

THE REPUBLIC OF UGANDA

NATIONAL PHARMACEUTICAL SECTOR STRATEGIC PLAN III

2015-2020



2015–2020

FOREWORD

The third National Pharmaceutical Sector Strategic Plan 2015/16-2019/20 (NPSSP III) has been developed to support the implementation of the National Medicines Policy (NMP) 2015. The NPSSP III was developed through wide consultations with diverse stakeholders including representatives from the private sector, academia, development partners, civil society and all relevant government institutions. The development process was led by a task team set up by the Pharmacy Division of Ministry of Health (MoH) supported by a team of consultants seconded by the World Health Organisation (WHO).

The development of both the NMP and NPSSP were informed by the second National Health Policy 2010 (NHP II) and the Health Sector Development Plan (HSDP) 2015-2020. Over the coming strategic period, the health sector intends to extend health services with the aim of progressively achieving Universal Health Coverage (UHC) with essential services, using a Primary Health Care approach. This will involve re-definition of the minimum health care package to ensure that all essential services are included, coordinated investments are made across the entire health system, and the referral system strengthened.

The NPSSP III, in addressing issues such as the medicines supply chain, financing, pricing and appropriate use, will contribute to ensuring that the package of health commodities that are required to deliver essential health services to achieve UHC are accessible to all Ugandans. The Pharmacy Division will be at the forefront of ensuring that Ministry of Health provides strong leadership and effective coordination of all sector activities. In line with the aspirations of the entire health sector, implementation of the NPSSP III will be underpinned by a focus on good governance, quality of care, equity and efficiency.

The NPSSP III provides a roadmap for the sector's contribution to national health goals by defining the key interventions to be undertaken over the next five years within the framework of the NMP. With this plan partners and stakeholders involved or interested in supporting pharmaceutical service delivery, have a comprehensive guide to systematically address pharmaceutical sector priorities. The leadership of Ministry of Health will continue to do everything possible to support the efforts to ensure that the people of Uganda have access to affordable, safe, efficacious medicines and health supplies at all times.

Acucfuth

Dr. Aceng Jane Ruth Director General, Health Services

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Special thanks go to the Medicines Transparency Alliance (MeTA) for providing the bulk of the financial support for the development of this Plan and the Uganda Health Supply Chain for the technical assistance provided. The Ministry is also indebted to the Coalition for Health Promotion and Social Development (HEPS-Uganda) who provided the funding which kick started the process and the World Health Organisation Uganda Country Office, who provided logistical and technical support. WHO also provided the consultants who facilitated the development of both the NMP and NPSSP III. I thank the consultants, Dr. Hans Hogerzeil and Donna Kusemererwa, for their hard work and technical input. Their contribution is greatly appreciated.

The names of all the individuals and institutions which contributed to this process in one way or other are listed in the Annex section. On behalf of my colleagues at the Pharmacy Division and on my own behalf, once again, thank you all. Let us continue in the same great spirit of collaboration as we take up the important task of implementing the NPSSP III.

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MORRIES SERU Ag. Ass Commissioner Pharmacy Ministry of Health

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ABBREVIATIONS

AMU Appropriate Medicines Use	
ARV/ART Anti-retroviral/Anti-retroviral therapy	
AU African Union	
cGMP Current Good Manufacturing Practice	
CS Civil society	
CSO Civil society organisation	
DGAL Directorate of Government Analytical Laboratories	
DI Drug Information	
EAC East African Community	
EML Essential Medicines List	
EMHS Essential Medicines and Health Supplies	
EMHSLU Essential Medicines and Health Supplies List of Ugand	la
FEAPM Federation of East African Pharmaceutical Manufactur	
GPP Good Pharmacy Practice	
HC / HF Health Centres / Health Facilities	
HDP/HIP Health Development Partners / Health Implementing	Partners
HEPS Coalition for Health Promotion and Social Developme	
HIV Human Immunodeficiency Virus	
HMIS Health Management Information System	
HMU Health Monitoring Unit	
HRD Human Resource Development	
HSC Health Services Commission	
HSDP Health Sector Development Plan	
HTI Health Training Institutions	
ICT Information Communication Technology	
JMS Joint Medical Store	
LMIS Logistics Management Information Systems	
MAUL Medical Access Uganda Ltd	
M & E Monitoring and Evaluation	
MoFPED Ministry of Finance Planning and Economic Developm	nent
MoH Ministry of Health	
MoLG Ministry of Local Government	
MoTTI Ministry of Tourism, Trade and Industry	
MTC Medicines and Therapeutics Committees	
NCRL National Chemotherapeutics Research Laboratories	
NDA National Drug Authority	
NDQCL National Drug Quality Control Laboratory	
NEMA National Environment Management Authority	
NGO Non-Government Organisation	
NHP National Health Policy	
NMP National Medicines Policy	
NMRA National Medicines Regulatory Authority	

NMS	National Medical Stores
NPSSP	National Pharmaceutical Sector Strategic Plan
PC	Professional Council
PD	Pharmacy Division
PFP	Private for Profit
РНС	Primary Health Care
PNFP	Private Not for Profit
PSU	Pharmaceutical Society of Uganda
QPPU	Quantification and Procurement Planning Unit
SDP	Service Delivery Points
ТВ	Tuberculosis
tbd	to be determined
TCM (P)	Traditional and Complementary Medicine (Practitioners)
UCG	Uganda Clinical Guidelines
UGX	Uganda Shilling
UHC	Universal Health Coverage
UHMG	Uganda Health Marketing Group
UIA	Uganda Investment Authority
UMA	Uganda Manufacturers Association
UNBS	Uganda National Bureau of Standards
UNCST	Uganda National Council of Science and Technology
UNHRO	Uganda National Health Research Organization
UPMA	Uganda Pharmaceutical Manufacturers Association
URA	Uganda Revenue Authority
US	United States
WHO	World Health Organisation

GLOSSARY

For the purposes of this document the following terms will have the meanings given in the table below.

Term	Meaning / Interpretation in the context of the policy
Medicine/ Pharmaceutical product	The terms are used interchangeably and may include all or some of the following medicines, vaccines, medical devices, traditional and complementary medicines, health supplies, blood, biological products and other related healthcare products
Essential medicines and health supplies	Medicines, medical devices, health supplies, laboratory supplies and consumables, medical and laboratory equipment
Health Worker	Any person working in the health system who hold a health care qualification recognised by the Government of Uganda
Pharmacy Professionals / Personnel	Any persons holding a formal qualification in pharmacy at either degree or diploma level
Publish	Make available for a broad audience in electronic, print, or digital media
Warehouses	All central level warehouses involved in or supporting the national health supply chain including NMS, JMS, MAUL and UHMG

INTRODUCTION

Government of Uganda, through Ministry of Health, has made some progress towards its goal of ensuring access to affordable good quality medicines for the people of Uganda. However, a lot still remains to be done. Uganda has so far implemented two strategic plans, NPSSP I (2002-2007) and NPSSP II (2009-2014). This third NPSSP reiterates Government's commitment to the highest attainable standard of health for the people of Uganda by providing a roadmap for investments and interventions to improve access to essential medicines and pharmaceuticals services in Uganda. The NPSSP III outlines the priority issues to be addressed in the areas of regulation and legislation, supply chain, medicines use, medicines financing and pricing, taking account of the health sector and overall national development agenda.

