Medicines Transparency Alliance (MeTA) Evaluation

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The Medicines Transparency Alliance (MeTA) was established in 2008 in seven pilot countries (Ghana, Jordan, Kyrgyzstan, Peru, the Philippines, Uganda and Zambia) with the aim of improving access to essential medicines. MeTA's underlying hypotheses centred on the importance of transparency and accountability within the medicines supply chain as a means of improving evidence-based access to medicines (ATM) policymaking, leading in turn to improved access to medicines. A key strategy of the MeTA model, common in all seven pilot countries, was multistakeholder policy dialogue.

Transparency and accountability are seen as increasingly important factors in international development, yet there is limited evidence on their role in policymaking processes, particularly within the health/medicines sector. While the MeTA programme has been subject to a number of evaluations during its lifetime, none have focused on testing the hypotheses that underpin the MeTA approach. The purpose of this evaluation was to assess MeTA's underlying rationale to provide lessons for future programming of interventions that wish to adopt a similar approach to MeTA, thereby contributing important evidence concerning the role of transparency and accountability in international development. The evaluation covered phase 2 of the MeTA programme from 2011 to 2015.

The evaluation design was innovative, applying qualitative comparative analysis (QCA), making this evaluation of MeTA one of only a handful of evaluations of development programmes using this approach. QCA is a case-oriented comparative approach that combines in-depth case studies with the identification and interpretation of causal patterns (Befani, 2013). The QCA approach enables the systematic comparison of cases, with each case viewed holistically as a complex configuration. Through the application of QCA we sought to identify what factors, and combination of factors were important to MeTA's success, to support our assessment of MeTA's hypotheses.

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