people and to strengthen people's voice in decision making through organising, uniting people and building public consciousness, to act as a people's watchdog and monitor the performance of government and private sector against their commitments and the public interests, systems and values promoted by the collaboration

ACTIVITIES

Two meetings were held in 2005 by the Health Civil Society Network. At the first, on February 17-19, 2005 in Lusaka, Zambia the collaboration members reviewed their respective positions and analysis, and set out fundamental principles and values. At the second, held April 2005 in Johannesburg, South Africa, the collaboration identified targets and strategies for action in 2005.

RESULTS

- The guiding document was distributed to the networks and their membership, which covers Central, Eastern and Southern Africa.
- HAI Africa and CWGH have been asked to coordinate the HCS Network
- The World Health Organization's Commission on Social Determinants of Health approached the HCSN to facilitate the Commission's work with civil society in Africa, over the period 2005-2008. HAI Africa has taken a leading role in this work.

Project Thematic Area: Network Development

Project Title:	Seed grants to HAIAP member projects
Project Locus:	Regional – Asia Pacific (Iran, India)
Project Type:	Education and capacity building
Project Time Frame	ongoing
Coordinating Office	HAI Asia Pacific
Project Partners:	Dr M A Barzegar (Iran), Dr Anita Kotwani (India) and Dr Gopal Dabade (India)
Project Coordinator	Prasadini Perera
Project Means	4700 US \$

AIMS

To provide support to member efforts to intervene on pressing issues related to the use of pharmaceuticals and improving health in the Asia Pacific region

ACTIVITIES

At its annual meeting in 2005, it was agreed by members that seed grants be provided to short duration, low budget interventions/studies of relevance in the Asia Pacific region, identified by members. The regional office developed a set of guidelines and a concise format for the proposals. The regional office and the governing council reviewed proposals submitted, and approved or denied them

RESULTS

Three projects were accepted for funding in 2005 (December 2005, thus the projects will be carried out in 2006) from 10 applications. These are:

- *Advocacy material for the project 'Meeting the basic minimum needs of the people for poverty eradication and better quality of life, including healthy life',* Dr. M. Ali Barzegar, People's Health Movement of Iran. US \$ 1500
- *The impact of standard treatment guidelines and patient education on the quality of asthma management,* Dr. Anita Kotwani; University of Delhi, India US \$ 1650
- *A plan for the study of the drugs for the treatment of anaemia,* Dr. Gopal Dabade, Drug Action Forum – Karnataka (DAF-K), India. US \$ 1550

Project Thematic Area: Network Development

Project Title:	HAIAP Internship and placement programme
Project Locus:	Regional – Asia Pacific
Project Type:	Education and capacity building
Project Time Frame	2003 – open end
Coordinating Office	HAI Asia Pacific
Project Partners:	various: academic institutions and students from the region
Project Coordinator	Prasadini Perera
Project Means	Global Programme (part thereof)

Introduction

Since 2003, HAI has accepted students for short term internships and work placements.

HAI offers students the opportunity to undertake challenging, meaningful and stimulating work. Interns are provided with the opportunity to gain experience at HAI AP member organisations, where the internship programme requires them to undertake work in an area outside the lines of HAIAP's work, HAIAP forwards the assignments to network partners to assist students in finding appropriate placements.

AIMS

To allow students in health and medicine to gain practical experience relevant to their work goals. To give aspiring health professionals early exposure to HAI's work.

ACTIVITIES

HAI received several applications from students all over the region. These were reviewed against the office's work projects, and where intersections were found students were offered the possibility to further develop projects. Working in collaboration with the students and their academic advisors, HAIAP developed a work plan consistent with the student's targeted learning objectives. HAIAP agreed to where possible provide documentation at the close of the internship which would facilitate the award of academic credit for the placement work.

RESULTS

Two interns were accepted in 2005 for placements at the regional office. The interns are working on projects, which will continue into 2006. They are the '*Drug registration and recall of substandard drugs*' a survey and situation analysis of the Asia Pacific region, and '*National Health Policy?*', a comparative compilation of country policies in the Asia Pacific region.

Project Thematic Area: Network Development/ Rational Use of Medicines

Project Title: HAIAP Resource Centre
Project Locus: Regional – Asia Pacific
Project Type: Education and capacity building
Project Time Frame: 2003 – open end

Coordinating Office: HAI Asia Pacific
Project Partners: N/A
Project Coordinator: Passanna Gunasekara
Project Means: 500 US \$

AIMS

To allow interested parties access to documents, including journals and periodicals related to health, pharmaceuticals, development and international relations.

ACTIVITIES

The resource centre houses over 650 publications, 50 journals, 100 briefing papers and 25 data files covering various issues in health, pharmaceuticals, development and international relations. The centre is open to the public during the working hours of the HAIAP office, which are 9.00 a.m. to 5.00 p.m. and offers information, reference materials, and self help resources to any interested seeker.

RESULTS

The centre is in regular use by HAI staff. In addition, the centre received several visits and requests for information from members, and external visitors in 2005.

Project Thematic Area: Network Development

Project Title:	Asia Social Health Forum
Project Locus:	Regional – Asia Pacific
Project Type:	Advocacy, Information sharing, Education and capacity building
Project Time Frame	25-27 April 2005
Coordinating Office	HAI Asia Pacific
Project Partners:	The WHO Collaborating Centre for Drug Information, University Sains Malaysia
Project Coordinator	Passanna Gunasekara
Project Means	28000 US \$ + 1000 US \$ (WHO/SEARO)

AIMS

To brainstorm with participants on solutions to the prevalent health problems in the Asia Pacific region. To provide opportunities for the exchange of expertise on problems, challenges and prospects in the response to pressing health problems

ACTIVITIES

HAIAP and the Centre for Drug Information prepared the forum, invited speakers, set up parallel discussion tracks and working groups and prepared and distributed the proceedings of the forum. Seven plenary sessions were held covering: *Access to Medicines and Health for All; the impact of trade agreements, tariffs and treaties on health pharmaceuticals; rational use of drugs; drug promotion and drug promotion education for health professionals, and new technologies in health- challenges and opportunities for disaster management; The three day forum also convened working groups around the theme 'who will live and who will die?' . The working groups considered the effects of irrational drug policies on public health and safety.*

RESULTS

50 participants representing health movements, NGOs, Ministries of Health, and universities attended the meeting. The participants agreed to increase lobbying on national drugs policies in their countries, and committed to the reestablishment of the Educators on Rational Drug Use (ERDU) programme, to ensure that future generations of medical and pharmacy students be made aware of the social, economic, political and cultural components of therapeutics.

