

Type of Review: Annual Review

Project Title: Medicines Transparency Alliance

Date started: 4 August 2011 **Date review undertaken:** 16th July 2014

Introduction and Context

What support is the UK providing?

DFID funded the pilot phase (May 2008 – Dec 2010) of the Medicines Transparency Alliance (MeTA) in seven countries; Ghana, Jordan, Kyrgyzstan, Peru, Philippines Uganda and Zambia). DFID is now providing £6 million between 2011 and 2015 to MeTA Phase 2 (henceforth stated as MeTA) to support these countries in:

- i. bringing civil society, private sector and government together to collect, share and analyse robust data on medicine price, availability, quality and promotion
- ii. using evidence to inform better policies and to improve practice/systems in the pharmaceutical sector (both state and non-state) that will increase the access of the poor to affordable, quality life-saving drugs
- iii. innovating new tools, technologies and knowledge management systems to improve the quality and availability of pharmaceutical data and strengthening accountability for access to medicines, particularly to communities

This support is provided through the International MeTA Secretariat (IMS), comprising the World Health Organisation (WHO) and Health Action International (HAI).

This is the programme's final Annual Review before the Project Completion Review (PCR, which brings into sharper focus the need for MeTA to concentrate on sustainability concerns in its final year. This is reflected in the recommendations emerging from this Annual Review.

What are the expected results?

Impact - MeTA will contribute to an increase in access to safe, effective and affordable essential medicines, particularly for the poor. It is anticipated that MeTA will increase access to medicines – measured by the average availability of selected essential medicines in public and private facilities at the baseline or lower real prices (consistent with MDG 8, target 17)¹ - by 10%, and result in cost-savings of 5% - 10% in public sector expenditure. This is equivalent to £18m - £36m, based on estimated total per annum public expenditure across the seven pilot MeTA countries.

Outcome - MeTA will contribute to the development of effective access to medicines policies that are informed and monitored by robust and timely information and evidence on the price, availability, quality and/or promotion of medicines.

The **outputs** of MeTA have been revised since the last Annual Review and will be (1) Functioning multi-stakeholder groups exist and have national government support (2) Capacity built in countries to collect and analyse data, using innovative methods as required (3) Transparency of the pharmaceutical sector strengthened which leads to greater accountability (4) Civil Society Organization capacity to support improvements in transparency and accountability of the pharmaceutical sector strengthened (5) Policy makers in MeTA countries engage in multi stakeholder policy dialogue to develop new or review access to medicines policies (6) Engagement with MeTA Increases and (7) External evaluation of MeTA outcomes against baselines established during the pilot phase.

What is the context in which UK support is provided?

Improving health outcomes in developing countries is constrained by poor access to medicines. Average availability of essential medicines in public sector facilities in developing countries is just 34%¹. People are frequently driven to the private sector where availability of medicines is higher (at 63.2%) but prices are often unaffordable. The World Health Report (2010) notes that medicines account for 20% - 30% of global spending on health and that, “reducing unnecessary expenditure on medicines and using them more appropriately, and improving quality control, could save countries up to 5% of their health expenditure.”

The UK has established itself as a significant thought leader and important donor in supporting increased access to medicines. The UK invests in research to develop new health technologies; takes leadership in international policy debates relevant to access to medicines (such as on trade, intellectual property and access to medicines); provides significant funding to global financing mechanisms that are major purchasers of medicines (such as the Global Fund to Fight AIDS, TB and Malaria); and works with countries to strengthen health systems to support better access to medicines. However the poor quality, availability and timeliness of information on medicines in many developing countries remain significant barriers to increasing access, providing value for money and improving accountability. MeTA is an innovative approach to working with governments, civil society and the private sector to increase transparency and accountability for access to medicines in seven countries. Evidence from the pilot and programme monitoring shows that when government, private sector and civil society organisations work together, there is more and better information available to inform policies on medicines.

This phase of MeTA aims to show that better information will lead to better medicines policies, and in turn to greater access to medicines. Continued UK commitment to the principles of transparency and accountability in the pharmaceutical sector will be used to help leverage commitments by other donors.

Section A: Detailed Output Scoring

Output 1: Functioning multi-stakeholder groups exist and have national government support

Output met expectation: A

Indicator	Milestone 2013-2014	Results Reported
1.1 Multi-stakeholder groups (MeTA Councils) exist (government, private sector, and civil society are represented) and produce an annual workplan approved by the IMS	All countries (seven) submit a workplan, containing agreed objectives, timelines and those responsible	Seven countries submitted thorough workplans, and have begun delivery against these, with results that are documented in later outputs
1.2 No. of MeTA Councils supported from country level sources (domestic or donor; in cash or in kind).	All countries (seven) are able to substantiate country level support as donations or in kind. Five countries are able to demonstrate a tangible increase in previous year support	All countries can show local support is occurring. An increase of 20-60% in programmatic and in-kind support across five countries. Country support (by Ministries of Health) is strongly observable in two countries

Countries have made progress in Year 3, each having functioning multi-stakeholder groups. Workplan and performance management overall has improved but should be further strengthened by closer monitoring and scrutiny by MeTA Councils and the IMS over the relevance of deliverables to milestones.

¹ Surveys of medicine prices and availability using WHO/HAI standard methodology (available from <http://www.haiweb.org/medicineprices/>).

National government support has strengthened but, despite some positive signals of government's appetite for MeTA, it remains relatively weaker in Zambia, Uganda and Ghana.

Progress against expected results:

1.1: *Multi-stakeholder groups (MeTA Councils) exist (government, private sector, and civil society are represented) and produce an annual workplan approved by the IMS*

Milestone: *All countries (seven) submit a workplan, containing agreed objectives, timelines and those responsible*

Achieved: *Yes – seven. Each implementing country has a MeTA Council with an implementing secretariat that can receive funding and works according to a workplan.*

Workplans have been developed cooperatively and transparently and have been signed off by the International MeTA Secretariat (IMS) (the managing partner). The MeTA Councils agree to MeTA principles and build these, where relevant, into their workplans.

1.2: *No. of MeTA Councils supported from country level sources (domestic or donor; in cash or in kind).*

Milestone: *All countries (7) are able to substantiate country level support as donations or in-kind. Five countries are able to demonstrate a tangible increase in previous year support.*

Achieved: *Yes – all countries show an increase in programmatic and in-kind support. This has increased by 20-60% across five countries and country support (by Ministries of Health) is strongly observable in two countries*

Sustainability is partially reflected in the donations in-kind and commitment to MeTA support from Ministries of Health, which is taking place in particularly in Peru, but also in Jordan and the Philippines. In Peru, MeTA is situated in the Food and Drug Administration (FDA). In Jordan, it is located in the Jordanian Food and Drug Administration (JFDA), which also provides financial support for the six technical sub-committees in their work. In the Philippines, the Food and Drug Administration is considering the institutionalisation of a (MeTA) Transparency Committee. In Ghana, a National Drugs Programme (Ministry of Health) employee has been assigned to the MeTA Secretariat on an interim basis to help ensure the workplan deliverables are met. In Kyrgyzstan government support is observable primarily in the policy change that has occurred as a result of MeTA's work, resulting in the revision and approval in July 2014 of the National Medicines Policy. Government support is evolving in Zambia, where the Chair of MeTA is a senior government official and where there is a newly articulated information gap which has resulted in development of a survey tool to be rolled out in Year 4 by MeTA.

The MeTA Secretariat in each country has reported programmatic donations, and donations in-kind based on market values. Total contributions are reported at over GBP 198,700 (2013: GBP 150,777) representing an increase of 31% over 2013. MeTA is most likely to be sustainable beyond Year 4 in countries whose governments have really integrated MeTA's work into their own processes and begun to adapt policies in line with MeTA recommendations (Kirgizstan, Jordan, Peru) or where MeTA's fundraising strategy from multiple sources has been a success (potentially due to MeTA's clarity of purpose and sophistication of the wider policy discourse). Sustainability is a concern in the three African countries (Ghana, Uganda and Zambia), which have been relatively slower to generate results in terms of policy change or other concrete outcomes and have not generated direct financial support from other sources.

Recommendations

Progress has been made against all the relevant recommendations from the Annual Review 2013, resulting in improved programme and performance management and sustained support from in-country sources across all countries. New recommendations for Year 4 are as follows:

1. IMS to enable more cross-country learning with respect to participation in an international programme such as MeTA to enable some countries to learn how others cooperate more effectively with the IMS without sacrificing their autonomy and/or what works in countries (through the global meeting, 2014, and through the evaluation)
2. Each MeTA country to develop a sustainability plan (linked to a wider programme risk matrix) (by Q4 2014), which includes securing government and other local support, the embedding of lessons and processes by HAI and WHO and financial sustainability, in partnership with IMS and with support of WHO country offices, where appropriate (see output 5 recommendation)
3. IMS to support countries to improve reporting and communication around workplan deliverables and/or revisions to milestones (and ensure reporting relates directly to the logframe and speak as

- much to results as to activities)
4. Evaluation to identify which processes or governance arrangements may improve or hinder the operational effectiveness of MeTA (addressing questions concerning institutional arrangements and the role of sector leadership – civil society organisation (CSO), public, private - in determining success) within the context of countries' economic development and the over-arching political economy of medicines
 5. DFID and IMS to review Output 1 in Q3 2014 and to give consideration to development of a specific indicator around sustainability.

