

necessary, although probably procedurally the correct way to work with departments of Government.

Political stream: The overall findings showed that the political stream is the least important in achievement of the long-term MeTA outcome. MeTA Uganda did not achieve the intermediate outcome: **political support for addressing access to medicines issues**. The civil society members of MeTA did do some work with the media on the reporting of access to medicines issues.

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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.

USEFUL REFERENCES

Stedman-Bryce, G. et al. (2015). Medicines Transparency Alliance (MeTA) Evaluation Report.



Medicines Transparency Alliance (MeTA) Evaluation: Insights from Uganda

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 via transparency and multi-stakeholder dialogue. In 2014-2015 the project was evaluated using qualitative comparative analysis and contribution analysis. This brief provides an overview of findings from Uganda and should be read in conjunction with other briefs in the series.

What did MeTA Uganda do?

MeTA Uganda provided a platform for honest and open multi-stakeholder dialogue on medicines policy issues. The MeTA platform is credited with building the capacity of civil society to engage in policy dialogue and has shifted perceptions among public sector stakeholders of the positive role civil society can play in shaping medicines policy. They have built quality relations with the National Drug Administration (NDA), despite not yet agreeing information sharing protocols with this important body. They have: engaged in policy processes such as the review the National Medicines Policy and National Pharmaceutical Sector Strategic Plan and discussions to create a National Quality of Medicines Forum; conducted research (an assessment of quality of medicines provided by drug outlets in rural areas, three annual medicines availability and price-monitoring surveys, one price component study, and a study to implement Medicine and Therapeutic Committees in regional referral hospitals to generate learning to promote rational medicine use); and developed capacity by planning a pioneering pharmaco-economics course in collaboration with Makerere University and conducting social accountability methodologies for empowerment of communities to 'own' services and hold duty bearers accountable.

What changed?

MeTA Uganda achieved the intermediate outcomes: **access to medicines problems identified and prioritised by policymakers** and **active multi-stakeholder policy dialogue on access to medicines issues**. The evaluation found that the third intermediate outcome: **political support for addressing**

access to medicines issues, was not realised. At the time of the evaluation the long-term outcome of: improved access to medicines policy had not yet been realised. However, it is acknowledged by the evaluation team that this is a temporal anomaly, with various key informants to the evaluation process agreeing that new policies are but months away from Government endorsement. For the purpose of this evaluation, therefore, the evaluation team have chosen to rate MeTA Uganda as having achieved the long-term outcome.

How was it done?

MeTA Uganda's influence was assessed in three different streams:

1. Problem stream: conditions within this stream explain how social conditions come to be defined as problems 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.

Problem stream: Findings from the MeTA programme show that **effective communication of access to medicines priorities to policymakers** is essential to the realisation of the intermediate outcome in the problem stream. MeTA's Uganda's communication activities with policymakers focused squarely on medicines quality issues, with a number of round table and stakeholder events having taken place and improved information sharing and rational medicines testing among its members. MeTA stakeholders are now more engaged in the policymaking process, having been asked to sit on Task Groups for both the National Medicines Policy and the National Pharmaceutical Strategy. As a result a new theme on community and private sector engagement has been incorporated into the National Pharmaceutical Strategy. A number of MeTA activities aimed at strengthening data collection by the Ministry of Health – *related to regular monitoring data* – while considered less relevant within the problem stream, have contributed to close and trusting working relations between stakeholders and being asked to sit on the Task Group which is now overseeing the review of the National Medicines Policy.

Policy stream: MeTA Uganda used: **consistent multi-stakeholder engagement, rotating chair between stakeholder groups** and **civil society capacity to engage** to achieve the intermediate outcomes in this stream. Prior to the intervention almost all key informants felt 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 seen as a trusted knowledge broker, bringing together stakeholders from across the medicines supply chain. MeTA Uganda is considered to have created a platform for collaboration where none had existed before. One stakeholder described the multi-stakeholder approach as the "lifeline" of MeTA. This has led to shifting perceptions of civil society and the private sector. For example, prior to MeTA relations between Government, civil society and the private sector was untrusting and the Government did not always view these constituencies as strategic allies. 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.

Civil society have shifted from campaigning and activism to advising and advocacy with Government now that they have an entry point for direct discussions via MeTA. 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. MeTA Uganda conducted capacity building with civil society and the media to increase awareness of medicines issues. Key informants believe this has led to greater knowledge and engagement on medicines issues.

Transparency and information sharing between all stakeholders was not shown to be important in the overall evaluation findings. MeTA Uganda undertook some activities in this area: providing funding to the NDA to enable it to place its drugs register online and pursuing a MoU with the NDA. 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. 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. Some key informants felt that the NDA's apparent reluctance to sign the MoU is based on the perception that MeTA is a threat to them and that a large number of medicines quality issues might come to the surface with greater collaboration. The evaluation findings, suggest that having such formal agreements in place is less important compared to 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 the evaluation findings was not