ePact
Strengthening evaluation effectiveness and impact

Medicines Transparency Alliance (MeTA) Evaluation

Testing MeTA's underlying intervention logic

Gavin Stedman-Bryce
Florian Schatz
Catherine Hodgkin
Paul Balogun

December 2015

Oxford Policy Management

itad

e-Pact, is a consortium led by Oxford Policy Management and co-managed with Itad

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This assessment is being carried out by e-Pact. The project manager is Claire Hughes. The remaining team members are Gavin Stedman-Bryce, Florian Schatz, Catherine Hodgkin and Paul Balogun. For further information contact Florian.Schatz@itad.com.

The contact point for the client is Claire Hughes, Claire.Hughes@itad.com. The client reference number for the project is PO 6472.

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Acronyms and abbreviations

CSO	Civil Society Organisation
DFID	Department for International Development
EITI	Extractive Industries Transparency Initiative
EQ	Evaluation Question
HAI	Health Action International
HEPS-Uganda	Coalition for Health Promotion and Social Development
IMS	International MeTA Secretariat
MoU	Memorandum of Understanding
MeTA	Medicines Transparency Alliance
QCA	Qualitative Comparative Analysis
WHO	World Health Organisation
ZAMRA	Zambia Medicines Regulatory Authority
ZPPA	Zambia Public Procurement Agency

Glossary

Access to medicines policies	A formal commitment to a defined and agreed course of action and may lead to changes to plans, strategies, laws, rules and/or regulations.
Accountability	Defined broadly as a relationship that allows holding someone responsible for his/her actions.
(Boolean) Minimisation	The process of reducing complex expressions into a minimum formula.
Civil society	In the case of MeTA, civil society is understood as organised citizens engaging in ATM issues.
Condition	An explanatory variable or factor that may affect a given outcome.
Configuration	A combination of conditions relevant to a given outcome.
Consistency	The degree to which empirical evidence supports the claim that a set-theoretical relationship exists between a given condition and a given outcome.
Contradictory configuration	A configuration whose outcome value is [1] for some cases and [0] for other cases. In other words, for the same configurations of conditions, some cases display the outcome, while others do not.
Logical remainder	A configuration that lacks empirical instances. In other words, a logical remainder is a theoretical combination of conditions, but no empirical case displays this combination.
Minimum formula	Formula obtained through Boolean minimisation. It typically consists of a reduced set of configurations that display a given outcome.
Necessary condition	A condition is necessary for an outcome if it is always present when the outcome occurs.
Outcome	The variable to be explained by the conditions. Usually the outcome is the main focus of a study.
Policy dialogue	Policy dialogue is defined as a deliberative process of discussing policies.
Policymakers	The individuals responsible or involved in formulating policies.
Private sector	The private sector includes both local and international pharmaceutical producers, manufacturers, and distributors.
Sufficient condition	A condition (or combination of conditions) is sufficient for an outcome if the outcome always occurs when the condition (or combination of conditions) is present. However, the outcome can occur for other reasons as well.

Transparency	For this evaluation, transparency is understood as making information available in a way that is accessible, accurate and timely.
Truth table	A table displaying all configurations based on a given data set.

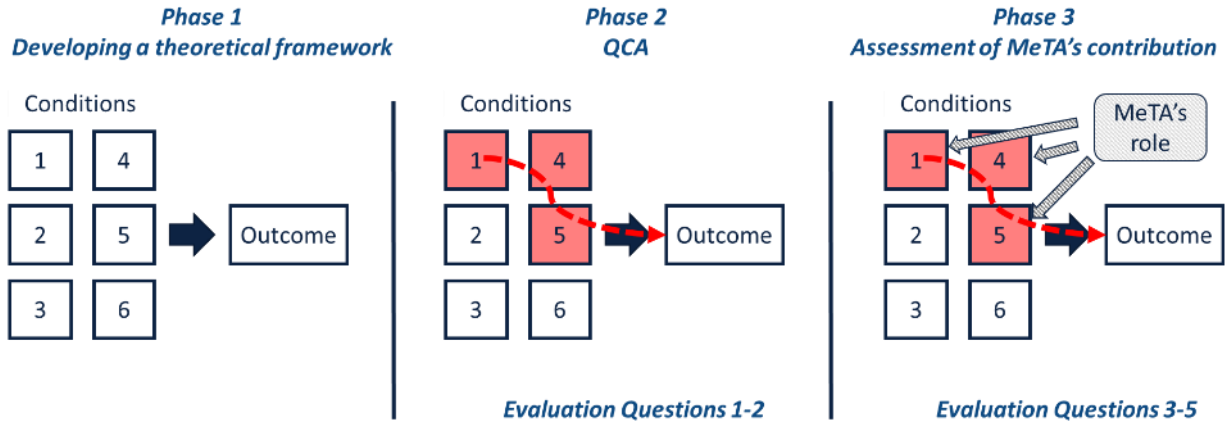
Executive summary

The Medicines Transparency Alliance (MeTA) was established in 2008 in seven pilot countries (Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia) with the aim of improving access to essential medicines. MeTA's underlying hypotheses centred on the importance of transparency and accountability within the medicines supply chain as a means of improving evidence-based access to medicines (ATM) policymaking, leading in turn to improved access to medicines. A key strategy of the MeTA model, common in all seven pilot countries, was multi-stakeholder policy dialogue.

Transparency and accountability are seen as increasingly important factors in international development, yet there is limited evidence on their role in policymaking processes, particularly within the health/medicines sector. While the MeTA programme has been subject to a number of evaluations during its lifetime, none have focused on testing the hypotheses that underpin the MeTA approach. The purpose of this evaluation was to assess MeTA's underlying rationale to provide lessons for future programming of interventions that wish to adopt a similar approach to MeTA, thereby contributing important evidence concerning the role of transparency and accountability in international development. The evaluation covered phase 2 of the MeTA programme from 2011 to 2015.

The evaluation design was innovative, applying qualitative comparative analysis (QCA), making this evaluation of MeTA one of only a handful of evaluations of development programmes using this approach. QCA is a case-oriented comparative approach that combines in-depth case studies with the identification and interpretation of causal patterns (Befani, 2013). The QCA approach enables the systematic comparison of cases, with each case viewed holistically as a complex configuration. Through the application of QCA we sought to identify what factors, and combination of factors were important to MeTA's success, to support our assessment of MeTA's hypotheses.

This theory-driven evaluation was structured in three phases to answer the key evaluation questions. The initial phase comprised the development of a theoretical framework that sought to explain how evidence-based policymaking occurred in the health/medicines sector. In the second phase we sought to test our theoretical framework against the MeTA cases by applying QCA to identify which factors, and combination of factors, could be considered critical to MeTA's success. In the final phase we selected three countries to visit to assess MeTA's contribution to those factors we found to be critical during the second phase. The three phases of the evaluation are illustrated below.



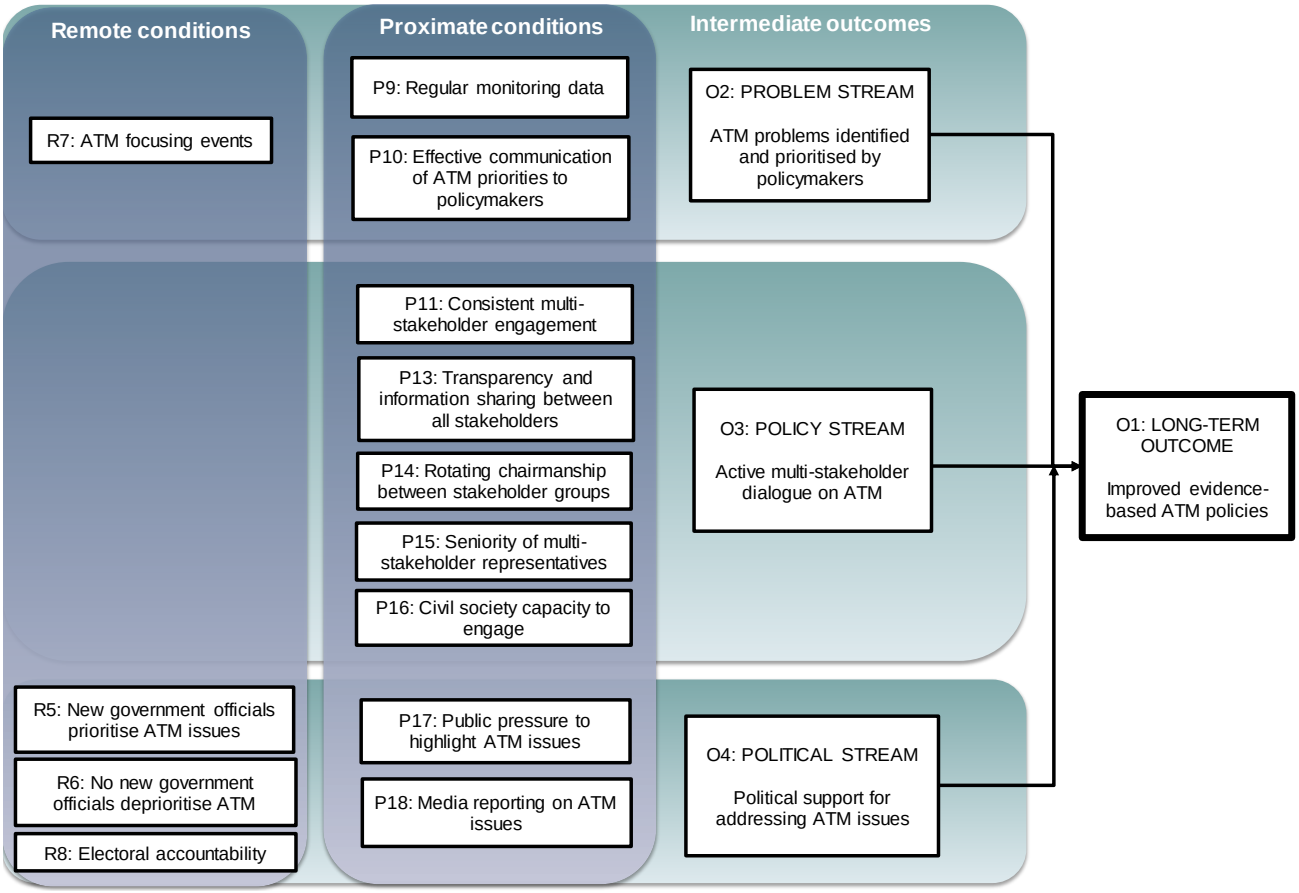
Our theoretical framework, largely based on work by John Kingdon (2011), identifies three process streams that influence how policy agendas are shaped and therefore what issues rise to the top of policymakers' priorities. The three streams – known as the problem, policy and political streams – are defined as follows:

1. **Problems**: the way that social conditions come to be defined as a problem to policymakers, e.g. through indicators, focusing events, and feedback;

2. **Policies**: the solutions generated to address problems, which are influenced by technical feasibility, value acceptability, anticipation of future constraints, policy communities, and policy entrepreneurs; and

3. **Politics**: political factors, including the influence of interest groups, the 'national mood' and turnover of elected officials.

Using this structure, we identified an intermediate outcome for each of the three streams. Based on Kingdon's work, we postulated that two of the three streams needed to converge to open a 'policy window', leading to improved evidence-based ATM policies. Under each intermediate outcome, we identified, from theory, a range of factors, or conditions, known to influence realisation of the intermediate outcome within each stream. Our theoretical framework is illustrated below.



Key findings

We sought to identify which conditions were critical to MeTA's success and understand which configurations of conditions were more effective across the seven case countries. We aimed to assess MeTA's hypotheses, including its emphasis on transparency and accountability within the medicines sector, and in particular the multi-stakeholder approach to policy dialogue. Furthermore, we aimed to assess MeTA's contribution to conditions we found to be critical in our analysis. Our findings were as follows:

1. Based on our theoretical framework, of the three process streams at least two had to converge to open a policy window leading to improved evidence-based ATM policies (long-term outcome). Of the six countries that realised improved evidence-based policies, all had at least two streams converging.

2. Of the three process streams, two were found to be critical. In order to see improved evidence-based ATM policies, our findings suggest the problem and policy streams were most important. Hence, taking care to ensure ATM problems are identified and prioritised by policymakers in combination with active multi-stakeholder policy dialogue on ATM issues are important considerations.

3. Countries that did not see results in the political stream were still able to achieve the long-term outcome, as long as they achieved results in both the problem and policy streams.

4. Within the problem stream, one condition was essential: effective communication of ATM priorities to policymakers (P10). In six out of seven MeTA countries, presence of this condition supported the achievement of the intermediate outcome within the problem stream.

5. Findings from the policy stream (active multi-stakeholder dialogue on ATM issues (O3) suggest that the presence of consistent stakeholder engagement (P11) and civil society capacity to engage in policy dialogue (P16) were important for success. No single condition was necessary on its own. Transparency and information sharing between all stakeholders (P13) and rotating MeTA chairmanship between stakeholder groups played a role in different configurations, but were overall more ambivalent.

6. While considered less important, we found that success in the political stream (political support for addressing ATM issues (O4) has two essential conditions: electoral accountability (R8) and the absence of public pressure to highlight ATM issues (~P17). In addition to these two essential conditions, it was found that media reporting helped keep ATM issues on the agenda when there were new government officials trying to deprioritise such issues.

7. Given the small number of cases to identified conditions, we triangulated our results by using an alternative synthesis model, based on an inductive approach. Here we identified patterns from the data without the use of a theoretical framework. Four conditions were identified in achievement of evidence-based ATM policies. These included: New government officials deprioritis ATM issues (~R6); effective communication of ATM priorities to policymakers (P10); consistent multi-stakeholder engagement (P11); and civil society capacity to engage (P16). This findings largely confirm our results using the theory-driven approach, with the exception of R6.

8. Each MeTA country developed its own, country-driven workplan, selecting activities best suited to achievement of their policy priorities. A wide range of activities has been observed, including: collaborative research projects; policy dialogue events, such as round tables and workshops; engagement in official task forces as expert advisors; communication of evidence

and policy priorities to policymakers in various fora; capacity development of civil society; and media engagement activities.

9. Findings from a contribution analysis, which included a sub-set of three countries, found that on balance, and in each case, MeTA had focused its efforts on the activities most likely to contribute to those conditions we found to be important.

10. Within the problem stream all three case countries had focused on activities that promoted the effective communication of ATM priorities to policymakers (P10). This included the use of position papers to present policy solutions to access to medicines issues in Zambia, the chairing and facilitation of key policy processes in Kyrgyzstan, and the convening of policymakers on medicines quality issues in Uganda. It is reasonable therefore that MeTA, through its choice of activities, has contributed to ATM problems being identified and prioritised by policymakers (O3).

11. Conditions within the policy stream are largely related to how MeTA managed the multi-stakeholder process. Given that a number of successful combinations of conditions was possible, this provided greater flexibility for countries to select the most appropriate activities. We have found that MeTA has contributed significantly to the realisation of consistent multi-stakeholder engagement on ATM issues (P11), particularly in light of testimony from key informants who affirm that such multi-stakeholder policy dialogue did not happen prior to MeTA's inception. Furthermore, in all cases MeTA has invested in activities specifically designed to build the capacity of civil society to engage in meaningful policy dialogue (P16), a condition we found to be important in two out of three successful configurations.

12. While the political stream has been shown to be less important in our analysis, we found each MeTA country visited had undertaken some activities within this stream. As electoral accountability (R8) and turnover of government officials who deprioritise ATM issues (R6) are remote conditions and difficult for MeTA to influence, it is not surprising that no activities were focused on these conditions, which is in line with our findings. Zambia is the only case from the country visits that focused a number of activities on media reporting on ATM issues (P18). In Kyrgyzstan and Uganda we found MeTA engaged the media in an indirect way, usually by providing some degree of support to its civil society organisation (CSO) members.