The development process

Towards the end of the NPSSP II strategic period and after expiry of the National Drug Policy of 2002, Ministry of Health embarked on the process of reviewing and updating the two policy documents. A concept note and a road map for the development process for both the National Medicines Policy 2015 and the National Pharmaceutical Sector Strategic Plan 2015-2020 were developed and approved by the Medicines Procurement and Management Technical Working Group.

Technical Assistance was sought from WHO to guide the process and provide consultants to facilitate it. The Pharmacy Division of Ministry of Health, together with key partners, formed a task team to oversee the development process and guide the consultants. In order to ensure broad ownership of the policy and plan, the process was highly consultative, involving a diversity of stakeholders. The task team and the consultants conducted individual stakeholder consultations, consultative meetings and workshops and one five-day stakeholder retreat. During these convenings, stakeholders had the opportunity to review the performance of the pharmaceutical sector, identify challenges and define priority areas for action. The NMP 2015 provided the basis for the development of this strategic plan.

The NPSSP III has four main sections: A situation analysis, a brief review of the sector's performance in the past strategic periods, critical gaps and challenges as well as a strategic agenda. The strategic agenda describes a strategic approach, objectives, strategies, outcomes and interventions.

SITUATION ANALYSIS

Uganda's Health Situation

Uganda has a population of 34.9 million people (2014), with an average annual growth rate of 3.03 percent, and is projected to have a population of 42.4 million people by 2020. Communicable diseases such as HIV/AIDS, malaria, lower respiratory infections, meningitis and tuberculosis are responsible for the highest numbers of life years lost in Uganda. However non communicable conditions are increasingly becoming a major burden. Life lost due to non-communicable diseases (NCDs) is rising significantly, with diabetes, self-harm, interpersonal violence and road injuries increasing at least twofold since 1990.

Over 75 percent of the disease burden in Uganda can be prevented through health promotion and prevention. Preventive interventions such as immunisation, promotion of sanitation and nutrition, though cost-effective, have not been given adequate attention. Further gains are possible with the wider uptake of new vaccines for prevention of pneumonia (pneumococcal vaccine), diarrhoea (rotavirus vaccine) and cervical cancer (Human Papilloma Virus).

Health services in Uganda are provided by both public and private sectors. The private sector comprises of the Private-Not-for-Profit (PNFP), Private-for-Profit (PFP), as well as the Traditional and Complementary Medicine Practitioners (TCMP). MoH is responsible for setting the policy and strategic direction while local governments are responsible for service delivery under a decentralised health care delivery model. In 2013, Uganda had 4478 health facilities 65% of which were public, 20% PNFP and 14% PFP.¹

Financing for healthcare is from Government, private sources and development partners. Often less than 10% of government expenditure is spent on health which is far short of its commitment under the Abuja Declaration in which African governments pledged to spend at least 15% of their national budgets on health. This means that considerable health expenditure is out-of-pocket (about 36%) putting the poor and vulnerable at risk of catastrophic health expenditure. A national health insurance scheme for Uganda has been under discussion for over a decade but its implementation has stalled.

¹ MoH 2013. Health Facility Inventory 2013

Pharmaceutical Sector Players

The players in the medicine sector in Uganda can be subdivided into three main categories: the public sector, the PNFP sector, and the PFP sector. The public sector includes: Ministry of Health, responsible for the medicines policy as well as the sector's coordination and oversight; National Drug Authority (NDA), the national medicines regulatory agency; the Health Monitoring Unit (HMU), under Office of the President, which monitors medicine management in the public sector; National Medical Stores (NMS); national and regional referral hospitals; general hospitals; health centres; and community medicine distributors, better known as Village Health Teams (VHTs).

The PNFP sector includes: pharmaceutical suppliers such as Joint Medical Store (JMS), Medical Access Uganda Ltd (MAUL) and Uganda Health Marketing Group (UHMG); and hospitals and health centres.

The PFP sector includes a wide range of entities: manufacturers, importers, distributors, wholesalers, and retailers, who include licensed pharmacies, registered and unregistered drug shops, private hospitals, private clinics, and other health care entrepreneurs. The country's large, dynamic private health sector is estimated to provide half of all health services and medical products. According to the National Development Plan 2010, tackling Uganda's health challenges calls for intensive, focused and well-coordinated collaboration between Ministry of Health and other stakeholders. At the moment, only a small number of partnerships are in place and creating impact.

Legislation and Regulation

A reasonable legislative and regulatory framework is in place but the law establishing NDA is being reviewed and the revised law is expected to further strengthen the regulatory framework and also expand the regulatory body's mandate. National Drug Authority has since inception placed a lot of legislative and regulatory emphasis on the private sector. However, since 2013, the NDA with support from development partners, initiated inspections of public sector health facilities for compliance with Good Pharmacy Practice (GPP) standards. By mid-2014 about 30 percent of public and PNFP health facilities had been inspected, with 18% (of those inspected), 18 percent had been certified for Good Pharmacy Practice.. The quality of pharmaceutical products imported into the country has significantly improved as evidenced by the drop in products failing quality tests from 11 percent in 2010/11 to 4 percent in 2013/14. Steps being made within the East African Community (EAC) and at the Africa level towards regional regulatory harmonisation are further expected to improve the quality of medicines circulating in the country. NDA has reported an increase in the number of cases of adverse drug reactions from 268 in 2010/11 to 396 in 2011/12². However, pharmacovigilance activities are still not well implemented across the country.

² MoH 2013. Draft Pharmaceutical Sector Policy Report.

Financing and Pricing

Government allocation to the health sector remains relatively low, with only 6.9 percent of the total budget being allocated to the health sector in the financial year 2015/16.³ Government per capita contribution to health is about US\$12, against a WHO recommendation of US\$34. The centralisation to NMS (as Vote 116), of previously decentralised Primary Health Care funds for the procurement of essential medicines and health supplies (EMHS) for public sector facilities in 2009/10 was transformative. It considerably improved medicines availability in the public sector, in terms of quantity, range of items and quality. Under Vote 116, Government of Uganda allocated UGX 219 billion in 2014/15 towards meeting the annual medicine needs of the country. This translates into an overall per capita expenditure on EMHS of about \$2.4, below the estimated requirement by the Health Sector of US\$12.⁴ Just over half of this allocation is for ARVs/HIV commodities, TB medicines, vaccines, reproductive health commodities, and malaria commodities. The other half of the vote is for all other essential medicines and the EMHS needs for the specialist institutes (cancer, heart and blood transfusion).

More than 70 percent of public expenditure on medicines is donor funded.⁵ There is a general fear that international donor support may not continue funding the health system at these high levels. Funding for laboratory commodities is almost entirely from donors. Out-of-pocket expenditure is high (about 40 percent of total health expenditure) ⁶ the bulk of which is spent on medicines. No pricing policies or price regulatory mechanisms exist. In 2013 Uganda passed the Industrial Properties Act which fully recognised and incorporated the flexibilities in the multilateral Agreement on Trade Related Aspects of Intellectual Property (TRIPS Agreement) into the national legal framework.

