



MeTA Component 3 Baseline Assessment

Multi-stakeholder Assessment Report

MeTA Zambia

Report Prepared by:

Kate Hawkins, Institute of Development Studies
Stuart Nsana, Nangoma Consult Limited

Contributors:

Gavin Bryce, Pamoja Consulting

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Glossary of Terms

ACM	Annual Consultative Meeting
ARVs	Anti Retrovirals
APNAC	African Parliamentary Network Against Corruption
CHAZ	Christian Health Association of Zambia
DFID	UK Department for International Development
DOH	Department of Health
DSBL	Drug Supply Budget Line
EFZ	Evangelical Fellowship of Zambia
FHT	Family Health Trust
GGM	Good Governance for Medicines
IDS	Institute of Development Studies
MISA	Media Institute of Southern Africa
MSH	Management for Science for Health
NGOCC	Non Governmental organization coordinating council
NALECW	National Legal AID clinic for Women
NISIR	National Institute of Scientific Research
NYACM	National Youth Anti Corruption Movement
NZP+	Network of Zambian People Living with HIV/AIDS Lusaka
PRA	Pharmaceutical Regulatory Authority
PSZ	Pharmaceutical Society of Zambia
RRP	Recommended Retail Price
RAAKS	Rapid Appraisal of Agricultural Knowledge Systems
SAG	Sector Advisory Group
TALC	Treatment Advocacy & Literacy Campaign
TISDA	Transparency and Integrity in Service Delivery in Africa
TIZ	Transparency International
TRIPS	Trade Related Intellectual Property Rights
UNZA	The University of Zambia
ZACA	Zambia Consumer Association
ZAFOD	Zambia Federation for Disabled People
ZARAN	Zambia AIDS Law Research and Advocacy Network
ZCHCN	Zambia Child Health Christian Network
ZPBF	Zambia Pharmaceutical Business Forum
ZPPA	Zambia Public Procurement Authority
ZYAFAC	Zambia Youths Association in the Fight Against Corruption

1.0 Executive Summary

1.1 Background to MeTA

The Medicines Transparency Alliance (MeTA) exists to help people get access to the medicines they need in 7 pilot countries. To achieve this MeTA works to increase the flow and availability of information while increasing accountability by way of a multi-stakeholder process. MeTA supports the creation of an enabling environment for multi-stakeholder processes that coordinates action, and collects and synthesises knowledge and enables social learning to resolve issues on medicines collectively. MeTA multi-stakeholder processes:

- Bring together the private sector, civil society and government;
- Start a process of dialogue, building trust and learning together;
- Improves innovation, decision making and action; and
- Are useful in complex situations where people want to work together on a problem but they have different interests, perspectives and values.

A baseline assessment for the multi-stakeholder process and a communications audit took place in Zambia between June-August 2010. This report provides information on the process that was used to gather information about the work of MeTA Zambia, the findings of this research, an analysis of MeTA Zambia's multi-stakeholder working and communications as well as suggestions for how this function could be improved over time in the form of 10 key recommended changes.

1.2 Key Findings

- I. In the year since its launch MeTA Zambia has convened a broad group of stakeholders to work within the multi-stakeholder process and has built a collaborative and spirited Council who engage with each other in a constructive way.
- II. Stakeholders have a real understanding of the need for dialogue and mutual support within the MeTA Zambia structures and processes.
- III. There is considerable passion shown for the issues under discussion in the MeTA Zambia Council and its Sub-Committees and stakeholders show dedication in working towards the delivery of the work plan; often providing time and inputs on a volunteer basis.
- IV. The use of Sub-Committees has led to a sensible division of labour amongst Council members and the wider stakeholder body.
- V. Our assessment has uncovered challenges and difficulties within the multi-stakeholder process but Council members are willing to address these in a transparent way and are mindful of the need for dialogue and the respectful handling of areas of disagreement.
- VI. The multi-stakeholder process has been hindered by differing expectations of what the project could achieve and its proposed trajectory.
- VII. Volunteerism and perceived inadequate financing for activities de-motivates stakeholders in MeTA Zambia.
- VIII. Whilst initial relations with the Government were supportive, the timing of the launch of MeTA Zambia coincided with allegations of corruption within the Ministry of Health (MoH) which may have made Government suspicious about MeTA Zambia's motives.
- IX. Because the Secretariat is hosted by Transparency International Zambia (TIZ), an organisation with the mandate to play the role of a watchdog institution against corruption and poor governance, the role of MeTA may have been misunderstood by some Government stakeholders.
- X. MeTA Zambia is also struggling with issues of 'ownership'. Country ownership; in terms of their ability to make decisions about their work plan and budgets without the need for supervision by the MeTA International Secretariat. Institutional ownership, in terms of their

independence from TIZ and organisational branding. Executive and Council ownership, in terms of the internal governance structures that guide their work.

- XI. There are concerns about the balance of sectors on the MeTA Zambia Council and the effect this may have on inclusion in the process.
- XII. Work is needed to realistically map out what staffing is necessary to overcome the most damaging aspects of volunteerism and to allow delivery of the work plan. This expanded staffing should be factored into future fundraising for MeTA Zambia.
- XIII. Stakeholders feel strongly that in the next phase MeTA Zambia should move toward registering as an independent entity.

1.3 Key Recommended Changes

Key Recommended Change #1

Review existing roles within MeTA Zambia Secretariat and other bodies and agree those that need to be remunerated

Key Recommended Change #2

Work with participating institutions to explain what non-financial benefits may be accrued through voluntary participation in MeTA Zambia drawing on work already done by the MeTA Secretariat

Key Recommended Change #3

Include support for an increase in Secretariat size within future fundraising proposals and activity planning

Key Recommended Change #4

MeTA Zambia stakeholders should make concerted efforts to source funds from multiple donors to support future MeTA activities

Key Recommended Change #5

Develop clear terms of reference and job descriptions which outline the relative roles of the Secretariat and other stakeholder bodies

Key Recommended Change #6

Create and circulate clear selection criteria for the MeTA Zambia Council

Key Recommended Change #7

Improving relations with high level Government actors should be a future priority to ensure that MeTA Zambia has the information and influence to affect change. Develop a strategy for engagement with the Government, which includes plans for briefings to and follow up work with Members of Parliament across the political spectrum.

Key Recommended Change #8

Develop a public relations plan and associated products, particularly the website, which better explain the added value and unique approach of MeTA

Key Recommended Change #9

Conduct a scoping of the process that would need to be undertaken to move MeTA Zambia toward independence from TIZ

Key Recommended Change #10

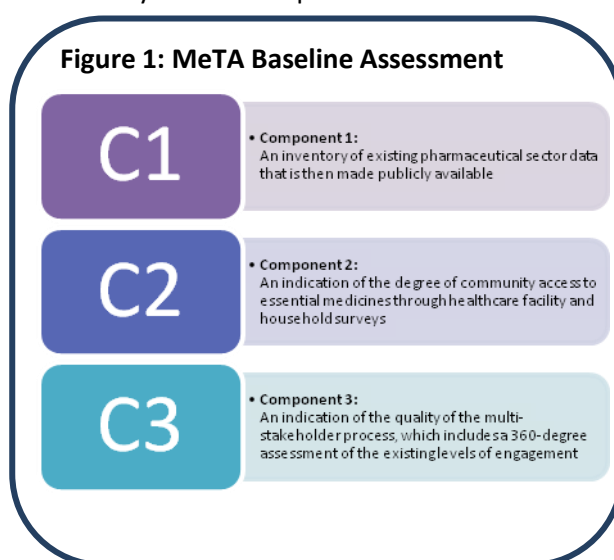
The Secretariat should explore with stakeholders new ways of implementing work which are less onerous.

2.0 Introduction to the Multi-stakeholder Assessment

The Medicines Transparency Alliance (MeTA) is an innovative multi-stakeholder partnership that aims, through information provision, to increase transparency along every link of the medicines supply chain: from policy development and implementation; to procurement, promotion and distribution of medicines. MeTA is a pilot project currently funded to operate within 7 low- and lower- middle income countries all of which are working towards the broad aim of increasing access to essential medicines for poor people.

