World Bank Institute


CASES OF MAPPING OUTCOMES

# Improving Governance in Pharmaceutical Procurement and Supply Chain Management in Kenya, Tanzania and Uganda

Since 2010, Kenya, Tanzania and Uganda have made significant progress in strengthening multi-stakeholder engagement to facilitate greater transparency, accountability and efficiency in Pharmaceutical Procurement and Supply Chain Management (PSM). The increased collaboration between state and non-state actors, which has emerged as a result of this engagement, is integral to improving access to essential medicines, the goal of WBI's Improving Governance in Pharmaceutical Procurement and Supply Chain Management Initiative.

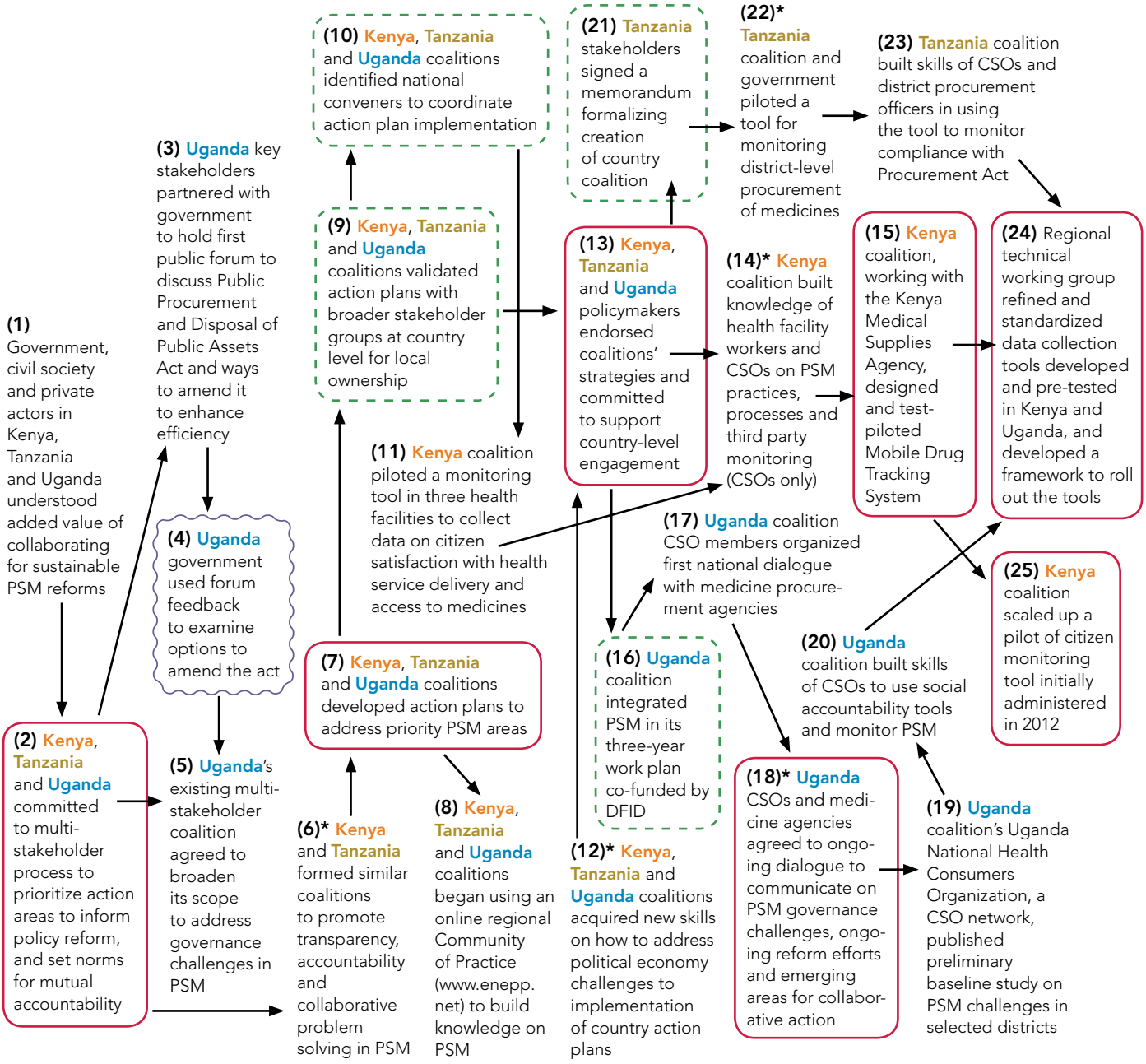
In January–March 2013, WBI mapped the outcomes[1] of this initiative using a customized outcome harvesting tool[2]. This visual map (Figure 1) presents the sequence of outcomes achieved by change agents—