Supply Chain

At the central level, the Quantification and Procurement Planning Unit (QPPU) in the Ministry of Health coordinates supply planning with all relevant partners, monitors stock levels at the national warehouses, leads quantification and undertakes gap analyses. The QPPU also monitors supplier performance. NMS provides medicines to all public health facilities using a pull system for HC IVs and hospitals; and a kit (standing order) system for all HC II and HC III. An evaluation of the kit system in 2013 revealed that the majority of health facilities were either over or under supplied. NMS has since implemented district specific kits for each of these levels of care to better match specific needs.⁷ However, procurement planning remains a challenge at health facility level.

³ MoFPED 2015. Budget Speech Financial Year 2015/16

⁴ MoH 2010. Health Sector Strategic and Investment Plan 2010 - 2015

⁵ MoH 2014. Annual Health Sector Performance report 2013/14

⁶ Uganda Health System Assessment 2011

⁷ MoH 2015. Uganda Pharmaceutical Sector Conference Achievements and Opportunities 2009 – 2019 Report, March

The PNFP health facilities have a separate supply system primarily through JMS. MAUL and UHMG have a role in providing HIV and reproductive health commodities as part of the public supply system.

Uganda has a vibrant private sector pharmaceutical supply chain. In 2012/13 for instance, NDA licensed nine local manufacturers, 372 wholesale pharmacies, 604 retail pharmacies, and 6,140 drug shops.⁸ however, disposal of pharmaceutical waste continues to be a challenge for Government, private and PNFP health facilities. Previous efforts to put in place a comprehensive waste management programme came to an abrupt stop when donors withdrew support.⁹

Medicines Use

The Uganda Clinical Guidelines (UCG) and Essential Medicines and Health Supplies List of Uganda (EMHSLU) were updated in 2012. Work has started on a National Medicines Formulary which will provide standard information on all the medicines on the EMHSLU.

However, research indicates a high prevalence of inappropriate use of medicines. Data from outpatient prescriptions from more than 900 public and PNFP facilities in 2014 showed that less than 10 percent of patients received an injection while about 50 percent received antibiotics; 84 percent of patients with acute diarrhoea received ORS; while approximately 21 percent received antibiotics. Other data show that two-thirds of out-patients in public sector facilities receive one or more antibiotics.¹⁰ Inappropriate use of medicines is perceived to be more prevalent in the private sector due to greed, limited awareness and poverty. The selling of prescription medicines without prescription is a widespread practice in Uganda as is stockpiling and dispensing of medicines in clinics. This is due to gaps and weaknesses in the regulatory framework and its enforcement. The absence of a focal point/unit in the Pharmacy Division with the responsibility for providing leadership and policy direction on medicines use, coupled with the absence of functional medicines and therapeutic committees, may be contributory factors.

Human Resources

Effective implementation of the NPSSP III will require availability of quality pharmaceutical human resources throughout the country. As of May 2015, the Pharmaceutical Society of Uganda (PSU) had issued practicing certificates to 582 pharmacists while another 34 were in process, totalling to 616 pharmacists in active practice in Uganda. ¹¹As such, the country is in dire shortage of pharmacists, with a pharmacist-to-population ratio of 1.76:100,000. The situation in the public sector is particularly alarming. According to the 2013/14 annual health sector performance report, only 31 (8 percent) of the 376 posts for pharmacists nationally (central level and local governments) were filled. The situation of pharmacy technicians is slightly better, with 233 out of 269 positions filled in the same year.

⁸ MoH 2013. Annual Pharmaceutical Sector Performance Report 2010/11 – 2012/13

⁹ MoH 2014. Ministerial Statement

¹⁰ World Bank 2013. Uganda Service Delivery Indicators, Education and Health.

¹¹ Verbal Communication Secretary PSU

Systems for support supervision for staff handling medicines in health facilities were set up between 2012 and 2014. Districts identified staff from among the district health team who were assigned an additional role as medicines management supervisors. By June 2014, 320 medicines management supervisors had visited more than 2000 facilities in 97 districts at least once.¹² A small study showed that the more supportive supervisors were, the greater the improvements that were realised in medicines management. Regional Pharmacists who are employed by the Regional Referral Hospitals play an important role in extending the work of the Ministry of Health Pharmacy Department to districts and lower-level health facilities.

Pharmaceutical Information Systems, Monitoring and Evaluation

The use of Information Communication Technologies (ICT) is an essential component of social and economic activity today. The penetration of telecommunications has been very rapid. Uganda has a cell phone penetration of 51 percent and an estimated 8 million internet subscribers.¹³ This provides an efficient way of disseminating rapidly changing information and can be harnessed to ease and hasten data collection and reporting in the country. Currently, the public sector has some internet-based systems in operation including a Web-Based ARV Ordering System., An information management system that can be used to improve EMHS management, monitor progress and identify problems is being rolled out to the district level.¹

Systems for Monitoring and Evaluation (M&E) are being strengthened at national and subnational levels. Medicines management reports and pharmaceutical sector performance reports are respectively published quarterly and annually. Cognizant of the end of the NPSSP II, Ministry of Health Pharmacy Department undertook a review of the monitoring mechanisms for NPSSP II; identifying strengths, weaknesses and challenges of in monitoring systems for essential medicines as well as lessons to inform the strengthening of the M&E of NPSSP III.

Results from the study reveal a multiplicity of monitoring tools and systems at different levels. The systems being used in silos, creating gaps in access and availability of information. Up to 91 percent of the implementing partners (n=12) reported to their funder while 45 percent reported to Ministry of Health. However, these reports were mainly programme-specific and were not necessarily contributing to the pharmaceutical indicators.¹⁴

¹² USAID/SURE 2015. Final Report 2009 - 2014

¹³ Uganda Communications Commission 2015. http://www.ucc.co.ug/data/qmenu/3/Facts-and-Figures.html

¹⁴ HEPS-Uganda 2015. A review to assess the monitoring of the national pharmaceutical sector strategic plan NPSSP-II

PAST STRATEGIC PERIOD ACHIEVEMENTS AND PROGRESS

An assessment of progress in 135 practical "strategic directions" defined in the National Drug Policy 2002 was done in May 2015 as part of the process of developing the NMP and NPSSP III. Of these, 65 (48 percent) components were found to be on track; 46 (34 percent) had some action taken but needed more attention, and 24 (18 percent) had no or very little action taken. Very good progress had been made in the area of medicine supply, with 28/47 (60 percent) components on track. Weak performances were noted in the areas of medicine financing – with only one out of 11 components (18 percent) on track – human resources (four out of 14 or 29 percent on track), and traditional medicines. The results are summarised in Figure 1.



Figure 1: Progress in strategic areas define in the NDP-2002

Sector performance has also been tracked through a number of indicators. Medicines availability has been tracked both at national and health facility levels. Affordability has been measured by monitoring the prices at which central warehouses buy medicines. Indicators were also defined for, among others, medicines use, quality and human resource issues. Performance on selected indicators in the last strategic period is summarised in Table 1.