The current 2-year MeTA pilot phase ends in September 2010 and in parallel with this project cycle a number of baseline assessment activities are underway that aim to:

1. Enable **country-specific indicators** to be identified by the national MeTA multi-stakeholder groups
2. Track **national progress** and demonstrate the level of **engagement of different stakeholders** in the MeTA process
3. Provide a foundation for **longer term evaluation of outcomes** and impact beyond the pilot phase



There are 3 main components to the baseline assessment process; this document details the assessment activities relating to component 3 undertaken in partnership with MeTA Zambia (See Figure 1).

2.1 Purpose of Baseline Component 3

The purpose of the baseline component 3 assessment is to give an indication of the quality of the multi-stakeholder process. Given that MeTA's principle tools in achieving its aims are centred squarely on information and accountability around the quality, prices, availability and promotion of medicines; the multi-stakeholder process lies at the heart of everything MeTA aspires to achieve. The assessment focuses on key multi-stakeholder processes including: the identification of communication channels that could be used by MeTA country programmes and related fora to expand their access to information on medicines; and analysing policy frameworks and processes with a view to identifying blockages and proposing innovative solutions to improve communication and working links between stakeholders. **In so doing, the assessment has developed an approach and set of tools that all MeTA countries can use in the future.**

A number of additional documents accompany this report, including a *Methodological Guidance Document and toolkit*; and a *Communication and Information Scoping Document*.

Two of the seven MeTA pilot countries were selected to trial the approach before a wider roll-out phase to other MeTA pilot countries; the Philippines and Uganda were selected for this purpose. Once the assessment tools were finalised the process was replicated in Zambia, Peru and Jordan. This report details the findings and analysis from MeTA Zambia. Separate reports for MeTA Uganda, MeTA Philippines, MeTA Jordan and MeTA Peru have been produced and are available upon request from the International MeTA Secretariat

3.0 MeTA Multi-stakeholder Assessment Methodology

The MeTA model is built upon multi-stakeholder processes. These processes have been shown to be useful in complex environments where there are no easy solutions to big development problems. The aim of the multi-stakeholder process is to bring people together to communicate and make decisions collectively to improve transparency and accountability. An important part of any multi-stakeholder process is dialogue – conversations that are aimed at the resolution of positions. MeTA uses the multi-stakeholder process to help achieve its aim to help people get access to the medicines they need. MeTA prioritises information and accountability and they advocate creating the conditions for multi-stakeholder processes that coordinates action, and collects and synthesises knowledge and enables social learning to resolve issues on medicines collectively.

To make progress on their aim MeTA has partnered with the Institute of Development Studies (IDS) in order to create a set of tools that provide a snapshot of the functioning of the multi-stakeholder process and suggest ways that barriers and challenges can be overcome.

3.1 Systems theory of social innovation

The multi-stakeholder assessment is underpinned by the assumption that social actors exist within knowledge and information systems, which emerge as different individuals and groups begin to work together toward a common aim. These systems, are constructed by the actors within them and their boundaries change over time. Formal and informal linkages between network actors – for example regular meetings or mutual friends – can facilitate the flow of information and exchange of resources or knowledge. Through these interactions social innovation occurs. The success of multi-stakeholder processes depends on cooperation among actors, effective communication, agreement with respect to objectives and interests, and how well the system defines and coordinates its tasks. By studying the existing system actors can see what changes to social organisation might be useful to help them work together better.

The assessment methodology draws on participatory action research approaches to problem solving which stress the importance of stakeholders constructing their own solutions to the challenges that they face.¹ Participatory tools were used to gather, organise and interpret information. These are available as a toolkit.²

3.2 Objectives of the assessment

The methodology developed for this assessment helps to uncover: the system that MeTA is working within; how different actors communicate and organize themselves; what stakeholders want from the multi-stakeholder process; what it achieves and does not. The objectives are:

- To identify opportunities to improve the knowledge and information systems within which MeTA stakeholders are working – to improve the organization, decision making and exchange of information among actors, with the aim of improving the potential for learning and innovation.
- To create awareness among relevant actors (such as target groups or constituencies, managers, policymakers, producers, traders, researchers) with respect to the opportunities and constraints that affect their performance as innovators.

¹ This methodology draws on thinking and tools developed as part of the Rapid Appraisal of Agricultural Knowledge Systems (RAAKS).

² Add reference to the MeTA Multi-Stakeholder Assessment Toolkit

- To identify actors and potential actors who do or could act effectively to remove constraints and take advantage of opportunities to improve innovative performance and to encourage their commitment to such changes.

3.3 Data collection and analysis

The methodology is built around 3 phases; the focused collection of information, qualitative analysis, and strategic decision-making. The MeTA Zambia Council and Secretariat have already invested time in better understanding their own multi-stakeholder process. In January 2009 the MeTA Zambia Council went through a multi stakeholder exercise to identify core values, incentives for keeping members momentum, commitment and engagement in the MeTA process, the exercise was meant to help identification of core values, key challenges and strengthening of the multi-stakeholder process. Representatives also participated in a workshop in May 2010, which allowed them to consider some of these areas in more depth. The assessment benefitted from these processes.

Phase A: Defining the relevant systems and its problems

The first phase was to identify opportunities to improve the knowledge and information system by looking at the broader environment that MeTA stakeholders are working within, the problems that the multi-stakeholder process is hoping to overcome and the actors involved. The tools used in this phase were core document review, informal conversations with key informants and desk based research.

Phase B: Analysing constraints and opportunities

In the second phase team members systematically gathered information on the social organisation of innovation by conducting face to face interviews with 32 MeTA stakeholders from the Council, Secretariat and a broader group. This resulted in a more detailed picture of how different networks of actors interact, the issues that dominate their debates, and the way they coordinate their activities or fail to do so. A full list of interviewees is included in Appendix 1. Interview findings were discussed with the research team and MeTA staff in a meeting with the MeTA Zambia Research Committee to improve understanding of the positions of respondents and the accuracy of our emerging analysis. They were then placed into a matrix grid to allow for easy identification of recurring themes and patterns, which helped guide the analysis.

Phase C: Articulating strategies for action

During the third phase the opportunities and constraints identified in earlier phases provide a basis for coming to an agreement on future actions to strengthen the multi-stakeholder process. The tool for this phase was a multi-stakeholder workshop at which the analysis from the first 2 phases was discussed and clarified to make sure that our understanding was robust. Mission clarification was conducted. Through Problem and Innovation Trees we corroborated data collected from earlier phases to triangulate our findings and strategised about how barriers could be overcome. Information from the Problem and Innovation Tree exercise is included in Appendix 2 and a list of participants in Appendix 3.