HAIAP was asked to take the lead in facilitating the implementation of suitable educational curricula, developing supplemental teaching materials and organising regional ERDU workshops.

Project Thematic Area: Network Development

Project Title:	Second International Consultation on undergraduate medical and pharmacy education
Project Locus:	Regional – Asia Pacific
Project Type:	Education and capacity building
Project Time Frame	19-23 September 2005
Coordinating Office	HAI Asia Pacific
Project Partners:	SEARO and EMRO offices of the WHO
Project Coordinator	Dr K Balasubramaniam and Prasadini Perera
Project Means	35200 US \$ + 1000 US \$ (WHO/SEARO)

Introduction

The first International Consultation was convened by HAIAP in collaboration with the Association of Philippine Medical Colleges and hosted by the Health Action Information Network (HAIN) Manila in 1988 in Manila, Philippines. Since 1990, HAIAP collaborated along with its partners convened training workshops for medical and pharmacy educators in the following places:

Savar, Bangladesh,
Beijing, China,
Vellore and Calcutta, India,
Yogyakarta, Indonesia and
Manila, Philippines.

At the HAIAP Third Review and Planning Meeting in Penang, Malaysia, in April 2005, members requested HAIAP to convene a second International Consultation on Undergraduate Medical and Pharmacy Education in Sri Lanka.

AIMS

To continually assess the state and the quality of medical education in the region, in particular to assess the capacity of education programmes to prepare students to respond to the health needs of those they serve with care and compassion.

ACTIVITIES

Following a similar exercise held in 1998, the consultation involved 50 participants from 35 universities in 18 countries, predominantly vice-chancellors, deans of education, professors and senior staff with decision making capacity. These experts exchanged experiences and heard the views of invited civil society organisations, community members, and students on medical and pharmacy education and its impact on the public.

RESULTS

The following are some of the identified shortfalls of the existing curricula in medical and pharmacy schools in many developing countries:

- Lack of communication between health authorities who employ doctors and

pharmacists and the schools, which train them.

- Lack of communication between the communities served by doctors and pharmacists and the schools which train them.
- Due to this lack of communication no feed back is given to medical and pharmacy schools regarding skills, knowledge, attitudes and competency that all graduates require to deliver services.
- Lack of balance between curative and preventive medicine.
- Emphasis on classroom, hospital based education with little exposure to the community.
- Exposure of students to ill patients in the hospital. The learning environment (hospital) is quite different from the working environment (community) for the majority of doctors in developing countries.
- Predominance of departmental, subject oriented curriculum linked to high technology medicine. This adds a heavy burden on medical students to retain knowledge they acquire in their basic science years until it is needed in clinical work.
- Low priority of community health curricula: because of this, fundamental sciences like medical sociology, medical anthropology and health economics, necessary to understand the community are absent.
- No place in the curricula for global health issues and current world trends in public health issues.
- Medical ethics, equity and human rights have very little place in the training.
- Teacher dependent learning process, resulting in lack of self-reliance and self-confidence in students.
- Communication between teachers and students is strictly one-way, via lectures. There is lack of any dialogue between the two, and students' experiences are ignored.

The University of Peradeniya, Sri Lanka, took the initiative to develop its BPharm. degree programme following the recommendations of the consultation, and with the assistance of Professor Mohamed Ahmed, one of HAI's key resource experts in the consultation.

HAI provided financial support to enable a second expert, Professor Mohamed Ihzam Mohamed Ibrahim, of the University Sains Malaysia to assist in the development of the University of Peradeniya BPharm. syllabus. The first students will enter the new programme in 2006.

**Project Thematic Area: EXTRAORDINARY ACTIVITY
Network Development**

Project Title:	Tsunami Relief work
Project Locus:	Regional – Asia Pacific
Project Time Frame	December 2004 , ongoing
Coordinating Office	HAI Asia Pacific
Project Partners:	various regional NGOs
Project Coordinator	Passanna Gunasekera
Project Means	2000 US \$

Introduction

The catastrophic tsunami on the 26th of December 2004 not only resulted in the loss of thousands of lives but also left almost 800,000 people helpless and displaced. Almost a year after the devastation hundreds of families are still destitute and are living in makeshift refugee camps. South and South East Asia continues to cope with the worst natural tragedy in recorded history.

ACTIVITIES

HAIAP joined Non Government bodies in relief, reconciliation, reconstruction and rebuilding efforts assisting to manage the aftermath of the disaster in three major ways.

Coordinating tsunami relief aid and funds –

Tsunami aid in terms of cash donations as well as in kind (medicines, clothes, food, temporary shelter, linen, home ware etc) were received by the HAIAP secretariat from HAIAP members, partners, stakeholders and key contacts from all over the world. HAIAP channelled cash donations via three NGOs (Sarvodaya Shramadhana Sangamaya, Ruhunu Gami Kantha Association and MONLAR) who were working directly with the affected communities. HAIAP was also involved in generating funds for the Orphans sponsorship fund set up by the National Child Protection Authority of Sri Lanka and Wijeya newspapers Group. Foreign donations that flowed in kind were channelled via the Dioceses Tsunami rehabilitation desk and TAFREN. Some of the donors HAIAP worked with were PHM USA, Buko Pharma, CI, Medical Aid for the World, Doctors for Global Health, church organizations and individual contributors who contacted and also had working relations with HAIAP.

Facilitating foreign relief teams -

Foreign teams offering emergency, short term and long term, relief and fact finding missions flew in from all parts of the world some in less than 48 hours and some towards the end of 2005. HAIAP was contacted by several of these teams for ground information, to plan their itineraries and to link them with relevant authorities in the government and non government sectors. Medico International, Bread for the World, Christian College – Madras, Action Aid, Global Hope International are some of the organizations that were and still continue to be in contact with HAIAP concerning relief activities.