Impact Weighting (%): 20%
Risk: Medium

Revised since last Annual Review? N
Revised since last Annual Review? N

Output 2: Capacity built in countries to collect and analyse data, using innovative methods as required²

Output exceeded expectation – A+

Indicator	Milestone 2013-2014	Results Reported
2.1 Surveys/or data collation (including monitoring) conducted with local team participation and analysis leads to intervention or policy recommendation relevant to outcome 1	Each <u>relevant</u> country produces at least one analytical report that is deemed satisfactory by WHO	All relevant countries (six in total) met the milestone. One of these (Ghana) had a lower level of outputs. Three countries surpassed the milestone.
2.2 New data collection tool, survey, indicators and/or methodology conducted with local team participation and analysis leads to intervention or policy recommendation relevant to outcome 1	New tool or survey implemented for collection of data relevant to outcome 1 in relevant countries	All relevant countries have initiated surveys using completely novel approaches, tools or methodologies new to the country or those that have been revised. Three countries have already reached the Year 4 milestone of producing reports.

Country capacity is being built in relevant countries through country participation in data collection and analysis. Through the review process, in which WHO provides feedback at all stages (from the time of writing terms of reference to designing a protocol and up to the final report), learning also takes place.

Additionally, representatives from the ministries of health and WHO Country Office staff are participating in summer courses³ in July. Both WHO staff and representatives from governments from MeTA countries regularly participate in the WHO technical briefing seminars and a pharmacoeconomics course is being planned for Jordan. Training has been provided to the WHO country office staff so that they may be in a better position to provide technical support.

Lesson sharing and peer-to-peer review is also being used to build capacity. Good examples of protocols, reports and policies are shared between the MeTA countries primarily through WHO staff via email and an online collaborative platform. Peer-to-peer review sessions are being set up through a technical dialogue series which matches two countries with similar interests or complementary competencies and a global meeting is planned for December 2014.

² MeTA Zambia is not currently considered as being 'relevant' to this indicator as it has pursued a different approach, working more on public and CSO engagement than on data generation (see discussion in 2.1). MeTA Zambia has, however, recently identified an information need and will be developing a study protocol over the next few months with the support of WHO and other MeTA countries with experience in monitoring medicines price and availability (Uganda). Their model is therefore set to change slightly and this indicator will therefore be considered relevant for Zambia in the next Review.

³ Observatory Venice Summer School 2014 on pharmaceutical policy (representatives from government from Kyrgyzstan, Jordan and Ghana) and Utrecht summer school on pharmaceutical policy (WHO Ghana and Zambia).

Progress against expected results:

2.1: *Surveys/or data collation (including monitoring) conducted with local team participation and analysis leads to intervention or policy recommendation relevant to outcome one*

Milestone: *Each relevant country produces at least one analytical report that is deemed satisfactory by WHO*

Achieved: *Yes – surpassed by some (three) countries*

Indicators have been consolidated and are now smarter and clearer, with more achievement-oriented milestones. The word *relevant* has been added to ensure that countries that have a different approach are excluded from being counted or scored in this indicator.

All relevant countries (six) have produced at least one analytical report (supported by WHO) that has led to an intervention or policy recommendation. Countries working with the WHO, have demonstrated sufficiently robust processes, which minimise the possibility of fraudulent or other undermining activities influencing the data.

2.2: *New data collection tool, survey, indicators and/or methodology conducted with local team participation and analysis leads to intervention or policy recommendation relevant to outcome 1*

Milestone: *New tool or survey implemented for collection of data relevant to outcome 1 in relevant countries*

Achieved: *Yes - All relevant countries have initiated surveys using completely novel approaches, tools or methodologies new to the country or those that have been revised. Three countries have already reached the Year 4 milestone of producing reports.*

The output has been reworded to reflect the use of new tools, surveys and indicators in addition to methodologies and to allow for countries that have a different approach. In addition to Zambia, Jordan was deemed not relevant as the MeTA technical subcommittee found that technical challenges would be prohibitive to using new technology for monitoring the availability of medicines.

Results are as follows: Kyrgyzstan's revised and recently approved National Medicines Policy includes monitoring indicators which were developed by MeTA. The price and availability needs assessment carried out in Ghana was revised for use in other countries. The Philippines assessment of medicines promotion (using a new tool) has led to specific policy actions on promotions regulation and funding by the FDA for policy development. This tool is now being used outside of MeTA, in Latvia.

Recommendations

All recommendations from the Annual Review 2013 under this output have been delivered (or, in one case, ceased to be relevant). New recommendations for Year 4 are as follows:

1. IMS to conduct in-depth, in-country case studies on practices and strategies that lead to MeTA outcomes, particularly at country level, which can be used to inform future programming (by Q1 2015, to feed into evaluation)
2. IMS to review indicators, milestones and targets to reflect rational use of medicines, other improvements in efficiencies and improvements in practice in addition to policy (by Q3 2014)
3. IMS to evaluate the usefulness of the online platform (for information sharing) and identify mitigating actions for any challenges with confidentiality or other issues (by Q3 2014, and again by Q1 2015)
4. IMS to review the issue of evaluating the value of new data collection technologies with the DFID adviser in 2014 (by end Q4 2014)
5. Evaluation team to consider (within the existing Terms of Reference) how MeTA's approach to opening up data has affected behaviour change and where good practice can be identified in relation to data influencing relationships.

Impact Weighting (%): 20%

Revised since last Annual Review? N

Risk: Medium

Revised since last Annual Review? N

Output 3: Transparency of the pharmaceutical sector strengthened which leads to greater accountability

Output met expectation – A

Indicator	Milestone 2013-2014	Results Reported
3.1 Findings (from data collection or reports from output 2, reports from the pilot, and other information) disseminated using appropriate messages and methods to other stakeholders	Key information, analytical reports and findings disseminated to stakeholders and the public as relevant and informs advocacy	All countries have made progress and Peru, Jordan, the Philippines and Kyrgyzstan have made significant progress. Uganda, Ghana and Zambia have had less data to disseminate and, as a result, have made less progress.

Measuring increases in transparency and making comparisons from country to country can be challenging. However, all countries have made progress by disseminating information generated in the pilot, reports and/or messages, or other important information from the pharmaceutical sector. The purpose of information dissemination varies from country to country and also within country. The purpose can be for transparency itself, for advocacy for action or for policy dialogue.

Progress against expected results:

3.1: *Findings (from data collection or reports from output 2, reports from the pilot, and other information) disseminated using appropriate messages and methods to other stakeholders*

Milestone: *Key information, analytical reports and findings disseminated to stakeholders and the public as relevant and informs advocacy.*

Achieved: *Yes - All countries have made progress with dissemination of information, reports and findings that has informed advocacy. Peru, Jordan, the Philippines and Kyrgyzstan have made significant progress in this respect, with more visible/tangible results than are observable in Uganda, Ghana and Zambia.*

MeTA countries are disseminating information using various formats appropriate to the country contexts and for the target audience. Jordan and Peru have used government websites to publish information with the purpose of improving transparency. Kyrgyzstan has held numerous round table discussions and specific stakeholder discussions to engage, inform and get support for the revised national medicines policy. The Philippines has held roundtable discussions and a forum to inform, engage and involve in stakeholders in dialogue and recommendations. The Philippines has also used social media such as twitter and Facebook to reach wider audiences. Uganda has used hard copy distribution and soft copy distribution of information and inclusion in newsletters for dissemination. Ghana has set up a web site to distribute information from the pilot and held a forum for policy dialogue. More collection and analysis of data should feed into expanded dissemination in Ghana over the next year. Zambia has primarily used workshop formats for smaller groups, and radio and YouTube to reach wider audiences. Countries that have had less dissemination of reports, such as Zambia, generally have had less data to work with.

Part of the success in Peru with transparency of medicines pricing information is due to a law that was passed requiring disclosure. MeTA Jordan's close relationship to the Jordan FDA could likewise be attributed to the success of the acceptance by the JFDA to take up the policy recommendation on disclosure.

Recommendations

Satisfactory progress has been made against the recommendations from the Annual Review 2013, with the result that all countries have made at least some progress on dissemination.

A new recommendation for Year 4 is as follows:

- Evaluation to take a more systematic look at the relationship between more open data and behaviour change i.e. how MeTA's dissemination of information to stakeholders leads to improved knowledge of those stakeholders to voice concerns and raise questions and thereby stimulates changes in policy/practice and increases accountability (by end of evaluation, August 2015).

Impact Weighting (%): 10%
Risk: Medium

Revised since last Annual Review? *N*
Revised since last Annual Review? *N*

Output 4: Civil Society Organization capacity to support improvements in transparency and accountability of the pharmaceutical sector strengthened

Outputs met expectation - A

Indicator	Milestone 2013-2014	Results Reported
4.1: Specific indicators are established by country. May include: understanding of issues, ability to collect/analyse data, and/or dissemination of information	Specific to each country. Measures include: engagement of civil society in the MeTA council, engagement in policy dialogue and implementation of MeTA objectives	Civil society capacity in all countries except Ghana has advanced during the current review period. Kyrgyz Republic and Philippines exceeded milestones.

There has been a growth in capacity development and engagement of civil society in MeTA. Comparison of 2014 milestone achievements with 2013 demonstrates that in Jordan, Peru, Uganda and Zambia, the role of civil society has moved from being peripheral to becoming an implementing partner, central to advocacy and educating the general public or opinion leaders. Civil society in Kyrgyz Republic and Philippines, which were more advanced in terms of consolidated positioning in the MeTA collaboration in 2013, decided on much more ambitious milestones for 2014, and have exceeded expectations.

Overall, all countries, with the exception of Ghana, hit their milestones and two exceeded them. MeTA Ghana did not complete the first of its deliverables and as a result missed the milestone target. We are relatively confident that Ghana is now back on track with this output as it has begun to roll out the CSO assessment tool that will then form the basis of future CSO capacity building plans. Further details about measures taken to address the challenges in relation to MeTA Ghana are provided in section 1.4 below.