**Development Objective**
Improve citizen access to essential medicines in Kenya, Tanzania and Uganda.

**Problem**
Challenges in pharmaceutical procurement and supply chain management—such as poor coordination between varied actors, inefficiency and misallocation of public resources—result in waste and limit citizens' access to essential medicines at affordable prices and of good quality.

**Specific Objectives**
Strengthen transparency, accountability and efficiency in government pharmaceutical procurement and supply chain management to promote value for money and achieve more with less.

*Figure 1. Map of outcomes showing how changes connected and built over a four-year timeframe*



the leaders, coalitions and organizations involved in the process. The map illustrates how the outcomes connected and built on each other over time to form multi-actor, institutional processes for change to address the initiative's objectives and goal.

WBI team members identified and formulated the outcomes, presenting an explanation of their significance and how WBI had contributed—directly or indirectly, in a small or big way, intentionally or not—by catalyzing or empowering the change agents to take new actions. Then, roughly 20% of the outcomes were independently substantiated for credibility in the mapping exercise.

## BACKGROUND

According to the European Health Care Fraud and Corruption Network and the World Health Organization, annual global health expenditure stands at about US $5.3 trillion. Of this outlay, US $750 billion (18%) is spent in the pharmaceutical market, while consumers lose about US $300 billion more to human error and corruption. Together, total expenditure for pharmaceuticals and the cost of corruption combined exceeds US $1 trillion, or approximately 1/5th of what is spent globally on health care.

Pharmaceutical procurement is particularly prone to poor governance, since it entails complex processes that involve many stakeholders, including government ministries, procurement agencies, manufacturers, hospitals, distributors and citizens as the ultimate clients. When pharmaceutical procurement and supply chain systems work effectively, they offer high levels of quality, cost-effectiveness, product availability, transparency, accountability and value for money in the use of public funds.

The effort to improve these systems is especially critical in emerging markets, where pharmaceutical spending is 20–30% higher than the global average. International reference prices and cross-country knowledge sharing are thus critical to low-income countries obtaining fair prices on the global pharmaceutical market.

In 2010, WBI's Health Systems and Open Governance practices jointly launched the Improving Governance in Pharmaceutical Procurement and Supply Chain Management Initiative in Kenya, Tanzania, and Uganda. The initiative focuses on addressing weak governance in PSM, including legal and regulatory issues, organizational inefficiencies, challenges of information asymmetries and poor multi-stakeholder coordination and collective problem solving.[3]

The initiative seeks to create and build the capacity of multi-stakeholder coalitions comprising public and private sectors and CSOs (including academia, media and faith-based organizations) in Tanzania, Kenya and Uganda. Through capacity development, WBI provides the coalitions with cutting-edge tools to build strong relationships across stakeholder groups, understand and address the political economy of health sector reforms, enhance technical understanding of pharmaceutical PSM issues and engage demand-side actors in generating evidence-based data to inform policy-making. These capacity development components are intended to strengthen collaborative action toward reforms, which is expected to accelerate PSM change processes and ultimately improve access to medicines.

Tanzania, Kenya, and Uganda have initiated country-level processes that have the potential to reform pharmaceutical PSM processes. They possess both technical and leadership capacity enhanced through structured learning, knowledge exchange and peer-to-peer learning that facilitate regional multi-stakeholder-led efforts to improve governance in PSM.