Providing advisory services for post Tsunami relief, rehabilitation and reconstruction processes -

HAIAP was consulted on various issues related to post Tsunami relief, reconstruction

and rehabilitation processes and was quite often invited to attend meetings, briefings and seminars organized by non governmental organizations (Consortium of Humanitarian Agencies – CHA) or sit on the boards of commissions providing expert comments (People’s Planning Commission).

Annex I

Projected activities

PROJECT THEMATIC AREA: ACCESS TO MEDICINES

Project Title: **Advocacy around World Health Assembly**
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: N/A
Project Coordinator
Project Means: USD 4000

AIMS

To ensure that African delegations are able to work effectively towards WHA policies that would increase access to medicines for the poor and most vulnerable.

ACTIVITIES

- HAI Africa is preparing advocacy tools on the issues being discussed at this year's World Health Assembly which have an impact on access to medicines. Plans are underway to sensitise civil society partners in order to support them in their work with national delegations. Of particular importance this year is the draft resolution on research and development. HAI will facilitate briefings in Africa in order to ensure that civil society partners and delegations are equipped with the information they need to be effective at the WHA.
- Support attendance of participants from HAI Africa and from a HAI Africa civil society partner to the WHA in Geneva.

EXPECTED RESULTS

- Country delegations are well informed about, and are seeking better support from WHO on, global policies and issues affecting access to medicines for their populations
- Civil society is regarded as effective, well-informed partners in these medicines and policy issues

Project Title: **Advocacy around World Health Assembly**
Project Locus: Regional – HAI-LA and global
Project Type: Advocacy, education and capacity building
Project Time Frame: January 2006-June 2006
Coordinating Office: HAI-LA
Project Partners: N/A
Project Coordinator: Roberto Lopes Linares
Project Means

AIMS

Increased participation of HAI partners in intergovernmental public health debates and policy

making

ACTIVITIES

- Participation in the preparation for the WHA, particularly through review of Executive Board and WHA Resolutions
- Lobby at World Health Assembly on all 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.
- Dissemination of briefing paper at national and regional level (official delegates, social organizations)
- Briefing papers articulating HAI's position published
- Report on the achievements at WHA
- Report on number of official delegates (LAC) who received information on HAI's issues for this WHA

EXPECTED RESULTS

Delegates at the WHA informed on key HAI issues

Agreements adopted at the WHA on the issues supported by HAI

Project Title:	Public Private Interactions: Assessing the benefits and risks in ARV treatment programs
Project Locus:	Global
Project Type:	Education and capacity building, Advocacy
Project Time Frame	28-30 November 2005
Coordinating Office	HAI Europe
Project Partners:	HAI Asia Pacific, HAI Africa, HAI-LA
Project Coordinator	Colleen Daniels
Project Means	

AIMS

To complete research, synthesize reports, make recommendations for action. To begin advocacy for improved health policy based on research findings. To expand advocacy network.

PROJECTED ACTIVITIES

- Provide technical support to country teams for completion of research
- Edit all six country reports, and send to country teams for review. Publish country reports
- Write and publish the synthesis report
- Develop advocacy messages, lay out and design reports, report syntheses, and summary papers
- Create calendar of international, national conferences, seminars, publication dates for PPI advocacy/lobbying.
- Write abstracts, papers for conferences, seminars, presentations
- Find partners for collaboration on international advocacy; utilize collaboration for advocacy at the WHA, the UNGASS plus Five Review, and the International AIDS Society Conference. Advocacy includes:
 - WHA - potential technical briefing on the challenges and

- recommendations in the synthesis report;
- UNGASS – participation at the roundtables and panels (pending approval by the Civil Society Taskforce) as well as developing short policy briefs on key issues for dissemination
- IAS – hold a satellite session which uses the scale up challenges the project discovered and calls for practical policies that national governments can implement and international guidelines for the minimum criteria for scale up in resource poor settings.
- Funding – secure additional funders for further advocacy activities
- Update PPI sections on the website
- PPI Reporting: write and submit donor reports, steering committee reports, quarterly reports for HAI Europe members, and any other reporting as needed

PROJECTED RESULTS

Increased international awareness of barriers to access, and launch of national, regional and global action campaigns around these. Greater collaboration and exchange of expertise between regions.

Project Title:	Follow up 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-LA
Project Partners:	
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To advocate for continued attention on access to medicines in regional policy fora, particularly at PAHO.

ACTIVITIES

Review of documents.

Collection of data on the implementation of the Resolution.

Participation in meetings convened by PAHO on related issues (e.g. meeting in El Salvador)

Dissemination of information to AIS LAC participants and other stakeholders

EXPECTED RESULTS

- Resolutions of PAHO Board and/or activities (regional, subregional) related to access to medicines.
- Reports on meetings (El Salvador and others)
- Access to medicines is maintained at the priority agenda of PAHO and members states.

Project Title:	Advocacy Campaign on the US-Andean Pact Free Trade Agreement
Project Locus:	Regional – Latin America
Project Type:	Advocacy, Action Campaign

Project Time Frame	ongoing
Coordinating Office	HAI-LA
Project Partners:	Medecins sans Frontieres, OXFAM USA; OXFAM UK, FOROSALUD, Mision Salud, HAI-LA members
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To extend policymakers knowledge of the intersection of intellectual property, innovation and public , in order to assist in the formulation of public friendly health policies.