Progress against expected results:

4.1: Specific indicators are established by country. These include: understanding of issues, ability to collect/analyse data, and/or dissemination of information.

Achieved: *Yes - All countries, with the exception of Ghana, exceeded expectation against milestone deliverables. The result has been that civil society capacity in all countries except Ghana, measured by engagement of civil society in the MeTA council, engagement in policy dialogue and implementation of MeTA objectives, has advanced during the current review period.*

Satisfactory progress has been made against the recommendations from the Annual Review 2013. IMS has considered the issue of effectiveness of civil society engagement and held a civil society meeting in Amsterdam in 2014. They conclude that, where there is a problem with engagement, it is generally not about the technical capacity of civil society but, rather, relative stakeholder strength, local cultural issues (e.g. history of democratic process) and agenda setting/threats. For example, in Jordan, the government does not traditionally engage democratic consultative processes with civil society. A paper is being prepared by HAI on the subject, giving recommendations on how these issues can be overcome. It is likely that the evaluation will also yield some insight on this, although it is not a specific deliverable.

Recommendations

New recommendations for Year 4 are as follows:

1. IMS to ensure that the Philippines is able to provide clear design and delivery plan for an information and education campaign (by Q3 2014)
2. IMS to provide stronger guidance on SMART indicators for output 4 and milestones at the MeTA global meeting in December 2014. Indicators should link to MeTA's theory of change and enable

- performance management for CSOs (Q4 2014)
3. IMS to support consolidation of CSO learning through lesson learning and dialogue, at another global CSO meeting/workshop (by Q2 2015)
 4. IMS to support countries to formalise CSO coalitions and encourage appointment of a coordinator to enable more structured implementation and reporting of activities (at global workshop, Q4 2014)
 5. IMS to accelerate roll out of CSO assessment tool to support analysis of civil society engagement and effectiveness
 6. IMS to generate risk matrix and action plan for increasing civil society engagement in strengthening pharmaceutical sector transparency and accountability.

Impact Weighting (%): 10

Revised since last Annual Review? N

Risk: Medium

Revised since last Annual Review? N

Output 5: Policy makers in MeTA countries engage in multi-stakeholder dialogue to develop new or review access to medicines policies

Output exceeded expectation – A+

Indicator	Milestone 2013-2014	Results Reported
5.1 Evidence based policy recommendations discussed and proposed to relevant stakeholders	Key findings from reports and data collection discussed with relevant policy makers and stakeholders	All countries have met the Year 3 milestone and most have met the Year 4 milestone by discussing policy recommendations with policy makers.

All countries have engaged policy makers in dialogue. In some cases the dialogue is conducted mainly through MeTA council meetings, which provide a useful platform for multi-stakeholder dialogue. In other examples, round table discussions or fora have been set up with broader multi-stakeholder or specific stakeholder groups. There are some indications that the dialogue has had results but steps will be taken to further understand the effects of the policy dialogue through the technical dialogue series and the forthcoming global MeTA meeting.

Progress against expected results:

5.1: Evidence based policy recommendations discussed and proposed to relevant stakeholders

Milestone: Key findings from reports and data collection discussed with relevant policy makers and stakeholders

Achieved: Yes – All countries have met the Year 3 milestone and most have met the Year 4 milestone by discussing policy recommendations with policy makers.

The MeTA platform has proved to be a good platform for multi-stakeholder dialogue as evidenced by the range and depth of discussion that has taken place with policy makers. MeTA Councils, involving policy makers, are meeting on anywhere between a monthly to quarterly basis and some have set up multi-stakeholder subcommittees to work on specific issues. Some countries have taken the multi-stakeholder dialogue beyond the Council meetings by holding larger fora or targeted round-table type discussions. For example, MeTA Philippines holds bi-annual dialogues with policy makers intended to validate and discuss policy recommendations generated from the MeTA Discussion Series. MeTA Kyrgyzstan has held numerous round table discussions with policy makers in multi-stakeholder groups and targeted stakeholder groups.

Some of the more apparent results of the policy dialogues are the revised national medicines policies being proposed in Jordan and recently approved in Kyrgyzstan and the specific recommendations for action that have been put forward as a result of dialogues in Kyrgyzstan, the Philippines and Uganda (including development of an Essential Medicines List in Jordan; revision of the legal framework in Kyrgyzstan; community monitoring on benefits programmes in the Philippines; capacity building of hospital and therapeutic committees in Uganda). The most notable progress in Zambia, which was relatively slow to progress in this output but has now delivered a policy paper on Accredited Drug

Dispensing Outlets (ADDOs), presented to the Minister of Health, which has resulted in the passing of a new law creating Health Shops based on the ADDO model. This progress has been encouraging and should be supported and sustained into the programme's final year.

A MeTA Ghana Council representative is participating in the review of the National Medicines Policy (NMP). With the support of the IMS, this has directly resulted in the addition of the proposed section on transparency/governance into the NMP. A multi-stakeholder Forum was also held to discuss key policy issues, which has informed MeTA Ghana's workplan. In sum, however, although it has met its milestones, MeTA Ghana has been relatively less successful than other MeTA countries in demonstrating how its policy dialogues manifest as tangible results.

Recommendations

New recommendations for Year 4 are as follows:

1. IMS to work more closely with MeTA Zambia to support and increase the pace at which it can collect and analyse data that would then feed into the policy dialogue process.
2. IMS to work more closely with MeTA Ghana to ensure that technical outputs/new information is shared with policy makers and leads to recommendations for policy or intervention. Progress against this plan is to be monitored by the IMS on a regular basis. The plan is to be reviewed and updated regularly to ensure relevance and draw on new networks or opportunities.

Impact Weighting (%): 20%
Risk: Medium

Revised since last Annual Review? N
Revised since last Annual Review? N

Output 6: Engagement with MeTA increases

Output met expectation – A

Indicator	Milestone 2013-2014	Results Reported
6.1 Global awareness and support for MeTA increases.	Presentations to or other form of participation by or organised by IMS in complementary programmes or events.	IMS has continued to raise awareness of MeTA, giving around 20 presentations and speeches between 2013-2014 to a range of UN agencies, educational seminars, student advocacy groups and civil society groups.
6.2 Number of collaborations with global or national stakeholders* with meaningful input to MeTA outcomes and MeTA principles. *(e.g. academic institutions, NGOs, Bilateral and International organisations)	Collaborations maintained	Collaborations have been maintained and have brought additional funding, resources and expertise to MeTA.

Performance against the milestones set for year three has been acceptable although overall there is a lack of evidence that global engagement with MeTA is growing. At the local level, interest seems to at least be sustained among NGOs and academic institutions as more information is disseminated.

Progress against expected results:

6.1: Global awareness and support for MeTA increases.

Milestone: Presentations to or other form of participation by or organised by IMS in complementary programmes or events.

Achieved: Yes - IMS has continued to raise awareness of MeTA, giving around 20 presentations and speeches between 2013-2014 to a range of UN agencies, educational seminars, student advocacy

groups and civil society groups⁴.

Overall, internationally, there is some interest in MeTA outcomes as a contribution to learning about positive improvements in governance in pharmaceutical systems. MeTA was presented as part of WHO work for improving governance of the pharmaceutical sector in a global meeting on Universal Health Coverage organised by MSH in Washington DC in June 2013, The Kyrgyzstan Government and Development Partners came together on 14 November 2013 to discuss the National Medicines Policy. The Ghana country offices of USAID, Deliver Project; GIZ; United Nations Industrial Development Organisation (UNIDO); Uppsala Monitoring Centre for Africa and the Kingdom of the Royal Netherlands Embassy are all aware of MeTA, through participation in meetings. Efforts to communicate MeTA have extended to Ministers of Health of Thailand, Philippines and Malawi (at a WHA side event on Good Governance of the pharmaceutical sector at WHA in May 2014). Moreover, WHO EMP reports to the Interagency Pharmaceutical Coordination group (IPC) twice a year (members include UNICEF, UNFPA, UNDP, The World Bank, The Global Fund for AIDS, TB and Malaria, the International Federation of Pharmacists (FIP) and the EU), communicating WHO's achievements for improving transparency and governance in countries, including those carried out through MeTA.

6.2: Number of collaborations with global or national stakeholders* with meaningful input to MeTA outcomes and MeTA principles. *(e.g. academic institutions, NGOs, Bilateral and International organizations)

Milestone: Collaborations maintained

Achieved: Yes - Collaborations have been maintained and have brought additional funding, resources and expertise to MeTA.

Collaborations in country are of several types: funding, synergies with other programmes, and complementary programmes. Funding has been brought to MeTA or to initiatives based on MeTA work from partner agencies such as MSH in Uganda and donor countries such as the UK Foreign and Commonwealth Office in the Philippines. MeTA collaborates on projects that have synergies or complementary programmes such as the WHO/EU Renewed Partnership for African, Caribbean and Pacific Countries in Ghana and the Canadian Award for emergency programmes and humanitarian response. MeTA collaborates with a local NGOs and professional associations such as the Jesuit Centre for Theological Reflection in Zambia.

Recommendations

New recommendations for Year 4 are as follows:

1. Evaluation to provide information on the levels of awareness concerning MeTA and possible implications of awareness-raising efforts.
2. IMS to develop a thorough communications plan to promote MeTA's work and communicate the results/impact it has or will deliver.

Impact Weighting (%): 10%

Revised since last Annual Review? N

Risk: Low

Revised since last Annual Review? N

Output 7: External evaluation of MeTA outcomes against baselines established during the pilot phase

Outputs moderately did not meet expectation - B

Indicator	Milestone 2013-2014	Results Reported
7.1: External evaluation carried out by DFID to increase transparency and challenge the assumptions of MeTA	Interim evaluation carried out	No - Progress has been delayed and the milestone has not been met for this indicator.