## OUTCOME AREAS

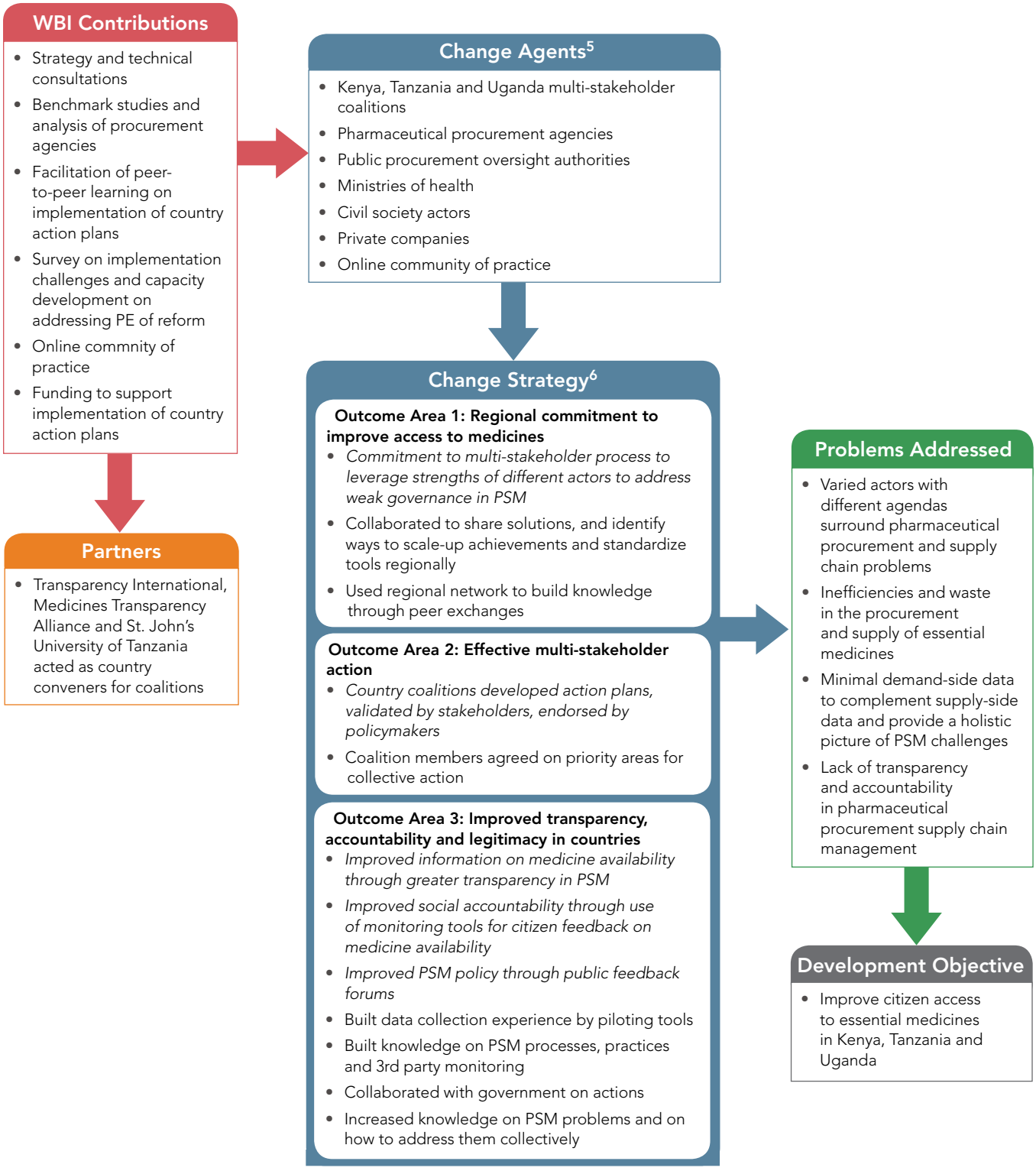
The process of change from this initiative can be seen in three areas of outcomes that represent the major change paths (Figure 2). All of the outcomes were analyzed and classified according to the types of change they achieved. They were then grouped based on how they connected to each other to form a story for change.

### Outcome Area 1: Regional commitment to improve access to medicines

In this initiative, regional and country-level commitment helped drive effective and sustained actions.