	SELECTED PHARMACEUTICAL INDICATORS	BASELINE	ACHIE\	/EMENT
		2010/11	2012/13	2013/14
	Average % availability of six tracer medicines measured over a period of three months at NMS	61%	88%	54%
	% of health facilities without monthly stock outs of any tracer medicines in the previous six months	43%	53%	57%
	Average % availability of basket of six individual tracer medicines at health facilities on the day of the visit ¹	84%	87%	85%
ability	% of health facility orders submitted on time as per NMS delivery schedule	78%	88%	89%
Availability	% of health facility orders placed that are fully filled at NMS	66%	65%	68%
	Average NMS lead-time (days) from ordering to delivery at the facility range	59 20 – 215	40 15 – 91	39 0 – 111
	% of vital, essential and necessary items issued at NMS ²	No data	No data	V- 60% E- 17% N- 23%
	% of average international price paid by the central warehouses for procured basket of essential medicines			
	NMS	64%	63%	52%
	JMS	51%	52%	54%
Affordability	% of GoU funds allocated for credit line EMHS distributed to health facilities (excluding ARVs, ACTs, TB supplies, and vaccines)	75%	103%	101%
Affor	Per capita expenditure (US\$) on EMHS (including ARVs, ACTs, TB supplies, and vaccines)	2.18	2.09	2.40
	Donor vs. Government funding contribution for EMHS			
	GoU	23%	30%	23%
	Donor	77%	70%	77%
	% of sampled essential medicines failing NDA quality tests	11%	9%	4%
	Number of private pharmacies inspected and passing inspection annually			
	Inspected	747	976	901
Quality	Passing inspection	no data	no data	884 (98%)
Qué	Number of drug shops inspected annually	11,785	6,140	5,984
	Number of public sector outlets inspected and passing			
	inspection annually Inspected		605	1002
	Passing inspection		347 (54%)	486 (49%)

	SELECTED PHARMACEUTICAL INDICATORS	BASELINE	ACHIE\	/EMENT
		2010/11	2012/13	2013/14
	% of patients knowledgeable about the dosage and duration of Taking medicines dispensed	59%	76%	57%
e	Adherence to UCGs for treatment of common conditions			
sns	Malaria	5%	47%	66%
ine	Diarrhoea	10%	47%	37%
Medicines use	URTI	10%	37%	31%
ž	% of facilities with the current EMHSLU and UCG available			
	EML	14% –	30%	No data
	UCG	48% –	40%	
	Pharmacists per 100,000 population	1.1	1.2	1.6
urces	% of pharmacist positions fully filled in the public sector	55% ³	26%	11%
Human Resources	% of pharmacy technician positions fully filled in the public sector	59% ⁴	37%	62%
Huma	Accuracy of the HMIS 105 report on stock outs of tracer medicines	43%	79%	89%
	% of facilities with stock cards correctly filled	7%	36%	50%

Adapted from summary of 32 Key Pharmaceutical Indicators in Annual Pharmaceutical Sector Performance Report 2013/14

(Footnotes)

- 1 ORS 75%, Cotrimoxazole- 89%, ACT 92%, SP 79%, Measles vaccine-85%, Depo Provera 93%
- 2 n =1358 items Total sales = 320 billion shillings

3 2011/12

4 2011/12

CHALLENGES AND CRITICAL GAPS

At a consultative meeting on the NPSSP III in April 2015, stakeholders identified the following challenges and gaps still facing the sector.

Regulation and Legislation

- The activities, roles, mandate of various players currently involved in medicines regulation are not clear and there is no mechanism to evaluate the contribution of each of the players.
- Significant deficiencies in the development and enforcement of regulations governing
 - Prescription only medicines
 - TCM products
 - Veterinary medicines
 - Medicine handling including retailing in clinics, transportation, distribution, research
 - Community drug distributors and Village Health Teams
- Ineffective post marketing surveillance and pharmacovigilance systems especially in the private sector.
- Ambiguous policy and regulatory framework for authorisation and licensure of "persons" who handle medicines

Supply Chain

- Poor quality medicines and diagnostic supplies circulating and limited NDQCL capacity restricts the number of tests that can be done and causes delayed release of QC results
- Inadequate storage facilities including those for specialised storage such as cold rooms, and poor storage practices
- National data on EMHS sold and consumed is lacking
- Documentation at facility level is not sufficient for effective medicines management
- Bulk packs of certain medicines lead to wastage e.g. hydrocortisone injection and Sulphadoxine / Pyrimethamine
- Stockpiles of expired EMHS in government hospitals and private sector at risk of reentering the market
- Lack of sustainable financing for essential health commodities and sub-optimal use of available resources

Medicines Use

- Poor dispensing and prescribing practices coupled with poor disaggregation of dispensing and prescribing roles among doctors and pharmacists
- Non-functionality of Medicines and Therapeutics Committees (MTCs) at all levels
- Treatment guidelines not used by prescribers in the public sector and not available in the private sector
- Poly pharmacy especially in the private sector and rampant self-medication by the community
- Inadequate community awareness on appropriate medicine use e.g. patients fake conditions when NMS delivers medicines

Human Resources

- Insufficient number of pharmacy professionals who are poorly motivated and experience heavy workload
- Mushrooming quack practitioners
- Pharmacist's position not institutionalised at district level
- Lack of competency in specialised areas of pharmacy and limited post graduate training opportunities in Uganda
- Inadequate support supervision and limited continuing professional development
- Health training institutions curricula lack medicines management modules

Traditional and Complementary Medicines

- Weak un-harmonised legislation for media and regulatory agencies weak enforcement mechanisms
- Limited public awareness on safety and efficacy of traditional medicines
- Inadequate infrastructure, investments and framework for TCM research

Partnerships and collaboration

- Limited dissemination / application of public-private partnerships (PPPs) in the Pharmaceutical Sector (only well positioned private firms benefit)
- Restricted space for private players in pharmaceutical supply chain management for government
- Under performance of the pharmaceutical manufacturing sector
- Failure to implement set strategies and limited advocacy
- Implementation and scale up of good initiatives e.g. regulatory harmonisation has been slow

Research and Development

- · Lack of central authority to coordinate pharmaceutical research
- Limited R&D centres and limited public investment in R&D

STRATEGIC AGENDA

Goal

The overall goal of the National Medicines Policy is to contribute to the attainment of the highest standard of health for the population of Uganda, by ensuring the availability, accessibility affordability and appropriate use of essential medicines of appropriate quality, safety and efficacy at all times.

Approach

In line with the Government of Uganda commitments under the post 2015 sustainable development agenda and the right to health, the sector will increase emphasis on ensuring people get health services as and where they are. As such, the NPSSP III attempts to address all factors that could compromise effective utilisation of pharmaceutical services to ensure that the services provided are responsive to the legitimate needs of the clients. The Health Sector Development Plan (HSDP) 2015-2020 recognises that quality of care is a major impediment to improving utilisation even where access to services is good and therefore quality of care is to be given as much attention as other factors that impact service utilisation – access, efficiency, equity and demand (see Figure 2).