4.0 Who Are The Stakeholders?

4.1 Public Sector

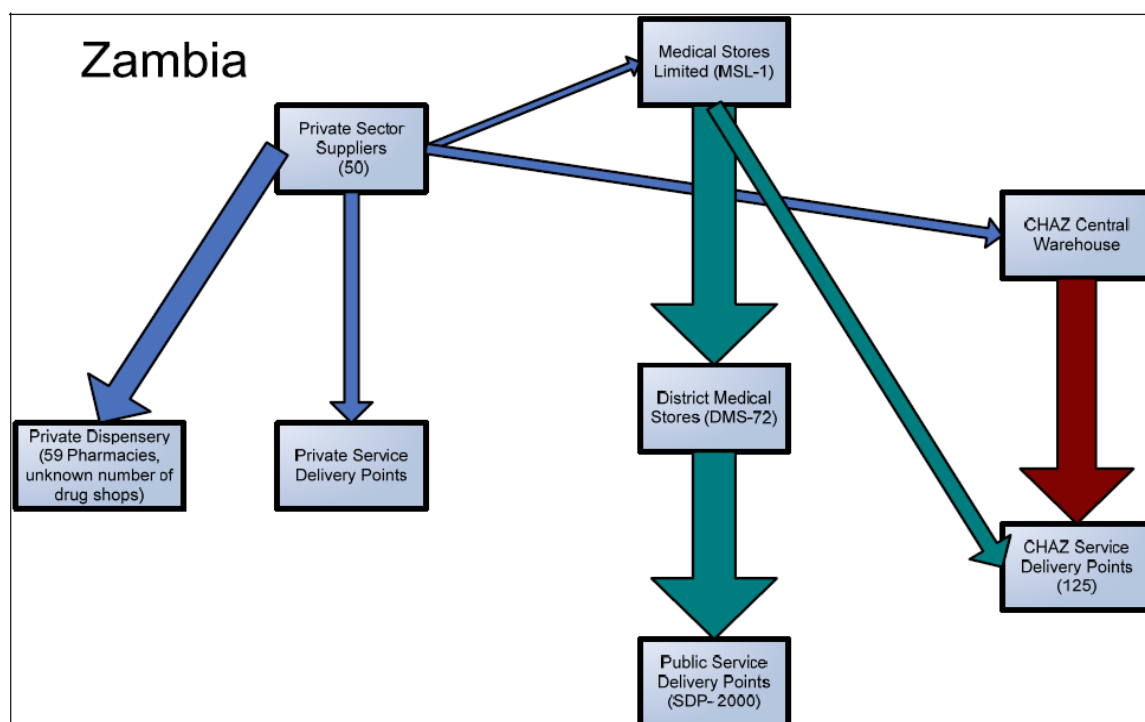
The Ministry of Health (MoH) leads Government action on health. Its vision is to “...provide the people of Zambia with equity of access to cost effective, quality healthcare as close to the family as possible...” The MoH works in partnership with other stakeholders on improving access to essential health care, increasing affordability of health services and strengthening health care systems. One of the Ministry’s key partners directly relevant to medicines transparency is the Pharmaceutical Regulatory Authority (PRA). The PRA acts as a drug industry watchdog, overseeing the entire pharmaceutical trade in Zambia from monitoring the quality of production through to regulating distribution. Under the PRA there is a Pharmacovigilance Unit (NPVU) which is responsible for tracking adverse drug reaction/events and the non-response of patients to a drug (because the drug is substandard or counterfeit, or because resistance to it has developed).³ The pharmacy unit at the MoH carries out the quantification and forecasting. The Zambia Public Procurement Authority, an independent regulatory body, has responsibility for policy, regulation, standard setting, compliance and performance monitoring in public procurement. Medical Stores Limited (MSL) manages the storage and distribution of drugs for the MoH. It is financed by a government budget but is an independent entity with its own management and board.⁴ Key management responsibilities for health service delivery have been decentralised from the centre to the district and hospital levels since the National Decentralisation Policy of 2003.

The routes that medicines take through the supply chain are outlined in Figure 2 (below) and show the overlap between the public and private sectors.

³ M. Huff-Rousselle, O. Simooya, V. Kabwe, I. Hollander, R. Handema, A. Mwangi, and E. Mwape (2007) Pharmacovigilance and new essential drugs in Africa: Zambia draws lessons from its own experiences and beyond, *Global Public Health*, 2:2, 184 - 203

⁴ Daniella Ballou-Aares, Ana Freitas, Laura Rock Kopczak, Santiago Kraiselburd, Michael Laverty, Edwin Macharia and Prashant Yadav (2008) Private sector role in health supply chains: Review of the role and potential for private sector engagement in developing country health supply chains, Dalberg Global Development Advisors and the MITZaragoza International Logistics Program

Figure 2: Supply Chain Flows in Zambia⁵



Zambia is reliant on development assistance for the health sector. In the 2007 health budget international development assistance made up 31.9% of the health budget.⁶ Issues of donor harmonisation and the relationship between donors and recipients have an impact on access to essential medicines and health services. As a result Zambia is involved in a number of initiatives that aim to harmonise action in the health sector including the International Health Partnership+, the Catalytic Initiative (CI), Health Metrics Network (HMN) and Global Health Workforce Alliance (GHWA).⁷ Zambia has a health Sector Wide Approach (SWAp) to try and ensure efficient and effective mobilization and utilisation of financial resources from the Government and donors. Zambia's SWAp structures (the Annual Consultative Meeting (ACM), the Sector Advisory Group (SAG), the monthly policy meetings and the various technical working groups) provide the platform for implementing the IHP+ and reviewing progress.⁸ The main technical working groups in the SWAp are focussed on Child Health, Monitoring & Evaluation, Procurement, Human Resources, Health Care Financing, Service Delivery and Capital.⁹ The finances to buy essential medicines (from the MoH and

⁵ This figure is taken from Daniella Ballou-Aares, Ana Freitas, Laura Rock Kopczak, Santiago Kraiselburd, Michael Laverty, Edwin Macharia and Prashant Yadav (2008) Private sector role in health supply chains: Review of the role and potential for private sector engagement in developing country health supply chains, Dalberg Global Development Advisors and the MITZaragoza International Logistics Program, p. 17

⁶ Islam, M. (2007) Health Systems Country Brief: Zambia. Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc.

⁷ OECD DAC Working Party on Aid Effectiveness (2009) Aid For Better Health - What are we learning about what works and what we still have to do? An interim report from the Task Team on Health as a Tracer Sector

⁸ Government of the Republic of Zambia/Ministry of Health (2007) Roadmap for Implementation of the International Health Partnership

⁹ Dick Jonsson, Pamela Nakamba Kabaso, Abson Chompolola, Maximilian Mainza, Lilian Sinyangwe, Cosmas Musumali (2009) The Global Alliance for Vaccination and Immunization Health Systems Strengthening Tracking Study: Zambia Case Study, GAVI

various donors) are also pooled into a single drug supply fund called the Drug Supply Budget Line (DSBL).

Action in the health sector is guided by the National Health Strategic Plan (NHSP) which aims to:

- Resolve the human resource crisis;
- Address national public health priorities, including the MDGs; and
- Ensure that priority support systems and services receive the necessary support.¹⁰

The Government of the Republic of Zambia's health priorities include: child health and nutrition; integrated reproductive health, HIV/AIDS, sexually transmitted infections and blood safety; TB; malaria; epidemic control and; environmental health and food safety. Along with governance, systems strengthening and infrastructure and equipment the availability of quality, safe and affordable essential drugs and medical supplies is highlighted as a priority. Sitting underneath the NHSP is the National Medicines Policy. The quality of drugs in Zambia tends to be high (with some exceptions, for example some anti-malarials) and they are provided for free, but there are problems with accessibility and availability through the public sector particularly in rural areas.

4.2 Private Sector

The role of the private sector in Zambia is smaller than in some other countries in the region and comprises 10%-15% of the total health care sector. In 2009 MeTA commissioned a mapping of the private sector and found that it was comprised of 70 registered pharmacy retail outlets, 80 pharmaceutical importers/wholesalers, 300 private dispensing clinics, private health insurers with no more than 30.000-50.000 people privately insured, six officially registered manufacturers of which only 3 are operational with a very limited product portfolio. Informal drugstores and other providers operate in the country but it is difficult to estimate the size of this sector. Other significant private sector actors are the fee paying mine hospitals and other large private hospitals. The mining industry provides health services at almost no cost to employees and dependents, which may constitute up to 5% of the national population.

More than 95% of medicines are imported of which it is estimated more than 80% come from Indian suppliers. Medicines are either sourced through Governmental procurement or directly imported by NGOs and the private sector. Illegal imports enter via Tanzania and other neighbouring countries. Importation of finished drugs is duty free, whilst local manufacturing companies pay significant duties on the importation of raw materials (with the exception of the active ingredient) and pay Value Added Tax on locally procured packaging materials.