ACTIVITIES

- Lobby and advocacy at US Congress
- Lobby at Congress in Colombia, Ecuador, Perú and Bolivia
- Dissemination of information on debate to the general public
- Use of already produced materials²
- Regional Coordination (Central América, Chile, Andean)
- Meetings (conferences, workshops, others)
- Work with the media

EXPECTED RESULTS

- Congressmen informed and debate extended
- Report on congressmen interviewed and reactions and number of congressmen contacted
- Reports on meetings at Congress (hearings, conferences, etc) Elaboration and dissemination of data sheet on the impact of the FTA on access to medicines in Peru, Colombia and Bolivia
- Reports on participation in meetings related to the issue
- Press notes published
- Debate extended to the general public
- Materials (i.e.) videos reproduced, adapted and disseminated

Project Title:	Information, Analysis and Advocacy on the US-Andean Pact Free Trade Agreement
Project Locus:	Regional – Latin America
Project Type:	Advocacy, education and capacity building
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	Medecins sans Frontieres, OXFAM USA; OXFAM UK, FOROSALUD, Mision Salud
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

Regular dissemination of information to the members of AIS LAC and other stakeholders through the AIS LAC channels (web site, interests lists, bulletins and

² AIS LAC network has produced documents and other materials which are posted at the web site and can be used for these activities. .

other means) in order to support advocacy on these issues.

ACTIVITIES

- Elaboration of report on the Andean – US FTA
- Elaboration of Briefing paper on harmonization of drug regulation for the Americas
- Elaboration of Briefing paper on bioequivalence
- Elaboration of Briefing paper on negotiation of ARV prices for American countries
- Study of generic market in Peru , production of protocol to study generics in national markets

EXPECTED RESULTS

- Documents published and disseminated(printed and electronically)
- AIS LAC members and other stakeholders informed on relevant issues of the pharmaceutical field.
- AIS LAC issues covered in the media
- Collaboration of AIS members and others in advocacy around these issues.

Project Title:	Information, Analysis and Advocacy on Topical Issues
Project Locus:	Regional – Africa
Project Type:	Advocacy, education and capacity building
Project Time Frame	Ongoing
Coordinating Office	HAI Africa
Project Partners:	N/A
Project Coordinator	Betty Amailuk, Christa Cepuch
Project Means	USD 3500

AIMS

To provide information and interpretation on timely, topical issues, providing civil society with tools to see how these issues affect access to medicines.

ACTIVITIES

- Fact sheets and information sharing: Providing information, analysis and commentary on access-related news and issues
- Participation in advocacy based on these issues, where appropriate.

EXPECTED RESULTS

- Civil society received balanced information on news that affects access to 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
Project Type:	Advocacy, Education and Capacity building
Project Time Frame	August – September 2006
Coordinating Office	HAI AP
Project Partners:	Third World Network (TWN), Eastern Mediterranean Regional

Office for the World Health Organization (WMRO/WHO),
Medecins Sans Frontieres (MSF) and Consumer Project on
Technology (CPTech)
Project Coordinator Dr. K. Balasubramanian
Project Means 30000 USD

AIMS

To educate the Health and Trade Ministry officials on the impact of the WTO/TRIPS agreement on access to medicines

ACTIVIITES

Initial contact with EMRO/WHO and TWN has been established. There is mutual agreement on the need to carry out the Consultation.

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
4. Networking and establishing contacts with key personnel in the WHO/EMRO states

PROJECT THEMATIC AREA: RATIONAL USE OF MEDICINES

Project Title:	Promotion of Rational Use of Medicines at the Community Level
Project Locus:	Regional – Latin America and Caribbean
Project Type:	Advocacy, education and capacity building, information sharing
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	SAIDI (South American Infectious Disease Initiative)
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To undertake research on the use of medicines in the region, and to use findings to improve education in support of rational use of medicines

ACTIVITIES

- Follow up on the South American Infectious Disease Initiative (SAIDI)³ qualitative and quantitative study on antimicrobial use in Peru.
- Adaptation of WHO's modules⁴ on promoting rational drug use in communities
- Participate in development of the Peru National Plan⁵ to promote RDU in communities.
- Report on the qualitative and quantitative studies⁶

EXPECTED RESULTS

- Studies performed on antimicrobial use in Peru
- WHO's modules adapted and disseminated for regional use
- National Plan proposed at the National Council of Health in Peru
- Modules enriched with proposals of other countries.⁷

Project Title:	Monitoring of Drug Promotion in LAC⁸
Project Locus:	Regional – Latin America and Caribbean
Project Type:	Advocacy, education and capacity building, information sharing
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	HAI-LA members in Brazil
Project Coordinator	Roberto Lopes Linares
Project Means	

³ This is an initiative of USAID with the goal to controlling the generation of bacterial resistance to anti infective. One of the strategies is to promote the RDU at communities.

⁴ AIS Nicaragua contributed up to now with the translation into Spanish of the modules, as well as the implementation of the First Latin American Course on Promoting RDU at Communities (Managua 2004).

⁵ In Peru, coordination is being done with the Drug Regulatory Authority to implement the modules in order to build up a National Plan to promote the RDU at communities.

⁶ Contribuye al resultado No. 3

⁷ In Brazil, Ecuador, Nicaragua y Peru there are activities going on (or that can be implemented) to enrich the modules, particularly on methodology and tools to study the use of drugs at the communities.

⁸ There are various initiatives promoted by AIS local groups that it is necessary to have in account in order to launch a regional and articulated plan on this area.

AIMS

To monitor pharmaceutical industry promotion of medicines to health professionals and the public. To use evidence to advocate against direct to consumer promotion of medicines, and other perverse practices in the use of medicines.

ACTIVITIES

Exploration of the regulation of drug promotion in LAC. Case study: Brasil⁹
Elaboration of protocols for monitoring elaborated and applied
Case study performed

EXPECTED RESULTS

Case study published. Advocacy strategy developed, based on findings.

Project Title:	Drug promotion in the training of health professionals at universities
Project Locus:	Regional – Latin America and Caribbean
Project Type:	Research, information sharing
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	WHO, HAI-LA members in Ecuador, Nicaragua, Argentina, Bolivia, Peru, Brasil
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To explore the practice of drug promotion to health professionals in training. To use findings to advocate for rational medicines policy and awareness raising of students.

ACTIVITIES

Facilitation of the operation of working group on the commitments related to the project. (Ecuador, Nicaragua, Argentina, Bolivia, Peru, Brasil)
Validation of module elaborated by AIS NICARAGUA on drug promotion.
Contribution to the manual (HAI-WHO) with the participation of AIS LAC groups in testing it.
Participation of AIS LAC groups in the validation of AIS NICARAGUA module.