Some examples of the specific issues to be undertaken include:

- Defining the essential package of EMHS that will ensure all essential services can be provided country wide and will provide a basis for reimbursement for social health insurance schemes
- Optimising the referral system including defining the nature of pharmaceutical care to be provided at each level and the attendant skills and competencies required to deliver the service.
- Increasing investments in specialised pharmacy services to ensure a higher quality of care
- Promoting the use of appropriate technology to improve service delivery

Figure 2. Outputs impacting on utilisation of pharmaceutical services



Adapted from HSDP 2015

Implementation

The Ministry of Health will provide leadership and have the overall responsibility for the implementation of the NPSSP III. State and non-state actors active in the sector will be engaged to ensure that their activities are aligned with aspirations set out in this plan. Within Ministry of Health, the Pharmacy Division will be charged with day-to-day oversight and accountability for all investments and activities.

The roles and responsibilities of the various implementing entities are further described below:

1. The Pharmacy Division, headed by the Assistant Commissioner, will take the lead in providing guidance, coordination, monitoring and evaluation of the interventions of all the actors involved in the implementation of this plan. A number of investments will be made over the strategic period to ensure that the Pharmacy Division has the requisite capacity to fulfil its mandate. Key areas for investment include quantification and procurement planning unit, the M&E unit and the setup of the appropriate medicines use unit. The peer strategy mechanism through which the Pharmacy Division implements its mandate in the districts and health facilities using the regional pharmacists will be strengthened further. It is expected that the regularisation of the position of district pharmacist, will put Government in an even better position to improve access and appropriate use of medicines up to grass roots level. The NPSSP will be translated into annual work plans which will provide further guidance for the year on year activities. the Pharmacy Division will, in addition, organise quarterly review meetings to discuss performance, set priorities and utilise information.

- 2. Ministry of Health bodies such as the National Medicines Regulatory Agency, the National Medical Stores, and the Health Professional Councils and the Uganda National Health Research Organisation (UNHRO) will provide leadership and have overall responsibility for guiding implementation within their specific areas of jurisdiction and mandate.
- 3. Government Ministries and agencies including the Ministry of Finance Planning and Economic Development; Ministry of Education and Sports; Ministry of Water, Sanitation and Environment; Ministry of Tourism, Trade and Industry (MoTTI); Public Procurement and Disposal of Assets Authority (PPDA); the Health Monitoring Unit (HMU); the National Environment Management Authority (NEMA), and the Uganda National Bureau of Standards (UNBS) will have a role to guide and support the sector on cross cutting issues.
- 4. The non-governmental central warehouses JMS, MAUL and UHMG will play a crucial role in supplementing Government's efforts to strengthen the health commodity supply chain and improve access to quality affordable medicines.
- 5. The entire health service delivery system including district health departments, hospitals, lower-level health facilities, Village Health Teams (VHTs) and Community Health Extension Workers (CHEWs) will be part of the implementation process.
- 6. PNFP and PFP health service providers have a key role to play in ensuring medicines are available to all seeking health services and that they are appropriately used. They also have a role to support government's efforts to ensure full compliance with the law and increase medicines affordability.
- 7. Private sector entities including manufacturers, importers, distributors, warehouses, and retailers, will contribute in various ways to achievement of desired outcomes.
- 8. Coordinating bodies such as the religious Medical Bureaus, the pharmaceutical manufacturers association, the dispensers association and PSU will provide useful entry points for effective engagement with private actors and for channelling of interventions.
- 9. Academia, particularly health training institutions and higher institutions of learning are key to ensuring that pharmaceutical human resources entering the market are able to support effective implementation of the plan. These institutions are also key to furthering the sector's research agenda.
- 10. Civil society and communities have a key role to play in the design implementation and monitoring of a number of interventions. Effective support for community engagement through a multi pronged capacity building strategy will be required.
- 11. Regional and international partners will be engaged on issues such as research, harmonisation and standards development among others so as to harness the benefits and learning from experiences elsewhere.

Implementation principles

Achievement of the overall targets set out in this plan will be guided by the following broad principles:

- **a**. The Pharmacy Division shall coordinate the consultative planning, implementation and monitoring and evaluation of the defined interventions
- b. Partners wishing to support the sector shall be guided by interventions outlined in this plan and where a different set of priorities are identified guidance shall be sought from the Ministry of Health.
- c. All partners involved in activities in the pharmaceutical sector will be required to share information on their technical and financial contribution as well as the results of their interventions.

STRATEGIC PRIORITIES

The NPSSP III identifies interventions in a number of priority areas: Sector Coordination, Community Engagement, Domestic Manufacturing, Health Commodity Supply Chain, Human Resources, Legislation, Medicines Financing and Pricing, Medicines Use, Monitoring and Evaluation, Private Sector Engagement, Quality Assurance, Regulation, and Traditional and Complementary Medicines.

LEGISLATION REGULATION AND QUALITY ASSURANCE

Uganda has a regulatory and legislative framework in place to support the implementation of the NMP. However, a number of laws are in the pipeline for amendment or enactment. During the NPSSP III period, emphasis will be placed on passing the bills that are already in the pipeline, strengthening the regulatory framework and ensuring compliance, and investing in strengthening the systems for quality assurance of pharmaceutical products.

Policy Objective	. To provide a comprehensive appropriate regulatory and legislative framework that enables protection of health and ensures availability of safe and efficacious pharmaceutical products for the human population.		
	2. To enhance the efficiency and effectiveness of regulatory agencies in ensuring compliance of pharmaceutical products, personnel, practices and premises with laws and regulations.		
Indicator	% of pharmaceutical products sampled from post marketing surveillance failing quality tests		
Baseline	To be determined in 2015 2020 target <1%		

Strategies

- 1. Harmonise, amend / enact and enforce the legislation required to enable the effective regulation of pharmaceutical products, personnel, premises and practices.
- 2. Develop, update and enforce regulations on pharmaceutical products, personnel, premises and practices both in the public and in the private sector.
- 3. Strengthen the professional councils and boards to ensure that their functions are aligned with other regulatory agencies.
- 4. Ensure the financial sustainability, independence, control and effective functioning of the National Medicines Regulatory Authority (NMRA).

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR	
Comprehensive laws in place that support the full implementation of the National Medicines Policy	 Lobby for amendment / enactment of pending legislation taking cognizance of the agreements at regional level on harmonisation Pharmacy professions and practice bill National Food and Medicines Authority Bill Indigenous and complementary medicines bill Allied Health Professions Act Pharmacy and Drugs Act 	MoH NMRA PSU Councils NCRI	# of laws enacted or amended	
Comprehensive current regulations in force that support the	Undertake periodic review and gap analysis of existing regulations and their enforcement	NMRA Councils MoH	# of current regulations actively	
full implementation of the National	Put in place systems to monitor and report on compliance to existing regulations	мон	enforced	
Medicines Policy	 Revise and enforce existing regulations on Registration Suitability of premises Licensing Fees Drug importation and exportation Conduct of clinical trials Medicine promotion Pharmacovigilance 			
	 Develop and enforce regulations on Location of medicines outlets Public sector medicines outlets Good Distribution Practice Recall procedures Medicines schedules Medical devices TCM products Other relevant areas as required 			
Effective efficient and independent regulatory bodies	Make a case and lobby for government subvention for NMRA	MoH NMRA CS	Proportion of NMRA budget funded by government	
	Finalise establishment and operationalisation of the pharmacy council	PSU	Collaboration mechanisms in	
	Establish mechanisms of collaboration and joint working between regulatory bodies on all relevant issues	NMRA Councils	place	