⁴ World Health Assembly; UNDP's Global Anti-corruption Initiative (GAIN); Transparency International; Technical Working Group Good Governance for Medicines; BMZ; Utrecht Summer and Winter School on Pharmaceutical Policy; Universities Allied for Essential Medicines; Vrij Universiteit; WHO Essential Medicines Technical Briefing Seminar; CSO Coalition capacity building workshop, Berlin; and CSO Coalition Round Table on Antibiotic Resistance).

7.1: External evaluation carried out by DFID to increase transparency and challenge the assumptions of MeTA

Milestone: Interim evaluation carried out

Achieved: No - Progress has been delayed and the milestone has not been met for this indicator.

A full evaluation report should be delivered by August 2015, meaning that there will be no delay beyond the originally anticipated delivery date. At the time of writing, contracts have been exchanged for work to commence in August 2014, with an in-depth inception report due four months from signing of the contracts. As negotiations have concluded, no further delays are anticipated.

Recommendations

Recommendations for the evaluation have been included under the preceding outputs and can be summarised as follows:

1. Enable more cross-country learning with respect to participation in an international programme such as MeTA to enable some countries to learn how others cooperate more effectively with the IMS without sacrificing their autonomy (through the global meeting, 2014, and through the evaluation process itself)
2. IMS (and evaluation team, if possible) to identify how MeTA's approach to opening up data has affected behaviour change and where good practice can be identified in terms of influencing relationships
3. Evaluation to take a more systematic look at how MeTA's dissemination of information to stakeholders leads to improved knowledge of those stakeholders to voice concerns and raise questions and thereby increases accountability (by end of evaluation, August 2015)
4. Evaluation to provide information on the levels of awareness concerning MeTA and possible implications of awareness-raising efforts.

Impact Weighting (%): 10%

Revised since last Annual Review? N

Risk: Low

Revised since last Annual Review? N

Section B: Results and Value for Money

1. Progress and results

1.1 Has the logframe been updated since last review?

Yes. Updates were made based on recommendations from a DFID logframe review workshop and ongoing discussions between the DFID Adviser and the IMS. Overall revisions have been made to make the indicators more outcome-oriented rather than process oriented. Repetitions were removed and milestones added for each year. Where possible, sequential activities are combined or consolidated, to reduce the number of separate indicators. All changes were discussed and agreed to by DFID and the IMS and shared with MeTA Councils in all seven countries.

1.2 Overall Output Score and Description: A - Outputs met expectations

On balance, while expectations were exceeded in some indicators, lagging progress in some indicators and/or meeting expectation in others means that the balance of the programme score is an A.

1.3 Direct feedback from beneficiaries

MeTA has two main types of beneficiaries. The primary beneficiaries are patients who should have more access to medicines as a result of MeTA interventions. However, impacts for patients are not likely to be felt until (at least) the final year of the programme, as it can take some time to realise the effects of policy change. Although the evaluation will not be an impact evaluation the overall results of MeTA will be considered, so we should expect some insight around this by the end of MeTA Phase 2's final year. Ongoing monitoring (through implementation of MeTA tools and processes) should lead to insights around the benefits arising from policy changes that result from MeTA interventions and specific attention will be given to this in reporting throughout the final year.

The intermediary beneficiaries are policy makers and the other stakeholders in the MeTA council. The programme intends to benefit them by making more data available for policy making and by providing a forum to ensure broad dialogue on medicines issues. DFID has visited one MeTA Council in the last year (Ghana). DFID Ghana's Senior Health Adviser has confirmed MeTA's strong linkage into the Ministry of Health and National Health Insurance Authority (NHIA), and the demand for the types of data and policy analysis which MeTA can provide. Ghana's NHIA is a champion for MeTA's work and creates a strong demand for data on the MeTA Council. DFID Zambia's Health Adviser confirmed the importance of the focus on supply chain transparency and policy intervention, which is a chosen course for MeTA Zambia. Where there is no DFID presence, such as in the Philippines or Peru, even closer scrutiny of deliverables helps to contain the risk.

The other direct feedback has been correspondence to the IMS from MeTA Kyrgyzstan, who have very much welcomed the support provided to them and who are using the multi-stakeholder platform to facilitate broad engagement in policy discussions. The World Bank's Health, Nutrition and Population division has also expressed strong support for MeTA's work on a number of occasions. For example, in a 2014 World Bank report on pharmaceutical policy in Kyrgyzstan, they report "The existence of an active civil society with a good understanding of pharmaceutical sector issues is a unique strength of the Kyrgyz society. It can be traced back to the Kyrgyz Republic's participation in the Medicines Transparency Alliance (MeTA), a multi-country initiative financed by DfID." (World Bank, April 2014). MeTA is also recommended as a primary partner and channel for delivery of ongoing improvements to medicines policy and monitoring/accountability in that country.

As policy makers and key influencers with an interest improved governance of medicines, senior representatives from MSH, the International Pharmaceutical Federation/FIP, the EU (Eric Sattin) the Global Fund (Michael Borowitz, Sophie Logez, Martin Auton), and the World Bank (Andreas Seiter) are very well aware of MeTA and make reference to its valuable role at international policy meetings.

1.4 Summary of overall progress

MeTA has been fully implemented in all countries, despite slow, uneven progress at the start of the programme, and a difficult year in Ghana. Key areas of work and progress include: Jordan and Kyrgyzstan on policy revisions including the national medicines policy (approved in Kyrgyzstan and with strong support in Jordan's JFDA); Peru and Uganda on data collection and monitoring (with heightened media and public awareness on ARV pricing issues); Zambia and the Philippines on widespread dissemination and mobilisation activities (with particular additional local financial support raised in the Philippines, including wide and relatively sophisticated policy dialogue and consequent commitments made the by FDA to support further work). MeTA Ghana experienced difficulties with mainly operational issues, preventing full scale implementation of the workplan. IMS and DFID have taken steps to understand bottlenecks. Support measures including a situational analysis, a visit from IMS and DFID and expedited removal of roadblocks have helped to regain some momentum. Although one major roadblock for one workstream has been remedied and action has been progressed, the situation requires careful monitoring by DFID and IMS to ensure new milestones are met across all workstreams and that there is greater operational effectiveness. IMS is following-up on measures to improve efficiencies in line with the report recommendations.

An example of where the MeTA model is working well is Uganda, where MeTA have been collecting data which will now feed advocacy as the result of the minilab testing has been passed to the Drugs Regulatory Authority (DRA) to validate, and they will work together to resolve the issue. One outcome proposed will be a joint lobby to release more resources from the Ministry of Health to build DRA capacity to enable it to fulfil their intended function. In this case, the MeTA 'approach' has changed relationships between stakeholders, who now work differently and together on policy intervention based on evidence (knowledge) that MeTA has collected/disseminated.

Key factors behind success are: strong drivers of the MeTA platform in countries, support from governments, and good communication between stakeholders and between MeTA and the IMS.

Communication by MeTA councils/administrators with the IMS on workplan deliverables or the need to revise milestones should be improved in all countries. Where capacity has been relatively low (Zambia, Ghana), reporting and accountability to the IMS has been particularly challenging, leading to strained

relations, difficulty in monitoring progress and some delays to the release of funds (in Ghana). Notwithstanding the slower start, things have improved markedly in Zambia with the appointment of a permanent coordinator and office.

1.4 Key challenges

MeTA will need to demonstrate increased sustainability in the future to ensure that it can continue to provide valuable input to the policy process and DFID and the IMS will review this issue to ensure that progress towards both financial sustainability and the sustainability of MeTA's results can be tracked in the programme's final year. We will consider the creation of a specific output or indicator related to programme sustainability for this purpose. Overall, MeTA's sustainability is dependent on country context. In cases where MeTA processes have been integrated into government and/or where there is clear commitment by government, sustainability is much more likely. Whatever the organisational form, sustainability is most likely in countries that have shown themselves able to raise funds from NGOs or other partners and/or where there is clear political support.

Unstable political systems and turnover amongst high level politicians and government staff is a common issue in the MeTA countries. The MeTA countries have mostly overcome this issue, but it proves to be an ongoing challenge, which was very prominent in Peru and is an issue in Ghana, where the new Minister of Health's focus has shifted.

In many of the MeTA countries there are a large number of health programmes, some with a large amount of resources, that demand and compete for the time and resources of the representatives from the different stakeholder groups. This creates a demand on people's time and affects their ability to contribute. To address this, MeTA must clearly demonstrate its added value in improving transparency and accountability through the multi-stakeholder platform and leverage the technical expertise and support available from its network.

The imbalance between the public, private and CSO sectors is an ongoing challenge. Motivation of the multi-stakeholder group is important and different institutions should have a shared interest in the agenda of MeTA. To improve participation and ownership of the work plan, all council members ought to be involved at some level in discussions of medicine policy. Holding council meetings in the partners' facilities on a rotating basis appears to increase the commitment of the partners (for example in Peru). In countries where there is a bottleneck preventing full engagement between civil society and other stakeholders, the IMS does not perceive that issues arise primarily from poor technical capacity. The issue appears to be more driven by domestic social and political context, MeTA governance and key opinion leader status within MeTA. IMS (HAI) is now considering the development of a paper to reflect on these issues, which will be developed in collaboration with MeTA civil society partners in all seven MeTA countries, with a secondary analysis of regional (African) experiences.

One challenge frequently cited by MeTA countries has been related to funding issues. Some delays have occurred both for administrative and technical funds. In most cases this has been caused by delays in submitting the required documentation for fund release and in a few it has been due to organisational issues. The IMS has studied the issues to understand where the bottlenecks have occurred and has maintained responsiveness and flexibility where needed.