13. Consistent with findings in all three country case studies, the MeTA model of quality multi-stakeholder engagement has led to more constructive dialogue between civil society and other MeTA stakeholders, particularly government. MeTA has provided CSOs with direct access to influence government on medicines issues and has supported a shift in perceptions, with several government key informants referring to CSOs as strategic allies, whereas before they viewed them as 'noise makers'.

Conclusions

1. The MeTA model assumes an important role for the multi-stakeholder approach and evidence-based policy dialogue, which our findings support. The multi-stakeholder approach is considered to be the 'beating heart' of MeTA by those key informants interviewed. **Our analysis confirms the importance of multi-stakeholder policy dialogue, but empirical evidence confirms that effective multi-stakeholder engagement on its own, is not sufficient**.

2. Following from the above, transparency was found to be more important as a means of supporting multi-stakeholder dialogue than on its own right. When framed as collecting, analysing and disseminating data, transparency did not play a strong role. However, in

practice, it was found that data collection and analysis played an indirect role in terms of providing stakeholders with relevant data to engage in multi-stakeholder dialogue in a credible manner. This was further underlined by the finding that supporting transparency and information sharing among stakeholders (P13) and media reporting on ATM issues (P18) contributed to evidence-based policymaking in combination with other conditions. **This suggests that MeTA's strength lies not in its ability to generate data *per se* but in how that data is used as an integral part of multi-stakeholder policy dialogue**.

3. We assessed MeTA's role in promoting evidence-based policy dialogue in achievement of improved evidence-based policies. **The MeTA approach of developing a multi-stakeholder dialogue as a means of improving accountability and thereby evidence-based policymaking in the medicines sector, based on our assessment, has been shown to be valid**.

4. **Findings from a contribution analysis, focused on three countries visited by the evaluation team (Kyrgyzstan, Uganda and Zambia), found that, on balance, MeTA in these cases had focused on the right range of activities**. Of the three streams, most activities were centred on those streams found to be critical to success, namely the problem and policy streams. Of particular importance was MeTA's contribution to the realisation of consistent multi-stakeholder engagement on ATM issues (P11). Our evidence shows that genuinely open multi-stakeholder policy dialogue on ATM issues, did not happen prior to MeTA. **We conclude that MeTA has made a unique and significant contribution to establishing a platform were actors from civil society, the public and private sectors can engage in meaningful ATM policy dialogue**.

Issues for further consideration

The following issues are intended to inform future programming where transparency and accountability, driven by a multi-stakeholder approach are being considered in realisation of policy outcomes. They are presented as issues for policymakers to consider at key decision points:

1. Activities which focus on achievement of those conditions found to be critical within the problem and policy streams should be considered important. Within the problem stream, this implies a focus on communication and engagement activities with ATM policymakers. This underscores the importance of a quality stakeholder analysis to ensure key policymakers are engaged from the outset. Within the policy stream, activities focused on consistent multi-stakeholder engagement on ATM issues and on civil society capacity to engage are considered important, as these were found to be key predictors of success. Ensuring adequate resourcing of management structures that facilitate the multi-stakeholder process are also considered critical.

2. Beware of investing in activities within the political stream as these were not found to be necessary to policy success. If there is a requirement for successful outcomes within the political stream, consider undertaking an electoral accountability assessment as this condition was found to be critical and in the absence of this condition successful outcomes might be unlikely. Additionally, where there are key policymakers who deprioritise ATM issues, whose positions have been stable in government for some time, activities that engage the media around ATM issues can be effective.

3. With respect to data collection and analysis, remember to focus on activities that provide stakeholders with credible data to engage in multi-stakeholder policy dialogue rather than for use in general public awareness raising or similar. In the case of Zambia and Uganda,

for instance, a lot of effort went into public education, which was deemed to not have increased MeTA's chances of policy success at country level.

4. Within the problem stream, further work is required to better understand other factors that may influence policymakers to identify and prioritise ATM issues. This is based on our finding in Jordan where success was achieved despite the absence of the one critical condition;

5. A key ingredient to active multi-stakeholder dialogue within the MeTA programmes was civil society capacity to engage in policy dialogue. Where civil society is deemed weak in this regard, activities focused on building civil society capacity to engage meaningfully and effectively in policy dialogue should be remembered.

6. The multi-stakeholder approach takes time to implement and for actors to trust one another. This approach should only be considered in programmes with long time horizons (e.g. more than five years). Beware that this approach will require uninterrupted financial support during its lifetime. A clear 'exit' strategy is an important consideration to ensure sustainability of multi-stakeholder dialogue when external support ends.

1 Introduction

1.1 Context

Medicines are essential commodities required for service delivery, and account for a significant proportion of government and household spending on health. Yet around 2 billion people in low- and middle-income countries still face challenges in accessing affordable, quality essential medicines (WHO, 2004). Medicines account for over a quarter of total health expenditures with some low- and middle-income countries spending up to 67 per cent of their total health expenditures on pharmaceuticals (WHO, 2011). Inefficient public and private markets, with poorly functioning supply chains and procurement processes, underlie and exacerbate the challenges poor people face in accessing quality, essential medicines. Within health systems, medicines are reported to account for three of the nine most common causes of inefficient health expenditure.

With the availability of essential medicines in the public sector estimated to be as low as 34 per cent, this drives people to the private sector where costs are higher and too often out of reach for the poorest people (MDG Gap Taskforce, 2008). Much of the money spent on medicines comes directly from household budgets. In low- and middle-income countries, more than half and sometimes up to 90 per cent of expenditures on medicines are out of pocket (WHO, 2011). Unfortunately, available medicines may be of doubtful quality, fake or expired, or dispensed inappropriately in relation to people's needs.

1.2 The Medicines Transparency Alliance (MeTA)

Many funders have been working with countries to strengthen systems involved in the medicines supply chain, but constraints were identified in relation to transparency of information and access to data in the pharmaceutical market. The Medicines Transparency Alliance (MeTA) was established in 2008 in seven pilot countries (Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia), with the aim of improving evidence-based policymaking in the health/medicines sector. The intention was to contribute towards improving the accessibility of affordable, quality essential medicines.

MeTA brings together important stakeholders within each pilot country who act collectively to increase transparency and accountability in the health/medicines sector by collecting, analysing and disseminating robust pharmaceutical data[1]. MeTA is underpinned by two central hypotheses:

1. **Transparency in the medicines supply chain will bring about improved access to medicines**.

    a. The collection and analysis of robust and relevant information on medicines will contribute to improved evidence-based policymaking; and

    b. The dissemination of robust and relevant information to stakeholders will lead to improved knowledge of those stakeholders to voice concerns and raise questions, contributing to improved accountability.

[1] For this evaluation, transparency is understood as making information available in a way that is accessible, accurate and timely. Accountability is defined broadly as a relationship that allows holding someone responsible for his/her actions.

2. **Evidence-based multi-stakeholder policy dialogue will lead to improved evidence-based policymaking and implementation**.

At the core of MeTA's design is the collection and analysis of robust pharmaceutical data; and the development of national multi-stakeholder platforms to share and analyse this data and develop evidence and evidence-based strategies to inform improved policymaking. Multi-stakeholder platforms consist of government, civil society[2] and private sector[3] representatives. Many funders have been working with countries to strengthen systems involved in the medicines supply chain, but constraints were identified in relation to transparency of information and access to data in the pharmaceutical market. The design of MeTA is innovative, inspired by, and drawing lessons from, the Extractive Industries Transparency Initiative (EITI), also supported by DFID (Human Development Resource Centre, 2010).

The first phase of MeTA (May 2008 to December 2010) was piloted in the seven countries mentioned above. An independent evaluation of this first (pilot) phase concluded that the approach was viable and innovative but that it would take time to establish and deliver results (Human Development Resource Centre, 2010). The evaluation also made recommendations about how to improve the overall governance structures and the cost-effectiveness of the International MeTA Secretariat (IMS)'s functions (ibid.).

As stressed in the evaluation of the pilot phase, MeTA has been designed around the strict principle that countries should lead and decide whether or not they require support, or whether to use the tools and materials on offer. Common to all pilot countries is the development of multi-sector collaboration, baseline data collection, civil society capacity building, and a commitment to evidence-based policy development and implementation. The pilot phase evaluation highlighted the need to strengthen the understanding of the common elements of MeTA, while leaving space for countries to adapt the model to local circumstances and priorities. For example, in one country drug pricing may be selected as a priority area of action; in another, policy reform may be identified as crucial.

MeTA's second phase began in September 2011 and concluded in August 2015. This phase provided support to the IMS, coordinated by Health Action International (HAI) and WHO, and to the same seven countries to consolidate and make further progress to strengthen transparency and accountability in the pharmaceutical sector and increase access to medicines. MeTA Phase 2 aimed to show that better information and cross-sector collaboration (driven by multi-stakeholder platforms) can inform better policies that lead to improved access to medicines.

1.3 Purpose of this evaluation

Transparency and accountability are seen as increasingly important factors in international development, yet there is limited evidence on their role in policymaking processes, particularly within the health/medicines sector. While a number of evaluations of the MeTA programme have been undertaken, a rigorous testing of MeTA's underlying hypotheses has never been conducted.

The specific purpose, therefore, of this evaluation was to determine whether improved transparency, accountability and quality multi-stakeholder collaboration are effective means by which to increase the accessibility of quality essential medicines. More generally, the findings of this evaluation will contribute important evidence for lesson-learning concerning the role of transparency and

[2] In the case of MeTA, civil society is understood as organised citizens engaging in ATM issues.

[3] The private sector includes both local and international pharmaceutical producers, manufacturers, and distributors.

accountability in international development. The evaluation covered phase 2 of the MeTA programme from 2011 to 2015.

The specific evaluation questions (EQs) assessed in this report are:

1. What combinations of factors (conditions) have contributed to realisation of the outcome in the seven pilot countries?

2. What combinations of factors (conditions) are critical to realisation of the outcome in different contexts?

3. To what extent are specific factors (conditions) related to transparency, accountability and multi-stakeholder collaboration important in the achievement of MeTA's outcome [validity of MeTA intervention logic]?

4. What was done by the MeTA programme in realisation of the outcome?

5. What plausible contribution did the MeTA programme make in realisation of identified factors (conditions)?

6. What important lessons can be drawn from the MeTA approach to increasing transparency and accountability?

EQs 1 and 2 focus on identifying success factors. EQs 3, 4 and 5 look at MeTA's hypotheses and plausible contribution in a sub-set of MeTA countries, while EQ 6 is highlights issues for consideration.

The original evaluation questions in the terms of reference were slightly different, but have been modified in coordination with DFID. This was the result of a significant reduction to the original budget and timeframe of the evaluation. Dialogue between DFID and the evaluation team produced agreement on a revised scope and approach for the evaluation. With the reduced budget and tighter timescale the evaluation team proposed an approach that maintained a clear focus on testing MeTA's intervention logic (EQs 1-3), while de-emphasising the assessment of MeTA's contribution and the scope of the recommendations (EQs 4-6).[4]

Furthermore, an initial scan of MeTA documentation conducted during the inception phase of the evaluation indicated that MeTA pilot countries are unlikely to have made substantial progress at the impact level (access to medicines). Therefore, the evaluation maintained a focus on the outcome of improved evidence-based policymaking in the medicines sector. This outcome was defined as the presence of either new or improved access to medicines policies.

This final report presents the findings of the evaluation. For detailed information on the methodology and data that informed our analysis, please consult Annex B.

The structure of this final report is as follows:

- **Section 2** summarises the methodology of the evaluation;

[4] A more detailed description of the revised scope of the evaluation can be found in Annex A.

- **Section 3** presents findings against EQs 1 and 2 and discusses what works and what does not in terms of improving evidence-based policymaking through increased transparency and accountability;
- **Section 4** addresses EQs 3, 4 and 5, and MeTA's hypotheses and contribution are assessed;
- **Section 5** brings the findings together and discusses their implications; and
- **Section 6** answers EQ 6 highlighting issues for consideration.

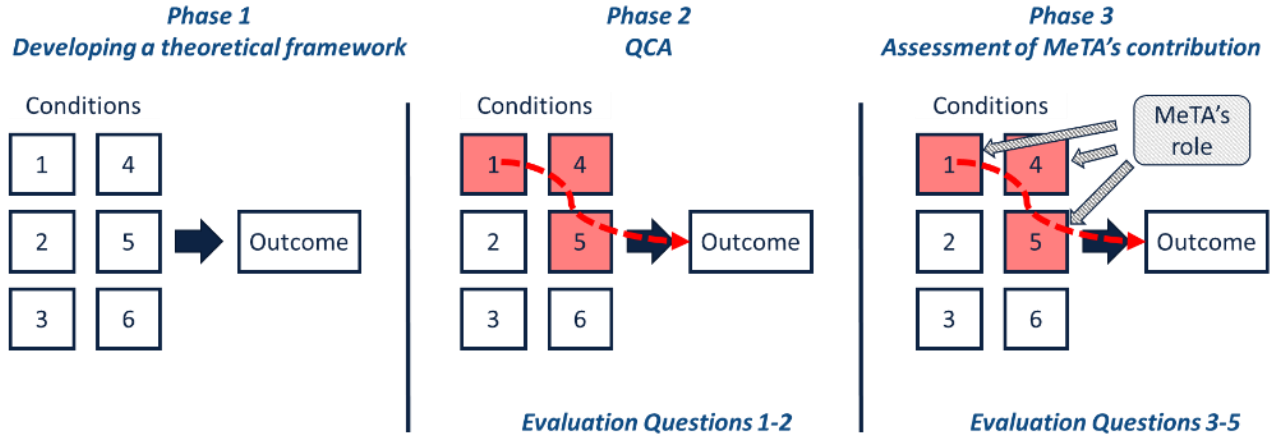
The report should be read in conjunction with the supplementary document containing all annexes referenced in this document.

2 Methodology

This theory-based evaluation consisted of three phases that strongly built on each other and were grounded in qualitative comparative analysis (QCA). QCA uses deductive reasoning – from the general to the specific – and a holistic perspective, which means that the choice of conditions (causal factors) must be derived from theory. Indeed, theory plays important roles at key phases of the approach, both upstream during elaboration of a theoretical model, which identifies relevant conditions (Phase 1 below); and downstream, after the analysis (Phase 2) to help translate findings into practical policy solutions.

The figure below illustrates the three phases schematically and links them to the main methods used and to the evaluation questions:

Figure 1: The three phases of our methodology



2.1 Phase 1: Developing a theoretical framework

Phase 1 consisted of the development of a theory of change composed of a menu of conditions that attempt to explain how evidence-based policymaking in the medicines/health sector occurs. Our theory of change draws on John Kingdon's agenda-setting theory (2011), one of the most cited theories used to examine how policy processes are influenced, and sets out the framework against which we assessed the evidence from MeTA pilot countries.

Kingdon identifies three process 'streams' that influence how policy agendas are set and how policy alternatives are specified. These streams are:

1. **Problems**: the way that social conditions come to be defined as a problem to policymakers, e.g. through indicators, focusing events, and feedback;

2. **Policies**: the solutions generated to address problems, which are influenced by technical feasibility, value acceptability, anticipation of future constraints, policy communities, and policy entrepreneurs; and

3. **Politics**: political factors, including the influence of interest groups, the 'national mood' and turnover of elected officials.

The agenda-setting theory proposes that issues are more likely to receive the attention of policymakers when at least two of the above streams converge to create a 'policy window'. Policy windows can be viewed as a moment of opportunity where the propensity for policy change is greatest. Within each stream, Kingdon identifies a number of factors by which the stream can develop to influence the policy agenda. Many of these factors have been included in our theory of change as presented below.