In June 2010, pharmaceutical procurement agencies, public procurement oversight authorities, ministries of health, civil society actors and private companies in Kenya, Tanzania and Uganda acknowledged governance weaknesses in PSM and came together regionally to discuss approaches for achieving more sustainable reforms. These actors recognized the limitations of working through the customary approach of "silos," with little collaboration across stakeholder groups. Stakeholders realized the value presented through synergistic approaches to problem solving, and, therefore, committed to pursuing a more systematic, collaborative approach to influence reforms. [1,2][4]

*Figure 2. Change strategy showing how change happened to advance progress toward goal*




More importantly, stakeholders viewed working together as a critical strategy toward making inroads at a time when health policy reform was a national priority in all three countries. The collaborative address of systemic challenges in PSM promised to leverage stakeholder strengths and expertise; create a level playing field for constructive dialogue between multiple stakeholders; facilitate consensus building about reform priorities; and establish mutual accountability for results.

**WBI held** extensive consultations at the country level to elicit stakeholder feedback on a proposed concept note for a multi-stakeholder approach for strengthening good governance in pharmaceutical PSM. Through facilitated discussions, WBI helped stakeholders understand the link between the slow progress on PSM and working in silos and demonstrated the potential for state and non-state actors to work collaboratively for stronger and more effective reforms.

In April 2011, the country stakeholders began using a regional online Community of Practice (CoP) to build knowledge and commitment of stakeholders on PSM (see www.enepp.net). [8] The CoP had more than 350 members from all three countries by February 2013. Having a CoP became important for advancing regional knowledge exchange between practitioners in all three countries, and providing a "safe" space to share challenges, innovative solutions and resources to help move forward sensitive reforms.

**WBI designed**, developed and launched the online platform during a regional workshop in Kenya, held April 2011. WBI facilitated membership of participants at the workshop and other stakeholders at the country level from the public, private and civil society sectors and development partners.

In April 2012, representatives of multi-stakeholder coalitions in each country gathered regionally to discuss their respective challenges, explore approaches for addressing the political economy of reforms, reprioritize their action plans and set realistic timelines. [12] This refinement of country action plans was necessary since the multi-stakeholder coalitions were experiencing implementation challenges and needed to review their priorities to identify areas where they could have the most impact. A key concern across the coalitions was how to address perceived mistrust between actors, as well as promote a more equitable balance of power among stakeholders to ease coordination, forge collaboration and facilitate attainment of shared objectives. The country coalitions also prioritized the role of demand side actors in generating an evidence base on health service delivery and access to medicines at the facility level to better inform policy dialogue.

**WBI administered** a survey to members of the multi-stakeholder coalitions in Kenya, Tanzania and Uganda in late 2011 to understand the implementation challenges the coalitions faced and identify areas where WBI could provide capacity development and technical assistance. WBI's Greater than Leadership Program designed a five-day workshop for the coalitions on "Strengthening Multi-stakeholder Coalitions Through Leadership Action." WBI also provided funding to accelerate implementation of the refined action plans.

In October 2012, a regional team of experts representing government and civil society from Kenya, Tanzania and Uganda refined, standardized and finalized data collection tools developed and pretested by the coalitions. The technical working group of experts also developed a monitoring and evaluation framework to guide the refinement, finalization and roll out of the tools. [24] They identified the need for two supplementary data collection tools: a Citizen Empowerment Tool to determine the existence of and assess the efficacy of Grievance Redress Mechanisms in receiving and responding to citizen feedback on health service delivery, as well as a Stock Monitoring Tool to track stock levels of tracer medicines in selected health facilities in all three countries. The set of harmonized tools will aid cross-country comparison and analyses to gain a broader picture of citizen satisfaction with health services, access to medicines and citizen empowerment across the region.

**WBI facilitated** the technical working group meeting to refine, standardize and finalize the data collection tools, as well as develop supplementary tools and outline an appropriate M&E framework.

So, over 30 months multi-stakeholder processes had leveraged the strengths of different actors to address weak governance in PSM. These commitments materialized through: improved regional recognition of the value of state and non-state actors engaging collaboratively on PSM; enhanced regional networking to build knowledge, shared solutions and identified ways to scale-up achievements; and development and review of new and innovative data collection tools to generate demand-side evidence to complement national data on health service delivery and access to medicines.

