

**Promoting Transparency, Accountability and Participation
through a Multistakeholder Initiative:
*Lessons from the Medicines Transparency Alliance***

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What are Multistakeholder Initiatives (MSIs)?

- They are voluntary agreements between governments, civil society, and the private sector
- Promote government transparency and accountability to citizens
- Often used in sectors where there is the risk of corruption
- Promote governance through soft law/voluntary compliance
- Evidence for effectiveness and long-term social impact uneven
- Source: Brockmyer B, Fox J. Assessing the Evidence: The Effectiveness and Impact of Public Governance-Oriented Multi-Stakeholder Initiatives. Transparency & Accountability Initiative. London: Open Society Foundation. 2015.

The Medicines Transparency Alliance (MeTA)

- MeTA created to promote transparency and accountability goals in the pharmaceutical sector
- Implemented in seven countries (Ghana, Jordan, Kyrgyzstan, Peru, Philippines, Uganda, and Zambia) from 2008 to 2015
- Design assumed increasing transparency and dialogue among stakeholders leads to evidence-based decision making and policy decisions with greater social impact

Research Goal and Methods

- **To determine if MSI approach is effective for improving governance in the pharmaceutical sector**
- Case study methods to construct a case for each country
- Reviewed archival data to document MeTA activities and results related to transparency and accountability
- Unit of analysis - MeTA decision making body (e.g., MeTA Council)
- Focus on MeTA Phase II (August 2011 to December 2015)

Methods (2)

- Country case studies reviewed by MeTA program representatives from each country
- Did cross-case analysis to reconcile the uniqueness of each individual case to understand generic processes across cases
- Identified commonalities or differences in transparency approaches and the relationship between data availability and processes related to accountability
- Compared countries where evidence of changes being routinized in institutions and those where there was no clear evidence

Background

- Most countries commenced MeTA program by collecting and analyzing data and information on medicine access indicators and issues
- Open stakeholder meetings and proactive information dissemination strategies to expand transparency used

Results: Transparency

- MeTA stakeholders did not explicitly define transparency or adopt a deliberate transparency model or strategy
- Countries implicitly conceptualized transparency: ***as collecting and sharing relevant indicators and reports or analysis on access to medicine issues with stakeholders from government, civil society, and the private sector***

Results: Transparency (2)

- Disclosure Policies document endorsed by government stakeholders in Jordan
- Policies implemented with data published on the website of the Jordan Food and Drug Administration
- MeTA Kyrgyzstan contributed to the State Medicines Policy to provide for greater transparency and a system to monitor policy implementation
- Also created a codification system to permit the common identification of individual medicines by procurement lot

Table 3 Transparency Strategies Used to Increase Access to Information

Country	Strategies
Ghana	Open meetings model with MeTA forum events. Proactive dissemination through web site, television, and newspapers. Contributed to progress toward a national policy on transparency and accountability in pharmaceutical sector. Created model policies/procedures at facility level where previously absent or ad hoc. Conducted educational activities to increase demand for and use of data.
Jordan	Proactive dissemination model with some elements of open public meetings. National Medicines Policy now has section on transparency. Disseminated hard copy and electronic versions of documents to government offices and civil society organizations; published work plans, analytical reports, and approved policies on government web site. Educational activities included advocacy training.
Kyrgyzstan	Proactive dissemination model included publishing state medicine policy in a trade journal. Held numerous public roundtables for policy discussions. Took actions to overcome legal barriers to disclosure, and to develop technical tools for transparency (medicine codifier software). Promoted public information campaign to increase awareness of rights, and to inform the public of dangers of unsafe medicines. Civic education on advocacy and monitoring of policy implementation. Started web site, but no longer available.
Peru	Mainly proactive dissemination through the Medicines Price Observatory. Open meetings; for example, medicines policy meetings held in different cities, attended by civil society groups, academics, and local officials.
Philippines	Open meetings model and proactive dissemination with strong social media component. Increased process transparency with information about rules, laws, and procedures, and access to performance data. Disseminated documents at meetings, through e-mail, and on password-protected web sites intended for multi-stakeholder initiative members only.
Uganda	Open meetings model with some proactive dissemination. Findings from survey of access & pricing shared at a national meeting. Study on quality of medicines was not published due to sensitive data, but was presented at a public meeting. Stories in print media and television. Started a blog and web site, though the blog has not been updated.
Zambia	Proactive dissemination through radio programs, television, website, social media, brochures, pamphlets, fact sheets. Used a strategy of in-person communication through creation of MeTA groups at district levels. Created Facebook pages for advocacy. Disseminated some information through MeTA Forum and Roundtable events.

Results: Accountability

- No common definition of accountability
- The distinct political and health systems and cultures of each country likely influenced how accountability was understood and operationalized
- Still, MeTA stakeholders advanced advanced three types of accountability efforts: multi-stakeholder policy dialogue/consultation, civil society capacity building, and citizen education

Results: Accountability (2)

- MeTA countries made efforts to embed accountability within policies, procedures, government institutions, and civil society structures
- MeTA Kyrgyzstan strengthened management information systems by medicine codifier software and the promotion of an e-procurement system
- MeTA Peru's supported web-based price and quality observatories supporting public queries and analysis
- Civil society organizations engaged in activities to support access-to-medicine policies in some countries (such as Ghana and the Philippines)

Disclosure Surveys and Importance of Context

- Initial Disclosure Surveys assessed status of public disclosure of information in the pharmaceutical sector
- However, these were not used to agree on international standards for public disclosure of information
- Transparency viewed as instrumental
- Context matters: e.g. medicines entitlement programs (the Philippines); prices (Peru); registration data (Jordan)

Conclusions

- MeTA fostered multi-stakeholder policy dialogue, CSO capacity building, and citizen education to increase accountability
- MeTA efforts did contribute to new policies in some countries
- These changes may indicate greater government accountability

Conclusions (2)

- MeTA countries tended to present their multi-stakeholder groups—as homogeneous
- Power differentials not addressed
- MeTA model did not explicitly acknowledge countervailing pressures against reform (e.g. corruption)
- Political, cultural and institutional factors matter
- Its logic model assumed information and communication (and to some degree participation) sufficient to increase accountability

Limitation

- MeTA collected pre- and post- data on access indicators but data not yet analysed
- This analysis vital to determine if MeTA activities really increased accountability for improved access to medicines

Recommendations

- Repeat Disclosure Surveys in MeTA countries to allow comparison of government disclosure policies **before** and **after** MeTA intervention
- Define operational terms so common definition applicable across countries
- Analyze baseline and end line access indicators to expand evidence of accountability results
- Conduct sub-analysis of power and accountability issues within MSIs and variation in the uptake of transparency by specific institutions (regulatory versus health) and functions (registration versus procurement)

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Medicines Transparency Alliance (MeTA): Pathways to Transparency, Accountability and Access (<http://apps.who.int/iris/bitstream/10665/246257/1/9789241511209-eng.pdf>)