However, Kingdon's theory does not unpack in sufficient detail how knowledge finds its way into evidence-based policymaking and the model is grounded firmly in the US context and political system. We have therefore chosen to draw on what is known as the K* (star) framework to cover this specific gap in Kingdon's theory. The K* framework reflects empirical learning in this area and the opinions of knowledge practitioners globally and identifies common factors thought to influence the knowledge-policy interface. These include:

1. **Political context**: policy scrutiny, knowledge capacity, decentralisation, policy dialogue, relationships, and external influences, among others;

2. **Actors' interests, values and beliefs**: alignment of interests, alignment with values, and credibility of knowledge claims, among others;

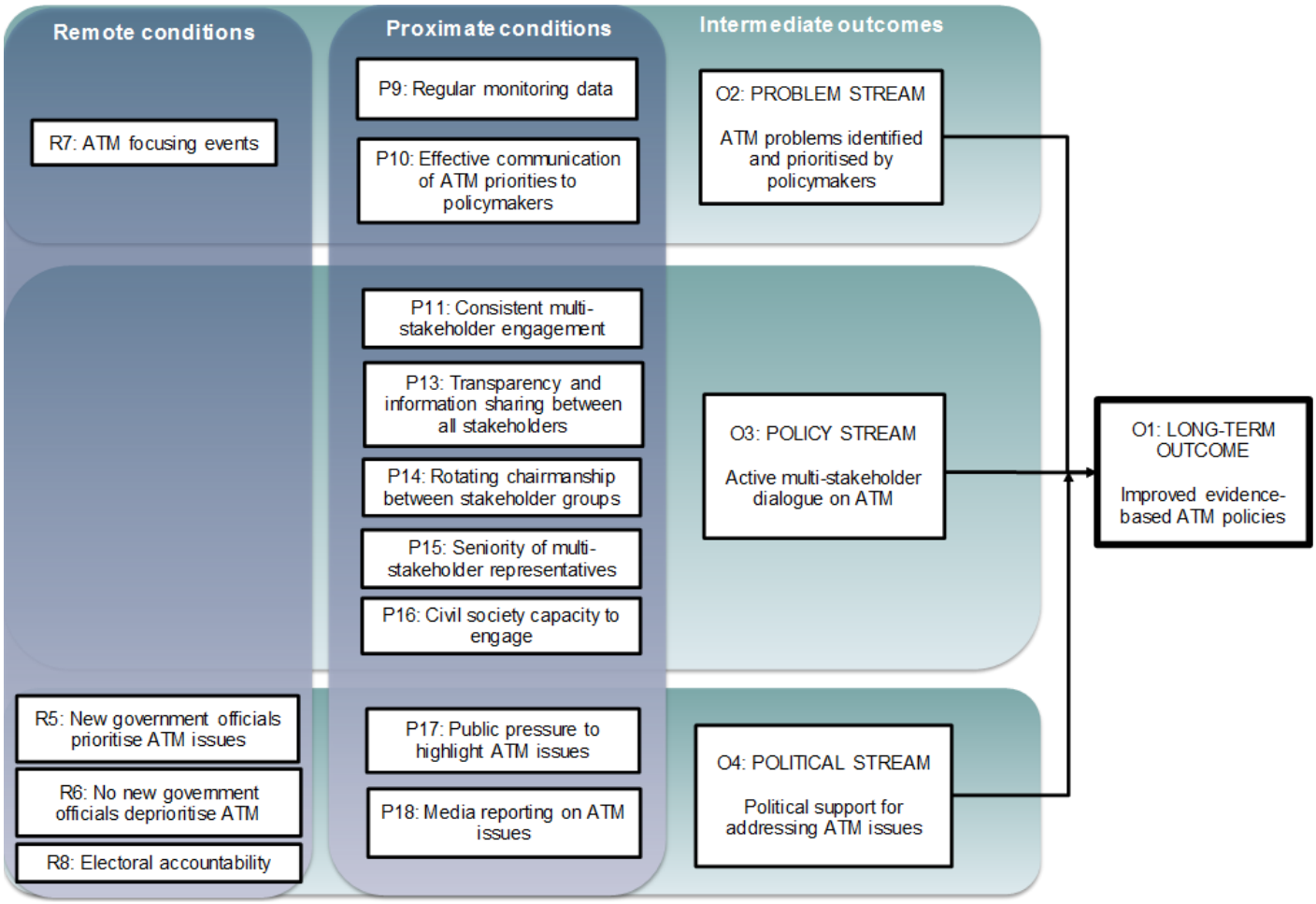
3. **Types of knowledge**: research-based knowledge, practice-informed knowledge, and citizen knowledge, among others; and

4. **Knowledge intermediaries**: how people and organisations work at the intersection of knowledge and policy has implications for how knowledge is taken up and used.

Our theoretical framework therefore combines elements from the agenda-setting theory and the K* framework. The underlying structure is based on the agenda-setting theory, while elements from the K* framework have been used to complement some of the explanatory factors related to the knowledge-policy interface. Based on an analysis of available MeTA documentation and feedback from DFID and MeTA stakeholders, we believe there to be strong alignment between our theoretical framework and the MeTA model. The factors set out in our theoretical framework are consistent with the underlying assumptions for how MeTA will make a contribution to the medicines sector through improved evidence-based policymaking.

In addition to the outcome of evidence-based Access to Medicines (ATM) policies identified by the MeTA documentation, our theoretical framework has three intermediate outcomes in line with the agenda-setting theory. The three intermediate outcomes reflect the problem stream, the policy stream and the political stream, respectively. By using these intermediate outcomes, we were able to test Kingdon's theory on the MeTA case. We assessed whether it holds true that two of the three streams (e.g. intermediate outcomes) need to be present for evidence-based policymaking to occur.

Figure 2: Theoretical framework diagram



Our theoretical framework considers the factors (conditions in QCA language) illustrated in Figure 2 above to be essential in explaining the three intermediate outcomes and thereby the long-term outcome of evidence-based ATM policies in the medicines sector. The conditions are divided into remote and proximate conditions. Remote conditions are distant in space and time from the outcome, are stable over time and cannot easily be changed by actors. Proximate conditions are close to the outcome in space and time, vary over time and can easily be changed' (Schneider and Wagemann in Sehring *et al*., 2013). The conditions are defined in detail in Annex C and have been revised based on the country visits and feedback from DFID and MeTA stakeholders.

2.2 Phase 2: QCA/Testing the theory (EQs 1-2)

Phase 2 was the main phase of the evaluation and consisted of testing our theoretical framework, developed in Phase 1, against the evidence available from the MeTA pilot countries through the application of QCA. This phase produced a refined theoretical framework, rooted in empirical evidence from MeTA countries, of those conditions considered essential for evidence-based ATM policies to materialise. It included conditions and combinations of conditions within and beyond MeTA's influence.

QCA is a case-oriented comparative approach that combines in-depth case studies with the identification and interpretation of causal patterns (Befani, 2013). It was first developed by Charles Ragin (1987) in the late 1980s as a method that sought to bring together the best features of case-

based and variable-based methods, or qualitative and quantitative approaches (Rihoux and Ragin, 2009). The QCA approach enables the systematic comparison of cases with each case viewed holistically as a complex configuration.

A configuration is a specific combination of factors, known as conditions, which are postulated to produce a given outcome. QCA thus views outcomes as products of combinations of conditions or 'causal packages'. As such, QCA recognises that causality can be non-linear and complex, involving packages of several contributing conditions for an outcome to be achieved. This is in line with our theoretical framework and resonates with our understanding of MeTA, which recognises that evidence-based ATM policies in the medicines sector are likely to be the result of a number of remote and proximate conditions working together, rather than the result of individual explanatory factors working separately or independently.

More details on the application of QCA can be found in Annex B.

2.3 Phase 3: Assessment of MeTA's contribution (EQs 3-5)

Phase 3 focused on an assessment of MeTA's contribution. This consisted of matching the MeTA hypotheses outlined in Section 2.2 against the critical conditions and combinations of conditions emerging from the QCA process, accompanied with a qualitative assessment during country visits (EQ 3). Additionally, MeTA's specific contribution to the identified critical conditions and combinations – and thereby to evidence-based ATM policies – was assessed through the application of contribution analysis (EQs 4-5). Together, this formed the basis for drawing conclusions about any future conceptualisation of MeTA and similar DFID programmes (EQ 6).

2.4 Limitations

The methodology adopted is subject to a number of limitations.

In Phase 2 of the evaluation, a key challenge was the relatively small number of cases (7) and the potentially large number of relevant conditions (13). When applying the Boolean minimisation procedure in QCA, the ratio of conditions to cases should be small in order to identify key causal configurations. With a larger number of conditions and few cases, there is a risk of obtaining individual descriptions for each case instead of finding patterns. We have mitigated this risk by using a two-step QCA approach similar to Schneider and Wagemann (2006). Specifically, we first tested three models for each intermediate outcome, and then an overarching model testing the three intermediate outcomes against the long-term outcome. This has allowed us to identify key causal configurations; however, with a larger number of cases we would have been able to do so in a more robust manner.

The QCA approach applied also limited our ability to take temporal dimensions into account. QCA does not deal well with temporal effects. Specifically, we found that Uganda did not show the long-term outcome during the timeframe of the evaluation, but that there is a high likelihood that the outcome will be achieved in the next few months. We therefore analysed Uganda both with and without the outcome when conducting the QCA.

Similarly, it could be seen as a limitation that the QCA approach used required each condition to be scored as either present or absent. Splitting conditions into two and using intermediate outcomes allowed us to introduce more nuance into this approach; however, it may still be perceived as too rough. For instance, success and failure were defined tightly to assist analysis, which may sometimes not be fully in line with more nuanced perceptions observed in some countries.

Another key limitation of Phase 2 was the limited data availability. For the four countries that we did not visit (Peru, Ghana, Jordan and the Philippines), our dataset is largely based on MeTA reporting and therefore there is a risk of bias. We included secondary information where possible and conducted a number of phone interviews with key informants to mitigate this limitation; however, our dataset remains relatively limited for some of the countries and may not be as reliable as desired.

In Phase 3 of the evaluation, the key limitation was that we were only able to visit three countries due to resource constraints. This meant that our analysis of MeTA's contribution is limited to these three countries and may not be fully representative of the overall MeTA programme. Furthermore, resource constraints did not allow us to visit countries for more than five days, limiting the amount of data that could be collected and the possibility of triangulation. While Phase 3 allowed us to go more in depth than Phase 2, this depth was therefore still relatively limited due to resource constraints.

3 Findings: What works? (EQs 1-2)

This section presents those factors (conditions) and combinations of factors that appear important to successful realisation of the outcome, as identified through the QCA approach when testing our theoretical framework against available evidence from the MeTA countries. The evaluation questions answered in this section include:

1. EQ 1: What combinations of factors (conditions) have contributed to realisation of the outcome in the seven pilot countries?

2. EQ 2: What combinations of factors (conditions) are critical to realisation of the outcome in different contexts?

To apply QCA to test our theoretical framework and answer the evaluation questions, we have used both a deductive and an inductive approach. Firstly, in Section 3.1 we set out our findings after testing our theoretical framework against the evidence from the seven case study countries to see whether: (1) a combination of two out of three of the intermediate-level outcomes (the problem stream, policy stream and political stream) is required for a positive outcome in terms of evidence-based ATM policies; and (2) what combinations of supporting conditions will lead to the presence of each of the intermediate outcomes. Secondly, in Section 3.2, to triangulate through an inductive approach, we set out our findings after testing an alternative synthesis model that does not differentiate between the intermediate outcome streams but looks at all explanatory factors in one single overarching analysis.

The findings of these two approaches are presented and discussed below. The basis of these findings, in particular the raw data, truth tables and minimum formulas generated through QCA, can be found in Annex D.

3.1 Testing our theoretical model

3.1.1 Kingdon's Three Stream Model

Our expectation was that at least two out of three streams (intermediate outcomes) need to converge to produce a 'policy window' which can lead to improved evidence-based ATM policies (long-term outcome). The three streams are as follows:

- **O2: Problem stream**
  ATM problems identified and prioritised by policymakers;

- **O3: Policy stream**
  Active multi-stakeholder policy dialogue on ATM issues; and

- **O4: Political stream**
  Political support for addressing ATM issues.

All six countries with the long-term outcome present (Jordan, Kyrgyzstan, the Philippines, Peru, Uganda[5] and Zambia) had at least two of the three intermediate outcomes present. Our findings suggest that to open a policy window for improved ATM policies across these six cases both *ATM*

[5] In Uganda, the long-term outcome has not been achieved yet, but our country visit concluded that it is highly likely to be reached in a matter of months.

problems being identified and prioritised by policymakers (O2) and *active multi-stakeholder policy dialogue on ATM issues (O3)* were found to be necessary for achieving improved ATM policies. Evidence of presence and absence of these necessary conditions from the MeTA cases can be found in Table 1 below (Also see Annex D).

The country that did not achieve improved ATM policies (Ghana) had only one intermediate outcome present. Hence while we found evidence that the government is engaged in a review of the National Drugs Policy (Evidence of presence of O2), we found evidence that active multi-stakeholder policy dialogue on ATM issues is sub optimal. For example, a national policy dialogue on irrational use of medicines in Ghana had MeTA engagement but no agreement was reached within MeTA and hence an opportunity appears to have been missed to submit a communique, and hence influence this dialogue.

Across the seven MeTA pilot countries, the presence of *political support for addressing ATM issues (O4)* was not necessary to produce a policy window, leading to improved evidence-based ATM policies (long-term outcome). In Uganda and Kyrgyzstan, there was some opposition to MeTA at the technical level of government, particularly within respective national food and drug administrations, and high-level political support for addressing ATM issues bridged the gap. This was evidenced by the Kyrgyz vice-prime minister affirming her support for the new State Drug Policy (the drafting of which had been facilitated by MeTA), and by MeTA in Uganda having a close and effective relationship with the minister of health. However, political support was not necessary for achieving policy change.

Key success factors:

While these results would tend to confirm the validity of our theoretical framework in these instances, the question then is whether the results from the QCA make sense based on an understanding of what actually happened in the seven pilot countries.

Evidence from country case studies and interviews clearly shows that multi-stakeholder dialogue is the 'beating heart' of MeTA. For instance, even in countries with little history of multi-stakeholder engagement, such as Jordan, MeTA enabled civil society and the private sector to engage in effective policy dialogue. By developing constructive multi-stakeholder policy dialogue, MeTA has managed to place ATM issues on the political agenda and to align interests to support policies to address them. However, the empirical evidence would also tend to confirm that just having an effective multi-stakeholder engagement isn't enough on its own.

By developing a multi-stakeholder platform and bringing civil society and the private sector into the policymaking process, MeTA established a working platform at the technical level of government, where political support is less important. In the three countries where ATM policies were improved without consistent support from high levels of government (Jordan, Peru, Zambia), MeTA managed to develop close working relations with senior civil servants. That all seven MeTA countries realised the intermediate outcome *ATM problems identified and prioritised by policymakers (O2)* is not surprising, because the MeTA model is built on collecting and analysing ATM data in order to define problems and solutions.

The MeTA model assumes an important role for the multi-stakeholder approach and evidence-based policy dialogue, which our findings support. While we do not claim these findings to be remarkable they do provide empirical evidence for what has been commonly assumed in the MeTA programme over its lifetime. Perhaps more remarkable is the finding that significant political support for addressing ATM issues has not been found to be a necessary factor in achieving policy change. Our findings provide evidence that policy change is possible despite variation in political support.

It is important to remember the strict definitions used in this analysis when considering our findings. The intermediate outcome, related to the political stream of our theoretical framework, states that for countries to be considered to have achieved this, there must be evidence of sustained support for addressing ATM issues at the political level. Where political support for addressing ATM issues is unclear or discontinuous, the intermediate outcome is not considered to have been realised. Of the three countries (Jordan, Peru and Uganda) where we did not find the presence of sustained political support for addressing ATM issues, the presence of the other two intermediate outcomes was sufficient to realise the long-term outcome.