## Outcome Area 2: Effective multi-stakeholder action

Multi-stakeholder coalitions became important to address PSM in the country context. In 2011, an existing multi-stakeholder group in Uganda—Medicines Transparency Alliance (MeTA)—agreed to broaden its scope to become the country coalition to address governance challenges in PSM. [5] Rather than establish a new multi-stakeholder coalition, it was important

## SUBSTANTIATION OF OUTCOMES

To verify the accuracy of the outcomes mapped and enrich WBI's understanding of them, the external consultant selected 5 outcomes [6, 12, 14, 18, 22] and asked 15 people independent of WBI but knowledgeable about the change to review each and record whether they agree with the outcome as described. Thirteen people responded and all "fully agreed" with the description as formulated of the outcome and its significance. Excerpts of the substantiators' comments on the outcomes achieved:

> "The commitment of the high-level policy makers was important to the work of the PSM coalition as it will enable their work get the recognition and support it needs in high-level decisionmaking that affects the PSM. The bringing together of the PSM Coalitions and high-level policy makers needed a champion and WBI played that role well and in a timely manner."
>
> *—Ramadhan Mlinga, Chief Executive Officer, Public Procurement Regulatory Authority, Tanzania*

> "While such multi-stakeholder coalitions are important, they need to be better aligned with overall World Bank engagement in the country level and contribute to better policy dialogue on improving participation of stakeholders and enhanced transparency. Therefore, I would like to see much stronger emphasis on linkage with the Bank's long-term engagement in the outcome. This way, WBI contributions will provide more sustainable gains."
>
> *— Gandham N.V. Ramana, Lead Health Specialist, World Bank*

> "To improve lives of the citizens can only be successful with support of the government (high-level policy makers), failure to which interventions increasingly achieve minimal results. Working with government senior officials has enabled the civil society to fill in gaps within the policy system, a key gap being monitoring of impact of the government expended resources. Then direct feedback to high-level policy makers. The Kenya Medical Supply Agency has been a key beneficiary of this type of CSO monitoring of their services."
>
> *— Debra Gichio, Program Officer, Transparency International, Kenya*

> "This meeting [National Medicines Dialogue in May 2012] brought a number of agencies and CSOs together. Most especially the district CSOs were able to meet the executive directors of the National Drug Authority, Joint Medical Stores, National Medical Stores and Ministry Of Health. In fact one of the participants said 'now this is a dream come true because I have always wanted to see National Medical Stores.' "
>
> *—Robinah Kaitiritimba, Executive Director, Uganda National Health Consumers Organisation*

to leverage existing capacity by joining forces with MeTA, which has been in Uganda since 2007 and has established networks with both state and non-state actors. Consequently, MeTA integrated PSM in its three-year plan co-funded by the United Kingdom Department for International Development (DFID). [16] This secured funding for the broadened mandate of MeTA to address PSM and gave it more credibility to do so. It was a quick win for the coalition by building on its existing networks.

At the same time, various actors from Kenya and Tanzania formed similar multi-stakeholder coalitions to promote greater transparency, accountability and collaborative problem solving in PSM. [6] In Kenya, the Forum for Transparency and Accountability in Pharmaceutical Procurement (FoTAPP) was established in May 2011. The group comprises public sector agencies, including the Ministry of Health, Kenya Medical Supplies Agency, Public Procurement and Oversight Authority, Kenya Anti-corruption Commission and the Pharmacy and Poisons Board; civil society; donor partners; the private sector; and academia.

In Tanzania, 22 organizations, including the Public Procurement Regulatory Authority, Ministry of Health and Social Services, Food and Drugs Authority, and Medical Stores Department, as well as 13 CSOs, signed a Memorandum of Understanding to formally launch the coalition. [21] The coalition has since expanded its members. Formalization of the coalition was important in the country context to create a legitimate entity recognized by government, private sector and civil society as the vehicle for promoting transparency, accountability and efficiency in PSM. Each country coalition developed action plans to, for the first time, tackle country-specific PSM challenges through a multi-stakeholder approach. [7] The key was building a shared understanding of priorities and responsibilities among the different stakeholders. In view of resource constraints and competing priorities, the coalitions tried to identify areas where they could achieve quick and high-impact outcomes.

**WBI facilitated** and convened a regional workshop in Kenya in April 2011 and attended by coalition representatives. At the event, WBI provided tools and resources to guide stakeholders in establishing country coalitions, developing country action plans and identifying common areas of interest where all three countries could engage and share their experiences though the regional CoP. WBI also provided input on Memoranda of Understanding.