The private sector has organised itself into the Zambia Pharmaceutical Business Forum with the objective of creating a stronger representative body in discussions with other stakeholders, mainly the Government.¹¹ There are also professional associations of pharmacists (and other healthcare professionals) working within the private sector:

- Pharmaceutical Society of Zambia
- Medical Council of Zambia (to be renamed 'Health Professions Council of Zambia' under the new Health Professions Act of 2009)¹²

The Churches Health Association of Zambia (CHAZ) plays a very significant role in providing health care services. CHAZ provides health services to 30% of the overall population and to 50% of the rural population. Their membership includes 62 hospitals, health centres, faith based organizations and community based programmes. In 2003 the Global Fund to fight AIDS, TB and Malaria chose CHAZ as one of the four Principal Recipients in Zambia, which gives a sense of their importance in

¹⁰ Government of the Republic of Zambia/Ministry of Health (2005) National Health Strategic Plan 2006-2010

¹¹ Aart van Os (2009) Private Sector Mapping Report, MeTA Zambia

¹² <http://www.medicalcouncilofzambia.org.zm>

the health sector. In addition to service delivery CHAZ engages in policy and advocacy work and CHAZ Pharmaceutical Services procures, stores, provides inventory management and distributes Anti-Retrovirals (ARVs) to health facilities. Clients are charged procurement, storage and distribution fees for the service.¹³

The NHSP notes that in recent years there has been an increase in private sector and public private partnerships (profit and not for profit) and that these pose a policy challenge. The reasons given for this include:

- Insufficient knowledge of the private sector amongst policy makers;
- Limited dialogue between the two sectors; and
- A lack of policy instruments to regularise the relationship.

Few standards and guidelines on the private sector exist, for example, there is no pricing control on drugs and prices at the retail level are determined by the market. This led Caines and Lush to conclude, in their mapping of public-private partnerships, that, “there was little to suggest that national governments are in a position to play a leadership role in coordinating drug procurement and distribution, or to judge the most efficient means to ensure maximum effectiveness of such systems, or regulate others to do so.” (p. 37)¹⁴

Whilst it is true that there are no price control mechanisms in place, the PRA is particularly mandated to regulate the industry and this includes ensuring that medicines are of good quality and effective.

4.3 Civil Society

Zambian civil society has a history of working with Government in order to advocate on health and development issues and influence policy and implementation.

MeTA Zambia defines the role of civil society in their initiative as:

- Encouraging and monitoring health reforms;
- Promoting access to medicines;
- Increasing public knowledge on essential medicine access and affordability;
- Disseminating information and encouraging engagement with the issues; and
- Promoting social justice.¹⁵

Zambian civil society organisations have engaged with MeTA since 2007. In April 2008 4 civil society organisations attended a skills building seminar in Uganda and in May of the same year they received financing from MeTA International for their work plan. Civil society organisations have been meeting regularly from April 2009 under the banner of the Civil Society Organizations Medicine Transparency Alliance Coalition (the Coalition). Their focus is on strengthening the coordination of joint work and improving the knowledge and skills of their members.

In terms of activities they have focussed on capacity building for the Coalition (training on advocacy, supply chain management, budget tracking, research skills, government structure policy development and analysis and Trade Related Intellectual Property Rights (TRIPS) are included in their work plan) and policy dialogue with Government bodies including the:

¹³ <http://www.chaz.org.zm/pharmaceuticalandlogistics.php>

¹⁴ Caines, K. and Lush, L. (2004) Impact of Public-Private Partnerships Addressing Access to Pharmaceuticals in Selected Low and Middle Income Countries A Synthesis Report from Studies in Botswana, Sri Lanka, Uganda and Zambia

¹⁵ http://www.metazambia.org/index.php?option=com_content&view=article&id=50&Itemid=67

- Ministry of Health
- Ministry of Finance and National Planning
- Ministry of Commerce, Trade and Industry
- Ministry of Social and Community Development
- Zambia Public Procurement Authority
- Pharmaceutical Regulatory Authority
- Medical Stores Limited
- Ministry of Education

As majority of MeTA CSOs coalition are members of the MeTA Council, the Coalition works closely with the MeTA Council in implementing its activities. They play an active role in communications and dissemination.¹⁶

Table 1: Coalition Membership

COALITION MEMBERS
Zambia AIDS Law Research & Advocacy Network (ZARAN)
Global Unification
Treatment Advocacy & Literacy Campaign (TALC)
Transparency International Zambia (TIZ)
Zambia Child Health Christian Network (ZCHCN)
Network of Zambian People Living with HIV/AIDS (NZP+) Lusaka
Family health Trust (FHT)
Evangelical Fellowship of Zambia (EFZ)
Non Governmental organization coordinating council (NGOCC)
National Legal AID clinic for Women (NALECW)
Church Health Association of Zambia (CHAZ)
Zambia Federation for Disabled People (ZAFOD)
Zambia Youths Association in the Fight Against Corruption (ZYAFAC)
MISA Zambia
National Youth Anti Corruption Movement (NYACM)

¹⁶ CSOs MeTA Coalition (2009) Civil Society Organizations MeTA Coalition Zambia Country Workplan: 1st November, 2009 – 30th September, 2010

5.0 Who is Participating in MeTA?

The key stakeholder target groups for MeTA include the public sector, the private sector and civil society and representatives from these sectors are represented on the Council. Civil Society are the largest group in terms of their overall numbers and the private sector the smallest. MeTA Zambia also works closely with media organisations, bilateral donors, the World Health Organisation, parliamentary networks and research organisations.

5.1 MeTA Council, Secretariat and Forum

MeTA Zambia was formally launched in March 2009 and they received funding from the International Secretariat in July 2009. The MeTA Zambia Secretariat has a co-ordinator (employed in October 2009) and there are provisions in the MeTA Zambia budget to employ two interns to assist. The Secretariat is supported by a national consultant, Violet Kabwe. Transparency International Zambia was chosen to host the MeTA Secretariat. According to the MeTA Zambia work plan this was to ensure equal engagement of all stakeholder groups.¹⁷

The MeTA Council oversees the implementation process of the work plan, and monitors the performance of the Secretariat via meetings every month and work in thematic sub committees (outlined in Figure 3 below). In Council meetings issues of a general nature, reports from consultants, the work plan and many other related matters are discussed. The Secretariat is largely responsible for coordinating the flow of information, taking down action points and making arrangements for the different meetings taking place. Some Council members have not attended meetings, or have attended sporadically for various reasons. These members are expected to have nominated a proxy to attend on their behalf. The MeTA Zambia work plan acknowledges that there are varying degrees of commitment amongst the members, which poses a challenge in the implementation of programme activities.

MeTA Zambia is structured in such a way that work plan implementation is channelled through sub-committees. There are four such sub-committees namely: Administration and Finance, Research and Survey, Communications, and Policy and Advocacy. All MeTA work is therefore largely channelled through these sub committees where members have volunteered their participation in accordance with their skills and area of expertise. Each sub-committee has an elected chairperson and the committee has clear terms of reference. Additionally, individuals within the sub-committee may be assigned specific tasks depending on the work at hand. Members of the Council and the broader stakeholder group join Sub-Committee's depending on their area of expertise and interest and this appears to be a very sensible division of labour. The responsibility for the implementation of action points from the Council meetings is given to the sub committees to operationalise. Decisions of the sub-committees are escalated to the Council for final sign off. The sub-committees meet periodically to address the issues requiring attention.