Table 1: Examples from MeTA cases of presence and absence of conditions O2 and O3

MeTA Case Country	Evidence of PRESENCE and ABSENCE of ATM problems identified and prioritised by policymakers (O2)	Evidence of PRESENCE and ABSENCE of active multi-stakeholder dialogue on ATM issues (O3)
Ghana	**CONDITION PRESENT** Based on a review of the pharmaceutical sector profile of Ghana, improving the governance, management, transparency and accountability in the medicine's supply chain was agreed by MeTA in the workplan. Among other issues, this prioritised promoting rational pricing, prescribing and use of essential medicines.	**CONDITION ABSENT** In relation to ongoing dialogue on irrational use of medicines, MeTA was engaged in a national process but no agreement appears to have been reached within MeTA on their position, and hence their communique from the stakeholder's forum was not submitted.
Jordan	**CONDITION PRESENT** Problem of high medicine prices due to the pricing scheme in Jordan Food and Drug Authority (JFDA) defined and prioritised.	**CONDITION PRESENT** MeTA is a policymaking entity in Jordan, and most of the policy changes are a result of multi-stakeholder dialogue. Various policy solutions have been developed through dialogue and put forward for implementation.
Kyrgyzstan	**CONDITION PRESENT** The MeTA council defined a clear set of priority problems in a participatory process, which has been accepted and forms the basis	**CONDITION PRESENT** There is a well-structured and highly active policy dialogue on ATM issues, including eight roundtables on the State Drug

MeTA Case Country	Evidence of PRESENCE and ABSENCE of ATM problems identified and prioritised by policymakers (O2)	Evidence of PRESENCE and ABSENCE of active multi-stakeholder dialogue on ATM issues (O3)
	of the work programme. There is ample evidence of engagement with policymakers around these priorities.	Policy (SDP) and a number of issues such as procurement medicines prices and medicines legislation. Specific policy revisions were proposed based on the dialogue.
Peru	**CONDITION PRESENT** Prioritisation of the high pricing of atazanavir (antiretroviral drug) and the big price difference between the private and public sectors.	**CONDITION PRESENT** Policy dialogue on drug policies, including at the local level. Letter sent to Minister of Health was a conclusion of several meetings among MeTA Peru members.
The Philippines	**CONDITION PRESENT** There is evidence of priority setting and planning around agreed issues. There is also evidence of the engagement of policymakers around these issues.	**CONDITION PRESENT** MeTA discussion series with widespread participation, including industry association comments and proposals on the proposed fee schedule of the FDA.
Uganda	**CONDITION PRESENT** In Phase 2, MeTA has focused squarely on quality of medicines issues and has undertaken a number of activities in relation to this endeavour.	**CONDITION PRESENT** MeTA has agreed on cross-cutting policy issues that facilitate engagement of all stakeholder groups. The issue of medicines quality is a current policy focus, with stakeholders engaged in minilab testing of medicines and engagement with the National Drugs Authority to confirm and publish results of tests.
Zambia	**CONDITION PRESENT** A clear set of priorities exist within the multi-stakeholder partnership.	**CONDITION PRESENT** On the issue of health shops, MeTA has had active policy dialogue to not only present policy solutions to government but also on making recommendations to government on how policy solutions should be implemented and regulated. It is clear that the multi-stakeholder partnership has experienced some problems,

MeTA Case Country	Evidence of PRESENCE and ABSENCE of ATM problems identified and prioritised by policymakers (O2)	Evidence of PRESENCE and ABSENCE of active multi-stakeholder dialogue on ATM issues (O3)
		including a 'walk out' by the pharmaceutical society, which was initially sceptical about health shops. However, through dialogue it has been brought back on board.

3.1.2 What needs to be in place when ATM problems are identified and prioritised by policymakers?

Our higher-level analysis confirms that it is necessary for ATM problems to be identified and prioritised by policymakers, even if this is not the only thing that needs to be present for positive policy change to happen. The next question is what, in turn, needs to be in place for policymakers to identify and prioritise policy change around ATM?

According to our theoretical framework, issues become defined as problems, and hence have a greater chance of gaining prominence on the agenda, when policymakers believe that they should do something about them. For this to happen, our review of the literature suggests that three things need to be in place:

- **R7: ATM focusing events**
  Focusing events, such as a crisis or a natural disaster, can help to push an issue higher up the agenda and grab policymakers' attention;

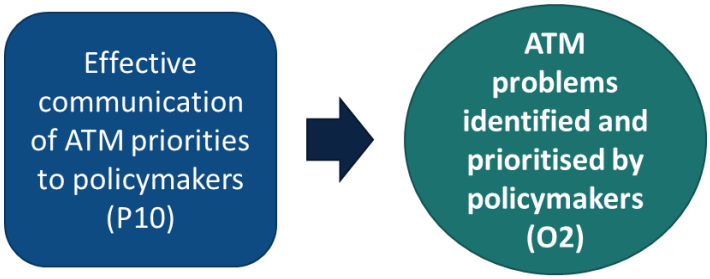
- **P9: Regular monitoring data**
  Regular monitoring data can provide policymakers with credible information to identify and prioritise problems; and

- **P10: Effective communication of ATM priorities to policymakers**
  Targeted communication of ATM priorities to policymakers increases the likelihood of those priorities rising up the agenda.

Our results first show that our understanding is incomplete, as illustrated by the Jordan example (see Table 2 below). In this case, none of the three conditions were present, yet ATM problems were identified and prioritised by policymakers. By implication, there are other factors that we have not been able to identify that can trigger this response among policymakers.

On the other hand, the model works well in the other six cases, where our results indicate that *effective communication of ATM priorities to policymakers (P10)* is essential. The condition was present in all six cases. This finding supports the MeTA model, which focuses squarely on evidence-based dialogue with policymakers.

Key success factor:



On the other hand, the evidence does not suggest that having either access to regular monitoring data or an ATM focusing event are essential. That ATM problems were being identified and prioritised by policymakers in the absence of *regular monitoring data (P9)* at first sight appears to be counterintuitive. However, it fits well with wider research into evidence-based policymaking, which amply illustrates that a focus on prioritising policy is triggered by multiple factors, of which monitoring data might be one. See for instance, Cartwright and Hardie (2012).

The fact that ATM focusing events were not found to always be necessary is more problematic, given the importance of these in our theoretical framework as ways that policy issues climb up the policy agenda.

Table 2: Examples from MeTA cases of presence and absence of condition P10

MeTA Case Country	Evidence of PRESENCE and ABSENCE of effective communication of ATM priorities to policymakers (P10)
Ghana	**CONDITION PRESENT** MeTA did analysis to communicate to core stakeholders in the dialogue on the medicines list which would define the scope of implementation of a VAT policy. The deputy minister of health confirms the role of MeTA in this process in his speech. The chairman of the parliamentary select committee on health chaired the event. Media also reported on this activity.
Jordan	**CONDITION ABSENT** MeTA is engaged in policy dialogue, but there is little evidence of communication with policymakers on specific priorities.
Kyrgyzstan	**CONDITION PRESENT** During development of the Data Programme on development of the sphere of medicine circulation for 2014-20 (State Drug Policy) MeTA conducted eight round tables during 2013-14. The survey results on information needs assessment on medicines prices and availability (HAI/WHO methodology) were discussed at a round table on 2 April 2015. MeTA arranged round tables on improvement of public procurement of medicines (27 May 2015) and on new law on medicines (22 June 2015). In addition MeTA has been asked by the Ministry of Health to act as chair/coordinator of key ATM committees and to set agendas and provide a platform for discussion.

MeTA Case Country	Evidence of PRESENCE and ABSENCE of effective communication of ATM priorities to policymakers (P10)
Peru	**CONDITION PRESENT** MeTA generated several political recommendations, which have been communicated to the Ministry of Health. MeTA sent a letter to the minister which recommended compulsory licensing of atazanavir (antiretroviral drug).
The Philippines	**CONDITION PRESENT** Various MeTA studies have been followed up with meetings with policymakers to discuss how specific concerns can be addressed, such as the mapping of entitlement programmes or the study on patient organisations.
Uganda	**CONDITION PRESENT** MeTA is engaging the most relevant policymakers given its focus on medicines quality. Engagement activities have included stakeholder workshops, where senior government representation has been present. For example, a recent National Stakeholder Workshop on medicines quality where the National Drug Administration, senior Ministry of Health staff and WHO gave presentations. There have also been joint activities, with WHO leading to the publication of a series of reports.
Zambia	**CONDITION PRESENT** The multi-stakeholder partnership has been especially effective in communicating its priorities to government, given that the chair of MeTA is a member of parliament.

3.1.3 What needs to be in place to ensure active multi-stakeholder policy dialogue on ATM issues?

Our higher-level analysis confirms that it is necessary to have an active multi-stakeholder policy dialogue on ATM issues for positive policy change to happen. The next question is what, in turn, needs to be in place to trigger an active multi-stakeholder policy dialogue?

Our theoretical framework identified five factors that can influence whether or not a policy solution is taken up by policymakers (Figure 2). These were:

- **P11: Consistent multi-stakeholder engagement**
  Consistent multi-stakeholder engagement, including all relevant stakeholders, can ensure active multi-stakeholder dialogue around ATM issues;

- **P13: Transparency and information sharing between all stakeholders**
  Transparency and information sharing between stakeholders can increase trust and facilitate better multi-stakeholder dialogue;

- **P14: Rotating chair between stakeholder groups**
  A rotating chair promotes balance within multi-stakeholder groups, limiting the potential for one group to dominate, and creates a constructive atmosphere for dialogue;

- **P16: Civil society capacity to engage**
  Civil society representatives with high levels of technical and organisational capacity are more able to engage meaningfully in policymaking processes and are more likely to be respected and involved.

Our results indicate that there are several different combinations of the conditions above that can support an active multi-stakeholder policy dialogue on ATM issues for positive policy change. In addition, it revealed that no condition absolutely needs to be present (is necessary) for effective multi-stakeholder policy dialogue.

Across the six cases where we found evidence of positive multi-stakeholder engagement, we found the following combinations of conditions present:

- In Zambia, the Philippines and Peru, the presence of *consistent stakeholder engagement (P11)*, *transparency and information sharing between all stakeholders (P13)* and *civil society having the capacity to engage (P16)* were all needed. The evidence would suggest that failure to achieve an active multi-stakeholder policy dialogue in Ghana was related to insufficient civil society capacity to engage in policy dialogue.

- In Uganda, both *rotating the chair between stakeholder groups (P14)* and *civil society having the capacity to engage (P16)* were both needed. More broadly we found that *consistent multi-stakeholder engagement (P11)* was a key predictor of success, but this was not so in the case of Uganda. This condition was present in five out of six cases where the outcome was achieved. More widely, we think that continuous participation by all stakeholder groups – and the same individuals within those – is essential in order to achieve active multi-stakeholder policy dialogue on ATM issues. In Uganda, however, where there was not consistent multi-stakeholder engagement, a clear system of rotating co-chairs in the country has worked as an alternative mechanism to ensuring consistency in engagement by all groups.

- In Kyrgyzstan and Jordan, the presence of *consistent stakeholder engagement appeared to be enough (P11)*. This challenges our assumption that civil society having the capacity to engage is an important factor in realisation of success within the policy stream.

Overall, *civil society capacity to engage (P16)* was found to be sufficient for the achievement of active multi-stakeholder dialogue on ATM issues. This supports the MeTA approach which paid significant attention to developing civil society capacity, as evidenced in output four of the DFID MeTA logframe. It also makes sense from a conceptual perspective. When MeTA started, civil society was often the weakest of the stakeholder groups in terms of its capacity to engage on technical ATM issues. Therefore, in order for active policy dialogue to occur, it was crucial to develop civil society capacity to engage. Where civil society does not have sufficient capacity to engage (e.g. Ghana and Jordan), it has been much more difficult for MeTA to establish such a constructive dialogue.

We also found that *consistent multi-stakeholder engagement (P11)* was a key driver of success. This condition was present in five out of six cases where the outcome was achieved. This indicates that continuous participation by all stakeholder groups – and the same individuals within those – is essential in order to achieve active multi-stakeholder policy dialogue on ATM issues. In the one country where the intermediate outcome was achieved without consistent multi-stakeholder engagement (Uganda), this was thanks to rotating chairmanship between stakeholder groups. In

practice, the clear system of rotating co-chairs in the country has worked as an alternative mechanism to ensuring consistency in engagement by all groups.

Both presence and absence of transparency and information sharing between all stakeholders (P13) and rotating chairmanship between different stakeholder groups (P14) were part of several different causal configurations, and therefore more ambivalent.

Key success factors:

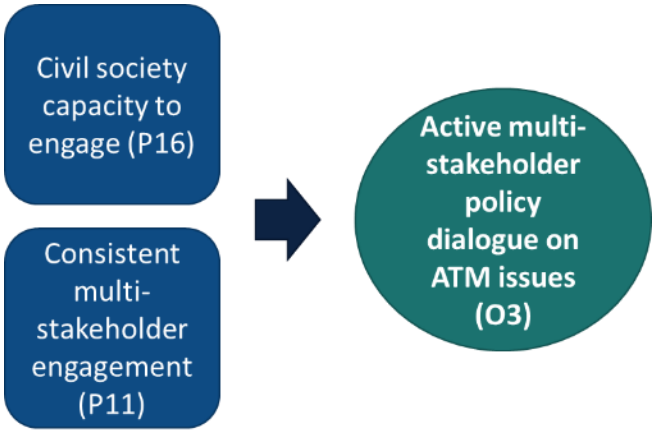


Table 3: Examples from MeTA cases of presence and absence of conditions P11 and P16

MeTA Case Country	Evidence of PRESENCE and ABSENCE of consistent multi-stakeholder engagement (P11)	Evidence of PRESENCE and ABSENCE of civil society capacity to engage (P16)
Ghana	**CONDITION PRESENT** Stakeholder groups have largely been represented by the same individuals. Meanwhile the representations from the national drug information resource centre, as well as the national coalition of NGOs in health, have changed over time all due to internal organisational changes.	**CONDITION ABSENT** The DFID Annual Review (2014) highlights that Ghana has not done enough to equip civil society.
Jordan	**CONDITION PRESENT** All groups were always present and mostly represented by the same individuals.	**CONDITION ABSENT** Civil society has strengthened, but is still comparatively weak.
Kyrgyzstan	**CONDITION PRESENT** Engagement has been very consistent, according to the	**CONDITION PRESENT**

MeTA Case Country	Evidence of PRESENCE and ABSENCE of consistent multi-stakeholder engagement (P11)	Evidence of PRESENCE and ABSENCE of civil society capacity to engage (P16)
	questionnaire completed by MeTA Kyrgyzstan.	Very high, as confirmed by the central role government has allocated to MeTA.
Peru	**CONDITION PRESENT** To take decisions, the assembly needs the presence of the three stakeholder groups. They all have been present and mostly represented by the same individuals.	**CONDITION PRESENT** Civil society has strong technical and organisational capacities.
The Philippines	**CONDITION PRESENT** All stakeholder groups are always present. Individuals representing stakeholder groups changed because it is the heads of organisations that are members, and these change naturally when their terms end. However, old members have been able to graduate to individual membership to be able to continue being involved.	**CONDITION PRESENT** Civil society (CHAT) has technical capacities to contribute to ATM discussions. Organisational capacities to coordinate within civil society and disseminate information exist.
Uganda	**CONDITION ABSENT** The NDA has not been represented at the past six council meetings. Given MeTA's focus on medicine quality issues, the NDA's absence is significant.	**CONDITION PRESENT** Civil society currently chairs the multi-stakeholder platform and enjoys receptiveness from other stakeholder groups. Following capacity development at the outset of MeTA, civil society now has the technical understanding to engage in policy discourse. This was confirmed in DFID's Annual Review of Output 4 (2014).
Zambia	**CONDITION PRESENT** MeTA has worked hard to include and capacitate civil society organisations. Since its inception, the MeTA Council has had very little turnover and enjoys senior government representation.	**CONDITION PRESENT** MeTA has completed various activities to build the capacity of civil society on access to medicines issues. This is further evidenced by DFID's Annual Review (2014).

3.1.4 What needs to be in place to foster political support for policy change in ATM?

Across the seven MeTA pilot countries, the presence of political support for addressing ATM issues (O4) was **not** necessary to produce a policy window leading to improved evidence-based ATM policies (long-term outcome). Nonetheless, we explored what conditions needed to be in place to trigger/foster political support.

