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An evaluation of the Medicines Transparency Alliance's (MeTA) approach to policy change using Qualitative Comparative Analysis

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.

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. The MeTA model is designed to address the challenge of access to essential medicines through a process of multi-stakeholder dialogue with a particular focus on the affordability, availability and quality of medicines. Underpinning this model are two hypotheses: 1) that transparency in the medicines supply chain will bring about improved access to medicines; and 2) that evidence-based multi-stakeholder policy dialogue (between the government, civil society, and the private sector) will lead to improved evidence-based policymaking and implementation.

Each MeTA country developed their own work plans, selecting activities best suited to achievement of policy priorities in their particular settings. A wide range of interventions were undertaken, including: collaborative research projects; policy dialogue events; engagement in official task forces as expert advisors; communication of evidence to policymakers; capacity building with civil society; and media engagement.

The purpose of this MeTA evaluation was to determine whether improved transparency, accountability and quality multi-stakeholder collaboration increases evidence-based policymaking and thereby the accessibility of essential medicines. To better understand this the evaluation team identified where new and/or improved access to medicines policies existed within each MeTA country, explored how this change had come about and whether MeTA had contributed to it.

Evidence from the evaluation shows that genuinely open multi-stakeholder policy dialogue on access to medicines issues, did not happen prior to MeTA. The MeTA approach of developing a multi-stakeholder dialogue as a means of improving

accountability and thereby evidence-based policymaking in the medicines sector, was a valid one which led to success in various contexts.

The evaluation found that when transparency is framed as a set of principles that support the multi-stakeholder approach it has more importance than when framed more narrowly as data collection and dissemination activities. 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. The multi-stakeholder approach, the "beating heart" of MeTA, is important to policy change. However, multi-stakeholder engagement on its own, is not sufficient to effect change.

The evaluation concludes 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 access to medicines policy dialogue and that this has prompted positive change.

Main Messages

- An evaluation using qualitative comparative analysis (QCA) demonstrated that MeTA was successful in improving access to medicine policy in a number of countries
- Where there has been success it has been in contexts where policymakers identify and prioritise access to medicine as a key problem that needs to be resolved and where multi-stakeholder platforms encouraged dialogue on this issue
- In those countries that were successful, communication of evidence on essential medicines was prioritised (e.g. position papers to present policy solutions to access to medicines issues, the chairing and facilitation of key policy processes, and the convening of policymakers on medicines quality issues)
- Consistent stakeholder engagement and civil society capacity to engage in policy dialogue were important for success. Where little civil society capacity existed at the outset of the project this needed to be built by MeTA
- MeTA countries have improved access to medicines policy even when the political will for change among higher levels of government was unclear or discontinuous. This is attributed to its ability to engage civil servants and technocrats
- Multi-stakeholder engagement was found to be a stronger predictor of positive change than transparency per se. However, the generation and sharing of accurate information among different stakeholders supported the process of dialogue
- MeTA has contributed significantly to the realisation of consistent multi-stakeholder engagement on access to medicines issues. Key informants affirm

that such multi-stakeholder policy dialogue did not happen prior to MeTA's inception

- The MeTA model of multi-stakeholder engagement has led to more constructive dialogue between civil society and other MeTA stakeholders, particularly government. MeTA has provided civil society with an inside track approach to influencing government on medicines issues and has supported a shift in perceptions, with several government key informants referring to civil society organisations as strategic allies, whereas before they viewed them as 'noise makers'

Methods

What is QCA?

The method used in this evaluation was innovative, applying qualitative comparative analysis (QCA), 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 (see 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 the evaluation team sought to identify what factors, and combinations of factors were important to MeTA's success, to support the assessment of MeTA's hypotheses. A configuration is a specific combination of factors, known as conditions, which are postulated to produce a given outcome. In QCA outcomes are the 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.

Development of a theoretical framework: At the outset of the evaluation the team developed a theoretical framework - or a theory of change - which described how evidence-based policymaking in the medicines sector occurs and identified from theory a range of conditions believed to be important to success. The framework is based largely on the agenda-setting model developed by John Kingdon. Kingdon identifies three process 'streams' that influence how policy agendas are set:

1. Problem stream: conditions within this stream explain how social conditions come to be defined as a problem to policymakers;
2. Policy stream: which identifies conditions important in describing how policy solutions are generated; and

3. Political stream: Contains conditions thought to describe how political will is influenced.

For each stream, the evaluation team identified an intermediate outcome, as well as categorising conditions into those considered proximate, or easy to influence, and those which are remote, or difficult to influence. According to Kingdon's theory at least two of the streams must converge to open a window through which policy change can occur.

Testing the theoretical framework against the MeTA cases: The evaluation team tested the theory of change against available secondary evidence from the MeTA countries through the application of QCA. They identified which conditions and which configurations, were important or necessary to success within each stream and ultimately in achievement of the long-term outcome.

Collection of primary data: The evaluation team selected Kyrgyzstan, Uganda and Zambia to visit to collect more data through key informant interviews. Here primary data helped to refine conditions and in understanding the contribution MeTA made in realisation of conditions within each stream. 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). Further information on what was discovered in these countries can be found in the final report and country-specific briefs.