EXPECTED RESULTS

Reports of validations

⁹ Brazil is reviewing its regulation on drug promotion and it is expected to have a more strict regulations.

PROJECT THEMATIC AREA: TRANSPARENCY AND ETHICS IN MEDICINES POLICY

Project Title:	Production of information material on drug industry influence of patient groups
Project Locus:	Regional – HAI Europe
Project Type:	Advocacy , Information Sharing
Project Time Frame	
Coordinating Office	HAI Europe
Project Partners:	BEUC, Association Internationale de la Mutualite (AIM), Pharmaceutical Group of the EU, PGEU, Prescrire
Project Coordinator	Andreas Wulf
Project Means	

AIM

To improve transparency and accountability in policy making involving patients and consumers, through targeted interaction with key fora

ACTIVITIES

European Patient Forum

- Collaboration in translation of the EPF Paper into German with Genethisches Netzwerk (Berlin), Publication in Genethischer Informationsdienst (12/05)
- Distribution of the German version to key contacts in Germany (*Buko Pharmakampagne, Lobby control*, Ulrich Mueller (Cologne), *Bundeszentrale Verbraucherschutz* (Berlin): Stefan Etgeton, *Forschungsgruppe Management im Gesundheitswesen*, WHO Collaborating Centre for Health Systems Research and Management, Berlin (Annette Riesberg)
- Consideration of HAI contribution on Transparency Models in Europe for an autumn seminar in Germany by the Department of Medicines Use Research of the University of Bremen on this issue of conflict of interest of patient groups in their relations with pharmaceutical industry (Gerd Glaeske)

Transparency and accountability of Pan-European Patient Organization Websites

- Participation in the discussion and designing of a research project of Douglas Ball (HAI member, currently teaching Pharmacology in Kuwait) on European Patient Organization Websites to evaluate them for transparency and accountability in funding and conflict of interest in their cooperation with Pharmaceutical Companies.

European Medicines Agency EMEA

- Preparation of and participation in meetings of the Working Group of Patients and Consumer Organisations on 11.11.05, 02.12.05, 15.02.06, 24.03.06, 02.06.06
- contribution to the accreditation process of HAI Europe at the EMEA WG, successfully achieved End February 2006
- preparation for a seminar on Patient Information and Risk Communication in conjunction with the EMEA WG meeting in June (01, June 06 in London) Speakers will be Andrew Herxheimer (HAI Europe), Margrethe Nielsen (Danish Consumer Council), European Aids Treatment Group (tbc)
- coordination of responses of HAI Europe Network on various document templates of EMEA

1. Europharm-Database of Information about medicines that are centrally approved by EMEA (later to be extended to all European medicines) (mainly the package leaflets information) for Patients/Consumers and for Professionals, consulted with Andrew Herxheimer
2. EPAR Summaries for Patient Information (consulted with Andrew Herxheimer and Danielle Bardelaire, Barbara Mintzes)
3. Declaration of Interest and Confidentiality for Patients-Org. Representatives (consulted HAI members: Judith Richter, Joel Lexchin)
4. Pharmacovigilance guidelines (consulted with Danielle Bardelaire, Andrew Herxheimer)
5. "EMEA/NRG recommendations for use of Prefixes/Suffixes and Qualifiers in the names of insulin containing medicinal products" (EMEA/432056/2005) (consulted HAI member: Insulin dependent Diabetes Trust, UK, (Jenny Hirst, jenny@iddtinternational.org)

Pharmaceutical Forum

- Contact with like-minded members of the Forum (Association Internationale de la Mutualite AIM, Pharmaceutical Group of the EU, PGEU) to gain information about the setting, agendas, discussed papers and debates in the working groups on Information for Patients and on Pricing and Reimbursement.
- Correspondence with DG Enterprise and DG Health raising concerns about the non participation of Consumer Interest and Public Health Groups, also criticizing the selection of the EPF as only patient representation and the non coordination with the ongoing work on patient information at the EMEA WG (01.03.06)
- Contact with European AIDS Treatment Group, who are raising concerns about the person presenting the EPF in the WG on Information, as it is a questionable Patient organization with a clear agenda for “unrestricted patient information, including by pharmaceutical industry”.

ALTER EU Transparency Initiative

- Contact to Corporate Europe Observatory, participation in a press event in Brussels on the regulation of Lobbyists and a strategy meeting for upcoming plans (27.01.06).
- HAI Europe’s contribution will be the close following of the Pharmaceutical Forum, as one of several “High Level Groups” deliberately set up by the EU Commission (DG Enterprise, Vize President Verheugen) to increase the competitiveness of EU region.

(European) Health Policy Forum

- Participation in the HPF meeting on 5 April 06 of the Health Policy Forum and the Working group on Transparency
- Contribution to a draft paper for the working group on Transparency of the HPF

CIVICUS World Assembly, 21-26 June 06

Consider participation in a seminar on Patients Participation in Health Policy, organized by *Forschungsgruppe Management im Gesundheitswesen*, WHO Collaborating Centre for Health Systems Research and Management, Berlin (Annette Riesberg), other participants might include ILO Social Security Department, International Association of Patients Organisations

- Follow up of the Paper on Regulation Policy in Europe, commissioned by Carol Kushner, final draft to be expected in March 06, coordination of final review process with Prescrire

EXPECTED RESULTS

Project Title:	DTCA/Patient Information
Project Locus:	Regional
Project Type:	Advocacy, Action Campaigns , information sharing
Project Time Frame	2006
Coordinating Office	HAI Europe
Project Partners:	
Project Coordinator	Andreas Wulf
Project Means	

AIMS

To campaign against direct to consumer promotion and other forms of misleading advertising of medicines to patients in Europe.