Our theoretical framework has identified five conditions that can influence whether or not policy issues will get political backing:

- **R5: New government officials prioritise ATM issues, R6: No new government officials deprioritise ATM issues**
  Turnover of political leadership figures and government officials in the health/medicines sector can influence how health/medicines issues are prioritised. Two related conditions are required here to capture both the presence and absence of turnover and the extent to which it may influence ATM issues either positively or negatively;

- **R8: Electoral accountability**
  Electoral accountability and a credible threat to losing power can exert pressure on political leaders to back popular policies such as policies to improve ATM;

- **P17: Public pressure to highlight ATM issues**
  Public pressure to highlight ATM issues can incentivise policymakers to support reforms; and

- **P18: Media reporting on ATM issues**
  Media reporting on ATM issues can motivate policymakers to address them.

In all seven countries we found that there were no new government officials prioritising ATM issues (R5). This indicates that any observed changes in political leadership or key government officials did not lead to greater support for medicines issues. As this result was the same for all seven countries, it is not informative in our analysis. *Political support for addressing ATM issues (O4)* was evident in the Philippines, Kyrgyzstan and Zambia.

Given that the political stream was found to be less important for achieving improved evidence-based ATM policies (Section 3.1.1), less weight should be placed on the findings presented here.

Our results show that *electoral accountability (R8)* is essential. The condition was found to be necessary to achieve political support for addressing ATM issues. This makes sense from a conceptual perspective. Without a credible threat of losing power, politicians tend to be less accountable to the public. Accountability, in turn, is a key driver of political support for issues that are important to the general population. Therefore, without accountability, political support for addressing ATM issues was found to fluctuate in the case of MeTA, as evidenced for example in Jordan or Kyrgyzstan.

Absence of *public pressure to highlight ATM issues (~P17)* was also found to be important. Absence of this condition was necessary to achieve continuous political support for addressing ATM issues. It appears that within the cooperative MeTA approach, combative civil society campaigning can be counterproductive. In the three countries that demonstrated the highest level of political support (Kyrgyzstan, the Philippines and Zambia), this support was generated through a high degree of cooperation between MeTA and the government. In Ghana and Uganda, on the other hand, public

pressure generated a reaction from high-ranking political figures; however, this was sporadic and did not lead to continuous support.

Finally, in addition to the two necessary conditions discussed above, there were two separate causal configurations: when there were new government officials deprioritising ATM issues*)*, *media reporting on ATM issues (P18)* was needed to raise awareness of medicines issues (on top of electoral accountability and public pressure). When there were no new government officials deprioritising ATM issues, media reporting was not required. This finding indicates that media reporting helped keep ATM issues on the agenda when there were new government officials trying to deprioritise such issues.

Table 4 below provides evidence of either the presence or absence of conditions R8 and P17. Please note that in this example, it is the absence of public pressure (~P17) that is associated with success within the political stream.

Key success factors:

Table 4: Examples from MeTA cases of presence and absence of conditions R8 and P17

MeTA Case Country	Evidence of PRESENCE and ABSENCE of electoral accountability (R8)	Evidence of PRESENCE and ABSENCE of public pressure to highlight ATM issues (~P17)
Ghana	**CONDITION PRESENT** Polity IV score: 8	**CONDITION PRESENT** In the lead-up to the presidential election in 2012 a coalition of health NGOs launched a campaign calling for free universal health care, highlighting the current problems with enrolment in the national health insurance scheme.
Jordan	**CONDITION ABSENT** Polity IV score: -3	**CONDITION ABSENT** There have not been any significant public campaigns or rallies related the ATM issues.
Kyrgyzstan	**CONDITION PRESENT**	**CONDITION ABSENT**

MeTA Case Country	Evidence of PRESENCE and ABSENCE of electoral accountability (R8)	Evidence of PRESENCE and ABSENCE of public pressure to highlight ATM issues (~P17)
	Polity IV score: 7	Coordinated campaigns have been either 'educational', e.g. on AMR, which is more top-down than bottom-up. Or they have been limited to a rather narrow public – e.g. campaigns for access to asthma medicines or cancer medicines. Some media attention but no real public support.
Peru	**CONDITION PRESENT** Polity IV score: 9	**CONDITION PRESENT** There were a number of protests and rallies against high prices for atazanavir.
The Philippines	**CONDITION PRESENT** Policy IV score: 8	**CONDITION ABSENT** No significant campaigns, rallies, marches or other protests.
Uganda	**CONDITION ABSENT** Polity IV score: -2	**CONDITION PRESENT** Civil society has mounted several high-profile ATM campaigns, most notably the 'Stop the Stock-outs' campaign, but also the HIV test kit stock-out campaign. There have also been campaigns on the HIV bill and the review of the National Pharmaceutical Sector Strategic Plan.
Zambia	**CONDITION PRESENT** Polity IV score: 7	**CONDITION ABSENT** While MeTA Zambia has focussed on public education, no significant public rallies, protests or similar have been observed in relation to ATM.

3.2 Alternative synthesis model

As stated earlier, we have tested an alternative synthesis model, which does not differentiate between the intermediate outcome streams but looks at all explanatory factors[6] in a single overarching analysis. This followed an inductive logic where patterns were identified from the data without the use of theory. All conditions included in the analysis are presented below:

- R6: No new government officials deprioritise ATM issues
- R7: ATM focusing events
- R8: Electoral accountability
- P9: Regular monitoring data
- P10: Effective communication of ATM priorities to policymakers
- P11: Consistent multi-stakeholder engagement
- P13: Transparency and information sharing between all stakeholders
- P14: Rotating chair between stakeholder groups
- P16: Civil society capacity to engage
- P17: Public pressure to highlight ATM issues
- P18: Media reporting on ATM issues

The model produced relatively complex individual solutions for each case that displayed the long-term outcome. However, the following four conditions were part of five out of six solutions:

- New *government officials deprioritise ATM issues (~R6)*
- *Effective communication of ATM priorities to policymakers (P10)*
- *Consistent multi-stakeholder engagement (P11)*
- *Civil society capacity to engage (P16)*

This largely confirms the key factors identified through the deductive process presented in Section 3.1, with the exception of R6.

3.3 Other success factors identified during country visits

During country visits by the evaluation team, key informants were asked to identify factors that in their view, led to MeTA being successful. This evidence provides a useful triangulation point for results from the QCA findings.

[6] Except for the trivial conditions.

a. The multi-stakeholder partnership was described as the 'lifeline' of MeTA, with most key informants suggesting the multi-stakeholder model had been crucial to MeTA's success;

b. Having clear principles around transparency and accountability helped to bring a diverse range of stakeholders together, despite their differing agendas;

c. Having committed people within the management team, who are experienced and highly regarded; and

d. Good transparent processes that ensuring regular meetings, communication and consistency.

The above factors identified by key informants resonate with our findings from the QCA, whereby the multi-stakeholder partnership and the importance of transparency were deemed as important to MeTA's success. In addition, having committed individuals who may act as policy entrepreneurs and champion MeTA and its priorities were among the most commonly cited success factors.

4 Findings: What is MeTA's contribution? (EQs 3-5)

Of the seven MeTA countries, three were selected for country visits by members of the evaluation team: Kyrgyzstan, Uganda and Zambia. The country selection process was done in consultation with DFID and the IMS. Annex E contains more information on the country selection process.

This section presents our findings of MeTA's contribution based on testing MeTA's hypotheses and assessing the specific role MeTA played. The evaluation questions answered in this section include:

> EQ 3: To what extent are specific factors related to transparency, accountability and multi-stakeholder collaboration important in the achievement of the outcome (validity of MeTA intervention logic)?
>
> EQ 4: What was done by the MeTA programme in realisation of the outcome?
>
> EQ 5: What plausible contribution did the MeTA programme make in realisation of identified factors (conditions)?

To answer evaluation question three, we have mapped the MeTA hypotheses on transparency and accountability against the conditions identified in our theoretical framework and those conditions that were found to be important through the QCA approach (Section 4.1). To respond to EQs 4 and 5, we have applied contribution analysis in the three MeTA countries visited by the evaluation team (Section 4.2). The findings are presented below.

4.1 Testing MeTA's hypotheses

The following table maps the MeTA hypotheses against related conditions and points out the related conditions that were found to be important through the QCA approach.

Table 5: Mapping findings onto MeTA hypotheses

MeTA hypotheses	Related conditions	Conditions found to be important
H1: Transparency in the medicines supply chain will bring about improved access to medicines.		
a) The collection and analysis of robust and relevant information on medicines will contribute to improved evidence-based policymaking.	P9: Regular monitoring data	No
b) The dissemination of robust and relevant information to relevant stakeholders will lead to improved knowledge of those stakeholders to voice concerns and raise questions, contributing to improved accountability.	P13: Transparency and information sharing between all stakeholders	In some configurations
	P18: Media reporting on ATM issues	In some configurations

H2: Evidence-based multi-stakeholder policy dialogue will lead to improved evidence-based policymaking and implementation.	P10: Effective communication of ATM priorities to policymakers	Yes
	P16: Civil society capacity to engage	Yes
	P11: Consistent multi-stakeholder engagement	In most configurations
	O3: Active multi-stakeholder policy dialogue on ATM issues	Yes

4.1.1 Transparency

Hypothesis H1 (a) was not directly confirmed because regular monitoring data (P9) was not found to be important either on its own or in combination with other conditions. The strict definitions used for conditions should be remembered here. This condition relates to the availability of routine ATM monitoring data by policymakers only. Hypothesis H1 (b) was partially confirmed because identified conditions (P13 and P18) were found to be important in combination with other conditions.

In practice, it was found that data collection and analysis played an indirect role in terms of providing stakeholders with relevant data to engage in multi-stakeholder dialogue in a credible manner. Without MeTA's investments in data collection and analysis, civil society in particular would have lacked the evidence base and credibility to engage in multi-stakeholder processes. This means that the level of data collection and analysis achieved was less important in itself, as long as it represented an improvement on the situation before and allowed stakeholders to work collaboratively. For instance, in Zambia it was not general ATM data that led to improved ATM policies, but a very specific piece of evidence on health shops.

Most important, however, was the use of medicines data to engage in multi-stakeholder policy dialogue. Effective communication of ATM priorities (P10) and civil society capacity to engage (P16) were some of the key conditions identified in Section 3. In the MeTA case, transparency was therefore found to be important as a means of supporting multi-stakeholder policy dialogue rather than being wholly important in its own right in achieving improved evidence-based ATM policies.

4.1.2 Accountability and multi-stakeholder engagement

Hypothesis H2 was directly confirmed, underlining the relevance of the accountability element of the MeTA approach. Consistent multi-stakeholder engagement (P11) and active multi-stakeholder policy dialogue on ATM issues (O3) – key conditions identified in Section 3 – both relate to MeTA as a platform to bring government, civil society and the private sector together, in order to engage in active dialogue on ATM policies and increase accountability in ATM policymaking. Active multi-stakeholder dialogue, in turn, was found to be the key driver of improved evidence-based ATM policies. In short, the MeTA approach of developing a multi-stakeholder dialogue as a means of

improving accountability and thereby evidence-based policymaking in the medicines sector, based on our assessment, has been shown to be valid.

Indeed, during all three country visits, the value of MeTA as a platform for policy dialogue was underlined. Key informants identified the multi-stakeholder approach as the driver of MeTA's success. By applying this approach, MeTA has managed to render policymaking in the medicines sector more accountable and inclusive, and thereby improved ATM policies. While this has been a slower and more challenging approach, it has proved to be effective and is likely to be more sustainable, given the unseen levels of country ownership achieved. The MeTA example therefore provides another piece of evidence for the emerging consensus around the value of multi-stakeholder collaboration in development cooperation. MeTA's intervention logic has therefore been largely confirmed (EQ 3).

4.2 Assessing MeTA's contribution: evidence from Kyrgyzstan, Uganda and Zambia

To support our assessment of the likely contribution made by MeTA to realisation of the conditions within our theoretical framework at the country level, an application of contribution analysis was undertaken.

Contribution analysis, is described in the evaluation literature by Mayne (2008), as a method that aims to assess the contribution a programme makes to observed change through the verification of its postulated theory of change, while taking into account other plausible influencing factors. The key focus of the country visits therefore was to gather evidence, through key informant interviews, on what had changed as a result of MeTA's actions and use this evidence to verify and modify our theoretical framework.

The country visits took place in May 2015 and were supported in each case by MeTA Councils and local consultants. During the country visits a total of 54 (Kyrgyzstan, 23; Uganda, 12; and Zambia, 19), key informants were interviewed (Annex F). Interviews were conducted by a member of the evaluation team and generally lasted between 30 and 60 minutes. Interviews were guided by a semi-structured questionnaire designed to gather evidence on MeTA's contribution to observed change in the health/medicines sector and to collect further data to support the rating of conditions. Interviews were conducted in English, with the exception of Kyrgyzstan where a translator was used.

A laptop was used to gather feedback from key informants during interviews, which comprised the interview transcript. Analysis of transcripts was done by coding recurring themes in the data around emerging issues. During the coding process the evaluators regularly assessed coding categories to ensure internal homogeneity and external heterogeneity (convergence and divergence of themes within the data).

Below we present evidence from key informants on the main activities conducted by MeTA in each case, together with an assessment of MeTA's contribution. Our assessment of contribution is focused and grouped under the relevant conditions from our theoretical framework for ease of reference. One challenge in grouping our results around individual 'conditions' is that it detracts from the key thrust in our overall approach, which is that results are due to the presence and absence of conditions and the configuration of conditions.

4.2.1 Kyrgyzstan

Key activities

At the start of MeTA Phase 2 there were extensive discussions on the scope and goals of the phase. Drawing on the experiences of Phase 1, and after extensive consultation, the MeTA Council agreed that in the second phase the goals should be broader and that they would aim for structural change and integrated reform of pharmaceutical legislation and regulation to create a climate that promoted access to medicines and safe and rational use. The activities since 2012 reflect this broad ambition addressing pharmaceutical policy, health financing, public procurement and health legislation, as well as a number of issues that have been taken up to address specific priority problems.

The following range of activities describe MeTA Kyrgyzstan's main areas of work:

a. Support to the Ministry of Health in the development and drafting of a new State Drug Policy (SDP) on the basis of a comprehensive analysis of the pharmaceutical sector carried out by MeTA. This also includes support to the Ministry of Health in strengthening the role of the Ministry in medicines policy by developing a special MoH unit to deal with medicines policy issues.

b. Support to the reform of Public Procurement Regulations and the introduction of transparent e-procurement systems. MeTA has developed a codifying system that involved classifying and comparing around 8,000 medicines on the market in Kyrgyzstan. This makes it possible to compare drugs and use the e-procurement system effectively;

c. Conducting a review of all legislation in the area of medicines. The aim of the review was to identify conflicting interests and inconsistencies in the legal provisions that could create space for corruption;

d. Awareness-raising activities to get across messages about the hazards of low-quality medicines and to discourage people from purchasing medicines in markets or from unlicensed suppliers who can give no guarantee of quality;

e. Campaigns to increase access to medicines for chronic diseases by improving the medicines packages provided by the Mandatory Health Insurance Fund;

f. Research into anti-microbial resistance (published in *The Lancet* in 2014) and facilitation of discussions with Ministry of Health and donors to develop strategies to confront this growing problem;

g. Participation in a successful national campaign aimed at preventing the imposition of VAT on essential medicines; and

h. Operational research to develop a better evidence base for medicines policy issues. These include both follow up of activities initiated in META Phase 1 and new research activities: for example the antimicrobial resistance study or the study to review all national legislation relating to medicines.

This list gives an idea of the scope of the work META has supported or coordinated. Of these the first three activities (a, b, and c) have been most important in creating space for integrated reform and structural change in medicines policy.

Assessment of MeTA Kyrgyzstan's contribution

Table 6 below maps MeTA's activities against each of the conditions in our theoretical framework and is used to support the presentation of our findings in this section.

