



Annual
Report
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Health Action International

2011

HAI Global Network

Health Action International (HAI) is a non-profit, independent, global network of over 200 consumer groups, public interest non-governmental organizations, healthcare providers, academics and individuals in more than 70 countries. In official relations with the World Health Organization (WHO), HAI pursues the highest level of global medicines policy advocacy at the World Health Assembly and regional WHO meetings. The following report reflects the activities of Stichting Health Action International based in Amsterdam, the Netherlands.



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About HAI

Vision

HAI and its partners recognize that poverty and social injustice represent the greatest barriers to sustainable health and development. Together, we work for just and equitable societies where people can participate in making the decisions that affect their health and well-being. Only by achieving sustainable levels of good health can citizens take a full and active role in development.

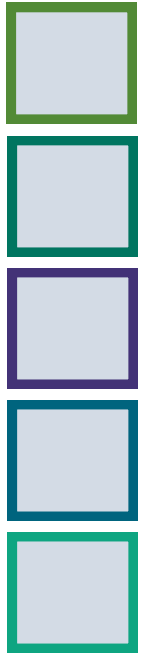
Mission

HAI supports rational and economic medicines policy and advocates for social justice in health care by improving access to essential medicines and promoting the rational use of medicines.

Goal

HAI is working toward a world where all people, especially those living in poverty, are able to exercise their human right to health. Our goal is to achieve universal and equitable access to affordable essential medicines of assured quality and to ensure that those medicines are used rationally to promote the highest standards of health throughout the world.





Programme Areas

1

Access to Essential Medicines

Increasing access to essential medicines by ensuring they are available at affordable prices when treatment is needed, especially for those living in poverty.

2

Rational Use of Medicines

Promoting the rational use of medicines so that all those that are marketed meet real medical needs, have therapeutic advantages, are acceptably safe, offer value for money, and are used rationally.

3

Democratisation of Medicines Policy

Improving democracy and transparency in all aspects of decision making around pharmaceutical policy by supporting the equal participation of patients and consumers in policy decisions.

Letter from the Board Chair

In 1981, a small group of strident activists with a collective desire to give voice to the problems posed by the pharmaceutical supply system joined forces to create HAI. It soon became a significant and unwavering force for medicines advocacy—one that, thirty years later, has grown into a network of over 200 members/member organisations in more than 70 countries worldwide.

As we mark HAI's 30th anniversary, we have the unique opportunity to celebrate our achievements. We have made great strides toward improving the rational use of, and access to, essential medicines over the past three decades. Thanks to generous donor support, and the steadfast commitment of our members, partners, board and, not least, our staff, 2011 was no exception. As this report shows, despite significant funding challenges, HAI still managed to further the transparency of medicines research, pricing and accessibility and equip over 5000 health students and professionals with copies of *Understanding and Responding to Pharmaceutical Promotion*, a guide that we developed in collaboration with the World Health Organization (WHO). HAI also experienced tremendous success influencing trade, innovation and intellectual property policy around the world, and became the secretariat, along with the WHO, of the Medicines Transparency Alliance, a project to improve transparency in, and access to, essential medicines in seven low and middle income countries.

Despite these achievements, we know that more must, and can, be done. After all, one-third of the global population still cannot access or afford essential medicines and half of all prescribed and/or dispensed medicines are still being used incorrectly. Furthermore, unlike other high-profile industries that accept social responsibility and protect consumer rights, all too often, the pharmaceutical industry puts profits ahead of public health. This was evidenced by the \$3 billion fine levied on GlaxoSmithKline in the United States at the end of this year for activities that included the off-label promotion of two antidepressant drugs, misreporting clinical trial data and failing to report safety risk data to regulatory authorities. When considering this example, as well as the impact that the aging global population, emerging pharmaceutical markets and ongoing global financial crisis will have on the medicines market, HAI's work becomes even more crucial.

As we look ahead—toward and beyond the 2015 deadline for the United Nations Millennium Development Goals—HAI remains dedicated and determined to fight for individuals who cannot, as yet, access affordable essential medicines and realise their fundamental human right to health. With the courageous spirit of the pioneers who set HAI's path 30 years ago, we will, with the valued support of our donors, members, partners and staff, continue making a positive difference in the medicines field.

Atze Sybrandy





Access to Essential Medicines

Medicines often account for more than half of the total health expenditure in low and middle income countries. Despite this, availability of essential medicines is often only 30 to 40 per cent in the public sector, forcing patients to purchase medicines from the private sector where prices are usually substantially higher. Ensuring the efficient and reliable delivery of affordable, quality medicines is essential for creating a good standard of health. To achieve this, the medicines landscape must develop and implement sustainable medicine supply chains, ethical research and development that meets public health needs, and a global intellectual property framework that operates in the interest of public health.