Beyond establishing the core membership of the country coalitions, each country group held broader national consultations to seek broad-based buy-in for the country action plans developed and to ensure local ownership for priority areas of collaborative engagement. [9] With this endorsement at the national level, the coalitions identified country conveners responsible for coordinating multi-stakeholder activities. [10] This effort established a focal point or secretariat for the coalitions' day-to-day functioning, including organizing meetings and following up on decisions.

**WBI provided** guidance to the country consultation processes led by the coalitions, and contacted World Bank staff in the country to facilitate relationships with key government stakeholders.

By April 2012, high-level policymakers from Kenya, Tanzania and Uganda had endorsed the country action plans and committed themselves to supporting activities of the country coalitions [13]. Up until this moment, the government representatives in the coalitions had limited authority to commit to specific interventions, which often relied on the buy-in and political willingness of higher-level officials, such as heads of agencies, within the public sector. This formal endorsement from policy makers:

- Demonstrated political support for the coalition's PSM strategies
- Linked coalition activities to relevant country reforms
- Helped establish supporting relationships between policymakers and the coalitions necessary for strengthening partnership with the government
- Helped lay the groundwork for joint demand- and supply-side data collection and other activities that the coalitions prioritized in their strategies

**WBI convened** a high-level policy dialogue among the country policymakers in Uganda, Kenya and Tanzania in April 2012 after recognizing the difficulties that the country coalitions faced in gaining traction on their activities and priorities. WBI facilitated knowledge exchange between the country conveners in Uganda, Kenya and Tanzania, and guided the sharing of experiences on how to formalize the multi-stakeholder coalitions in-country.

In sum, building on regional commitment, multi-stakeholder country coalitions mobilized in Uganda, Kenya and Tanzania to take action to achieve improved practices in PSM.

## Outcome Area 3: Improved transparency, accountability and efficiency

Since 2010, the coalitions have contributed to improving open dialogue around governance vulnerabilities in pharmaceutical PSM, and in working together to pilot innovative solutions to ensuring greater transparency, accountability and efficiency in PSM. Key country-specific achievements include:

### Uganda Coalition—Medicines Transparency Alliance (MeTA)

In July 2010, MeTA, in partnership with the Public Procurement and Disposal of Public Assets Authority (PPDPA), held the first public forum to discuss the 2003 Public Procurement and Disposal of Public Assets Act and opportunities to amend it to enhance efficiency in procurement of essential medicines, among other things. [3] This action tested the multi-stakeholder approach in engaging non-state actors in providing input into ongoing legislative reform. This led the PPDPA to review the act that governed its activities, examining options for amendments. [4] The success demonstrated the power of multi-stakeholder collaboration and signalled a shift in the way the PPDPA traditionally engaged, which previously involved minimal engagement with non-state actors.

In May 2012, MeTA—under the leadership of Uganda National Health Consumers Organisation (UNHCO)—organized the first national dialogue on medicines. [17] This meeting brought together key agencies, particularly the National Medical Stores, the National Drug Authority, the Drug Monitoring Unit, and the Joint Medical Stores of the Ministry of Health and pharmaceutical councils. The CSOs and medicines agencies agreed to an ongoing dialogue to openly collaborate and communicate on PSM governance challenges. [18] This dialogue helped establish trust between the agencies and coalition and created legitimacy for the coalition to address PSM challenges.

In June 2012, UNHCO also published a preliminary baseline study—based on research from four districts in Uganda—that helped identify key gaps in

PSM and highlighted interventions where the coalition could leverage its comparative advantages. [19] The study helped to provide up-to-date information on PSM challenges and further grounded the proposed interventions and priorities of the coalition within the country context.

Also in June 2012, MeTA trained CSOs on social accountability tools and their role in monitoring PSM at the health facility level. [20] This training started to build the capacity of CSOs to monitor PSM, as well as to raise awareness about effective and transparent PSM processes.

**WBI contributed** funding for the coalition to organize and implement national dialogue activities and helped create a platform for open discussion between the medicine agencies. At the request of PPDPA, WBI provided examples of similar acts in Africa to help them think through amendments for Uganda. WBI leveraged resources from UNHCO to engage technical experts to develop the baseline study to inform the coalition's priorities. WBI organized a Regional Training of Trainers' Workshop on PSM attended by Uganda coalition members.