Limitations

- In QCA the ratio of conditions to cases should be small to assist in identifying key causal configurations. However this evaluation only had seven cases and thirteen relevant conditions. The evaluation team mitigated this limitation through the use of intermediate outcomes, however they still had to limit the number of conditions included;
- QCA requires a complete dataset. This means that the team could not include conditions for which they had data in some countries only. The evaluation team tried to capture such omitted conditions through the more nuanced contribution analysis of their three country case studies;
- QCA does not deal well with temporal effects. The analysis is a snapshot in time, and whether different outcomes are likely to occur in the near future is not well covered;
- Scoring each condition rigidly as present or absent could be viewed as a limitation. Here success and failure needed to be defined in such a way to make scoring against each condition transparent and easy to achieve. The evaluation team increased the number of conditions and used intermediate outcomes to

help introduce a more nuanced approach but this may still be perceived as too imprecise; and

- Not all countries were visited and of the four countries the evaluation team were not able to visit their datasets are largely built upon MeTA reporting.

Findings

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 particular importance was MeTA's contribution to the realisation of consistent multi-stakeholder engagement on access to medicine issues.

The empirical evidence from the MeTA cases confirms our theoretical framework. Of the six countries who achieved the long-term outcome, all had at least two of the three process streams present, as measured by presence of the intermediate outcomes.

Which of Kingdon's streams matter?

Of the three streams, we found two to be critical, the problem and policy streams. Success at the long-term outcome level was contingent on the problem and policy streams being present. Countries which did not see results in the political stream were still able to achieve the long-term outcome through success in the other two streams.

What happened in countries that achieved their long term outcome?

In the three countries where we observed presence of the long-term outcome, without presence of the political stream (Jordan, Peru, Zambia), we observed that MeTA managed to develop close working relationships with senior civil servants and this success in the policy stream appears to have been more important than securing high-level political power backing.

Problem stream: We tested the three identified conditions within the problem stream and found one to be essential: **effective communication of access to medicines priorities to policymakers**. Six out of seven countries which had this condition present achieved the intermediate outcome within this steam. How priorities were communicated varied. For example, in Kyrgyzstan, during the development of the Data Programme related to the State Drug Policy, MeTA organised and lead a series of roundtables. In Peru, MeTA communicated a

number of policy priorities to the Ministry of Health. And in the Philippines, MeTA studies were routinely followed up with policymakers to explore policy solutions. However, the evaluation team note their understanding is incomplete. In Jordan, none of the three conditions were present, yet the intermediate outcome was achieved. This implies that there are other factors that have not been identified and included in the analysis that can lead to presence of the intermediate outcome. That said, the model works well in the other six cases.

Policy stream: The evaluation team sought to understand what needed to be in place to ensure active multi-stakeholder policy dialogue on access to medicines issues. They tested four identified conditions within this stream and found that no single condition was necessary but that a number of configurations of conditions did lead to success. Two conditions were important, **civil society capacity to engage** and **consistent multi-stakeholder engagement**.

Civil society capacity to engage was found to be sufficient for the achievement of active multi-stakeholder dialogue on access to medicines issues. This supports the MeTA approach which paid significant attention to developing civil society capacity. In Uganda, civil society currently chairs the MeTA council and civil society members were identified as policy entrepreneurs. In Zambia, MeTA has completed a number of activities to build civil society capacity.

The evaluation also found that **consistent multi-stakeholder engagement** 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 access to medicines 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.

Political stream: While the political stream has been shown to be less important in the analysis, the evaluation found each MeTA country visited had undertaken some activities within this stream. The evaluation tested four conditions within this stream and found that **electoral accountability** and the **absence of public pressure to highlight access to medicines issues** were necessary to achieve political support for addressing these issues.

Electoral accountability is a remote condition that is difficult for MeTA to influence. It is not surprising that no activities were found to focus on this condition.

Nevertheless, electoral accountability was found to be a key driver of political support for issues that are important to the general population, such as access to medicines. Without electoral accountability, political support for addressing access to medicines issues was found to fluctuate, as in Jordan or Kyrgyzstan.

Absence of public pressure to highlight access to medicines issues was also important. 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 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 reaction was sporadic and did not lead to continuous support.

Given that the political stream was found to be less important for achieving improved evidence-based policymaking, less weight should be placed on the findings presented here.

Recommendations

These recommendations are for donors and implementers who are considering using a similar approach to policy change as MeTA:

- Within the problem stream, there should be a focus on communication and engagement activities with access to medicines 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 access to medicine issues and on building civil society capacity to engage are important. Ensuring adequate resourcing of management structures that facilitate the multi-stakeholder process is critical;
- It is important 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. 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; and
- A key ingredient to active multi-stakeholder dialogue within the MeTA programme was civil society capacity to engage in policy exchanges. Where civil society is considered weak in this area, capacity building may be necessary. The multi-stakeholder approach takes time to implement and for trust to be built. This approach should only be considered in programmes with long-time horizons (e.g. more than five years).

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To find out more about the evaluation please contact Florian.Schatz@itad.com. Both MeTA and the evaluation were funded by UKAID.

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