In 2011, HAI successfully campaigned and made many significant research contributions to ensure that medicines policy remains a priority.

HAI Global conducted two significant studies. The first explored vaccine prices in 11 low and middle income countries and led to HAI being consulted by the WHO for its new Vaccine Product, Price and Procurement Project. Many recommendations from the other study, an examination of medicine procurement prices and processes in the United Nations Relief and Works Agency for Palestine Refugees in the Near East, have been implemented to improve the quality assurance of medicines.

In addition to this research, HAI Global expanded its work on medicine prices and availability in partnership with the WHO. This year saw the development of an additional workbook to accompany the WHO/HAI price measurement manual to support researchers in the analysis of their data, as well as a new publicly accessible online [database](#) that contains country survey data to improve transparency on prices, availability, affordability and price components (e.g., mark-ups, taxes, etc.). Data from 13 new surveys was logged into this database in 2011, and HAI Global provided expert advice to numerous other surveys underway, but not yet completed, across the globe. Reliable pricing data, such as this, enables countries to explore and implement policy options that reduce prices and improve the availability and affordability of essential medicines.

Furthermore, at the request of a number of governments, work commenced on developing guidance for policy-makers and others on the use of various pricing policies and interventions in different settings. The outcome will be a series of published policy reviews and policy briefs that will help them develop their own country-contextualised pricing policies. As a knowledge leader in this area, HAI Global also advised Kazakhstan officials on reforms to pricing policies, provided price tracking advice

Access to Essential Medicines

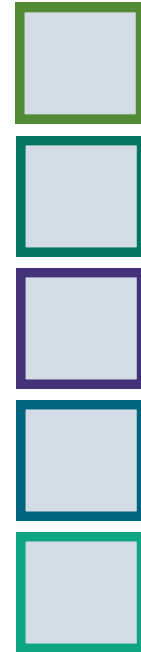
and training for anti-malarial medicines in Africa, and held a pan-African consultation in Uganda on medicine pricing policies in resource-constrained settings. In addition, it shared its expertise by becoming a member of the organizing committee for the International Conference on Improving the Use of Medicines and the Pharmaceutical Pricing and Reimbursement Conference, and by presenting its work at these, and other, conferences throughout the year.

In August 2011, HAI Global also became the international secretariat, along with the WHO, of the Medicines Transparency Alliance. This project brings medicines stakeholders from government, the private sector and civil society together—often for the first time—to share and discuss issues that affect the supply of medicines. HAI Global provided communication and administrative support to each of the seven low and middle income countries participating in the project (Ghana, Jordan, Kyrgyzstan, Perú, the Philippines, Uganda and Zambia). By fostering open and inclusive dialogue, this multisectoral approach is expected, over the long-term, to improve transparency, cooperation and responsible business practices in the pharmaceutical market and, ultimately, improve medicines access.

HAI Europe continued pressing for improved coherence between European Union (EU) trade policy and its health and development commitments. It launched a campaign on the EU's enforcement strategy in third countries, which generated media coverage in 12 outlets and resulted in ongoing requests from the Directorate General (DG) for Trade for HAI Europe input into trade policies and discussions.

HAI Europe also launched a public awareness campaign about the role of competition and greater transparency in access to medicines. In addition to producing media coverage, the campaign garnered support for the idea that lower drug prices are linked to an EU-wide price comparison tool for Member States that are purchasing medicines—a position that was adopted by the European Public Health Alliance.

Numerous activities were also implemented by HAI Europe to advance medical innovation so that it meets public health needs. It developed a collaborative relationship with Universities Allied for Essential Medicines and, with coalition partners, sent a letter to the DG for Research and Innovation to recommend that Horizon 2020 be less commercially oriented and more focused on the public interest—an issue that members of the European Parliament then raised with the European Commission. With its partners, HAI Europe increased awareness about the challenges, opportunities and recommendations





Access to Essential Medicines

related to innovation by also developing and disseminating a paper to stakeholders and giving presentations on new models of innovation to the European Medicines Agency (EMA) and at conferences.



In addition to this work, HAI Europe monitored the EU's intellectual property enforcement agenda, as well as bilateral free trade agreements between the EU and India, and Mercosur countries. It also developed and piloted capacity building tools, based on its experience and successes in the EU-Perú and Colombia negotiations, to help other civil society organisations better advocate on EU trade agreements.