ACTIVITIES

- Coordinating a planning and strategy meeting on 04. April 06 of relevant actors from the old Anti DTCA Coalition (HAI, AIM, ESIP, DEUC, Medicines in Europe Forum) in the wake of new initiatives to use Patient Information Initiatives as a guise to allow industry promotional activities as a substitute for open DTCA
- Coordinating the development of a draft declaration on Patient Information
- Follow up on new Industry strategies on Information and Promotion of Medicines, namely PPIs like the Ask about your Medicines Week (UK), Pharmaceutical Forum, Pharma Review (France)

EXPECTED RESULTS

- Reinvigoration of the Anti DTCA Coalition
- Circulation (print and electronic) of position documents on DTCA

• **PROJECT THEMATIC AREA: BETTER CONTROL ON MEDICINES PROMOTION**

Project Title	Teaching material on CD targeted to Pacific Island health workers
Project Locus:	Regional
Project Type:	Education and Capacity building
Project Time Frame	2006
Coordinating Office	HAI AP
Project Partners:	N/A
Project Coordinator	Prasadini Perera
Project Means	10500 USD

AIMS

To produce a low cost, interactive, CD ROM, suitable for educating health workers in the Pacific Island nations about the management of medicines

ACTIVITIES

A draft discussion document with the modules to be included in the CD has been prepared by the project leader. This will be discussed and finalized on the 13th April. This is a three year project.

RESULTS

Teaching material has been produced and is being reviewed
Dissemination and holding of education workshops.

Project Title	Comparison of national legislation on drug promotion with the WHO ethical criteria on medicinal drug promotion
Project Locus:	Regional
Project Type:	Education and Capacity building
Project Time Frame	2006
Coordinating Office	HAI AP
Project Partners:	HAI members in AP region
Project Coordinator	Prasadini Perera
Project Means	1500 USD

AIMS

To compare the national legislation on drug promotion with the WHO ethical criteria on medicinal drug promotion to identify the mechanisms available in countries to curb unethical drug promotion.

ACTIVITIES

- Project was discussed at the 2005 HAIAP Review and Planning Meeting where it was also decided to look at the effectiveness (the procedure, how accessible is it, has the procedures been used, how often is it being used etc) of the national legislations
- Members have been contacted to obtain legislations not available to the secretariat
- Some national legislations have been collected

EXPECTED RESULTS

Compilation of a comparative report. Publishing (print and electronic). Dissemination to

members and other interested parties. Use of report as the basis for future advocacy

Project title **Sub-regional workshop on consumers, medicines and media (Cambodia, Lao PDR, Myanmar and Vietnam)**

Project Locus: Regional

Project Type: **Education and Capacity building**

Project Time Frame 2006

Coordinating Office HAI AP

Project Partners: HAI members in AP region

Project Coordinator Prasadini Perera

Project Means 20000USD

AIMS

Setting up of national core groups of HAIAP members, representatives from medical and pharmacy educators, health ministry officials and media at national levels to work together to increase consumer awareness of essential drugs, their rational and use and basic health services. Aimed at HAIAP members and medical and pharmacy educators

ACTIVITIES

Will be discussed at the HAIAP Review and Planning Meeting scheduled to be held on the 13th April, 2006

EXPECTED RESULTS

Still in the process of planning

Project Title **Position Paper on Poverty and Health**

Project Locus: Regional

Project Type: Research, **Education and Capacity building**

Project Time Frame 2006

Coordinating Office HAI AP

Project Partners: HAI members in AP region

Project Coordinator Prasadini Perera

Project Means 1000 USD

AIMS

To develop HAIAP position on and the relationship between Poverty and Health and disseminate it to a wide audience. To provide objective information to key stakeholders to support decision making at institutional and individual levels

ACTIVITIES

- Working group of HAIAP members have been established
- Material required for the position paper has been collected
- Discussion document have been prepared

RESULTS

A discussion document has been prepared, will be reviewed, finalized and shared with target audience

Project Title **Multi-country Survey on Banned/Restricted Pharmaceuticals**

Project Locus: Regional

Project Type:	Research, Education and Capacity building
Project Time Frame	2006
Coordinating Office	HAI AP
Project Partners:	HAI members in AP region
Project Coordinator	Prasadini Perera
Project Means	12000 USD

AIMS

To carry out a survey in HAIAP member countries on a priority list of harmful pharmaceuticals, widely disseminate the survey results and spur campaigns for the removal of these harmful drugs from the markets

ACTIVITIES

- Survey partners identified
- Resource material and other supporting material required for the project has been gathered
- A project proposal and draft methodology has been prepared and circulated to all survey partners
- An informal meeting among the survey partners and other interested HAIAP members to discuss and finalise the draft methodology has been arranged for the 10th April, Gonoshasthaya Kendra (GK), Bangladesh after the sessions of day 1 of the Regional Seminar on the Future of Health Services: Who Will Live and Who Will Die

EXPECTED RESULTS

Circulation of the project proposal and draft methodology to partners. Collection of survey data, publication in print and electronic media. Circulation to a wide audience. Use or report as basis for further advocacy.

Project Title	Publication tentatively titled ‘Where there is no Pharmacist’
Project Locus:	Regional
Project Type:	Education and Capacity building
Project Time Frame	2006
Coordinating Office	HAI AP
Project Partners:	HAI members in AP region
Project Coordinator	Prasadini Perera
Project Means	20000 USD

AIMS

To produce a publication that is similar to David Werner’s ‘Where there is no doctor’ aimed at those people who take on the role of pharmacist but who have only limited or no training in this regard. These people might include drug store owners, pharmacy assistants, nurses, health auxiliaries, health administrators and other people who find themselves responsible for ordering, storing, selling, dispensing and giving advice about drugs.

ACTIVITIES

A draft discussion document has been prepared by three resource persons who have been requested to initiate this activity. A consultant who is now updating the 1978 edition of the Hesperian Foundation publication. ‘Where there is no Doctor’ has been invited to assist the three editors. This and a tentative budget will be discussed and finalized on the 13th April. This is a three year project.

EXPECTED RESULTS

Publication in print and electronic media. Circulation to target audience in region. Extension of contact with target audience.