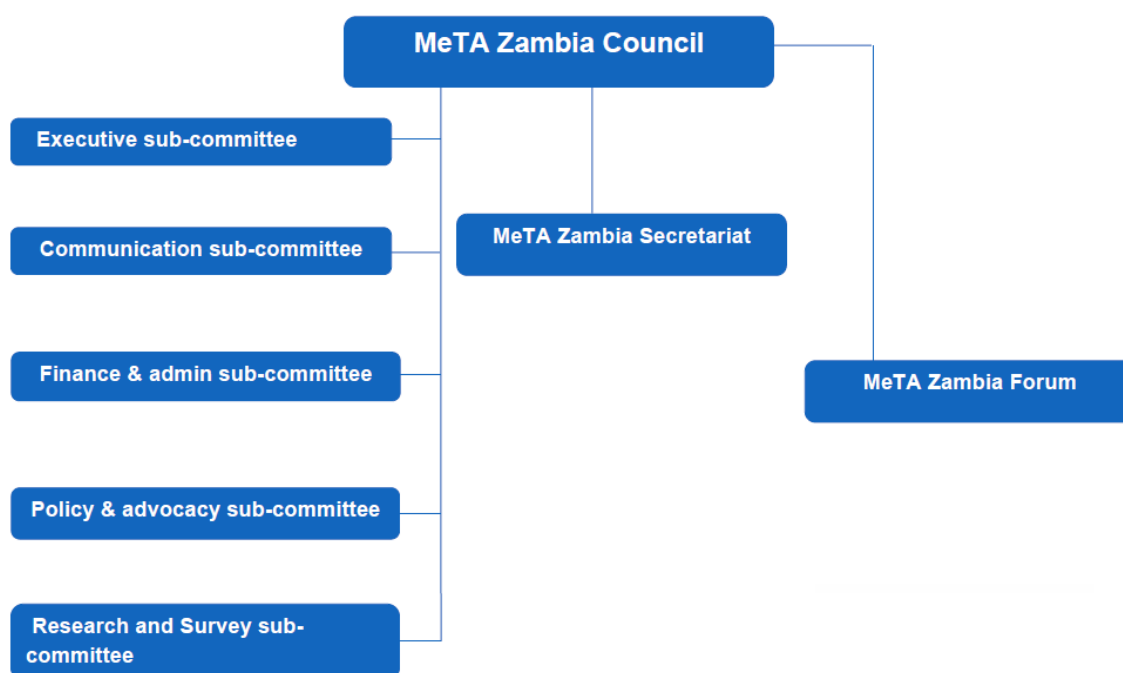
Some joint work also takes place in a larger MeTA Forum which is made up of the Council members and another 70 stakeholders. The Forum meets once a year and acts as a discussion and information sharing platform which helps the council share the MeTA vision with a wider audience of people working in the area of health.

¹⁷ MeTA Zambia (2009) MeTA Zambia Country Workplan, 1st October, 2009 – 30th September, 2010

Table 2 MeTA Council Membership

COUNCIL MEMBERS	
Dr. Boniface Fundafunda	Ministry of Health (MOH)
Davy Nanduba	Ministry of Health (MOH)
Loyce Lishimpi	WHO
Anne Kapaya	Family Health Trust (FHT)
Oliver Hazemba	Management Science for Health (MSH)
Lazarous Chota	African Parliamentary Network Against Corruption (APNAC)
DR. R.Handema	National Institute of Scientific Research (NISIR)
Bernice Mwale	Pharmaceutical Regulatory Authority (PRA)
Lutangu Ingombe	UNZA
Musola Catherine Kasekati	Vilole Images
Christopher Sakala	Supreme Care Pharmacy
Chipupu Kandeke	Christian Health Association of Zambia (CHAZ)
Owas Mwape	Oram Ex. Marketing Ltd
Casco Mubanga	Network of Zambian People living with HIV and AIDS (NZP)
Masautso Phiri	Media Institute of Southern Africa (MISA)
Goodwell Lungu	Transparency International TIZ
Ruth Mudondo	Zambia Pharmaceutical Business Forum (ZPBF)
Mr. Nitya	Zambia Pharmaceutical Business Forum (ZPBF)
Greg Chikwanka	Department for International Development (DFID)
Dimuna Phiri	ZARAN
Mr. S. Mulonda – Mary Lungu	Ministry of Trade Commerce and Industry
Mr. Illilonga - Ronice Musako	Zambia Consumer Association (ZACA)
Rickson Kanema	Zambia youth Association against corruption
Dirk Vanwyk	Medical Stores Limited (MSL)
Anne Zulu	
Samuel Chibuye	Zambia Public Procurement Authority (ZPPA)
Bonaventure Kasama	Pharmaceutical Society of Zambia (PSZ)
Henry Kabwe	Media Institute of Southern Africa (MISA)
Violet Kabwe (ex-officio)	MeTA Consultant
Chama Nshindano (ex-officio)	MeTA Coordinator

Figure 3: MeTA Zambia Structure



5.2 Work plan

Key activities implemented during the first MeTA Zambia work plan included: a de-briefing of Members of Parliament on MeTA and subsequent debate in parliament; the private pharmaceutical sector mapping survey; a national supply chain orientation workshop for MeTA Council members; promotion of policy dialogue with policy makers through the Cabinet Office and ministries; establishment of the MeTA office; recruitment of an intern/Coordinator; desk review of existing documents; community MeTA sensitization outreach programmes and community radio programmes in one pilot province.

MeTA Zambia's work is currently guided by a work plan that covers the period October 2009 - September 2010. It is informed by the private sector mapping that was conducted in July 2009 and emerging issues from a national supply chain orientation workshop that they hosted. The work plan divides areas of work to the Executive, Finance and Administration, Policy and Advocacy, Communication, Research and Survey subcommittees. The main activities in the work plan are:

- Council and Forum meetings;
- Communications activities such as the development of the MeTA Zambia website, the dissemination of research findings (through, for example, the Internet, press releases and factsheets), participation in related national events, community sensitisation road shows, the development of Citizens complaint/feedback report cards, a film which will be shown in particular districts and disseminated on DVD and community radio shows;
- Policy and advocacy activities such as PRA seminars, support review of the National Medicine Policy and Strategic Plan, supporting training in quality control procedures for the quality control analyst at the PRA, advocating for better medicines/dosages for children, addressing the challenges of local manufacturers and impact of TRIPS; and
- Research into Recommended Retail Prices (RRP) for medicines, the impact of PRA's increased fees on availability and accessibility of medicines and the MeTA Disclosure Survey.

5.3 Participation of Non-Council, Secretariat or Forum Members

Two projects that are not officially part of the MeTA structures but which are mentioned in the work plan are the WHO initiated Good Governance for Medicines (GGM) project and the Transparency and Integrity in Service Delivery in Africa (TISDA) Programme which is being run by the TIZ secretariat. The goal of GGM is to reduce corruption in the pharmaceutical sector by the application of transparent, accountable administrative procedures and by promoting ethical practices.¹⁸ GGM started almost at the same time as MeTA however MeTA has evolved faster. TISDA supports African civil society in working to demand transparent and accountable financial management in the education, health and water sectors. The MeTA work plan expresses the desire for collaboration between these projects and MeTA as they have similar objectives and values. MeTA was represented on the TISDA Technical Working Group, but only about 3 meetings have been held (to develop and fine-tune research tools). It is envisioned that the MeTA and TISDA will synergize more in the future. At the multi-stakeholder workshop concern was expressed by some participants that these two competitors may undermine MeTA-Zambia; GGM because of its close links with Government and TISDA because it has a stronger brand.

5.4 Power and Influence

The MeTA work plan expresses concern that the MoH could dominate the work of MeTA. However, many interviewees said that power is equally distributed among the various stakeholders in the MeTA process. Comments included, *“Everyone has power and everyone is respected. It is discouraged to make others feel more important than others in order to encourage activity impact.”* *“Equal power has been given to all members and as such everyone exercises their rights.”* *“We all have power. It is group work.”*

Outside MeTA processes, some interviewees felt that the Government (represented by MoH) had more power largely because of its ability to influence policy. The MoH also has legal and financial muscle to effect changes to systems and processes. As such they could quite easily propel the MeTA agenda forward or backwards.

Civil society stakeholders were also said to have a certain type of power arising from their advocacy role and also their numbers. They are in touch with ordinary people more often and can frequently influence public opinion. TIZ, from among the civil society organisations, was particularly singled out as having a certain level of power because it hosts MeTA and it is a well known advocacy organisation.

Interviewees mentioned that the private sector has the least power to influence.

5.5 The benefits of participation

Interviewees felt that involvement in MeTA did confer benefits such as: learning from each other; learning from other MeTA countries through international learning exchange trips; improving skills on essential medicines issues; working toward a common goal; understanding how other organisations work and; learning about the different individuals involved.