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Efficacious and good quality EMHS circulating in the country	Support and maintain effective and efficient operations in relevant national quality control laboratories	NMRA CPHL DGAL MoH	% of sampled pharmaceutical products failing NMRA quality tests
	Strengthen and enforce systems for registration and/or verification of all EMHS used in the country	NMRA	
	Develop and maintain a strong system for post marketing surveillance	NMRA	
	Establish mechanisms for central warehouses to share information among themselves and with the NMRA on the quality and safety of pharmaceutical products for public use	Warehouses MoH NMRA	
	Establish sustainable fora for sharing information at various levels on regulatory activities and quality of medicines by stakeholders	NMRA	

HEALTH COMMODITY SUPPLY CHAIN

An effective health commodity supply chain will ensure essential medicines and health supplies required by the people of Uganda are available and accessible to the population including the poor and most vulnerable and that their quality maintained up to the point of use. Emphasis will be placed on strengthening systems for EMHS ordering, distribution and facility level management.

Selection Quantification and Procurement

Policy Objective	 To ensure that all medicines selected for use in the public health system are relevant to the priority needs of the population in line with the concept of essential medicines To establish and maintain reliable systems for regular and accurate quantification of medicines needs at all levels of the health system To procure quality assured medicines in a cost-effective and efficient manner 	
Indicator	Availability of a basket of EMHS at central and peripheral level	
Baseline	To be determined in 20152020 target>90%	

Strategies

- 1. Develop structures, criteria, and processes to regularly review priority health needs and revise the EMHSLU accordingly
- 2. Regularly assess and quantify national EMHS needs
- 3. Strengthen systems for efficient and effective procurement of EMHS at all levels

OUTPUTS	INTERVENTION	RESPONSIBLE	INDICATOR
Annual EMHS forecasts and quantification plans	Regularly review and revise the EMHSLU to respond to priority health needs	МоН	% of a basket of EMHS for which a current forecast is available
developed	Define a list of EMHS to be procured using public funds for each level of care	MoH NMS	
	Set up mechanisms to ensure that EMHS lists for special programs and centres are harmonised with the EMHSLU	МоН	
	Develop forecasts for all priority EMHS and review every six months	QPPU	

OUTPUTS	INTERVENTION	RESPONSIBLE	INDICATOR
Competitively priced EMHS procured in a timely manner	Use EMHSLU compliant procurement plans as a basis for procurement in the public health sector	NMS HF	Level of fulfilment of procurement plans
	Strengthen systems for central and peripheral level EMHS quantification	MoH HIP DHO	
	Establish and maintain effective procurement planning and procurement systems at all levels	MoH HIP HF Warehouses	
	Develop and maintain systems for supplier performance monitoring	Warehouses HF	
	Prioritise EMHS procurements according to the available resources	Warehouses HF	% available finances spent on vital EMHS

Inventory Management

Policy Objective	 To strengthen inventory management systems at all levels in order to maintain optimal stock levels throughout the supply chain To ensure that all medicines are appropriately, cost-effectively, safely and securely stored, distributed and accounted for at all levels of the health system To safely dispose of expired or otherwise unwanted medicines 		
Indicator	% of facilities with optimal stock levels (between min and max)		
Baseline	To be determined in 2015 2020 target >95%		

Strategies

- 1. Improve the infrastructure for storage at the central and peripheral levels
- 2. Establish and maintain agreed minimum and maximum stocks at all levels
- 3. Strengthen systems for ordering at service delivery points
- 4. Strengthen systems for direct delivery to service delivery points
- 5. Strengthen systems for intra health facility distribution
- 6. Institute and maintain systems to ensure the safe, effective and controlled disposal or destruction of expired or unwanted medicines and health products.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR	
Appropriate infrastructure for warehousing and storage in place at all levels	Publish widely the minimum standards for medicines storage facilities for all levels of the health sector (public and private)	NMRA MoH HIP	% of storage facilities that meet minimum	
	Undertake periodic nationwide assessment of stores in public and PNFP health facilities	MoH HIP	standards	
	Upgrade existing and provide additional storage facilities as required to meet needs	MoH Warehouses HIP DHO Private sector		
	Enforce the one facility one store guideline	MoH DHO		
EMHS inventory appropriately managed at all levels	Define and harmonise all EMHS management structures and responsibilities at all levels of the health system	MoH CPHL	% of facilities reporting no stock outs of a basket of EMHS	
	Review and disseminate inventory management tools and guidelines	HF		
	Maintain and enforce existing guidelines on recommended good storage and inventory control practices at all levels	MoH NMRA Councils		
	Establish systems to minimise and deal with under stocking and over stocking	МоН		
	Establish and enforce systems for SDPs to order EMHS approved for their level of care tailored to their specific needs	MoH Warehouses		
	Implement mechanisms to ensure that health facility orders are efficiently processed and fully filled	Warehouses		
	Strengthen and maintain systems for routine support supervision of key staff managing medicines in the health facilities	MoH DHO		
Effective distribution systems in place	Strengthen and put in place mechanisms to implement and monitor last mile distribution systems for all health facility commodity consignments	Warehouses	Average lead time from ordering to delivery at HF	
	Establish and maintain systems to ensure effective and efficient systems for EMHS distribution within health facilities (from the store to the patient)	МоН		

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Pharmaceutical waste safely disposed of	Review, publish and disseminate waste management guidelines	МоН	% of HFs with pharmaceutical waste
	Assess and regularly publish the list of approved facilities for the disposal of pharmaceutical waste	NMRA NEMA	
	Develop a master plan for providing sufficient pharmaceutical waste management infrastructure	МоН	
	Establish systems to track and trace; and document pharmaceutical waste at all levels	MoH NMRA Warehouses	
	Put in place mechanisms to dispose of existing pharmaceutical waste	MoH NMRA Warehouses	

Policy Objectives			
Indicator	% (financial value) of medicines manufactured in Uganda		
Baseline	To be determined in 2015 2020 target >10%		