Table 6: Kyrgyzstan contribution framework

Status of the outcome	Status of the intermediate outcomes	Status of the conditions	Activities carried out by MeTA
O1: Improved evidence-based ATM policies	**Problem stream (O2): ATM problems identified and prioritised by policymakers (intermediate outcome)**	R7: ATM focusing events	– Repretin and other scandals about drug quality have been important nationally and reported internationally. MeTA input has been largely indirect.
		P9: Regular monitoring data	– MeTA developed a codifying system making it possible to compare drugs and use the e-procurement system effectively.
		P10: Effective communication of ATM priorities to policymakers	– Chairing and facilitation of key policy processes, e.g. SDP and public procurement regulations. – Formation of working groups and round tables led by MeTA. – Strategic use of international experts in policy communication. – Focus on integration of policy ideas into frameworks, e.g. ATM integration in Health SWAps.
	Policy stream (O3): Active multi-stakeholder policy dialogue on ATM issues (intermediate outcome)	**P11: Consistent multi-stakeholder engagement**	– Regular meetings with clear processes for minute taking and communication. – All stakeholders represented.
		P13: Transparency and information sharing between all stakeholders	– There has been a major emphasis on transparency. – MeTA developed a codifying system which will make it possible to compare drugs and use the e-procurement system effectively.
		P14: Rotating chair between stakeholder groups	– There is not a rotating model in Kyrgyzstan – the choice of chair has been for a senior academic figure who is not particularly identified with any of the stakeholder groups.
		P15: Seniority of multi-stakeholder representatives	– Multi-stakeholder representatives are, in general, senior figures and/or people

Status of the outcome	Status of the intermediate outcomes	Status of the conditions	Activities carried out by MeTA
			who represent more than one organisation.
		P16: Civil society capacity to engage	– CSO exchange visit with MeTA Philippines. – CSOs supported to conduct research into the ATM needs of the populations they serve. – Public education campaigns. – Some support given to CSO campaigns.
	O4: Political support for addressing ATM issues (intermediate outcome)	R5: New government officials prioritise ATM issues	– MeTA has tried to respond to this by ensuring rapid follow-up and advocacy with each new minister, because ministers have changed very regularly. They have also invested in building relations with the layer below minister and deputy minister to try to develop continuity.
		R6: No new government officials deprioritise ATM issues	
		R8: Electoral accountability	– No direct MeTA activities noted.
		P17: Public pressure to highlight ATM issues	– MeTA does not generally seek the role of public advocate but tends to keep a more neutral profile. However, they have invested in CSO capacity building to strengthen advocacy. – Private sector respondents said that one of their motivations for joining MeTA was that it would strengthen their power on areas where they wanted to reach both government and the public.
		P18: Media reporting on ATM issues	– MeTA had no direct role in engaging the media on ATM issues.

Key:

1) Green shading indicates presence of an outcome/condition, purple shading indicates the absence of an outcomes/condition in this case; and
2) Bold text indicates an outcome/condition considered important from our analysis, non-bold text indicates an outcome/condition which our analysis did not find important.

Together with the Philippines and Zambia, MeTA in Kyrgyzstan saw the realisation of all three intermediate outcomes and hence the long-term outcome. In assessing MeTA's contribution in Kyrgyzstan, we are interested to learn if the range of activities they implemented made a plausible

contribution to realisation of those conditions we have found to be important. Equally, we are interested to learn if MeTA focused their efforts on conditions we now know to be less important.

Problem stream

From our application of QCA, we know that *effective communication of ATM priorities to policymakers (P10)* was essential to the realisation of the intermediate outcome in the problem stream (ATM problems identified and prioritised by policymakers (O2)). The two other conditions – *ATM focusing events (R7)* and *regular monitoring data (P9)* – were found to be less important (see Table 6 above).

In the Kyrgyzstan case, evidence collected during the country visit confirms that MeTA focused its activities within the problem stream on condition P10, *effective communication of ATM priorities to policymakers* with fewer activities focused on the other two, less important conditions. This highlights an effective allocation of resources in realising the intermediate outcome.

MeTA's activities contributed to realisation of *effective communication of ATM priorities to policymaker (P10)* in the following ways:

1. MeTA Kyrgyzstan has won a remarkable position as a key actor in the process of policy reform. It has the trust of key policymakers and stakeholders and has been instrumental in identifying priorities and ensuring that they are jointly identified, adopted and shared with policymakers. In this capacity, MeTA has been not only a trusted knowledge broker but also a key process facilitator. The importance of this role is one that was acknowledged by almost all key informants interviewed in Kyrgyzstan (the two dissonant voices were from the Drug Regulatory Authority (DRA), which was seen by others as an opponent of reform). The role that MeTA has fulfilled in chairing and facilitating key policy processes (reform of SDP, the anti-corruption review and multi-sectoral working group for legislative reform) has demonstrated the crucial role that MeTA has been able to play and its ability to communicate effectively with policy makers;

2. MeTA stakeholders are actively engaged in policymaking processes and have created a joint platform that is closely involved in designing changes to pharmaceutical policy and regulation. The round tables and working groups organised and led by MeTA have brought a wide range of stakeholders together to discuss priorities and develop solutions to key problems. This dialogue was absent in the period prior to MeTA and respondents report that discussions were generally limited to bilateral dialogue between the DRA and individual stakeholders;

3. MeTA has managed to develop more of an evidence base to inform policymakers and has been able to use international experts strategically to share information with national policymakers; and

4. MeTA has worked strategically to ensure that priorities are not just communicated with policymakers but integrated into frameworks for future policy development. An example of this is the way that MeTA successfully argued for the addition of access to medicines as a cross-cutting priority in the design of the Health SWAp.

Policy stream

Our theoretical framework identified five potentially important conditions in realisation of the policy stream intermediate outcome (active multi-stakeholder policy dialogue on ATM issues (O3)). Our application of QCA found that there were three successful configurations of conditions that led to the intermediate outcome. In the case of Kyrgyzstan, *consistent multi-stakeholder engagement (P11)*

appeared sufficient to realise the intermediate outcome. While not essential *civil society capacity to engage (P16)* was present in the Kyrgyzstan case.

In terms of activity prioritisation, on balance, MeTA invested in the right way by ensuring a strong secretariat managed the multi-stakeholder process effectively and credibly. Most of the activities to strengthen civil society's ability to engage in the MeTA process were completed in Phase 1, but Phase 2 saw further investments in civil society capacity building; for example through the strategic allocation of small grants and the provision of research skills support.

MeTA's activities contributed to realising *consistent multi-stakeholder engagement (P11)* in the following ways:

1. MeTA has created a multi-stakeholder forum that is new and welcomed by key informants. In this sense it has helped to break down barriers created by a lack of trust and lack of knowledge between stakeholder groups. Government respondents report that CSO involvement is more actively sought as a result of MeTA activities and that more weight is given to the opinions of CSOs. The private sector (initially rather hesitant to participate) is now more involved in policy dialogue and positive about the value of a multi-stakeholder platform. The increased private sector involvement is attributed by respondents to the effective campaign against the introduction of VAT on essential medicines, to work on procurement regulation reform and to the stature of the people involved in MeTA;

2. The high degree of credibility and expertise in the MeTA secretariat and its ability to identify key national experts to chair working groups or provide leadership to policy areas has been important in creating cohesion in the platform and keeping involvement at a consistent and effective level. Several respondents drew attention to the high level of credibility and commitment of the lead actors. One senior official said: 'Don't underestimate the personal commitment of the people who take the lead. They do this in spite of personal and professional risks.';

3. The most important example of the consistency and effectiveness of the multi-stakeholder engagement is probably to be found in the intensive process to develop the new SDP, but other examples are to be found in the introduction of new procurement regulations for the private sector and work to strengthen legislation to combat corruption. The input and active involvement of the Medical Academy, the Pharmacy School and the Association of Family Doctors are all evidence of the way that expertise has been built into MeTA. Several respondents also mentioned access to WHO and international expertise as an important factor in establishing MeTA credibility and increasing influence on the policy process; and

4. The major exception is that the DRA is little involved in current MeTA activities. Its representatives attend some meetings but are clearly not generally supportive of the way that MeTA works or the extent of CSO involvement in medicines policy issues. In the first phase of MeTA, the DRA was much more involved, but when policy reform became a clear objective of Phase 2 it did not agree that this was a suitable issue for multi-stakeholder dialogue. The DRA is generally seen by other respondents as a clear opponent of policy reform and as having a direct interest in the old status quo, in which its position was very autonomous.

MeTA's activities contributed to realising *civil society capacity to engage (P16)* in the following ways:

1. In Kyrgyzstan MeTA has strengthened civil society capacity to engage in policy dialgue. Government and the private sector see CSOs as organisations to be listened to and also as organisations they can work with. CSOs have carried out research and gathered evidence on issues such as cancer drugs for children, and they have also been important in bringing

MeTA concerns to districts outside the capital. They have also carried out public education campaigns on antibiotic resistance to complement the work being done to reach physicians. In the MeTA Phase 1 project there was a budget allocation to strengthen CSO engagement and this is seen by respondents as having been important in developing CSO awareness. Also cited by respondents was the power of the CSO exchange visits with the Philippines and the contact with CSOs in other countries. In MeTA Phase 2 this budget line no longer existed, but where possible some CSO campaigns were supported through the small grant initiative;

2. MeTA has lent credibility to CSOs. Respondents talk about growth in the stature of CSOs through MeTA. One respondent said that a number of people currently playing a leading role in MeTA representing the private sector and CSOs had grown hugely in their capacity and in their expertise. Another respondent stressed that we need to look not just at changes in policy but also changes in people's opinions. In particular, a World Bank report describes the strength and capacity of CSOs in the medicines sector as unique to Kyrgyzstan and largely attributable to MeTA. Most see CSOs as well informed, and although there was some evidence that parliamentarians were 'alarmed' if CSOs spoke out, there was also evidence that they were listened to. On the whole, relations were constructive and there was evidence that policymakers (including the Ministry of Health) sought CSO input on key issues. The DRA did not share this view and regarded CSO involvement in medicines as the unwelcome involvement of amateurs; and

3. CSOs are still vulnerable and sometimes under attack. CSOs' presence and their ability to pick up on key focusing events or scandals, such as the case of repretin,[7] have made policymakers sensitive to medicines issues and have resulted in attention in the media (television and newspapers), debates in parliament and high-profile legal cases. At the same time, there are also attempts to silence CSOs on these issues by threatening or taking legal action, or by spreading rumours that they represent outside interests or are corrupt.

Although not shown to be important in our analysis to achieving the intermediate outcome, data collected during the country visit found that MeTA contributed to two other conditions within the policy stream, including *transparency and information sharing between all stakeholders (P13)* and *seniority of multi-stakeholder representatives (P15)*, in the following ways:

<u>Transparency and information sharing between all stakeholders (P13)</u>

1. There are no protocols or guidelines about information sharing between stakeholders but the MeTA secretariat has ensured that all meetings are meticulously minuted and that minutes and meeting reports are shared. This was mentioned by several key informants as a factor that had helped to create trust in the process and in the secretariat. One commented: 'I can always see that my voice was heard at a meeting – even when the decision might have been one I didn't totally agree with'*;*

[7] Dialysis patients were switched in 2013 to a cheap new drug, repretin, which they were assured came from a British pharmaceutical firm. Patients complained of unpleasant side-effects. Evidence obtained by *The Guardian* (UK) shows that the company providing the drug, Rotapharm Ltd, is not regulated by any British medical authority, but benefits from loopholes in UK law and the existence of the secretive UK offshore industry. Rotapharm is, in fact, owned by a Belarussian businessman living in Turkey, has no British employees, was set up offshore in the British Virgin Islands and buys its supply of the dialysis drug repretin from a manufacturer in Egypt. The company is allowed to advertise itself as British because it maintains a British-registered company, with a small office on UK territory. (Source: *The Guardian,* 4 March 2013). Rotapharm is currently taking legal action against a member of parliament and a CSO advocate.

2. At a technical level respondents attribute the fact that the DRA now has a slightly improved website with more online information to MeTA activities. This is only a limited gain, because respondents still regard the DRA as non-transparent, but it is seen as a significant step. More fundamentally, the major exercise to codify all medicines on the market in Kyrgyzstan so that it is possible to compare like with like when procuring drugs, is potentially an important step towards transparency; and

Seniority of multi-stakeholder representatives (P15)

1. MeTA has been able to attract senior and well-known representatives into the process and onto the MeTA Council and this has contributed to the credibility of the multi-stakeholder platform and created important entry points. For example: the MeTA Council has been chaired by the pro-rector and a departmental head of the National Medical Academy, and MeTA was able to position the highly respected ex deputy minister of health to chair the working group that drafted the State Drug Policy.

Political stream

Our analysis has shown that the political stream is the least important, given that three of the cases (Jordan, Peru and Uganda) achieved the long-term outcome without realising the political stream intermediate outcome (*political support for addressing ATM issues (O4)*). Given that Kyrgyzstan realised this intermediate outcome it is useful to explore what was done in this case.

Of the five potentially important conditions identified in our theoretical framework, two were found to be essential: *electoral accountability (R8)* and absence of *public pressure to highlight ATM issues (~P17)*. Additionally, and as exemplified by the Kyrgyzstan case, when there were new *government officials deprioritising ATM issues (~R6)*, *media reporting on ATM issues (P18)* was required to realise the intermediate outcome (*political support for addressing ATM issues (O4)*).

As *electoral accountability (R8)* and *turnover of government officials who deprioritise ATM issues (R6)* are remote conditions and difficult for MeTA to influence, it is not surprising that no activities were focused on this condition, which is in line with our findings.

Of the remaining conditions, the absence of *public pressure to highlight ATM issues (~P17)* was found to be essential and clearly related to realising two other conditions, namely: *civil society capacity to engage (P16)* and *consistent multi-stakeholder engagement (P11)*. Our findings show that the MeTA model of quality multi-stakeholder engagement has led to more constructive dialogue between civil society and other MeTA stakeholders, offering CSOs an alternative mechanism by which to raise ATM issues. We find therefore that MeTA has contributed indirectly to reducing the need for public pressure to highlight ATM issues (~P17) by contributing directly to these two related conditions (P11 and P16).

In this case, as we found that new *government officials deprioritising ATM issues (~R6)* required MeTA to focus on activities related to media reporting on ATM issues (P18). While MeTA has strengthened the role of CSOs to campaign and attract media attention, in general MeTA has not adopted a campaigning role in relation to the media but has acted more as a source of information. Media representatives have been invited to key round table events organised by MeTA and these events have been reported in the national press. We therefore find MeTA's contribution to this important condition to be minimal, with other actors, such as CSOs, more likely to have made significant contributions to this condition.

4.2.2 Uganda

Key activities

Key informants were unanimous that MeTA in Uganda has provided a welcome platform for honest and open multi-stakeholder dialogue on medicines policy issues. The multi-stakeholder approach is credited with building the capacity of CSOs to engage in policy dialogue and, importantly, has shifted perceptions, particularly among public sector stakeholders, of the hugely positive role civil society can play in shaping medicines policy. MeTA in Uganda has focused squarely on medicines quality issues in Phase 2 and to its credit has persevered with building quality relations with the National Drug Administration (NDA), despite not yet agreeing information sharing protocols with this important public institution. Although examples of new or improved medicines policies were not evident during the evaluation window, it is acknowledged by the evaluation team that this is a temporal anomaly, with various key informants to the evaluation processes agreeing that new policies are but months away from government endorsement.

The following range of activities describe MeTA Uganda's main areas of work:

a. Support to the Ministry of Health to review the National Medicines Policy and National Pharmaceutical Sector Strategic Plan is ongoing and close to final approval;

b. An assessment of quality of medicines provided by drug outlets in rural areas was conducted in 2013. This has been followed up with discussions to create a National Quality of Medicines Forum;

c. Implementation of three annual medicines availability and price-monitoring surveys, as well as one price component study;

d. A study to implement Medicine and Therapeutic Committees in regional referral hospitals was conducted to generate learning to promote rational medicine use in hospitals in Uganda;

e. MeTA is planning a pioneering pharmaco-economics course in July 2015 in collaboration with Makerere University; and

f. CSOs under MeTA have worked to cascade capacity at the grassroots level by conducting social accountability methodologies for empowerment of communities to 'own' services and hold duty bearers accountable.