¹⁸ More information on this project can be found on the WHO website <http://www.who.int/medicines/ggm/en/>

6.0 Who is Missing from MeTA?

Opinions about whether stakeholders are missing from the multi-stakeholder process are mixed. About half of interview respondents felt that there were no additional groups or individuals missing and the current structure was seen as representative of the major stakeholders. Those interviewees who pointed to additional stakeholders mentioned groups representing children, minorities such as the disabled, medical professional associations, some additional donor groups who are supporting the health sector and eminent citizens (such as the ex-President of Zambia Dr Kenneth Kaunda) and the general public. Interviewees felt that donors and high level champions may act as spokespeople for MeTA Zambia and aid the process of “opening doors” for both policy dialogue and resource mobilisation.

Some interviewees observed that the MoH was under represented within the process, for example, the procurement unit does not have a representative, yet MeTA’s focus is predominantly about the supply chain of medicines. It was felt by some, that representatives from Government, particularly from the MoH, are not that consistent in their support for MeTA, although semi autonomous but government supported institutions such as the PRA, research institutes, the ACC and Medical Stores have been involved to some degree. This is discussed in more detail later in the report.

In 2009 private sector mapping report suggested adding a private health insurance representative to the Council.

There are no representatives of the informal or the traditional medicines sectors at the MeTA table.

7.0 What are the Barriers to Engagement?

7.1 Initial choices made at start up

Where an initiative begins, influences the paths that it takes. Some of the challenges facing MeTA Zambia are due to the decisions made at start up. Zambia was one of the last countries to set up a Secretariat and earnestly begin implementing MeTA activities. At start up the groups and individuals who were involved in the interim multi-stakeholder process were all simply co-opted into the Council without further analysis of what value they were bringing to the project because MeTA and the Ministry of Health had already thought this through before the invitations were sent out. without much thought about the value they would bring, let alone who else could be brought in. This group consisted of invited guests that attended the first two start up dissemination meetings on MeTA. The MOH and MeTA International drew up list of invitees. After the launch there was no review of constituencies and problems of representation came later. Some participants in the Multi-Stakeholder Workshop expressed the opinion that this process was rushed and that is why other organisations were not asked to join the Council. However, some interviewees felt that some organisations were disregarded or did not have influence to demand a place within the multi-stakeholder process. Initially MeTA Zambia was hosted by the MoH but went on to be hosted by TIZ. The assessment uncovered different opinions as to why the hosting arrangements changed. Whilst the work plan cites concerns that the MoH would dominate proceedings some stakeholders expressed the view that the change in hosting arrangements was something that the MoH requested themselves. In the Multi-Stakeholder workshop one participant suggested that the change in hosting arrangements may have de-motivated MoH staff and reduced the speed of progress in the initiative. Stakeholders described a history of Government involvement, which was initially supportive and warm but is now less engaged. MeTA Zambia stakeholders are aware that all models will have their strengths and weaknesses. MeTA Zambia has made innovative use of their Forum and Sub-Committees to capture missing stakeholders. There is a sense that as their pilot phase ends this assessment represents an opportunity to revisit some of these issues.

7.2 Lack of balanced representation on the Council

In the Multi-Stakeholder workshop participants felt that people should be chosen for Council membership based on the critical nature of their inputs and their commitment to the initiative. Because some stakeholders are not represented there is a lack of critical input on policy issues, leading to a lack of authority and influence and the dissemination of information being affected. In the interviews we conducted opinions varied as to whether the size of the MeTA Council, which is already quite large, should decrease or increase in order to improve function. One of the key issues under discussion was that civil society has more representatives in MeTA than other stakeholder groups and that this may be a barrier to effective working. It means that information may not be disseminated to the groups that most need it, MeTA Zambia may lose out on critical inputs and opportunities to influence may be lost. Whilst there are a number of groups that could be added to the Council workshop participants seemed most concerned about the need to involve high level Government stakeholders. Whilst high level stakeholders are invited to be on the Council they tend to delegate to junior staff.

7.3 Weak Government involvement

The poor involvement of Government in the multi-stakeholder process has obvious consequences, in that they (the Government) are primarily responsible for policy formulation and enforcement. MeTA Zambia will struggle in this area without their support. Whilst the MoH, PRA and the Ministry of Commerce, Trade and Industry are represented on the Council there is a feeling that something should be done to strengthen Government involvement. Various explanations were given for the Government's inconsistent involvement or support to the process. These included that they are very busy with their Governmental mandate or, in keeping with other stakeholders, co-opted to the

Council without due thought to what involvement would mean and what they could bring to the process. Many stakeholders believed that MeTA's close association with TIZ made Government actors suspicious and uncomfortable.

The Coalition work plan notes that the public sector is not traditionally accustomed to operating in an open environment and that involvement in MeTA may leave it 'exposed' to queries which the civil service structure cannot deal with, for example new demands for entitlements. Many interviewees stressed the need for a Freedom of Information Act to encourage transparency and enable the sharing of information that is necessary for MeTA Zambia to succeed and have influence. Of particular importance is information that relates to medicines and government tenders on medicines procurement. MeTA Zambia has, however, contributed to reducing the information gap by conducting several pieces of research that have provided information on which to build advocacy plans. Interviewees also note that there are several other sources of information such as the WHO, a MeTA partner, and NGOs.

It is worth noting that Government is not the only stakeholder that is expected to improve their transparency as part of the MeTA process. A disproportionate focus on this one stakeholder may be counter productive.

7.4 MeTA's relationship with Transparency International Zambia/the opposition party

MeTA Zambia is hosted by TIZ which has a well known reputation as a Government watchdog and is perceived by some Government actors as being overly critical of their conduct. Some interviewees believed that MeTA is seen as aligned with TIZ and this makes non-confrontational engagement with Government difficult. Some went further and stated that MeTA Zambia is sometimes seen as taking an anti government stance which contributes to the variable participation of the MoH in MeTA activities. Furthermore because the MeTA Council Chairman is an opposition Member of Parliament this may exacerbate this belief. For instance, when MeTA supported a private members motion in parliament many MPs were in agreement with it in principle. The Bill was proposed and seconded by opposition party members. When the Bill was discussed in the House the tenor of the discussion changed and Government MPs opposed it. Some stakeholders believe that this was a political decision rather than an economic or an ideological one.

7.5 Confusion over roles and responsibilities

Participants at the Multi-Stakeholder workshop expressed the opinion that there is a lack of clarity about the roles of different stakeholders and the Secretariat. This is not necessarily because guidance about the relative roles does not exist, for example, the Council has internal rules which were shared before the Council meeting of the May 15 2009 at which they were adopted. It may mean that the relevant information has not been adequately communicated or that participants have not paid attention to existing information. or it could be that stakeholders disagree with current structures but do not want to say this openly.

The perceived lack of clarity means that people are unsure of reporting structures and there are different expectations about what the various bodies within MeTA Zambia should be delivering. This leads to delays in implementation and poor logistics co-ordination and administration. Furthermore participants expressed the view that MeTA Secretariat staff may be answerable to the TIZ management structure rather than the MeTA governing bodies. This leads to the Secretariat staff needing to service their host organisation alongside the Council, Forum and Sub-Committees. There is a sense that the limited capacity of the Secretariat is being pulled in too many directions. In addition there are fears that the MeTA structures may not have adequate oversight of the Secretariat. The Secretariat are sometimes caught in an awkward position in having to mediate between different groups of stakeholders. Some interviewees felt that the multi-stakeholder process

might be strengthened if people were a little more understanding about the constraints and institutional systems and timelines that their colleagues were working to. As one said, “The process is about talking, not finding fault with each other.”

Workshop participants expressed concern more generally that MeTA Zambia does not have adequate control of the project in order to make changes to the budget and work plan in a timely manner to respond to changes in its operating environment. They felt that effective functioning was hindered by the way in which the International MeTA Secretariat had control of these decisions.