Project Title:	Regular dissemination of information to members and other stakeholders through the HAI-LA channels
Project Locus:	Regional – Latin America and Caribbean
Project Type:	Advocacy, education and capacity building, information sharing
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	N/A
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To provide objective information to key stakeholders to support decision making, using the AIS LAC channels (web site, interests lists, bulletins and other means)

ACTIVITIES

Elaboration and circulation (electronic and print) of:

- Report on the Andean – US FTA
- Briefing paper on harmonization of drug regulation for the Americas
- Briefing paper on bioequivalence Briefing paper on negotiation of ARV prices for American countries
- Protocol to study generics in national markets
- Generic market in Peru study

EXPECTED RESULTS

- AIS LAC members and other stakeholders informed on relevant issues of the pharmaceutical field.
- AIS LAC covered in the media.

Project Title:	Articulation (alliances) with other organizations of civil society
Project Locus:	Regional – Latin America and Caribbean
Project Type:	Advocacy, education and capacity building, information sharing
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	Interested civil society organisations in region
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To increase interaction/articulation with civil society organizations¹⁰ on the issue of access to medicines and rational drug use.

ACTIVITIES

¹⁰ Depending on specific countries there are a diversity of organizations which participate or could participate in this movement: professional bodies, unions, students organizations, patients groups, etc.

- Participation in national¹¹ and regional organizations' work in these areas
- Coordination with OXFAM America/UK, MSF, and other existing partners

EXPECTED RESULTS

- Reports on activities performed
- Increased interaction/articulation with civil society organizations¹² on the issue of access to medicines and rational drug use.

Project Title:	Information, Analysis and Advocacy on Topical Issues
Project Locus:	Regional – Latin America and Caribbean
Project Type:	Advocacy, education and capacity building, information sharing
Project Time Frame	Ongoing
Coordinating Office	HAI-LA
Project Partners:	N/A
Project Coordinator	Roberto Lopes Linares
Project Means	

AIMS

To provide information and interpretation on timely, topical issues, providing civil society with tools to see how these issues affect access to medicines. To increase knowledge of and access to this information

ACTIVITIES

- Produce six issues yearly of AIS LAC Bulletin (electronic and print) update the directory for distribution
- Produce 5 issues of the *Boletín AIS Peru* National Bulletins
- AIS Regularly update the HAI-LA web site, include new sources of information for example, NY Times, Wash. Post., Public Citizens
- Moderate the AIS interest list and focus it on relevant issues for the AIS LAC network.
- Regularly update the Documentation Centre, and increase the number of available titles.

EXPECTED RESULTS

- Civil society received balanced information on news that affects access to medicines
- Debates encouraged on relevant issues (access, drug prices, FTA, TRIPS, Access to ARV, Drug policies and Rational Drug Use; drug promotion, etc)

Project Title: **Funding of short duration, low budgeted, small scale**

¹¹ At country level, the AIS groups participate in organizations which work on the same issues (Plataforma por el Acceso en Bolivia; FOROSALUD in Perú; MISIÓN SALUD in Colombia; COIME in Nicaragua, etc); likewise, there are institutions created by the governments (MoHs) which are open to the participation of civil society organizations. .

¹² Depending on specific countries there are a diversity of organizations which participate or could participate in this movement: professional bodies, unions, students organizations, patients groups, etc.

	(HAIAP member) country studies/projects/interventions.
Project Locus:	Regional
Project Type:	Education and Capacity building
Project Time Frame	2006
Coordinating Office	HAI AP
Project Partners:	HAIAP members in India, Indonesia, Iran, Nepal
Project Coordinator	Dr. K. Balasubramanian
Project Means	15000 USD

Projects earmarked for 2006 include the following;

- A. Meeting the basic minimum needs of the people for poverty eradication and better quality of life including healthy life – Iran (Co-financing for advocacy material)
- B. Study of the drugs used in the treatment of anaemia - India
- C. Assessment of antimicrobial use and management in Cuddalore district hospital (Tamil Nadu) – India
- D. Consumer education and empowerment to strengthen the implementation of Pharmaceutical care – Indonesia (Co-financing)
- E. Impact of standard treatment guidelines and patient education on quality of asthma management – India (Co-financing)
- F. Setting up of a community based adverse drug reaction reporting and monitoring system (Pharmacovigilance) in Western Nepal
- G. Ensuring improved use of ORS in diarrhoeal treatment – India

AIMS:

Empowering members to carry out small studies on pressing issues related to HAIAP's goals and objectives. The objectives of the above projects are;

- A. Fight poverty, empowering people and achieving a better quality of life through meeting a roster of basic needs that are required for individuals, families and communities
- B. To determine the rationality of drugs available in the treatment of anaemia
- C. Determine the rationality of antimicrobial use in Cuddalore district hospital (Tamil Nadu)
- D. Participation of educated and empowered consumer groups in local and national public health debate and policy making, especially in the rational purchase and use of 'ethical drugs' to support the implementation of pharmaceutical care
- E. To study the impact of current standard treatment guidelines and patient education on the quality of asthma management
- F. To study the impact of community based (possible role of community pharmacists) adverse drug reaction monitoring (pharmacovigilance) in Western Nepal. A pilot study for implementing such a community based pharmacovigilance programme in Nepal and other developing countries
- G. To ensure improved use of ORS in diarrhoeal treatment through educational intervention of retail pharmacists and drug sellers

- **ACTIVITIES**

Project proposals from the HAIAP membership have been invited. Project proposals have been, or are currently being evaluated by the funding committee

- Projects A, B, C, D and E have been either funded or co-funded and are currently ongoing. These projects have only been recently initiated and are thus still underway.
- Projects F and G proposals are currently being evaluated
- Some project proposals (not mentioned above) have been evaluated by the funding

committee and sent back to the investigators for clarifications and modifications

EXPECTED RESULTS

Increase in member activity in research to meet HAI's goals. Increased networking between members, and knowledge of HAI's work in the research community

Projects A, B, C, D and E have been funded as follows:

- A. 1500 USD
- B. 1550 USD
- C. 1300 USD
- D. 2200 USD
- E. 1650 USD

Project Title	HAIAP Governing Council Meeting and HAIAP Review and Planning Meeting/Annual General Meeting, Gonoshasthaya Kendra (GK), Savar, Bangladesh,
Project Locus:	Regional
Project Type:	Education and Capacity building
Project Time Frame	14 April, 2006
Coordinating Office	HAI AP
Project Partners:	N/A
Project Coordinator	Dr. K. Balasubramanian
Project Means	1500 USD

AIMS

The governing council will make policy decisions regarding the organization, structure and function of HAIAP. This will include decisions on staffing, membership etc The review and planning meeting will consider the activities of HAIAP, plan and discuss future activities and projects. The business meeting will be held to ensure that structures for democratic governance are in place.