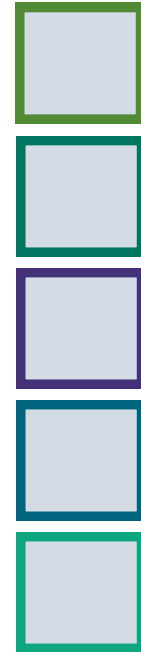
Rational Use of Medicines

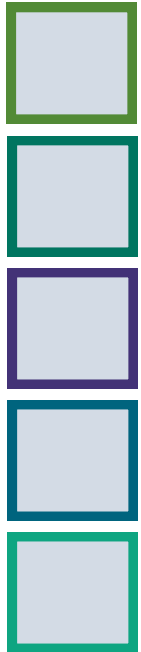
Although all marketed medicines should be medically necessary, therapeutically advantageous, safe, used rationally and offer value for money, about half of all medicines are prescribed, dispensed or sold inappropriately, while half of all patients fail to take them correctly. Overuse, underuse or misuse of medicines wastes valuable, and often scarce, health resources and jeopardises public health. One of the greatest contributors to the irrational use of medicines is the promotional activity of the pharmaceutical industry. To ensure medicines are developed, marketed and used ethically and properly, it is therefore necessary to combat the unethical promotion of medicines in developed and developing countries.

In 2011, HAI advocated for policies and regulations that support the rational use of medicines, and provided practical training to health students and professionals, community leaders, patients and consumers regarding pharmaceutical promotional tactics and the importance of independent medicines information.

HAI Global continued its successful promotion and distribution of *Understanding and Responding to Pharmaceutical Promotion: A Practical Guide*. This educational book, which HAI developed in 2010 in collaboration with the WHO, equips medicine, pharmacy and other health-discipline students and professionals with skills to critically assess and respond to pharmaceutical promotion. Throughout 2011, HAI Global distributed approximately 5000 copies of the manual to partners and universities in numerous countries, including Egypt, Kenya, Malaysia, Germany, Canada, India, Nepal, the Philippines and the Netherlands. Over 400 copies were also downloaded electronically from the HAI Global website. HAI Global also held a workshop on pharmaceutical promotion in Antigua in partnership with the University of the West Indies, using the guide as a resource. Twenty participants from health ministries, pharmacy associations and councils and practising pharmacists attended the event.

HAI Europe developed the outline of a scoping exercise to identify independent sources of medicines information while conducting a public campaign to raise awareness of the need for unbiased information sources. In addition to disseminating *Understanding and Responding to Pharmaceutical Promotion: A Practical Guide* to numerous contacts, including regulatory agencies in the Balkans—some of which are now using the tool as part of their university curricula—HAI Europe staff gave numerous presentations on rational medicines use to new audiences in Portugal and Spain. It also helped evaluate the EMA's handling of conflicts of interest concerning the drug, benfluorex, and published a chronology of a second medicine, nimesulide, which was eventually removed from the market in certain European Member States due to safety concerns.





Democratisation of Medicines Policy

Medicines are the most common health intervention in the world. Pharmaceutical policies should therefore align with societal interests and address public health needs. To ensure this occurs, the policy process must involve the active participation of patients, consumers and civil society organisations. This strengthens support for, and ownership of, the resulting policy and, in the long run, enhances its sustainability.

In 2011, HAI provided crucial policy input at major international meetings and launched successful campaigns and events to ensure that the views of civil society are heard and incorporated into medicines policy.

HAI Global and the WHO, as the joint international secretariat of the Medicines Transparency Alliance, brought civil society organisations in seven low and middle income countries to the medicines policy table for the first time. This enabled these organisations to have a voice in, and influence, decisions related to medicines access and affordability.

HAI Europe, meanwhile, held a public event in Ireland to provide citizens the opportunity to voice concerns regarding the consequences of conflicts of interest in medicines research and regulation. The event attracted almost 100 people and was widely covered by the Irish media. HAI Europe also developed relationships with three student groups to help build their capacity and identify potential topics for collaboration. Two consultation responses, developed in partnership with HAI members, were also submitted to the DG for Health and Consumers regarding health threats and ethics in clinical trials.

To promote transparency and impartiality as key principles of democratic decision making in health policy, HAI Europe launched a campaign to raise awareness about conflicts of interest in European medicines policy and regulation. Under the campaign, HAI Europe published and disseminated its ongoing research on the relationship between corporate-funded patient groups and their political agendas, along with a press release and fact sheet, which garnered coverage in Dutch and French newspapers. The EMA eventually announced the creation of an informal working group to revise the eligibility criteria for patients and consumer groups.