7.6 Volunteerism and worries about remuneration

A few stakeholders, in interviews and the Multi-Stakeholder Workshop, expressed the view that a lack of adequate remuneration is a barrier to engagement. Involvement in MeTA Zambia processes means stakeholders have to put aside their responsibilities in their paid employment – a situation which was not always easy to reconcile as their employers expected them to fulfil their obligations to their companies/organisations. Whilst stakeholders realised that voluntary engagement is a principle of the current model it is clear that the non-monetary incentives are currently not enough to encourage the level of work that membership of the Council and other bodies entail. In the Multi-Stakeholder Workshop it was explained by one participant that donor behaviour in Zambia – where Government representatives could at one time expect to be paid handsomely for speeches and other engagements – has created a sense of entitlement to payment amongst participants in processes perceived to be donor driven. So stakeholders may feel very strongly that essential medicines should reach the poor but in the process they would like ‘something small’ to reach them. This culture is very difficult to overcome.

Council members currently receive small refunds towards transport costs for every meeting attended and they are aware that this is not the case in all countries participating in MeTA. These small payments were not considered a significant financial motivation.

7.7 The need to better define policy goals

Earlier work by MeTA Zambia had identified that an inability to agree on one goal or activity was a challenge to multi-stakeholder working. This is not an issue that many interviewees raised. However some did feel that the policy influence of MeTA was slightly diminished because of insufficient prioritisation of tasks. After the launch, a draft of prioritized areas of work was circulated by the national consultant for each subcommittee based on the workplan. This was discussed at a Council meeting for comments from members. This prioritisation exercise may have been less successful because of absences from the Council. It may have been exacerbated by the over-ambition of the MeTA Zambia work plan and the fact that they only have one member of paid staff and part time support from a local consultant contracted by International MeTA Secretariat.

7.8 Information and Communication Gaps

7.8.1 Internal Information and Communication Gaps

Overall stakeholders considered the internal communications to be useful and supportive. The most common means through which members of MeTA Zambia communicated with each other was through e-mails and phone calls – letters and faxes were rare. Face to face meetings such as during council and sub-committee meetings were also key. Interviewees were quite happy with this communication process with the majority saying they did not see any need to change to a different communication approach. The MeTA Zambia Secretariat played a crucial role in facilitating communication. The common challenge with e-mails was that in some instances, members claimed not to have received the e-mails or simply ignored the e-mails because they were preoccupied with

other work. The Secretariat therefore always had to follow up the e-mails with phone calls just to ensure that the information got to its intended recipient.

Communication on MeTA related business among the MSP members themselves was close to none existent indicating the crucial role of the secretariat in pushing the MeTA agenda. Indeed, unless the members of the MSP knew each other in another context, intra-MeTA communication was rare outside of that generated by the Secretariat.

With regards to improvements to the current communication approach, some respondents felt that the face to face meeting were particularly time consuming as they require people leaving their offices and meeting at some designated place. They suggested meeting virtually in conference calls by phone or Skype. However, the practicality of this suggestion is questionable considering that Internet connections in Zambia are still largely slow and unreliable. One interviewee suggested a reduction in the number of face to face meetings and replacing them with quarterly intensive meetings which could ideally be held over a weekend so that the participants are more at ease and do not have to rush to other scheduled meetings or have to attend to other business dealings. This approach was seen as a good compromise that would deal with the issue of “small allowances” since fewer meetings would mean that money for allowances would accumulate and a larger allowance could then be paid.

A few members noted that the MeTA website was under utilized as an information source for members. However from a practical point of view, this tool faces the same challenge of slow connectivity.

As mentioned above some stakeholders are confused about the history, institutional rules, internal systems and financial situation in MeTA Zambia.

7.8.2 External Information and Communication Gaps

Broader communications takes place with radio shows and road shows aimed at the general public. The Coalition also plays a part in feeding information to its constituents. Interviewees pointed to the value of research in getting information out. Work with Government is under way.

The Stop the Stock Outs Campaign was mentioned in interviews as an example of communications that link the health centre and the central planning system. The church and the media were also highlighted as powerful intermediaries. Other, more unusual intermediaries such as the police and local Government were suggested by a small number of respondents.

Interviewees expressed a fear that MeTA objectives and purpose were not being adequately relayed to external stakeholders. In part this is a symptom of its relationship with TIZ and also due to a lack of public relations work and products to support this.

8.0 How can Barriers to Engagement be Overcome?

This section interprets the findings from the various phases of the multi-stakeholder assessment and distils them into a series of key recommended changes designed to improve information exchange and enhance MeTA's multi-stakeholder processes.

8.1 Consider how to raise donor support to increase capacity and overcome volunteerism

Volunteerism and a lack of staff capacity are very real concerns. The end of the pilot phase provides an opportunity to map out what compliment of staff is necessary and what technical skills are missing from the Secretariat. Expanding the Secretariat may mean that stakeholders need to make a concerted effort to fundraise for additional monies to support the expanded staffing.

MeTA Zambia stakeholders are able to identify benefits to voluntary involvement in the process. These need to be better communicated to participating organisations in order to justify the time spent on MeTA activities.

Key Recommended Change

Review existing roles within MeTA Zambia Secretariat and other bodies and agree those that need to be remunerated

Key Recommended Change

Work with participating institutions to explain what non-financial benefits may be accrued through voluntary participation in MeTA Zambia drawing on work already done by the MeTA Secretariat

Key Recommended Change

Include support for an increase in Secretariat size within future fundraising proposals and activity planning

Key Recommended Change

MeTA Zambia stakeholders should make concerted efforts to source funds from multiple donors to support future MeTA activities

8.2 Clarify the roles and responsibilities of the different MeTA Zambia actors

Some of the barriers to engagement are due to a lack of institutional memory and a lack of awareness of existing governance arrangements and guidelines. There is also disagreement about form and function within the current MeTA Zambia organisation. As part of the review of staffing it is suggested that work is undertaken to clearly outline the roles and responsibilities of the different staff and stakeholder groups and that these are communicated widely. It is not clear that either reducing or increasing the size of the Council will solve the problems associated with representation and involvement. It is suggested that Terms of Reference for Council membership are drawn up and existing members consider whether they fit the profile. These Terms of Reference should include a willingness to disclose pertinent data since this is one of the fundamental principles of MeTA. This should also help when deciding whether to invite wider participation.

Key Recommended Change

Develop clear terms of reference and job descriptions which outline the relative roles of the Secretariat and other stakeholder bodies

Key Recommended Change

Create and circulate clear selection criteria for the MeTA Zambia Council

8.3 Institute changes that improve relations with Government

8.3.1 High level discussion and dialogue

Interview responses suggested that barriers to engagement with Government might be overcome by dialogue and lobbying. The Coalition could work more on advocacy whilst the Council concerns itself with high level discussion. The imperative to engage with Government is pressing as it was felt that they needed to learn more about MeTA and its goals. MeTA Zambia could act as a forum that convenes stakeholders from all sectors in workshops to learn more about policy and how it could be improved. Interviewees emphasized that it was important that MeTA engages members of parliament as they have unique opportunities to actually change laws that hinder the availability and accessibility of medicines for all. They also noted that it would help to have policy briefings with the Government, in which challenges, such as information restrictions can be addressed. That the Chair is a sitting member of parliament is a useful entry point which has been capitalised on in the past.

Key Recommended Change

Improving relations with high level Government actors should be a future priority to ensure that MeTA Zambia has the information and influence to affect change. Develop a strategy for engagement with the Government, which includes plans for briefings to and follow up work with Members of Parliament across the political spectrum

Key Recommended Change

Develop a public relations plan and associated products, particularly the website, which better explain the added value and unique approach of MeTA

8.3.2 Consider registering MeTA Zambia as an independent entity

One of the main recommendations of the Multi-Stakeholder Workshop was that MeTA Zambia takes steps to transition the initiative out of TIZ towards autonomy and registration as an independent entity. MeTA in its new configuration would have more of a focus on stakeholder demand driven activities.

If this is to occur it would need to happen over time and in conjunction with efforts to secure financing for the post pilot phase. There are considerable risks associated with moving in this direction without adequate planning and there needs to be a recognition that there will be opportunity costs (such as a loss of the administrative, managerial and financial functions that are accrued under the current hosting arrangements).