1.6 Annual Outcome Assessment

MeTA has made good progress against planned outcomes this year, achieving its outcome milestones for 2013-2014. Based on this, we expect the project to meet its outcomes by 2015. In addition to the logframe outcomes, we expect the evaluation to provide new knowledge on promoting transparency within the pharmaceutical sector and beyond. Progress against outcome indicators with Year 3 milestones is noted below:

Outcome: Medicines procurement, pricing and other policies are changed on the basis of a Multi-stakeholder review of robust evidence

Indicator	Milestone 2013-2014	Results Reported
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<p>1: Each MeTA Council demonstrably uses robust pharmaceutical sector data to monitor and review access to medicines</p>	<p>At least one comprehensive source of data on access to essential medicines for at least one health condition reviewed by MeTA council and findings of review minuted.</p>	<p>Every country has collected at least one comprehensive source of data on key medicines issues and discussed this in one or several council meetings. The discussions have led to agreement on interventions as evidenced in the workplans and recommendations for policy.</p>
<p>2: Each MeTA council demonstrates commitment to principles of transparency through collection, publication and dissemination of robust information on pharmaceutical price and availability</p>	<p>Data for outcome indicator 1 2014 milestone verified independently and published in sources available to key stakeholders</p>	<p>All data is verified by WHO and published in sources appropriate to the particular context.</p>
<p>3: Policy makers in MeTA countries use multi stakeholder policy dialogue recommendations to develop new or review access to medicines policies</p>	<p>Review from outcome 1 used to identify new policy requirements or policy amendments</p>	<p>See output 5 on how MeTA-generated data/information is being used to inform policy. It is also being used to improve medicine practice and empower citizens. MeTA Kyrgyzstan has supported the drafting of the newly approved, revised national medicines policy and has consulted widely; MeTA Jordan has worked on revising the national medicines policy, a disclosure policy and a hospital therapeutics committee policy; MeTA is providing multi stakeholder recommendations into an assessment of the national medicines policy. Other countries have identified more specific policy issues such as the high pricing of atazanivir (an ARV medicine) in Peru or the use of drug shops to sell essential medicines in Zambia. The mapping of entitlement programmes and the study on medicines promotion in the Philippines have led to recommendations for further actions, such as the recommendation on a code of ethics for the pharmaceutical industry. In Uganda, the Assessment on the Drugs and Therapeutics Committees has led to the recommendation on capacity building.</p>
<p>4: MeTA countries have new or revised policies on access to medicines that are demonstrably informed by robust pharmaceutical sector information and policy research evidence</p>	<p>All countries able to demonstrate policy dialogue relating to core essential medicines (through minutes of meetings)</p>	<p>All countries in the programme have demonstrated that MeTA is involved in relevant policy dialogue related to essential medicines.</p>

2. Costs and timescale

2.1 Is the project on-track against financial forecasts: Yes

To date, DFID has disbursed:
HAI: £1,612,200

WHO: £2,745,936

All financial reporting has been timely and accurate.

2.2 Key cost drivers

This budget is sufficient to cover the core running costs of the International MeTA Secretariat. The key cost drivers are staffing and travel, which is primarily used to support in-country technical work. Additional funding is being provided for capacity building and for some areas of national workplan activity, notably data collection.

Where possible, efforts to drive economy in procurement are made for all cost drivers (staffing, travel, capacity building and data collection).

- Staffing costs have been incurred by HAI. HAI benchmarks its staff salaries against the CAO Welzijn, (the Dutch Government Labour Code Agreement) which ensures comparable salaries with other NGOs and ensures they are able to attract the right skills at market rates. No pay awards have been made for the past four years under CAO Welzijn.
- WHO also incurs staff costs, both at HQ and in each of the seven MeTA countries. MeTA contributes to salaries (cost sharing) of existing positions and at country level recruits national experts for cost efficiency purposes. Salaries are in line with the UN scale, like any other UN agency and within this scale, positions and grades correspond to well established competencies and tasks to be carried out. Within the MeTA project no overtime can be charged.
- Travel costs are incurred by WHO and HAI according to each organisation's travel policy; for WHO business class travel may only be used for travel exceeding 9 hours. WHO works with a travel agency that has special rates with airlines for UN travel and chooses the lowest cost fare for each flight. HAI travel economy for all flights. In all cases flights are secured well in advance of travel date in an effort to reduce cost and HAI is able to take advantage of a discounted 'NGO' seats with some carriers, when on travel duty for a registered NGO.
- Efforts are also made to ensure civil society and/or MeTA Councils are resourced where possible through donated office space and equipment, meeting rooms, printing, WHO country logistics and administrative support. This is highlighted elsewhere in the annual review.
- Data collection costs are reduced by first undertaking a review of information needs and making use of already available data when appropriate and by using cost-effective methodologies when feasible. Where data collection is contracted out, a competitive tendering process is used.

2.3 Is the project on-track against original timescale: Yes

Progress is broadly on track, with the major exception being in Ghana's delivery of its workplan, which has fallen behind but is expected to catch up with its new targets during the remainder of the programme. The Philippines is lagging against two milestones under output 4, but in general is exceeding expectations and there is no concern about ability to deliver or to meet targets for the next year.

3. Evidence and Evaluation

3.1 Assess any changes in evidence and implications for the project

No new evidence that challenges the project design or rationale has emerged since the first annual review. The logframe assumptions remain valid. The evaluation will increase the wider evidence base on the benefits of greater participation and transparency in policy making.

3.2 Where an evaluation is planned what progress has been made?

Terms of reference were drafted in partnership with the IMS and reviewed with the successful bidders. Contracting is underway (before the Annual Review is signed off). See output 7 for further information.

4. Risk

4.1 Output Risk Rating: Medium

4.2 Assessment of the risk level

In the original business case the risk level was deemed to be high. The business case stated that "The impact of MeTA is potentially significant, as the programme aims to improve both the efficiency of

pharmaceutical markets and sector, and governance and accountability for access to medicines outcomes. However, the approach is high risk and slower to deliver returns than typical logistics reform and distribution systems support.”

This remains true, however the risk pertaining to each output is reduced to low or medium due to the capacity of the IMS to manage the risks that are within its control, giving the project an overall risk rating of medium. This is reflected in the risk matrix, at Annex 2. The project management team remain aware that the outputs of the logframe and indicators will need continuous monitoring throughout the project.

4.3 Risk of funds not being used as intended

Both Health Action International (HAI) and the World Health Organisation (WHO) have provided DFID with timely and accurate reports. See section 5.1 under ‘Economy’ for more information on the Multilateral Review Update’s findings concerning WHO’s financial management. HAI’s accounts were passed without comment in the auditors letter, other than a management letter advising three things, all of which have been adopted (<http://www.haiweb.org/financialstatements/HAI-Financial-Statements-2013.pdf>). The IMS have also given all countries “Administrative and Budgetary Guidance for Submission of MeTA Country Workplans” which gives practical guidance on the submission of budgets and some countries have received additional financial management training and support.

4.4 Climate and Environment Risk

The main climate concern highlighted in the business case was the frequency of flights between MeTA countries, the UK, Amsterdam and Geneva. Climate impact is being reduced by holding telephone meetings where possible between DFID and the IMS and the IMS and MeTA Councils and by holding face to face meetings when participants have been in the UK or Geneva for other purposes. Progress in partner countries accelerates through close working with the IMS and with each other, which is aided through country visits and global meetings (e.g. in Amsterdam) so the number of flights is unlikely to decrease any further.

5. Value for Money

5.1 Performance on VfM measures

A number of impact and outcome indicators will contribute to the value for money analysis at project completion. Additional measures to track VFM at the Annual review include:

Economy: Working with WHO and governments in-country means that in-kind contributions can be obtained. Local financial and in-kind contributions have risen by 20-40% in the MeTA countries since 2012-2013. The 2013 Multilateral Aid Review Update rated the WHO as offering adequate value for money and demonstrating improved financial systems and clear evidence of cost cutting since the first review in 2011. However, there are still some weaknesses that the Update picked up, notably that targets for savings on administration costs are not stretching and there is little attention to cost saving in developing countries. WHO Reform, which DFID supports, is working on addressing the priorities which the Update recommended (Strengthened accountability framework providing transparent reporting of allocation and monitoring of finances, particularly in developing countries; and Improved systems to facilitate efficiency savings). The risk is managed by close involvement of WHO Headquartered staff in the approvals process. See section 2.2 above for more on efforts to drive economy for all cost drivers.

Efficiency: WHO run the Good Governance for Medicines (GGM) programme and others which seek to improve transparency in the pharmaceutical sector in addition to improving aspects of governance such as participation, ethics and management, for example. MeTA is able to benefit from processes already embedded within WHO, to increase its efficiency. The programme also benefits from technical capacity provided by WHO country offices, which is necessarily less expensive than using external consultants

Effectiveness: There are indications that MeTA is proving to be effective in stimulating policy change in some countries. This is reported especially under output 5, which details the various policy actions that have occurred as a result of MeTA interventions, particularly in Kirgizstan and Jordan, where it is hard to envisage that these changes would have occurred without the MeTA platform providing a catalyst. Although we cannot say for certain whether or not these actions would have occurred in the absence of MeTA, the evidence provided for the Annual Review certainly demonstrates that MeTA provides a useful

platform for dialogue and policy review and a way of giving new data neutral 'branding' in the highly politicised medicines policy space. The evaluation will examine further the value of multi-stakeholder activities for policy change and should provide more insight into its effectiveness, as well as the operational effectiveness of the MeTA managing agents.