DOMESTIC MANUFACTURING

Strategies

- 1. Establish and implement a system of tax incentives or subsidies for domestic manufacturers of essential medicines.
- 2. Encourage national and international procurement agencies to procure domestically produced essential medicines of good quality and competitive price.
- 3. Establish mechanisms to minimise imports of good quality essential medicines that can be manufactured in Uganda in sufficient quantities and at a fair price.
- 4. Maintain regular and systematic inspections of premises and processes to ensure full adherence to licensing requirements and current Good Manufacturing Practice (cGMP).
- 5. Provide pathways for domestic manufacturers to gain additional regulatory certification, such as WHO prequalification of products.
- 6. Develop mechanisms to allow for harmonisation of policies and their reciprocity on domestic pharmaceutical manufacturing among EAC countries.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR	
Increased contribution of in-country pharmaceutical manufacturing to national and / or regional pharmaceutical product needs	 Advocate for removal of taxes on pharmaceutical related equipment and spare parts Publish the list of pharmaceutical equipment for exemption Develop and implement a roadmap leading to exemption 	UPMA UIA MoFPED URA MoTTI	% increase in industry production output	
	Publish a list of pharmaceutical products classified by the production capacity in Uganda	UPMA NMRA MoH		
	 Introduce incentives for and encourage procurement of domestically manufactured products Implement the 15% preference for on government tenders Introduce conditions for Global initiatives 	Warehouses MoFPED MoTTI NMRA		
	Introduce restrictions on importation of selected EMHS that are manufactured domestically		# of locally manufactured EMHS with import restrictions or differential fees or full / partial waiver of import restrictions at bilateral or regional level	
	Introduce import duty on selected imported medicines that are manufactured domestically			
	Implement a tier system of verification fees			
	Implement full or partial waivers for EMHS imports/ exports within EAC partner states	EAC Secretariat UPMA FEAPM		
Domestic manufacturers have external regulatory certification	Solicit for local, regional and international agencies to support domestic manufacturers to gain external regulatory certification	UPMA NMRA HDP HIP FEAPM	% of manufacturing plants with external certification for plant or product	
	Train all relevant industry staff in cGMP	AU		
	Conduct regular inspections and support visits to domestic manufacturers			

Policy Objective	To ensure that end-users receive maximum therapeutic benefits from medicines through scientific sound and cost-effective use by prescribers, dispensers and consumers		
Indicator	% of prescriptions for different conditions complying with approved clinical guidelines		
Baseline ¹	Malaria 66%Diarrhea 37%URTI 31%	2020 target	To be determined

MEDICINES USE

Strategies

- 1. Establish a functional national Appropriate Medicine Use (AMU) program with adequate human and financial resources.
- 2. Establish a national Medicines and Poisons Information Centre to provide timely, up-todate, unbiased and evidence-based information to health workers and consumers.
- **3**. Strengthen the national pharmacovigilance system for both the public and private sector.
- 4. Strengthen programs for consumer awareness and promote community self-policing on medicines use.
- 5. Enforce the use of prescription forms as a basis of dispensing of all relevant medicines in both the public and private sector.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Comprehensive national AMU programe	Set up and institutionalise an appropriate medicines use unit in the MOH	МоН	Functional AMU programme in MoH
	Maintain current comprehensive Clinical Guidelines for the country addressing practice at all levels of care	МоН	
	Publish and disseminate the national formulary and medicines schedules	NMRA MoH	
	Develop and disseminate guidelines for dispensing at all levels	МоН	
	Disseminate and enforce regulations on ethical promotion of medicines	NMRA UCC Police Councils	
	Promote use of the UCG as the basis for prescribing and dispensing of medicines in the public and private-not-for-profit sector	MoH / HDP	
	Establish sustainable mechanisms to routinely monitor and evaluate prescribing and dispensing practices in the public and private sector	MoH Councils HIP	
	Train all relevant healthcare providers on appropriate medicines use as part of pre- service training	MoH Councils HIP Academia NMRA	
	Establish and support the effective functioning of Medicines and Therapeutic Committees (MTC) at national, district and hospital levels	MoH HIP DHO	
	Enforce generic prescribing and substitution in the public sector	МоН	
	Enforce regulations, implement mechanisms and provide incentives to limit prescribing to authorised health professionals	Councils NMRA Associations Police	
	Enforce regulations on stockpiling and dispensing of medicines in clinics and other health service delivery points	Councils NMRA UMA Police	
	Define and implement measures to contain the spread of antimicrobial resistance in Uganda	MoH HIP DHO	
	Revitalise and support the effective functioning of UMTAC	МоН	
OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
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Medicines and Poisons	Review and strengthen the services of the current DID in NDA	NMRA MoH	Functional MPIC
Information Centre Established	Determine requirements for a fully- fledged MPIC	Academia UTH DGAL	
	Mobilise resources to establish and operationalise		
Vibrant and effective pharmaco- vigilance system	Regularly update and disseminate tools for ADR/ quality reporting and harness technology to facilitate reporting (SMS, WhatsApp, social media)	NMRA MoH Councils	% of ADR reports for which action is taken
	Set up a system to provide incentives for individuals and institutions who report		
	Set up an effective and efficient system for analysis and feedback of ADR reports as well as dissemination of findings		
	Establish platforms for interested parties to share information on ADRs and quality problems		

TRADITIONAL AND COMPLEMENTARY MEDICINES

TCM practice is a grey area and proving efficacy of most TCM products a challenge. However a large proportion of Uganda's population resort to TCM products both as their first treatment and their last treatment option when conventional medicines fail. The focus in the strategic period will be to strengthen policy oversight and regulation of TCM products and practices.

Policy
ObjectiveTo maximise the benefits of Traditional and Complementary Medicines (TCM) where
possible and desirable and protect the public against their possible negative effectsIndicator# of domestically produced TCM products on the medicines registerBaselineNone2020 targetTo be determined

- 1. Establish and operationalise an appropriate structure in the Ministry of Health to promote, coordinate and monitor the implementation of multi-sectoral TCM activities.
- 2. Develop and preserve TCM knowledge and practices in their various forms.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Functional TCM desk in	Mobilise resources to operationalise the TCM desk	NCRL	Presence of a functional desk
place at the MoH	Coordinate the TCM activities of relevant government institutions	МоН	
	Establish mechanisms for the exchange of useful information, experiences and practices on TCM agencies from other countries	MoH NMRA	
Indigenous knowledge of TCM	Develop a database of products, practitioners and their practices	NCRI ICM Council NMRA	# of TCM products registered
preserved and used, and intellectual	Explore and promote, where applicable, the use of TCM products as part of conventional healthcare	МоН	
property protected	Strengthen and maintain systems for TCM product registration	NMRA MoH	
	Strengthen national capacity to assess and regulate the marketing and promotion of TCM products	NCRI ICM Council Police	
	Develop, disseminate and enforce regulations on TCM practice		
	Provide incentives to support domestic manufacture of TCM products	ICM Council NMRA	
	Promote and support relevant research into all aspects of TCM	UIA MoH NCRI Academia	
Safety and	Develop a national TCM pharmacopeia	МоН	% of TCM
Quality of TCM products	Name and shame/prosecute manufacturers who adulterate their TCM products with conventional medicines	NMRA Academia	products that fail quality tests
	Put in place systems for inspection and licensing of manufacturing premises for TCM products		

MEDICINES FINANCING

The current public financing for EMHS is inadequate. While every effort will be made to ensure that whatever resources are available are effectively utilised and equitably shared, it is imperative that additional resources are identified to reduce the enormous burden on the population of high out of pocket expenditure on medicines. National health insurance, if implemented within the strategic period, will contribute significantly to bridging the gap.