HAI Europe also raised concerns about the EMA's handling of potential conflicts of interest concerning experts, staff leaving the Agency and officials appointed from national authorities during the discharge of the EMA's accounts. The European Parliament refused to approve the discharge until the Agency took steps to improve its management of potential conflicts of interest, amongst other issues. Such a political message serves as a strong impetus for change at the EMA, and soft policy change at the Agency has already been observed.

The HAI Global Board



Atze Sybrandy
Chair

Atze has an extensive background in human resources management and international development. He is currently on sabbatical.



Prem Chandran John
Deputy chair

Prem is the chair of the Global People's Health Movement and a physician in the public sector. He has a long history of participation in the Asian Community Health Action Network and HAI.



Eva M. Ombaka
Member

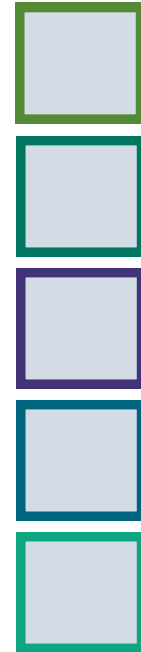
Eva is the coordinator of the Ecumenical Pharmaceutical Network. Originally from Tanzania, she was also a founding member of HAI Africa.



Christian Wagner-Ahlf
Member

Christian is a scientific researcher and project manager at BUKO Pharma-Kampagne. He was previously a member, then chair, of the HAI Europe Board between 2005 and 2011.

Governance

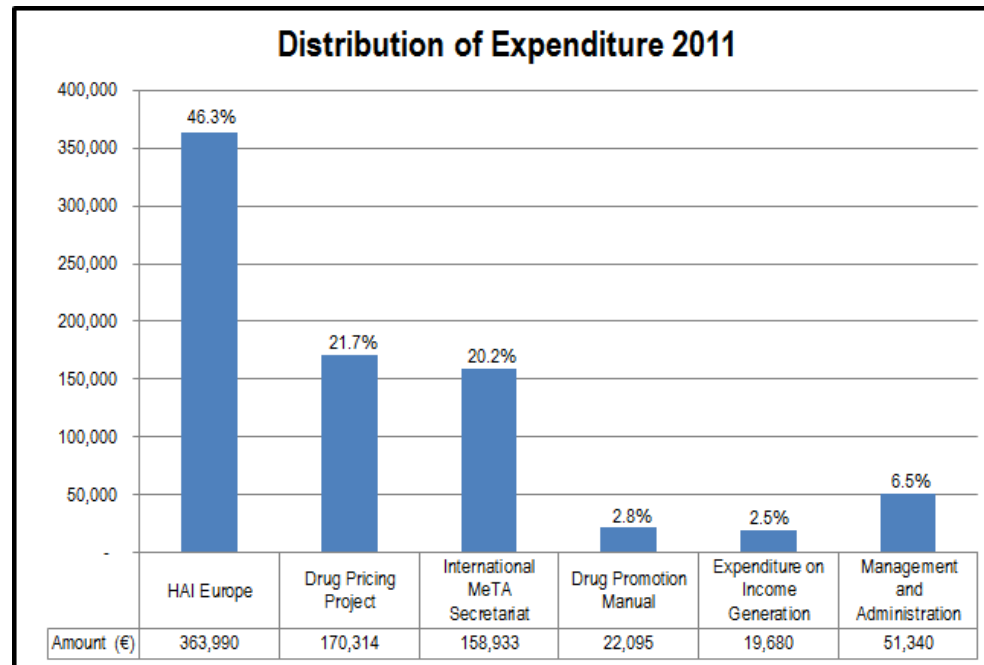




Financials

For the 2011 financial year, HAI received a total of €786,100 from donors to support activities. This represented a considerable funding decrease in comparison to 2010. Until the end of that year, HAI benefited from the strong, long-standing support of the Government of the Netherlands' Ministry of Foreign Affairs. In 2011, the United Kingdom Government's Department for International Development (DFID) became HAI's main donor.

As shown in the following graph, programme expenses for 2011 totaled €786,350 (2010: €1,107,900). Of this amount, overhead costs represented 6.5% (2010: 9.8%). It should be noted that HAI's activities as the international secretariat of the Medicines Transparency Alliance began in August 2011. The 2011 expenditure therefore represents only five months of this project funding.



The complete 2011 financial statement is available on the [HAI Global website](#).