MeTA also has a number of important potential **indirect benefits**. Improved transparency and accountability in the provision of medicines may contribute to reduced corruption, and improve market conditions for reputable businesses that may otherwise be undercut by low quality, unregulated medicines providers. Improved availability of medicines can increase confidence in public sector services, and improve overall health service utilisation. Medicines are significant contributors to health expenditures. Improved efficiency and reliability of medicines procurement can significantly contribute to progress towards universal coverage of basic health services. As noted above, improved access to affordable medicines can also contribute to poverty reduction, by reducing potentially impoverishing household expenditures on medicines and by contributing to better health outcomes (and thus averting the impoverishing impacts of ill-health). An independent evaluation has been contracted and will seek to capture these.

Additional, and potentially more significant, savings are anticipated in private expenditure. In four of the five pilot countries for which data is available (Jordan, Kyrgyzstan, Peru, Philippines and Zambia) private out-of-pocket expenditure on medicines is 1.25 – 24.9 times the equivalent public expenditures. This phase will incorporate efforts to better quantify private expenditure and potential efficiency savings.

5.2 Commercial Improvement and Value for Money

HAI has a Procurement Policy (QUEST 3094972) which sets out the guidelines that HAI staff follows to ensure value for money in every aspect of their procurement. HAI have submitted a complete commercial capability review (QUEST 3099240).

5.3 Role of project partners

HAI and WHO jointly comprise the International MeTA Secretariat and are jointly responsible for providing support and training to the implementing partners and broader MeTA Councils at country level. Low value, low volume procurements, such as office consumables, are sourced from three separate suppliers on an ad-hoc basis and costs are compared on each occasion. WHO (Essential Medicines and Health Products Department – EMP) provides technical assistance to national MeTA Councils through in-country staff, regional and HQ staff and WHO network of international experts (including Collaborating Centres). WHO procures technical assistance on behalf of DFID under their agreed MOU.

5.4 Does the project still represent Value for Money : Yes - Overall, the programme is delivering what is expected, seeks to maintain low costs and is achieving policy change and/or higher levels of civil society mobilisation across the seven countries.

5.5 If not, what action will you take? N/A

6. Conditionality

6.1 Update on specific conditions N/A

7. Conclusions and actions

The Medicines Transparency Alliance Phase 2 project is meeting expectations. MeTA should focus on consolidating its achievements and focusing efforts on policy, capacity gaps and sustainability. This review has identified the following set of recommendations for the next year of implementation (integrating all those made in earlier sections):

1. IMS and MeTA Countries to work together to help ensure sustainability of results, as well as financial sustainability, through development of sustainability plans (linked to a wider programme risk matrix) which include the following elements: strategic resource mobilisation and financial sustainability; securing government and other local support; the embedding of lessons and processes by HAI and WHO (see output 5 recommendation); and an approach to continue to

- increase MeTA's relevance to policy makers at the local and global levels. An action plan for increasing civil society engagement in strengthening pharmaceutical sector transparency and accountability is also needed (by Q4 2014).
2. DFID and IMS should review the logframe: consider the value of Output 1; consider development of a specific indicator around sustainability of results (possibly integrated into output 1); perform a general review of indicators, milestones and targets to reflect rational use of medicines, other improvements in efficiencies and improvements in practice in addition to policy (by Q3 2014); support countries to develop SMART milestone indicators and clarify reporting expectations around these (particularly for output 4, but to be reviewed across the logframe) (and ensure that, across the board, reporting relates directly to the logframe and speak as much to results as to activities) (by Q4 2014). Indicators should link to MeTA's theory of change and enable performance management for CSOs (Q4 2014).
 3. Transparency is already a core driver for WHO activities related to medicines, as underpinned in the World Health Report 2010 (Chapter 4), which stresses that universal health coverage will be reliant, in part, on the efficiencies generated by increased transparency and better governance of medicines. Good Governance of Medicines and other WHO/EU programmes are among WHO activities revealing that these principles are now embedded into WHO processes. WHO to embed this further by establishing clear indicators for transparency in its Country Pharmaceutical Profiles (reporting on steps towards this action by Q2 2015).
 4. DIFD should monitor MeTA Ghana carefully. IMS should work with MeTA Ghana to develop a policy engagement plan. IMS should receive Ghana's reports monthly and ensure that activities and associated reporting are results-oriented (ongoing, 2014/15). IMS should submit a risk report on Ghana to DFID quarterly, or when risks are red/high. IMS to take corrective action if there is failure to meet milestones or to maintain a relevant policy engagement plan (by end September 2014 and ongoing).
 5. IMS should enable more cross-country learning with respect to participation in an international programme such as MeTA to enable some countries to learn how others cooperate more effectively with the IMS without sacrificing their autonomy and/or what works in countries (through the global meeting, 2014, and through the evaluation).
 6. IMS should conduct in-depth, in-country case studies on practices and strategies that lead to MeTA outcomes, particularly at country level, which can be used to inform future programming (by Q1 2015, to feed into evaluation).
 7. IMS should evaluate the usefulness of the online platform (for information sharing) and identify mitigating actions for any challenges with confidentiality or other issues (by Q3 2014, and again by Q1 2015).
 8. IMS should review the issue of evaluating the value of new data collection technologies with the DFID adviser in 2014 (by end Q4 2014).
 9. Within the existing Terms of Reference, the evaluation team (with DFID input) should:
 - i. identify which processes or governance arrangements may improve or hinder the operational effectiveness of MeTA (addressing questions concerning institutional arrangements and the role of sector leadership – civil society organisation (CSO), public, private - in determining success) within the context of countries' economic development and the over-arching political economy of medicines
 - ii. take a more systematic look at the relationship between more open data and behaviour change i.e. how MeTA's dissemination of information to stakeholders leads to improved knowledge of those stakeholders to voice concerns and raise questions and thereby stimulates changes in policy/practice and increases accountability (by end of evaluation, August 2015)
 - iii. provide information on the levels of awareness concerning MeTA and possible implications of awareness-raising efforts.
 10. IMS should ensure that the Philippines is able to provide a clear design and delivery plan for an information and education campaign (by Q3 2014).
 11. IMS should support consolidation of CSO learning through lesson learning and dialogue, at another global CSO meeting/workshop (by Q2 2015).
 12. IMS should support countries to formalise CSO coalitions and encourage appointment of a coordinator to enable more structured implementation and reporting of activities (at global workshop, Q4 2014).
 13. IMS should accelerate roll out of CSO assessment tool to support analysis of civil society engagement and effectiveness.

14. IMS should work more closely with MeTA Zambia to support and increase the pace at which it can collect and analyse data that would then feed into the policy dialogue process.
15. IMS should develop a thorough communications plan to promote MeTA's work and communicate the results/impact it has or will deliver (by Q3 2014). While MeTA continues to disseminate information, IMS should collaborate more with other development partners working in the health care sector in order to avoid duplication of efforts and to create synergies (ongoing, 2014/15).

8. Review Process

The IMS provided a comprehensive report and supporting evidence which have been assessed by the DFID adviser. Health advisers in Ghana and Zambia provided their views on MeTA's performance in those countries. A visit to MeTA Ghana was made by the DFID adviser. The DFID adviser reviewed material from these sources and submitted this annual review. An internal peer review process of the Annual Review was undertaken.

Annex 1 – Output 4: progress against milestones

The following presents the milestones selected by each country (for output 4) and progress made against them:

MeTA Ghana

Achieved: *No – Milestone missed.* It is expected that measures taken in Ghana in Q2 2014 to conduct a civil society assessment and subsequently to develop training materials and a mentorship and coaching programme will bring it back on track to focus on building civil society capacity, although much later than hoped⁵.

Milestone 4.1.1: CSOs Trained on gaps identified by KABP tool (July 31 2014)

MeTA Jordan

There has been some progress in the last twelve months and the CSO Health Coalition has built a more robust internal management and governance structure and is better accepted by the other stakeholders on the Council. They have now been asked to chair two important Jordanian committees, including that concerning the National Drug Policy, which suggests progress in the last twelve months. However, the fairly modest milestones set for 2013/14 clearly reflect the on-going struggle for civil society acceptance in MeTA (and, more broadly, in Jordan).

Achieved: Yes - All milestones met or exceeded – Relating to promotion of concepts of transparency and accountability, civil society's engagement has increased from participation in six subcommittees in 2013 to eleven in 2014. Moreover, civil society has also been invited to be part of the government health strategy and official public education programme in medicines and has been asked to chair the National Drug Policy committee and the policies on disclosure committee. JFDA (responsible for issuing and updating Jordanian medicine pricing regulations) and MeTA stakeholders are now officially part of the policy review process. On public awareness, several meetings were held between civil society representatives (individual patient organisations) and a forum of civil society stakeholders has been established, under the leadership of the coalition, to raise awareness on patients' right to access to medicines and to campaign for medicines pricing transparency. Advocacy from the civil society coalition has led to the establishment of a communications committee within the JFDA (to be chaired by civil society in 2014), which will develop promotional materials for the general public. The result is that MeTA Jordan's civil society component is expanding its mandate to represent a broader constituency.

Milestone 4.1 Advocacy meetings with stakeholders to persuade them to include CSOs members in all the JFDA medicine committees.

Milestone 4.1.2. Advocacy meeting between CSOs and MeTA stakeholders to promote concepts of transparency and accountability in all relevant public institutions and make all documents publically available.

Milestone 4.1.3. Advocacy in collaboration with other stakeholders to update pricing regulations to ensure availability & affordability of medicines.

Milestone 4.1.4 Campaign to raise public awareness on patients' rights to access to medicines, information, and to affordable medicines.