Assessment of MeTA Uganda's contribution

Table 7 below maps MeTA's activities against each of the conditions in our theoretical framework and is used to support the presentation of our findings in this section.

Table 7: Uganda contribution framework

Status of the outcome	Status of the intermediate outcomes	Status of the conditions	Activities carried out by MeTA
O1: Improved evidence-based ATM policies*	**Problem stream (O2): ATM problems identified and prioritised by policymakers (intermediate outcome)**	R7: ATM focusing events	– MeTA did not focus any of its activities on emerging crises.
		P9: Regular monitoring data	– MeTA conducted joint data-collecting activities with the Ministry of Health. – An assessment of quality of medicines provided by drug outlets in rural areas. – Implementation of three annual medicines availability and price-monitoring surveys, as well as one price component study.
		P10: Effective communication of ATM priorities to policymakers	– Review of the National Medicines Policy and National Pharmaceutical Sector Strategic Plan. – Stakeholder events on the issue of drugs quality.
	Policy stream (O3): Active multi-stakeholder policy dialogue on ATM issues (intermediate outcome)	**P11: Consistent multi-stakeholder engagement**	– The secretariat has work to ensure consistent multi-stakeholder engagement however government representation from NDA is not consistent
		P13: Transparency and information sharing between all stakeholders	– The endorsement of an information-sharing protocol between the NDA and MeTA has stalled, though negotiation activities continue.
		P14: Rotating chair between stakeholder groups	– Consistent chair rotation system in place.
		P15: Seniority of multi-stakeholder representatives	– The co-chairs work to maintain a senior level of engagement from stakeholders.
		P16: Civil society capacity to engage	– Civil society currently chairs the multi-stakeholder platform and enjoys receptiveness from other stakeholder groups. Following capacity development at the outset of MeTA, civil society now has the technical understanding to engage in policy discourse. This is confirmed in DFID's

Status of the outcome	Status of the intermediate outcomes	Status of the conditions	Activities carried out by MeTA
			Annual Review of Output 4 (2014).
	O4 Political support for addressing ATM issues (intermediate outcome)	R5: New government officials prioritise ATM issues	– The MeTA co-chairs maintain constructive dialogue with government.
		R6: No new government officials deprioritise ATM issues	
		R8: Electoral accountability	– No activities undertaken.
		P17: Public pressure to highlight ATM issues	– Civil society has mounted several high-profile access to medicines campaigns, most notably the 'Stop the Stock-outs' campaign. There have also been campaigns on the HIV bill and the review of National Pharmaceutical Sector Strategic Plan. MeTA did not directly engage in these activities, but did support its CSO partners to do so.
		P18: Media reporting on ATM issues	– There are numerous examples of the media reporting on ATM issues, particularly on stock-outs of medicines and HIV medication. MeTA has supported its CSO members indirectly.

Key

1) Green shading indicates presence of an outcome/condition, purple shading indicates the absence of an outcome/condition in this case; and
2) Bold text indicates
3) an outcome/condition considered important from our analysis, non-bold text indicates an outcome/condition which our analysis did not find important.

* = The long-term outcome has been rated as present given evidence to suggest Uganda will meet the outcome in a matter of months.

Together with Jordan and Peru, Uganda realised two out of three intermediate outcomes (*political support for addressing ATM issues (O4)* was not realised). At the time of the evaluation the long-term outcome had not yet been realised, but it was confirmed by various sources, including the IMS and WHO, that the long-term outcome is very close to being realised. For the purposes of this evaluation, therefore, we have chosen to rate Uganda as having achieved the long-term outcome.

In assessing MeTA's contribution in Uganda, as in Kyrgyzstan above, we are interested to learn if the range of activities implemented made a plausible contribution to realisation of those conditions

we have found to be important. Equally, we are interested to learn if MeTA focused its efforts on conditions we now know to be less important.

Problem stream

As previously stated, our focus in the contribution analysis within the problem stream is on what MeTA in Uganda did to contribute towards *effective communication of ATM priorities to policymakers (P10)* because the other conditions were found to be less important.

Evidence collected during the country visit to Uganda confirms that MeTA focused its activities within the problem stream on condition P10, *effective communication of ATM priorities to policymakers*, with fewer activities focused on the other two, less important conditions. MeTA's communication activities with policymakers has focused squarely on medicines quality issues, with a number of round table and stakeholder events having taken place.

A number of MeTA activities aimed at strengthening data collection by the Ministry of Health – related to *regular monitoring data (P9)* – while considered less relevant within the problem stream, have contributed to close and trusting working relations between stakeholders (policy stream). On balance, therefore, MeTA Uganda has prioritised the right activities to realise this intermediate outcome.

MeTA's activities contributed to realising *effective communication of ATM priorities to policymakers (P10)* in the following ways:

1. MeTA in Uganda has helped stakeholders to identify and take advantage of opportunities when they arise. For example, MeTA received funds from PATH in a project to support strengthening of the Ministry of Health's monitoring systems for essential medicines. This in turn led to MeTA being asked to sit on the Task Group which is now overseeing the review of the National Medicines Policy;

2. MeTA stakeholders are now more engaged in the policymaking process having been co-opted into the Task Groups for both the National Medicines Policy and the National Pharmaceutical Strategy. An early result from this engagement is that a new theme on community and private sector engagement has been incorporated into the National Pharmaceutical Strategy;

3. Quality of medicines has become a more prominent issue thanks to MeTA in Uganda. Prior to MeTA this issue was not discussed openly. MeTA in Uganda has contributed to improving medicines quality by fostering information sharing and rational medicines testing among its members, including with key public sector stakeholders; and

4. MeTA has enabled stakeholders to rally around medicines issues, which had not happened before. Indeed the way problems are identified within MeTA has been part of its success, carefully selecting cross-cutting issues on which to focus.

Policy stream

As we have seen, our theoretical framework identified five potentially important conditions in realisation of the policy stream intermediate outcome (*active multi-stakeholder policy dialogue on ATM issues (O3)*). Our application of QCA found that there were three successful configurations of conditions that led to the intermediate outcome. In the case of Uganda, the successful configuration comprised three conditions, including: *consistent multi-stakeholder engagement (P11), rotating chair between stakeholder groups (P14)* and *civil society capacity to engage (P16)*.

MeTA's decision to adopt a system of a rotating chair has proved a useful strategy in circumventing inconsistency of engagement by some government stakeholders, as well as being viewed as a fair and balanced approach. In terms of activity prioritisation, MeTA Uganda appears to have got the balance of activities right, investing in the multi-stakeholder process, including through activities designed to strengthen civil society's ability to engage in policy dialogue.

MeTA's activities contributed to realising the important conditions referred to above, in the following ways:

Consistent multi-stakeholder engagement (P11)

1. MeTA Uganda has acted as a trusted knowledge broker, bringing together stakeholders from across the medicines supply chain. Prior to MeTA in Uganda, almost all key informants were of the view that public, private and civil society stakeholders did not share a common platform and rarely shared information, views, insight or intelligence within the medicines sector. MeTA Uganda is considered to have created a platform for collaboration where none had existed before;

2. The multi-stakeholder aspect of MeTA Uganda is clearly appreciated by key informants. The notion of stakeholders from different constituencies sitting around one table as equals, sharing their unique perspectives on medicines issues and receiving feedback, appeared to be a novel approach to stakeholders at MeTA's inception. One stakeholder described the multi-stakeholder approach as the 'lifeline' of MeTA;

3. MeTA Uganda has facilitated relationship building between stakeholder groups by shifting perceptions, particularly between the government and other stakeholders. Key informants from within the public sector spoke of MeTA supporting them to change their perceptions of civil society and the private sector. In bringing key stakeholders together across the medicines supply chain, key informants believe MeTA Uganda has helped to reshape perceptions and relations. For example, prior to MeTA relations between government and both civil society and the private sector was not one of mutual trust, with government not viewing these constituencies necessarily as strategic allies. In this sense, MeTA has acted as a bridge between stakeholders, bringing them together, and facilitating constructive dialogue on medicines issues, while changing perceptions and generating mutual trust;

4. The World Bank-funded Client Satisfaction Survey is a good example of MeTA stakeholders working collaboratively under the auspices of MeTA. The exercise of jointly collecting, analysing and reporting on data helped to create ownership of the results and fostered good joint working. A more fundamental shift is exemplified in how civil society now choses to engage with the public sector. A shift from campaigning and activism to advising and advocacy with government is apparent. For example, in December 2014 civil society groups discovered that the National Medicine Stores were supplying health centres with short-expiry medicines. Whereas before, civil society may have taken this issue straight to the media, since the establishment of MeTA civil society now has the voice, access and trust to take this straight to government for a direct response, which it did in this case;

5. Engagement of the public sector within MeTA was described as 'lukewarm' by some key informants. Participation is not always consistent and important entities, such as the NDA, it is claimed, do not regularly attend meetings. Hence, while the NDA shows support to MeTA, such as through the provision of office premises, relations are suboptimal and could be strengthened by regular and consistent attendance at MeTA meetings. Key informants claim, importantly, that the NDA limits MeTA's progress in other important areas, including by not

signing an information-sharing agreement and by not conducting confirmatory testing of drugs;

Civil society capacity to engage (P16)

1. MeTA Uganda has strengthened civil society within the medicines sector, in a number of ways. For example, stakeholder groups, such as the public and private sectors, now listen to what civil society groups have to say, rather than viewing them as 'noise makers'. Having civil society around the MeTA table has 'opened the eyes' of other stakeholders to the usefulness of civil society involvement;

2. MeTA has lent credibility to CSOs that are active in the multi-stakeholder process. For example, civil society key informants spoke of now being able to pick up the phone to senior people within government and being granted an audience, which they claim did not happen before their engagement in MeTA. Being a part of MeTA therefore has raised the profile of its civil society members, many of whom now enjoy more constructive relations with one another, but particularly with the public sector. This is related to MeTA's role in shifting stakeholders' perceptions of one another, discussed above; and

3. During MeTA's inception phase, capacity development of civil society and the media was undertaken to increase their awareness of medicines issues. Two key informants believe this has led to civil society and the media being more knowledgeable and engaged in medicines issues. For example, one of the member CSOs worked on health issues but prior to MeTA had never engaged in medicines issues; it is now viewed as active on medicines issues by a range of key informants.

Transparency and information sharing between all stakeholders (P13) was not shown to be important in our analysis. During the country visit an apparent *impasse* between MeTA and the NDA, in relation to signing a memorandum of understanding (MoU) on information sharing, appeared to be a central challenge for MeTA to pursue its policy goals. Our findings, however, suggest that having such formal agreements in place is less important compared with the power of the multi-stakeholder approach. A great deal of effort had gone into the process of agreeing a formal MoU with the NDA, which in the context of our analysis was not necessary, although probably procedurally the correct way to work with such departments of government.

MeTA contributed to transparency and information sharing between all stakeholders (P13) in the following ways:

1. MeTA provided funding to the NDA to enable it to place its drugs register online, whereas previously this had been a hard copy resource. This is undoubtedly a positive move, increasing real time access for anyone who wishes to view the register; and

2. A major focus of MeTA's work to increase information sharing has been on developing the MoU with the NDA. Work began on developing the MoU in 2011, but to date has not been agreed. Some key informants feel this is hampering MeTA's work on quality of medicines, because the NDA is the only entity mandated to publish information on medicines that do not meet various quality standards. While MeTA members can share information on poor quality medicines with each other, they have no way of getting this information out to the general public at the national level. Key informants surmised that the NDA's apparent reluctance to sign the MoU is based on the perception that MeTA is somehow a threat to the NDA and its role. Key informants also believe the NDA is nervous about the large number of medicines quality issues that would come to the surface with greater collaboration, and that this may

make the NDA look ineffective. While key informants view the quality of medicines as everyone's role, they believe that the NDA sees it exclusively as its role. This is a sensitive issue but one which MeTA is managing carefully to increase trust among all stakeholders. For some key informants, progress is slow, but they recognise that without MeTA such dialogue would be all but impossible.

Political stream

Shown as less important in achieving the long-term outcome, realising the political stream intermediate outcome should have fewer activities directed towards it. Uganda, together with Ghana, Peru and Jordan did not see fruition of this intermediate outcome. Despite this, Uganda is close to realising the long-term outcome as improved medicines policies near final approval by government.

Although Uganda did not achieve this intermediate outcome, it is useful to see what activities it undertook in the political stream. We have shown that both *electoral accountability (R8)* and absence of *public pressure to highlight ATM issues (~P17)* are essential. In Uganda's case, neither of these conditions were realised. Although *media reporting on ATM issues (P18)* was present and deemed necessary in this case, it was not sufficient given the absence of the two essential conditions.

Consistent with findings in all three country case studies, the MeTA model of quality multi-stakeholder engagement has led to more constructive dialogue between civil society and other MeTA stakeholders. In Uganda this is particularly true between civil society and government. This provides CSOs with direct access to influence government on medicines issues that stakeholders agree did not exist prior to MeTA.

We have found that CSO members of MeTA have invested in activities construed as media engagement and public campaigning. This was not done under the banner of MeTA, however, and hence we feel MeTA has not made direct investments in activities within the political stream. This is aligned with our findings and affirms MeTA's decision not to engage in political stream activities.

4.2.3 Zambia

MeTA Zambia was praised for taking time at inception to conduct a rigorous stakeholder analysis, resulting in a diverse range of stakeholders and views. This has helped stakeholders gain greater insights into each other's work but also their unique role in medicines policy dialogue. MeTA Zambia has evolved during Phase 2 by giving more credence to collecting and analysing evidence in support of their policy priorities, whereas before more importance was placed on position papers and expert opinion. MeTA Zambia has had a number of policy victories and has clearly been able to position itself at the hub of medicines policy dialogue. Ongoing engagement in policy processes, such as dialogue on the introduction of health insurance and on the regulation and implementation of health shops, are testament to how credible and important MeTA is viewed in Zambia.

Key activities

The following range of activities describe MeTA Zambia's main areas of work:

a) Following the presentation of a position paper to government on health shops, MeTA continues to engage on the best approaches for implementation of health shops in Zambia through consultation and dialogue with MeTA stakeholders, particularly the professional association of pharmacists;

b) MeTA continues to advise government on the issue of 'last mile' distribution, leading to the creation of six regional hubs supporting 650 new health posts (yet to be constructed);

c) MeTA has been invited by government to establish a round table to discuss future plans for a health insurance system in Zambia;

d) Provision of training for procurement officers on issues of transparency and accountability in good governance in medicines;

e) Implementation of a disclosure survey of the Zambian pharmaceutical sector and a forthcoming price survey;

f) Implementation of a pilot phase study to better understand the challenges faced by local pharmaceutical manufacturers and round table dialogue with government to disseminate findings; and

g) Media and community engagement to raise awareness of medicines issues particularly in relation to stock-outs and medicines quality issues. The establishment of a small number of focal groups, led by CSOs, spearhead this work with support from MeTA.

Assessment of MeTA Zambia's contribution

Table 8 below maps MeTA's activities against each of the conditions in our theoretical framework and is used to support the presentation of our findings in this section.

Table 8: Zambia contribution framework

Status of the outcome	Status of the intermediate outcomes	Status of the conditions	Activities carried out by Meta
O1: Improved evidence-based ATM policies	**Problem stream (O2): ATM problems identified and prioritised by policymakers (intermediate outcome)**	R7: ATM focusing events	– MeTA did not focus any of its activities on emerging crises.
		P9: Regular monitoring data	– No activities noted to support regular data monitoring.
		P10: Effective communication of ATM priorities to policymakers	– Presentation of position paper on the introduction of health shops. – Engaging in round table policy dialogue on the introduction of a health insurance scheme. – Study on challenges faced by local manufacturers in dialogue with government.
	Policy Stream (O3): Active multi-stakeholder policy dialogue on ATM issues (intermediate outcome)	**P11: Consistent multi-stakeholder engagement**	– The secretariat has worked to ensure consistent multi-stakeholder engagement.
		P13: Transparency and information sharing between all stakeholders	– Provision of training to procurement officers. – Pharmaceutical disclosure survey. – Forthcoming price survey.
		P14: Rotating chair between stakeholder groups	– Consistent chair rotation system in place.