Key Recommended Change

Conduct a scoping of the process that would need to be undertaken to move MeTA Zambia toward independence from TIZ

8.4 Work smarter

A lot has already been done to lessen the workload of the MeTA Council. The Secretariat and national consultant already takes on board a lot of the MeTA work, as do the MeTA the subcommittees, as does subcontracting out some of the research work or assessments. But some stakeholders, particularly those who are engaging in Council *and* Sub-Committee business, are finding the workload onerous. The Secretariat should initiate a process of dialogue with stakeholders to explore how they might work more effectively. Interviewees have provided a range of suggestions about the use of new communications technologies and fewer but longer meetings which merit further discussion.

Key Recommended Change

The Secretariat should explore with stakeholders new ways of implementing work which are less onerous

8.0 Appendices

Appendix 1: List of Stakeholder Interviews

Name	Organisation	Category	Job Title
1. Goodwell Lungu	Transparency International Zambia	CSO	Executive Director
2. Bernice Mwale	Pharmaceutical Regulatory Authority (PRA)	Semi Autonomous/ Government	Director: Product Registration
3. Ronice Musako	Zambia Consumer Association (ZACA)	CSO	Consumer Educational Officer
4. Casco Mubanga	Network of Zambian People living with HIV and AIDS NZP	CSO	ICEA Officer
5. Henry Kabwe	Media Institute of Southern Africa MISA	CSO	Chairperson
6. Dimuna Phiri	ZARAN	CSO	Paralegal
7. Mary Lungu	Ministry of Trade Commerce and Industry	Government	Economist
8. Bonaventure Kasama	Pharmaceutical Society of Zambia (PSZ)	CSO	President
9. Oliver Hazemba	Management Science for Health MSH	CSO	Regional Technical Advisor
10. Masautso Phiri	Media Institute of Southern Africa MISA	CSO	Trustee
11. Rickson Kanema	Transparency International Zambia/ MeTA	CSO	Deputy Coordinator
12. Chanda Mubanga	Vilole images	Private Sector	Producer
13. Loyce Lishimpi	World Health Organization (WHO)	International Agency/Donor	Medicine Advisor
14. Owas Mwape	Oram Ex..Marketing ltd	Private Sector	General Manager
15. Lutangu Ingombe	University of Zambia (UNZA)	Semi Autonomous/Government	Teacher
16. Christopher Sakala	Supreme Care Pharmacy	Private Sector	Owner
17. Mr. A Nitya	Zambia Pharmaceutical Business Forum (ZPBF)	Private Sector	President
18. Lazarous Chota	African Parliamentary Network Against Corruption (APNAC)	Legislation	MeTA Chair
19. Chipupu Kandeke	Churches Health Association of Zambia (CHAZ)	CSO/Other	Pharmaceutical Services Manager
20. Anne Kapaya	Family Health Trust (FHT)	CSO	Programme Officer
21. Greg Chikwanka	DFID	Donor	Deputy Programme Manager
22. Chama Nshindano (ex-	MeTA Secretariat	Secretariat	MeTA coordinator

official)			
23. Violet Kabwe (ex-official)	Consultant	Secretariat	MeTA Consultant
24. Davy Nanduba	Ministry of Health (MOH)	Government	Deputy Director- Pharmaceutical Services
25. Ruth Mudondo	Zambia Pharmaceutical Business Forum ZPBF	Private Sector	Chairperson
26. Lameck Kachali	Medical Stores Limited	Semi Autonomous/Government	Senior Tech Vice Chairperson
27. Ngambi Frank	Zambia Pharmaceutical Business Forum ZPBF	Private Sector	
28. Chilufya William	Civil Society for Poverty Reduction	CSO	Programme Officer
29. Paul Lungu	National Youth Anti Corruption Movement	CSO	President
30. Never Sakala	Anti Corruption Commission	Semi Autonomous/Government	Senior Research Officer
31. Mwiya Mwandawande	Evangelical Fellowship of Zambia	CSO	Advocacy officer

Appendix 2: Outputs from Stakeholder Workshop Activities

Problem Statement 1: - The secretariat being hosted by TIZ which is a strong advocacy organisation and perhaps not always in the best terms with government
Root Causes
<ul style="list-style-type: none">• MeTA program design such that it pilots through TIZ• Funding coming through and disbursed by TIZ• MeTA housed at TIZ• MeTA inception coincided with MOH scandal• MeTA not being a registered institution
Consequences
<ul style="list-style-type: none">• If TIZ is deregistered, MeTA cannot operate unless it finds a host• Chairmanship perceived as representing the opposition• TIZ program overshadowing MeTA• TIZ perceived as opposition• Little participation from government institutions• Little disclosure of information by public institutions• Government feels trapped as MeTA may be here to unearth detail of the MOH scandal

Problem Statement 2: - Representation on the council not proportional in that critical stakeholders are not well represented
Root Causes
<ul style="list-style-type: none">• Limitation of council space• Interim council identification• Lack of clarification of CSOs/ Government• Assessed commitment and input
Consequences
<ul style="list-style-type: none">• Dissemination of Information on MeTA to critical groupings affected• Lack of input from missing critical stakeholders• Lack of authority and influence from missing stakeholders

Problem Statement 3: - Different opinions on the roles of stakeholders/Secretariat
Root Causes
<ul style="list-style-type: none">• Hierarchy not very clear in terms of reporting structures• MeTA executive sidelined by TIZ• Secretariat reporting to and paid by TIZ management (with MeTA funds)• Lack of clarity of roles (Secretariat/ Stakeholders)

<ul style="list-style-type: none"> • Different expectations from stakeholders/ Secretariat
Consequences
<ul style="list-style-type: none"> • Delays/ poor logistics coordination and administration • Little oversight by MeTA executive over the secretariat • Secretariat plays dual roles for TIZ ad MeTA (Meetings and Reports)

Innovation Statement 1: - Make MeTA autonomous
Key Activities
<ul style="list-style-type: none"> • Multi- sourcing of funds (7 people voted for this activity) • Register MeTA (5 people voted for this activity) • Own Structures • Social Marketing (1 person voted for this activity) • Local programming strategies (1 person voted for this activity)
Outcomes
<ul style="list-style-type: none"> • Independence status • Stakeholder demand driven activities • Perceived as an advocacy/beneficial forum • Improve the multi- stakeholder participation • Promote MeTA's own brand • Changing Stakeholder perceptions

Innovation Statement 1: - MeTA council proportionately represented by all critical stakeholders
Key Activities
<ul style="list-style-type: none"> • Clear categorisation of stakeholders (1 person voted for this activity) • Clear council selection criteria (10 people voted for this activity) • Adequate council space (1 person voted for this activity)
Outcomes
<ul style="list-style-type: none"> • Adequate input from critical stakeholders • Effective information dissemination on MeTA to critical groupings affected • Increased authority and influence in MSP

Innovation Statement 1: - Legalise the MeTA structure so that stakeholders and the Secretariat understand their roles
Key Activities
<ul style="list-style-type: none"> • Develop the roles for secretariat/stakeholders (4 people voted for this activity) • More staff and more funding (6 people voted for this activity) • Develop clear organogram (1 person voted for this activity)
Outcomes

- **Improve logistics coordination and administration (enhance capacity)**
- **Define the roles of MeTA Executive over the Secretariat**
- **Define the roles of TIZ and MeTA**

Appendix 3: Participants at the Multi-Stakeholder Workshop

Harrison Mwima	TALC
Loyce Lishimpi	WHO
Bernice Mwale	Pharmaceutical Regulatory Authority (PRA)
Rickson Kanema	Zambia youth Association against corruption
Lungu Kilby	
Lutangu Ingombe	UNZA
Henry Kabwe	Media Institute of Southern Africa (MISA)
Chanda Musanga	
Violet Kabwe (ex-official)	MeTA Consultant
Chama Nshindano (ex-official)	MeTA Coordinator
Masautso Phiri	Media Institute of Southern Africa (MISA)
Mary Lungumoti	Ministry of Trade Commerce and Industry
Julie Munsaka	MeTA Secretariat
Ruth Mudondo	Zambia Pharmaceutical Business Forum (ZPBF)
Bernice Mwale	Pharmaceutical Regulatory Authority (PRA)