MeTA Kyrgyzstan

Achieved: Met - CSO representation on the MeTA Council in Kyrgyzstan is through a coalition which includes 19 NGOs. This represents progress since the pilot and initial stages of phase two, when the civil society representation was concentrated in one CSO. All three milestones have been fully met. Progress has been made in building capacity for monitoring of public procurement and steps are being taken to obtain public funding and institutionalise this in to regular practice. There are no SMART measures for the milestone around increasing public awareness on access to medicines, nor any robust baseline data, but it is estimated that nearly 50,000 people have been reached through three public awareness campaigns in several provinces, which use the public media and are tailored to specific demographics. Multiple campaigns were run in parallel in 5+ provinces and a policy report was written, informed by a

⁵ The survey has been delivered and results being analysed and will be fed into the plan for CSO capacity building. The resulting training manuals, mentorship and coaching programme for CSOs will be developed according to the findings of the assessment (originally due May 30 2014, now with a new target date of 31st July 2014)

multi-stakeholder forum held in November where it was agreed to formalise the forum and repeat it regularly in order to facilitate policy dialogue.

Milestone 4.1.1 20 representatives of CSOs are trained to observe the public drug procurement process.

Milestone 4.1.2 Broad Civil Society (public) awareness on access to medicines is raised (public awareness campaign to five (total) provinces and Bishkek; report and recommendations to facilitate policy dialogue).

MeTA Peru

Achieved: Met - MeTA Civil Society have received training and are now monitoring the supply chain for anti-retroviral medicines, including the patent status and government procurement prices. The MeTA Perú general assembly has approved a comprehensive civil society annual operating plan.

Milestone 4.1.1: Strengthen Civil Society capacity for surveillance of specific medicines

Milestone 4.1.2: Develop a comprehensive workplan for the engagement of civil society in MeTA Activities

MeTA Philippines: The Philippines' aims for 2013-2014 under this output has been to develop CSO (CHAT)'s ability to collect, analyse and disseminate relevant information.

Achieved: Yes - Met – All milestones have been met (or exceeded, as in the case of CHAT's organisation of more than five meetings with relevant government agencies), although one component of milestone 4.1.3 is lagging. The net result of this work is that CHAT has been able to analyse available research and information and this, in turn, has enabled civil society to articulate the public view in planning health programmes, to participate in planning for their health, and to help address gaps. Its activities this year have helped CHAT solidify its future work plan and identify areas of focus for civil society work. Civil society has been able to provide feedback and actively contribute inputs to improve health services and programmes (primarily through the dialogue series). For example, advocacy has led the Department of Health to strengthen the existing health promotion programme beyond just preparing press releases and information materials (e.g. modules to promote healthy lifestyles, and specific advocacy campaigns to address emerging diseases). Patients and civil society (through CHAT/MeTA) have been able to feed into PhilHealth's information and awareness campaign, to improve overall public understanding of the agency's offerings. Information dissemination needs were explicitly discussed at two multi-stakeholder meeting and related projects will be incorporated into the MeTA information campaign and projects (also under Output 3). This illustrates that CHAT's agenda and delivery are very integrated with MeTA's, and also that civil society may have different information needs to reach communities and the grassroots which is why information materials (separate from MeTA's) directed to civil society target audiences are needed. CHAT's agenda and delivery are integrated with MeTA's, so their information and education campaigns have been integrated, but where civil society may have different information needs to reach communities and the grassroots, information materials (separate from MeTA's) have been specifically planned.

Milestone 4.1.1 CHAT convenes three specific meetings with relevant government agencies

Milestone 4.1.2 CHAT workshops to analyse available studies, research or information that are relevant

Milestone 4.1.3 Design of a specific CHAT information and education campaign targeting communities and the grassroots within a broader MeTA Communications strategy

Milestone 4.1.4 Two sustainable community monitoring programs designed to increase capacity in MeTA CSOs and the wider public

Milestone 4.5 Capacity-building activities to improve civil society engagement

MeTA Uganda: Responsibility for the implementation of all MeTA activities in Uganda lies with civil society (HEPs). In addition, four specific civil society coordination meetings have been held, extending the civil society constituency beyond the member institutions of HEPs.

Achieved: Yes – all milestones were met. Monthly reports are compiled on availability of medicines at public health facilities. HEPs leads the medicine availability and price monitoring surveys, in collaboration with WHO and MoH. This information is used to inform national level advocacy, for example at Technical Working Groups of the Ministry of Health and to inform the CSO agenda. Three CSO empowerment training events were conducted in the last year in Mbarara, Pallisa and Lira districts.

Milestone 4.1.1 Conduct medicine availability and price monitoring surveys

Milestone 4.1.2 One day training of community leaders in one district

MeTA Zambia: Zambia's overall aim for 2013-2014 was that civil society engagement and ownership is enhanced.

Achieved: Yes - Progress has been made in stimulating civil society participation in MeTA in all regions of the country. Following consultations in four regions and CSO workshops in three regions (which brought together civil society to act as one platform and provided information on medicines issues), civil society is now developing clearer ideas and consolidating its voice, revealing a particular commitment to medicines supply chain transparency and policy intervention. Towards the end of this review period and into the next (July and August 2014) a programme of knowledge transfer and coalition building is being undertaken that will aim to strengthen their voice on the council. The IMS report that the MeTA council are very enthusiastic about the potential energy of the fledgling CSO coalition, and have instructed the secretariat to offer full support. This has been enabled by the IMS' CSO workshop in Amsterdam in July, which stimulated the secretariat (who participated) to engage more fully with the civil society workplan.

Milestone 4.1.1 Public consultations on Civil Society engagement held

Milestone 4.2 CSO capacity building workshops held

Annex 2 – Changes to the Logframe (to be deleted for public version)

Output indicator 1.1

Changed from: Multi-stakeholder groups (MeTA Councils) exist (government, private sector and civil society are represented) and meet at least biannually in each country

To: Multi-stakeholder groups (MeTA Councils) exist where (government, private sector and civil society are represented) and meet at least biannually in each country produce an annual workplan approved by the IMS

Milestones added for Y3: All countries (7) submit a workplan, containing agreed objectives, timelines and those responsible.

Milestones added for Y4: All countries (7) submit a workplan, containing agreed objectives, timelines and those responsible.

Target changed from: Regular meeting and participation maintained in a functioning multi-stakeholder group which agrees objectives, work-plans, timelines and those responsible for activities.

To: All countries have an operationalized workplan according to country priorities, capacity and context that has been agreed by a MeTA Council and the IMS.

Output Indicator 1.2

Changed from: MeTA councils produce an annual workplan approved by the International Secretariat (1 plan per country per year)

To: Deleted (combined with revised 1.1)

Output indicator 1.3 (Changed to 1.2)

Changed from: Number of MeTA Councils supported from country level sources (domestic or donor; in cash or in kind).

To: Number of MeTA Councils supported from country level sources (domestic or donor; in cash or in kind. eg. Office space, goods, services) with great value placed on support leading to integration within existing systems and/or sustainability.

Milestone Y3 added: Six countries are able to substantiate country level support as donations or in kind. Four countries are able to demonstrate a tangible 5% increase in previous year support.

Milestone Y4 added: All countries (7) are able to substantiate country level support as donations or in kind. Five countries are able to demonstrate a tangible 5% increase in previous year support.

Target changed from: 7

To: All countries seek and achieve country level support as donations or in-kind leading to integration and/or sustainability.

Output indicator 2.1

Changed from: Number of MeTA relevant surveys/or data collation exercises (including monitoring) conducted with local team participation

To: Surveys/or data collation (including monitoring) conducted with local team participation and analysis leads to intervention or policy recommendation relevant to outcome 1

Milestone Y2 changed from: 1 per year per country collecting at least a subset of indicators relevant to outcome 1

To: Each relevant country collecting at least a subset of indicators relevant to outcome 1 using WHO approved methodology

Milestone Y3 changed from: 2 per year per country produces at least one analytical report that is deemed satisfactory by WHO.

Milestone Y4 added: Each relevant country makes at least one intervention or policy recommendations based on analysis of data.

Target changed from: Full collection of indicators per year per country

To: All relevant countries make evidence based interventions or policy recommendations relevant to outcome 1.

Output indicator 2.2

Changed from: Number of new indicators and tools to measure availability, affordability and prices developed and validated by MeTA.

To: New data collection tool, survey, indicators and/or methodology conducted with local team participation and analysis leads to intervention or policy recommendation relevant to outcome 1 tools to measure availability, affordability and prices relevant to outcome 1.

Milestone Y2 Changed from: New tool piloted

To: New data collection tool, survey or methodology relevant to outcome 1 and approved by WHO planned in relevant countries.

Milestone Y3 changed from: new tool used for a subset of core medicines.

To: New tool or survey implemented for collection of data relevant to outcome 1 in relevant countries.

Milestone Y4 added: Each relevant country produces analytical report using new tools or surveys that is deemed satisfactory by WHO

Target changed from: New tool used for all core medicines

To: All relevant countries produce at least 1 analytical report that can be used as a basis for evidence based intervention or policy recommendation

Output indicator 2.3

Changed from: Number of analytical reports based on surveys and other data highlighting policy issues and making recommendations

To: Deleted (now reflected in revised output indicator 2.1)

Output indicator 2.4

Changed from: Number of analytical and other reports agreed by country MeTA councils and Ministry of Health

To: Deleted (now reflected in revised output 5)

Output 3

Changed from: Transparency and accountability of the pharmaceutical sector strengthened

To: Transparency of the pharmaceutical sector strengthened which leads to greater accountability

Output Indicator 3.1

Changed from: Reports from output 2 disseminated to relevant stakeholders

To: Findings (from data collection or reports from output 2, reports from the pilot, and other information) disseminated using appropriate messages and methods to relevant stakeholders.

Y3 milestone added: Key information, analytical reports and findings disseminated to stakeholders and the public as relevant and informs advocacy

Year 4 milestone changed from: Analytical reports and findings disseminated to stakeholders.