### Kenya Coalition—Forum for Transparency and Accountability in Pharmaceutical Procurement (FoTAPP)

In June 2012, FoTAPP developed and test-piloted a Citizen Monitoring Tool in three health facilities in Nairobi County to collect data on citizens' level of satisfaction with health services and their access to medicines—in terms of physical availability as well as affordability. [11] The tool enabled citizens to provide feedback on their level of satisfaction with health services. The success of the exercise also indicated the potential for demand-side data collection to generate evidence to inform policy dialogue. The coalition also built knowledge of health facility workers and CSOs on PSM practices and CSO monitoring. [14] This training built the understanding of both supply- and demand-side actors on their roles to improve outcomes in access to medicines. Such understanding is required both for the effective use of monitoring tools and for building consensus on reform possibilities.

Additionally, FoTAPP, working closely with the Kenya Medical Supplies Agency (KEMSA), designed and test-piloted a Mobile Drug Tracking System (MDTS). The MDTS provides citizens, community health workers, health facilities and health management committees with real-time information on medicine availability in selected health facilities. For patients with specific diseases—tuberculosis, HIV/AIDS, diabetes—this system is especially useful to track the availability of medicines in health facilities, making it more efficient to obtain life-saving drugs and reduce transaction costs. [15] It allows the tracking of medical commodities from KEMSA warehouses to health facilities, making it easier for the demand-side to monitor delivery of essential medicines. The development of this tool also represents a practical example of collaboration with government on the delivery of demand-side tools.

In February 2013, FoTAPP completed a pilot of a more extensive data collection exercise in 20 health facilities in nine counties across the country. This scaled up the pilot of the Citizen Monitoring Tool initially administered in 2012. [25] The roll out of the data collection exercise will provide a baseline to help measure the impact of the coalitions' interventions over the next five years and determine efficacy of the multi-stakeholder approach in facilitating PSM reforms and improving access to medicines.

**WBI provided** the Kenya coalition funding to support the development of the Citizen Monitoring Tool for data collection, the capacity building workshop, and in collaboration with KEMSA, to engage an ICT consultant to design software for the MDTS. WBI provided technical support to the team in developing a proposal for funding through the Social Development Civil Society Fund, which selected the coalition as a recipient of US $100,000 to support scale up of the Citizen Monitoring Tool pilot.

### Tanzania Coalition

In June 2012, the Tanzania coalition, in partnership with the Public Procurement Regulatory Authority, developed a procurement monitoring tool to examine the processes used to procure pharmaceuticals at the district level and to determine their compliance with the Public Procurement Act. [22] They, along with the Muhimbili University of Health and Allied Sciences and St. John's University of Tanzania, also trained CSOs, district procurement officers from Dodoma region and representatives of the Medical Stores Department and test-piloted the tool in six districts in the Dodoma region. [23]

Given the substantial resources allocated to pharmaceutical procurement at the district level, the coalition prioritized procurement monitoring to ensure resources were being used efficiently

and in compliance with Public Procurement Act. Such monitoring would help advocate value for money in PSM and contribute to improved access to medicines. The coalition is working closely with the regulatory authority to prioritize reform areas based on recommendations from the final procurement monitoring report.

**WBI reviewed** the draft procurement monitoring tool and provided substantive comments for enhancement.

In sum, the multi-stakeholder country coalitions in Uganda, Kenya and Tanzania are increasingly taking actions to improve transparency, accountability and efficiency in PSM through inclusive dialogue to influence policy; generation of baseline data that help prioritize reform areas for collaborative action; capacity development for key actors, especially CSOs; and innovative tools to monitor PSM at the facility level. Also important is the involvement of both supply- and demand-side actors to strengthen their respective roles in the country context to improve access to medicines.

## CONCLUSION

Improving transparency, accountability and efficiency in PSM was pursued through collaboration between government and civil society actors, regionally and through country coalitions. Traditionally, the two stakeholder groups have not worked together to address challenges in PSM; rather, they worked in silos, with minimal communication and cooperation. Through the development of joint country action plans, the multi-stakeholder coalitions achieved milestones in improving partnership, specifically around the design and implementation of both demand- and supply-side tools to monitor PSM.

In **Uganda**, the successful launch and public dialogue around findings of a preliminary baseline study on PSM challenges—organized by MeTA—created a platform for continued engagement with National Medical Stores, Joint Medical Stores and the Ministry of Health. All three partners are now collaborating with the coalition to design and pilot four data collection tools in 10 districts across Uganda.