Status of the outcome	Status of the intermediate outcomes	Status of the conditions	Activities carried out by Meta
		P15: Seniority of multi-stakeholder representatives	– The chair works to maintain a senior level of engagement from stakeholders.
		P16: Civil society capacity to engage	– Considerable investment in civil society engagement and capacity development, including locally based focal groups.
	O4: Political support for addressing ATM issues (intermediate outcome)	R5: New government officials prioritise ATM issues	– The MeTA chair, an active member of parliament, maintains constructive dialogue with government.
		R6: No new government officials deprioritise ATM issues	
		R8: Electoral accountability	– No activities undertaken.
		P17: Public pressure to highlight ATM issues	– MeTA, through the support it provides to the CSO focal groups, has taken an active role in supporting members of the public to speak out about medicines issues, e.g. stock-outs.
		P18: Media reporting on ATM issues	– MeTA has played a direct and active role in engaging the media particularly through local radio, social media and print media.

Key:

1) Green shading indicates presence of an outcome/condition, purple shading indicates the absence of an outcome/condition in this case; and
2) Bold text indicates an outcome/condition considered important from our analysis, non-bold text indicates an outcome/condition which our analysis did not find important.

In Zambia, all three intermediate outcomes were realised, as was the long-term outcome of improved evidence-based policy. Following the same format for the other two country case studies, this section will now assess MeTA's contribution by exploring whether the activities MeTA chose to prioritise were the right ones, given our findings in relation to those conditions and configurations of conditions, known to be important.

Problem stream

We have seen that only one condition is essential in the problem stream, *effective communication of ATM priorities to policymakers (P10)*. MeTA Zambia, perhaps due to its chair being an active member of parliament, had a clear and open communication channel into important policy processes, which it used to its advantage. MeTA's activities focused on presenting position papers to communicate its policy priorities and its close proximity to government to place itself at the centre

of relevant policy discourse. Our findings confirm this was the best range of activities to invest in to achieve the intermediate outcome.

MeTA Zambia was criticised for not adopting an evidence-based approach, at least initially, and relying too heavily on expert opinion to communicate with policymakers. This perhaps hints at too few activities to generate evidence to inform policy dialogue from MeTA's side; however, in this case, it did not prevent progression of dialogue. MeTA appears to have been able to effectively communicate its policy solutions to government and this is where it focused it activity.

MeTA's activities contributed to realising: *effective communication of ATM priorities to policymakers (P10)* in the following ways:

1. MeTA is clearly viewed as an important stakeholder in increasing access to medicines. MeTA has opened constructive dialogue with government on the issue of transparency, to ensure that good quality medicines reach people. This has resulted in greater engagement by government on medicines issues;

2. Key informants referred to a time when MeTA Zambia was not making effective use of evidence in bringing issues to policymakers, relying mainly on position papers and expert opinion. Over time MeTA in Zambia has been recognised as having undergone an evolution in its approach to the use of evidence in highlighting policy priorities to policymakers. For some key informants, this 'awakening' took some time to sink in, but they are satisfied that MeTA now makes more effective use of evidence in determining policy priorities and in its dialogue with policymakers;

3. At the policy level, MeTA Zambia has had considerable success. During a consultation exercise that formed part of the review of the Medicines Registration and Regulation Act (2004), MeTA in concert with other actors, successfully highlighted lack of essential medicines as a policy priority. MeTA presented a position paper on the concept of 'health shops' a recommendation to regulate currently unregulated private pharmaceutical retail outlets, in a bid to increase access to essential medicines. The concept of health shops won approval and is now part of a new act of parliament. MeTA has played a central role in formalising the regulations for the implementation of health shops, through the act. This has included sensitive multi-stakeholder dialogue around the MeTA table to ensure that the association of pharmacists endorse health shops and play their part in making them a reality; and

4. MeTA in Zambia is soon to undertake an important study known as the 'price availability and affordability study in the private sector'. As the government considers introducing a private health insurance scheme, MeTA has been quick to place itself at the centre of policy dialogue and this study will support MeTA in effectively engaging with policymakers. The study aims to support a transparent reflection on pricing within the private sector and will be the first of its kind targeting private hospitals and other outlets.

Policy stream

There are three possible, successful configurations leading to realisation of the intermediate outcome within the policy stream. In the case of Zambia, we see a different configuration from that seen in Kyrgyzstan and Uganda. Here, the successful configuration included: *consistent multi-stakeholder engagement (P11), transparency and information sharing between all stakeholders (P13)* and *civil society capacity to engage (P16)*.

MeTA's activities contributed to realisation of the important conditions referred to above, in the following ways:

Consistent multi-stakeholder engagement (P11)

1. MeTA has provided a platform where medicines issues can be discussed. It has brought stakeholders together who may previously had little communication with one another, acting as a trusted knowledge broker;

2. MeTA Zambia is praised for having conducted a rigorous stakeholder analysis bringing together a range of actors who had hitherto little or no knowledge of one another. Key informants from professional associations felt this to be particularly true for them. Through MeTA engaging a broad range of actors, it has contributed to individual stakeholders having a greater appreciation of their role within medicines policy dialogue and in relation to other important stakeholders. This diversity within the multi-stakeholder approach, key informants believe, has supported them to openly raise their issues, diverse as they may be, and find unity under the common principles of MeTA. Prior to MeTA no equivalent platform existed that brought stakeholders together from across the medicines sector, placing the public and private sectors side by side with CSOs. The quality of the multi-stakeholder approach has been credited by key informants as the driving force behind improved access to medicines policies, such as the introduction of health shops;

3. MeTA's multi-stakeholder approach, bringing all stakeholders round one table, has been experienced by key informants as inclusive and supportive; helping them to be present in meetings and dialogue, that without MeTA, they would have been excluded from. Through MeTA, stakeholders feel recognised by the Ministry of Health and other relevant departments, which did not happen before. Prior to MeTA some stakeholders struggled to engage the public sector in meaningful ways;

Transparency and information sharing between all stakeholders (P13)

1. Key informants are of the view that, while there is still some distance to travel, MeTA has contributed to increased transparency within the medicines sector. For example, on the issue of procurement, MeTA advocated that the Zambia Public Procurement Agency (ZPPA) publish medicines prices. A policy is now in place requiring ZPPA to publish the prices of all awarded procurement contracts, with MeTA recognised as having made a contribution to this change. Similarly, MeTA recommended the Zambia Medicines Regulatory Authority (ZAMRA) to publish its list of registered medicines online; a recommendation which has been implemented;

2. Stakeholders have an increased understanding and awareness of government systems and processes in relation to the medicines supply chain, thanks to their participation in MeTA;

Civil society capacity to engage (P16)

1. MeTA Zambia is credited by key informants for having promoted medicines issues through the media and a range of community engagement activities. Almost all key informants feel this has contributed to increased awareness at community level and in society generally. Through a small network of CSO-led 'focal groups' MeTA has built the capacity of civil society to engage more effectively at local level when stock-outs occur or medicines quality issues present themselves. In this way, MeTA Zambia is building the capacity of civil society groups to act as advocates and champions for medicines issues, albeit with limited reach at the local level in a small number of communities. This has resulted in communities taking appropriate action when stock-outs occur; for example, by asking challenging questions at health centres and escalating their complaints in an informed way; and

2. Key informants were divided over how readily government accepts CSOs within the medicines sector. While it is recognised that relations between government and CSOs is getting better, almost all stakeholders were of the view that government can oscillate in its view of CSOs, seeing them as allies and enemies in equal measure. Some of this mistrust may have affected MeTA in the early days, perhaps being viewed suspiciously by government. It is now clear however, that MeTA is viewed as a credible and important stakeholder by government. Having all stakeholders around the MeTA table is helping to build trust and shift perceptions.

Political stream

While of lesser importance to realising the long-term outcome, *political support for addressing ATM issues (O4)*) was achieved in Zambia and with the same configuration as seen in the Kyrgyzstan case.

To reiterate, within the political stream two conditions were found to be essential: *electoral accountability (R8)* and absence of *public pressure to highlight ATM issues (~P17)*. In addition, when there *were* new *government officials who deprioritise ATM issues (~R6)*, as is the case in Zambia, *media reporting on ATM issues (P18)* was required to realise the intermediate outcome (*political support for addressing ATM issues (O4)*).

Zambia is the only case from the country visits that focused a number of activities on media reporting on ATM issues (P18). This included a number of radio discussion programmes where members of the public could phone in and ask questions live on air, establishment of Facebook groups where members of the public could report medicines stock-outs and other related complaints, and engagement with the print media. In Kyrgyzstan and Uganda, we found MeTA engaged the media in an indirect way, usually by providing some degree of support to its CSO members. In the Zambia case, by contrast, MeTA took the decision to engage directly in media activities adopting a role as advocate in its own right. In light of our findings, this appears to have been the right approach ensuring medicines issues stayed on the political agenda in the absence of other important conditions (R6).

4.3 Summary of key findings from the country visits

Overall, our key findings form the country visits are as follows:

1. Each MeTA country developed its own, country-driven workplan, selecting activities best suited to achievement of their policy priorities. A wide range of activities has been observed, including: collaborative research projects; policy dialogue events, such as round tables and workshops; engagement in official task forces as expert advisors; communication of evidence and policy priorities to policymakers in various fora; capacity development of civil society; and media engagement activities.

2. Findings from a contribution analysis, which included a sub-set of three countries, found that on balance, and in each case, MeTA had focused its efforts on the activities most likely to contribute to those conditions we found to be important.

3. Within the problem stream all three case countries had focused on activities that promoted the effective communication of ATM priorities to policymakers (P10). This included the use of position papers to present policy solutions to access to medicines issues in Zambia, the chairing and facilitation of key policy processes in Kyrgyzstan, and the convening of policymakers on medicines quality issues in Uganda. It is reasonable therefore that MeTA, through its choice of activities, has contributed to ATM problems being identified and prioritised by policymakers (O3).

4. Conditions within the policy stream are largely related to how MeTA managed the multi-stakeholder process. Given that a number of successful combinations of conditions was possible, this provided greater flexibility for countries to select the most appropriate activities. We have found that MeTA has contributed significantly to the realisation of consistent multi-stakeholder engagement on ATM issues (P11), particularly in light of testimony from key informants who affirm that such multi-stakeholder policy dialogue did not happen prior to MeTA's inception. Furthermore, in all cases MeTA has invested in activities specifically designed to build the capacity of civil society to engage in meaningful policy dialogue (P16), a condition we found to be important in two out of three successful configurations.

5. While the political stream has been shown to be less important in our analysis, we found each MeTA country visited had undertaken some activities within this stream. As electoral accountability (R8) and turnover of government officials who deprioritise ATM issues (R6) are remote conditions and difficult for MeTA to influence, it is not surprising that no activities were focused on these conditions, which is in line with our findings. Zambia is the only case from the country visits that focused a number of activities on media reporting on ATM issues (P18). In Kyrgyzstan and Uganda we found MeTA engaged the media in an indirect way, usually by providing some degree of support to its civil society organisation (CSO) members.

6. Consistent with findings in all three country case studies, the MeTA model of quality multi-stakeholder engagement has led to more constructive dialogue between civil society and other MeTA stakeholders, particularly government. MeTA has provided CSOs with direct access to influence government on medicines issues and has supported a shift in perceptions, with several government key informants referring to CSOs as strategic allies, whereas before they viewed them as 'noise makers'.

5 Conclusions

1. The MeTA model assumes an important role for the multi-stakeholder approach and evidence-based policy dialogue, which our findings support. The multi-stakeholder approach is considered to be the 'beating heart' of MeTA by those key informants interviewed. **Our analysis confirms the importance of multi-stakeholder policy dialogue, but empirical evidence confirms that effective multi-stakeholder engagement on its own, is not sufficient**.

2. Following from the above, transparency was found to be more important as a means of supporting multi-stakeholder dialogue than on its own right. When framed as collecting, analysing and disseminating data, transparency did not play a strong role. However, in practice, it was found that data collection and analysis played an indirect role in terms of providing stakeholders with relevant data to engage in multi-stakeholder dialogue in a credible manner. This was further underlined by the finding that supporting transparency and information sharing among stakeholders (P13) and media reporting on ATM issues (P18) contributed to evidence-based policymaking in combination with other conditions. **This suggests that MeTA's strength lies not in its ability to generate data *per se* but in how that data is used as an integral part of multi-stakeholder policy dialogue**.

3. We assessed MeTA's role in promoting evidence-based policy dialogue in achievement of improved evidence-based policies. **The MeTA approach of developing a multi-stakeholder dialogue as a means of improving accountability and thereby evidence-based policymaking in the medicines sector, based on our assessment, has been shown to be valid**.

4. **Findings from a contribution analysis, focused on three countries visited by the evaluation team (Kyrgyzstan, Uganda and Zambia), found that, on balance, MeTA in these cases had focused on the right range of activities**. Of the three streams, most activities were centred on those streams found to be critical to success, namely the problem and policy streams. Of particular importance was MeTA's contribution to the realisation of consistent multi-stakeholder engagement on ATM issues (P11). Our evidence shows that genuinely open multi-stakeholder policy dialogue on ATM issues, did not happen prior to MeTA. **We conclude that MeTA has made a unique and significant contribution to establishing a platform were actors from civil society, the public and private sectors can engage in meaningful ATM policy dialogue**.

6 Suggestions for consideration

The following issues are intended to inform future programming where transparency and accountability, driven by a multi-stakeholder approach are being considered in realisation of policy outcomes. They are presented as issues for policymakers to consider at key decision points:

1. Activities which focus on achievement of those conditions found to be critical within the problem and policy streams should be considered important. Within the problem stream, this implies a focus on communication and engagement activities with ATM policymakers. This underscores the importance of a quality stakeholder analysis to ensure key policymakers are engaged from the outset. Within the policy stream, activities focused on consistent multi-stakeholder engagement on ATM issues and on civil society capacity to engage are considered important, as these were found to be key predictors of success. Ensuring adequate resourcing of management structures that facilitate the multi-stakeholder process are also considered critical.

2. Beware of investing in activities within the political stream as these were not found to be necessary to policy success. If there is a requirement for successful outcomes within the political stream, consider undertaking an electoral accountability assessment as this condition was found to be critical and in the absence of this condition successful outcomes might be unlikely. Additionally, where there are key policymakers who deprioritise ATM issues, whose positions have been stable in government for some time, activities that engage the media around ATM issues can be effective.

3. With respect to data collection and analysis, remember to focus on activities that provide stakeholders with credible data to engage in multi-stakeholder policy dialogue rather than for use in general public awareness raising or similar. In the case of Zambia and Uganda, for instance, a lot of effort went into public education, which was deemed to not have increased MeTA's chances of policy success at country level.

4. Within the problem stream, further work is required to better understand other factors that may influence policymakers to identify and prioritise ATM issues. This is based on our finding in Jordan where success was achieved despite the absence of the one critical condition;

5. A key ingredient to active multi-stakeholder dialogue within the MeTA programmes was civil society capacity to engage in policy dialogue. Where civil society is deemed weak in this regard, activities focused on building civil society capacity to engage meaningfully and effectively in policy dialogue should be remembered.

6. The multi-stakeholder approach takes time to implement and for actors to trust one another. This approach should only be considered in programmes with long time horizons (e.g. more than five years). Beware that this approach will require uninterrupted financial support during its lifetime. A clear 'exit' strategy is an important consideration to ensure sustainability of multi-stakeholder dialogue when external support ends.

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