To: Key information, analytical reports and findings disseminated to stakeholders and the public as relevant and informs advocacy

Target changed from: All analytical reports disseminated to stakeholders.

To: Key information relevant to outcome 1 is made transparent in all 7 countries and informs advocacy.

Output Indicator 3.2

Changed from: Information (from reports from output 2, reports from the pilot, and other information) disseminated using appropriate messages and methods to other stakeholders.

To: Deleted (and combined with 3.1)

Output Indicator 4

Country specific indicators added below the logframe.

Output Indicator 5.1

Changed from: MeTA and other meetings with policy makers where medicines are discussed

To: Evidence based policy recommendations discussed and proposed to relevant stakeholders

Milestone Y3 changed from: Action points from access to medicines meetings with policymakers

To: Key findings/messages from reports and data collection shared with policy makers

Milestone Y4 added: Policy recommendations made and discussed with policy makers

Target changed from: Action points from access to medicines meetings with policymakers

To: Policy recommendations considered by MoH

Output Indicator 5.2

Changed from: Number of policy recommendations based on multistakeholder policy dialogue agreed and proposed to MOH

To: Deleted (and combined with revised 5.1)

Output Indicator 6.1

Changed from: MeTA support (in cash or in-kind) from additional sources (national and international)

To: Deleted (and combined with revised 1.2)

Output Indicator 6.2 Now 6.1

Changed from: Dissemination of MeTA information and methodology resources.

To: Global awareness and support for MeTA increases

Output Indicator 6.3 Now 6.2

Changed from: Number of collaborations with global or national stakeholders where synergies can be realized or support received

To: Number of collaborations with global or national stakeholders* with meaningful input to MeTA outcomes and MeTA principles.

*(e.g. academic institutions, NGO's, Bilateral and International organizations)

Output Indicator 7.1

Changed from: External evaluation carried out by DFID

To: External evaluation carried out by DFID to increase transparency and challenge the assumptions of MeTA

Year 4 milestone changed from: Evaluation carried out

To: Evaluation carried out; insights absorbed among relevant actors and results made public

Target changed from: Evaluation completed and report finalised

To: Evaluation report disseminated and lessons learnt shared with stakeholders

Output Indicator 7.2:

Changed from: Results of independent external evaluation publicly available

To: deleted (and combined with revised 7.1)

Annex 3 – Risk Matrix

Medicines Transparency Alliance (MeTA) – Risk Matrix (July 2014)

The overall risk rating of MeTA is **MEDIUM**. All risks have been reviewed and, if required, revised to reflect current the latest assessment of risk.

Risk as outlined in the DFID business case	Impact	Likelihood	Minimisation/mitigation of negative impacts as outlined in the DFID business case	Updated assessment/comments
1. MeTA does not gain traction with broader health and pharmaceutical sector reform at country level, and is unable to drive changes in pharmaceutical sector policies	H	Low to Medium	<ul style="list-style-type: none"> • Support to countries to engage with local cooperation partners (including through DFID and other donor country offices) • Support to countries to develop and submit local funding plans • Support to develop relevant policy options to address identified issues in pharmaceutical sector • Support to countries to ensure quality of data (WHO reviews all data, and protocols, TORs etc) (new) • WHO continues to embed MeTA into its processes, e.g. through GGM and setting a new transparency indicator in its Country Pharmaceutical Profiles (new) 	<p>To date this risk has been fully mitigated in Jordan, Kyrgyzstan, Peru, the Philippines but - whilst policy makers are engaged in MeTA councils, - less tangible progress is apparent in Uganda and Ghana. In Zambia the risk of MeTA failing to engage with health sector reform is high and mitigating steps are planned for year 4.</p> <p>Progress is partially dependent on the local political environment and commitment to pharmaceutical policy reform, which has been challenging in Peru due to political issues and Ghana due to changes in political leadership. In Zambia, although connected to government through the Chair, MeTA has not yet shown success in engaging policy makers: probably due to capacity issues in MeTA, the model has focused more on civil society engagement and public opinion as a way of stimulating policy change, with very recent moves towards generation of new evidence to feed into awareness raising and policy reform. Year 4 in Zambia should focus more on local policy engagement through evidence generation and multi-stakeholder dialogue if this risk is to be mitigated.</p>
2. Country Multi-stakeholder groups not effective. Constituencies do not share information and MeTA unable to identify areas and approaches for action	M	Low	<ul style="list-style-type: none"> • Build on findings from pilot phase multi-stakeholder analysis to strengthen multi-sector working • Specific work stream to improve engagement with and by private sector • Guidelines for multi-stakeholder group composition and management. 	<p>Multi-stakeholder approach is working across most countries and has accelerated in year 3 due to a series of cross-country workshops and dialogues and to IMS in-country visits to build capacity and understanding. Challenges remain in Ghana where CSOs are not well-integrated. Outputs around private sector engagement component are monitored and the risk is overall low as the private sector plays a role, in six MeTA countries. In the Kyrgyzstan Republic private sector engagement is weak and the risk here is medium, but this reflects the policy making/consultation process in that country. A focus for Kyrgyzstan in Year 4 should be private sector engagement,</p>

				through a mobilisation and capacity building programme.
3. MeTA councils unable to raise resources at country level and remain reliant on international funding	H	H	<ul style="list-style-type: none"> • Transition funding provided to countries to help re-establish MeTA activities • Support to countries to develop and submit local funding proposals • Work with international donors/agencies to raise the profile of MeTA • IMS to identify other sources of funding by Q4 2014 and secure funding by Q3 2015 (new) 	<p>Currently a high risk. Despite increasing level of local funds and in-kind support, MeTA countries have not yet developed sustainable local funding sources and no international donors have been secured</p> <p>To mitigate against this risk, IMS will work with councils in year 4, the final year, to secure sustainable financing. For countries which have secured high levels of government commitment to MeTA this might be achievable, but countries that have separated MeTA totally from government machinery will find it more difficult.</p>
4. Information generated at country level is not regularly updated and is not sufficient to monitor the impact of policy changes or pharmaceutical sector performance	H	L	<ul style="list-style-type: none"> • Support work to develop and test methodologies that collate and make use of routine pharmaceutical sector information (including opportunities to use new mobile phone based platforms) 	<p>Risk is low, with methodologies and tools that are new to the country having been introduced (ongoing) in six out of seven countries.</p> <p>To mitigate against this risk in the 7th country, Zambia, such a tool is being developed for implementation in year 4. Opportunities for new phone technologies were explored in Ghana but the difficulties of integrating these into existing systems outweighed the benefits offered.</p>
5. WHO and HAI delivery of international secretariat functions is ineffective e.g. poor joint working, insufficient capacity, corporate viability (HAI) and/or weak working relationships with countries	H	L	<ul style="list-style-type: none"> • Contracting and MOU includes milestone based payment components • WHO-HAI MOU clear identifies division of responsibilities • IMS and DFID review programme performance against milestones on a quarterly basis 	<p>To date this risk has been mitigated well, dropping from a medium risk rating to a low risk rating due to operational improvements in the last two years. HAI is now fully funded at least until the end of MeTA's life, so is now viable. Joint working is effective thanks to clear division of labour and open dialogue. Working relationships with countries are, in the main, productive, especially for Kyrgyzstan, the Philippines, Peru and Jordan. However, there has been a struggle in the relationships and communications with Zambia and Ghana which has led to difficulties for IMS in managing performance or understanding how best to intervene. This is exacerbated by ICT challenges. Relationships have been strained when lines of accountability are not clear: this is a problem where MeTA is established as an independent entity, which does not wish to report to an IMS. Problems tend to be resolved through site visits and continued focus on workplan milestones and targets.</p>
6. Poor performance by MeTA countries (e.g. focus on process rather than results)	H		<ul style="list-style-type: none"> • Demand driven country work plans are based on clear MeTA funding criteria, country analysis from pilot phase and 	<p>The risk has been mitigated, overall. Work plans are fully established clearly linked to desired results (and work/funding is not approved by IMS unless this</p>

			<p>costings/performance are benchmarked across country programmes</p> <ul style="list-style-type: none"> • Two funding rounds during 4 year implementation, with round 2 dependent on round 1 performance • Continuous performance monitoring and management by IMS 	<p>is the case). The linkage/theory of change is less clear in Zambia, where the model has been focused on CSO communications / public awareness to respond to civil society's need to understand their rights and the problems rather than a data-specific need, but steps have been taken to address this and commence evidence generation.</p>
7. Changes in pharmaceutical or health sector (e.g. reduction in health financing etc) negate potential benefits of MeTA	H	M	<ul style="list-style-type: none"> • Countries supported to engage more effectively with broader pharmaceutical and health policy processes. • Methodologies developed to capture MeTA specific efficiencies, even if overall health outcomes performance declines. 	<p>The risk is low to medium, overall. Some countries – Kyrgyzstan, Jordan, Peru and the Philippines – are well-engaged with policy processes, have generated new evidence and are already able to show results in terms of policy change (if not health outcomes). Ghana has performed poorly due to operational capacity issues which have slowed delivery of outputs, but the MeTA Council is well-engaged with broader policy processes and evidence has been generated and disseminated. Zambia has been focused on mobilising civil society as a means to affect policy, but it is too soon to tell whether this will yield any policy-relevant results. To mitigate the risks in Zambia, a new approach is being taken to capture relevant data.</p>
8. Weak management results in poor value for money in programme implementation	L	L	<ul style="list-style-type: none"> • Appropriate fiduciary and programme reporting procedures in place • IMS oversight of progress on quarterly basis 	<p>Risk remains low – all management reporting is on time, IMS monitors progress and reports regularly to DFID.</p>

ⁱ World Health Organisation and Health Action International (2009). "Measuring medicine prices, availability, affordability and price components." Geneva