In **Kenya**, the coalition partnered for the first time with KEMSA to pilot an innovative MDTS, which allows citizens and health workers to access real-time information on medicine availability in selected health facilities.

In **Tanzania**, the coalition—in collaboration with the Public Procurement and Regulatory Authority—designed and piloted a procurement monitoring tool for use by district officers to assess the level of compliance with the Public Procurement Act.

Another area of progress has been capacity development of coalitions, particularly of civil society, to better understand, monitor and advance advocacy around PSM reforms, with an emphasis on greater transparency, accountability and efficiency.

Many of the CSOs trained through this initiate are leading data collection exercises on health service delivery in their respective communities. The initiative has also published a Training of Trainers Manual as a guide for civil society actors interested in implementing social accountability mechanisms to improve service delivery, with a focus on access to medicines.

## NEXT STEPS

Because of the change processes, the coalitions are empowered to advance outcomes of their own. There is local ownership of the process, and key relationships—especially with government—have been formed that should provide a foundation and impetus for advancing outcomes.

Nonetheless, a key challenge that remains is to ensure the full participation of the private for-profit sector to facilitate broader stakeholder engagement, support longer-term sustainability as well as sustain the momentum for reform.

Further, the importance of grounding coalition priorities in local contexts has become clear. The coalition-building experience in three countries shows how country dynamics often influence the ability and agility of the coalition. Kenya succeeded in moving quickly with its country action plans because it has a more favorable enabling environment—including a relatively mature democracy, sophisticated technology and close relationship with a government client eager to integrate citizen and demand-side feedback. It is important to understand the local dynamics in each country context and work within that framework to identify local champions that have the capacity to move reforms quickly and bring the coalition along.

Now, a key strategy for the initiative is to share the experience and early results of implementing the coalition-building approach to improving governance of PSM in East Africa. Lessons learned will provide practical guidance on the "how to" of coalition building in health service delivery and provide

recommendations on applications in other country contexts. For example, the capacity developed within the coalitions can be applied to monitoring health service delivery in general, which is an area of increased demand.

In addition to continuing to contribute to outcomes in the three areas, new outcomes are expected, particularly around implementation of joint interventions to address emerging issues that will be highlighted in the data collection exercise from all three countries. ■

NOTES

[1] Mapping outcomes—and related outputs and milestones—can help us learn from change processes that occur during program delivery that often seem complex and opaque because they involve multiple actors and address large development problems. An outcome is what each social actor (or change agent) did, or is doing, that reflects a significant change in their behavior, relationships, activities, actions, policies or practice. The program may influence these changes, directly or indirectly, partially or wholly, intended or not. Outcomes are identified at two levels in relation to the goal: institutional changes relate to societal, policy and organizational changes; and learning/capacity changes relate to awareness, knowledge or skills, collaborative action, or the use of knowledge or innovative solutions. These levels are based on the Capacity Development and Results Framework. The framework provides a systematic yet flexible approach to designing capacity development strategies and programs, monitoring and adaptively managing interventions, and evaluating and learning from their results.

[2] Outcome harvesting is a practical assessment tool from the outcome mapping community of practice. It can be used for real-time monitoring and evidence gathering from complex development processes that involve multiple stakeholders. It is based on a similar concept of locally driven change from the Capacity Development and Results Framework. The tool was customized to gather information on outcomes—and related outputs and milestones—to learn from what changed, for whom, when and where, the significance of the change and how the program contributed to each change.

[3] While the Improving Governance in Pharmaceutical Procurement and Supply Chain Management Initiative was established in 2010, over the years it has become part of the global movement on "Open Contracting," a multi-sector effort that seeks to promote greater transparency and accountability in the award and implementation of public sector contracts.

[4] The numbers in brackets correspond to the outcomes in Figure 1. The text that follows each outcome refers to its significance. The process of change the outcomes represent is in Figure 2.

[5] Change agents are leaders, groups or organizations from government or non-state that drive change.

[6] Change strategy refers to how change happened to advance progress toward the development objectives—the development problems addressed, types of outcomes achieved, WBI contributions, and partners involved. A change strategy may include different types of change processes or outcome areas depending on the complexity of the multi-actor institutional changes involved in a program.

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