ACTIVITIES

Agenda developed, HAIAP members have been invited, the venue and time have been reserved

As this meeting is to be held after the Regional Consultation and the HAIAP Review and Planning Meeting activities undertaken will be same as for the two preceding meetings.

Expected Results

Meeting to be held

Project Title	HAI News (4 issues per year)
Project Locus:	Global
Project Type:	Education and Capacity building
Project Time Frame	2006
Coordinating Office	HAI AP
Project Partners:	N/A
Project Coordinator	Prasadini Perera
Project Means	2000 USD

AIMS

Dissemination of information related to health and pharmaceuticals to HAI members and other interested parties

ACTIVITIES

Subscription to listservs for information gathering

Correspondence with members of HAIAP and other regional offices for news items, articles, announcements etc.

Results

HAI News 136 is currently being developed

Project Title:	Health and Civil Society Network of Eastern and Southern Africa Planning Meeting
Project Locus:	Regional – Africa
Project Type:	Advocacy, education and capacity building
Project Time Frame	Ongoing
Coordinating Office	HAI Africa
Project Partners:	HCS members
Project Coordinator	Betty Amailuk, Patrick Mubangizi
Project Means	USD 3000

INTRODUCTION

The Health and Civil Society Network of East and Southern Africa (HCS) is a coalition of 17 civil society organisations. Members include HAI Africa, EQUINET, the People's Health Movement, HEPS Uganda, the Treatment Action Campaign, the Consumer Information Network and the Tanzania Association of NGOs. The HCS emerged due to an identified need for closer dialogue and networking between health and related civil society organisations in East and Southern Africa to achieve common goals.

AIMS

Revitalising and building national people's health systems, organising people's power for health, challenging trade liberalisation and encroachment on health.

ACTIVITIES

- Review and strategy workshop. This new collaboration aims to have a meeting in order to consolidate the network and develop a roadmap for advocacy over the next few years. The members of this network are spread all over eastern and southern Africa, and face-to-face interaction would greatly facilitate planning.

EXPECTED RESULTS

- Reviewed strategy and implementation plan
- Sharpened policy and advocacy focus
- Heightened network profile
- Balanced geographical and issue area representation of membership
- Capacity building and exchange programs among members.

Project Title: Consolidation of HAI Europe Programme of Work

Project Locus:	Regional – Europe
Project Type:	Advocacy, education and capacity building
Project Time Frame	Ongoing
Coordinating Office	HAI Europe
Project Partners:	HAI Europe members
Project Coordinator	Tim Reed
Project Means	

AIMS:

To ensure viability, sustainability and relevance of HAI Europe, through development and refinement of project and financial management systems. To undertake expansion of HAI Europe into all countries of the EU.

ACTIVITIES

- Recruitment and line management of regional office staff, and volunteers to meet strategic objectives
- Monitoring of policy debates at EU, member state and multilateral levels and facilitate the development of shared positions when appropriate.
- Oversight of the maintenance and development of dialogue with the European Union (EU) the relevant departments of member governments, and other intergovernmental bodies (such as the WHO, WTO) in order to obtain timely information on policy initiatives and to influence such initiatives (in conjunction with staff members as appropriate).
- Representation of HAI Europe at external meetings and conferences as necessary. E.g. European Health Forum, Commission Public Consultation: An Assessment of the Community System of Pharmacovigilance, or delegation to staff or members as appropriate
- Representation of the views and policies of HAI Europe to members, other agencies, the media and the public (in conjunction with or delegated to staff members as appropriate).
- Initiation and facilitation of collective action by HAI members on agreed policy priorities. Encourage complementary or collaborative approaches between members' individual advocacy work and campaigns, when possible.
- Preparation of major fundraising proposal (Global Programme) with Dutch Ministry of Foreign Affairs (DGIS).
- Negotiation with major governmental donors (Danish, Finnish, Swedish, Norwegian)
- Exploration of new sources of donorship, and encouragement of staff in the completion of independent fundraising proposals
- Identification and initiation of new projects and other responses to current issues in consultation with staff, the Foundation Board and HAI Europe members.
- Undertake forecasting and planning for long term sustainability of the network particularly in relation to the Global Programme

EXPECTED RESULTS

- Secured funding for next five year Global Programme by the end of 2006. Increased diversity of funding sources.
- HAI profiled in regional and international media
- HAI consulted by key stakeholders in areas related to HAI's key issues, and represented in key fora (evidence in invitations to meetings, conferences, etc)

- Several collaborative projects undertaken in 2006 involving members and staff
- New membership applications, particularly from organisations in Central and Eastern Europe

Project Title: **HAI/WHO Project on Drug Promotion**
 Project Locus: Global
 Project Type: **Research, education** and capacity building, information sharing
 Project Time Frame: 2004-2007
 Coordinating Office: HAI Europe
 Project Partners: WHO
 Project Coordinator: Marg Ewen
 Project Means:

AIMS

To continue to monitor promotion of medicines to health care professionals in training. To use findings to improve curricular development and education of health professionals, and practitioners

ACTIVITIES

Survey

- Submit paper on results to British Medical Journal or similar
- promote survey results at major conferences on the theme, e.g. the eDisease-mongering conference in Australia, April 2006

Practical guide for students on understanding and responding to drug promotion

- collect more examples of education materials currently being used
- finalise draft guide and undertake external review
- develop pilot study protocol and liaise with educators on implementation
- translate guide into languages needed for pilot studies

Drug promotion database

- finalise method of importing directly from Pubmed into database
- finalise strategy for updating the database

EXPECTED RESULTS

- Publication of survey findings in a major professional journal
- Publication of survey on website in several languages
- Completed survey protocol available for testing and implementation
- Plans in place for external review
- Pilot studies underway