Policy Objective	To ensure the financing of adequate quantities of essential medicines for the people of Uganda, with equitable provisions for the poor and vulnerable, as well as the cost-effective use of available resources		
Indicator Per capita expenditure on medicines (based on GoU budget)			
Baseline (2013	/14) 2.4 \$	2020 target	To be determined

- 1. Sustainably mobilise resources for financing the procurement of quality EMHS and systems for their equitable access and appropriate use.
- 2. Establish and maintain systems for the efficient utilisation of funding for EMHS procurement and use.
- 3. Allocate the funds for procurement of essential medicines and health supplies in an equitable manner, through both the public and private-not-for-profit health sector.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Adequate financial	Set up systems for performance based EMHS financing	МоН	Donor vs. Government
resources for EMHS mobilised and	Prepare a case EMHS funding and lobby MoFPED for additional funding	МоН	funding contribution for EMHS
efficiently used	Support the set up and effective functioning of hospital private wing pharmacies	МоН	
	Ensure the national health insurance scheme provides adequate coverage for essential medicines and health supplies	PD	
	Develop and implement	МоН	
	comprehensive carefully planned and organised medicines reimbursement packages	IRA	
	Set up a centralised mechanism to channel EMHS funds for PNFPs	MoH Bureau	Central 'PNFP Vote' in place
	Strengthen systems for prioritisation of EMHS bought and used in the face of limited resources	MoH HIP	
Available funds	Review the current systems for EMHS	Academia	Horizontal equity
equitably allocated	resource allocation	МоН	ratio (difference in
anocated	Propose evidence based criteria to be used as a basis for EMHS allocation	HIP MoH	allocation / patient in GoU health facilities at the
	Implement EMHS supply systems that	NMS	same level of care)
	maximise equity	МоН	

MEDICINES PRICING

Efficient use is the first mechanism to gain the maximum benefit from limited resources ("more of the right EMHS for money"). Both the price of first acquisition from the manufacturer and the price the end user pays must ensure that this maxim holds true. Uganda has not had a history of price regulation and for this period the focus will be on influencing market dynamics by ensuring price information is readily available to members of the public.

Policy Objective	To ensure that medicines are affordable to the individual and to the community		
Indicator	% of international indicator price paid by warehouses for a basket of EMHS		
Baseline	NMS - 52% JMS - 54%	2020 target	<60%

Strategy

Establish and maintain mechanisms for ensuring affordable national public and PNFP EMHS procurement prices, and consumer prices in the public and private sector.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Affordable EMHS in the public PNFP and private sector	Maintain a centralised bulk procurement system for all public sector EMHS	MoH NMS	WHO/HAI affordability indicator
	Develop and enforce generic policies in the public and PNFP sectors to increase affordability	MoH/ Bureau	
	Conduct a comprehensive EMHS costing and pricing survey for PNFP facilities	Bureau HIP	
	Publish indicator prices and price mark ups for commonly used EMHS in the mass media	CS Media Organisations	
	Conduct national price surveys and publish findings	MoH HIP	
	Carefully plan, organise and implement medicines reimbursement packages	МоН	
	Regularly monitor consumer prices in the country and advocate for affordable prices	Civil society	
	Track and take action on enactment of legislation that has a bearing on TRIPS	Civil society	Evidence of localisation of the
	Localise the Global Plan of Action on Public health intellectual property and innovation	Civil society	global plan

HUMAN RESOURCE DEVELOPMENT

The development of a comprehensive human resource development plan will be an early priority in the implementation of this strategic plan since it will provide a basis for human resource investments in the sector. The establishment and filling of posts for district pharmacists country wide is also a strategic priority for the period to ensure that all interventions at peripheral level are effectively and efficiently implemented. These pharmacists will also ensure that data generated is used within the district to improve performance while feeding into the national information systems.

Policy Objective	public health sector a	nd among other	apacity in the Pharmacy Division, the stakeholders ² to undertake their roles ation of the National Medicine Policy
Indicator	Number of pharmacis	ts and pharmacy	technicians per 100,000 population
Baseline	1.7 (pharmacists)	2020 target	To be determined in 2015

- 1. Prepare a national Pharmaceutical Human Resources Development Plan.
- 2. Establish and fill positions for the pharmacy personnel required to ensure effective implementation of the plan.
- 3. Increase the training and in service support of pharmacy professionals.
- 4. Recognise and regularise, in the public sector, pharmacist specialties and super specialties (e.g. Clinical Pharmacy, Oncology, Pharmacoeconomics, and Industrial Pharmacy).

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATORS
Comprehensive human resource development	Establish and implement a multi- stakeholder process for the development and costing of an HRD plan	МоН	Comprehensive human resource development plan
plan in place	Mobilise the human and financial resources for the implementation of the plan	МоН	
Pharmaceutical personnel meet national needs	Establish continuing professional education as a requirement for a license to practice for pharmacy professionals	Councils Associations	% Pharmaceutical personnel positions created
(numbers and capacity)	Provide incentives to attract, deploy and retain pharmacy personnel to fill existing positions in public service	HSC MoLG DHO	and filled in the public sector (include disaggregation)
	Establish and fill positions for pharmacists at district level	MoH HSC	
	Develop and implement mechanisms to ensure equitable distribution of pharmacy personnel countrywide	MoH Councils Associations	
	Advocate for and enforce the recruitment of pharmacy personnel in relevant private sector service delivery points	NMRA Councils MoH Associations	
	Provide regular in–service training and continuing professional development as means for motivation and retention of pharmaceutical staff	MoH Academia	
	Define the kind of pharmaceutical care required at each level of the referral system and therefore what skills and specialisations are required	MoH Councils	
	Strengthen and maintain systems for supervision and performance assessment of pharmacy personnel in the public sector	MoH HDP HIP	
	Incorporate core concepts of the National Medicine Policy into the pre service curriculum of all health workers	Academia	% of academic and training institutions
	Enforce, as a minimum, basic training in good dispensing practice for all those involved in dispensing activities	MoH Academia	with core NMP concepts in their curricula
	Increase the training capacity for the pre service training of pharmacists and pharmacy technicians	Academia	# of pharmaceutical personnel graduating annually

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATORS
Pharmacy specialties recognised	Create and maintain a database of specialist pharmacists / pharmacy technicians	PSU Councils	# of specialist pharmacists/ pharmacy
	Introduce specialties in pharmacy curricula and train personnel	Academia	technicians
	Advocate for the recognition of pharmacist specialists in both pharmacy and non-pharmacy areas e.g. Anesthesiology by the Ministry of Public Service	МоН	
	Articulate the career path for pharmaceutical personnel in the public sector	МоН	

PRIVATE SECTOR¹⁵ ENGAGEMENT

During this strategy period, both PNFP and PFP providers are expected to become more central to the efforts to achieve universal health coverage and ensure equitable access to medicines. Private actors will be engaged wherever possible to support interventions aimed at increasing the reach and quality of pharmaceutical services available to the population.

Policy Objective	e To harness the syner maximise the implement		ies in the private sector to
Indicator	# of functional public p	rivate partnerships	
Baseline	To be determined	2020 target	To be determined

- 1. Promote public private partnerships in the pharmaceutical sector, to address gaps in access to safe, efficacious and good quality EMHS.
- 2. Mainstream private sector participation in all aspects of policy implementation.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATORS
Effective Public Private Partnerships in place	Identify service delivery gaps and generate models for PPP to address them	MoH NMRA UIA Private actors	# of functional public private
	Map private sector players in the pharmaceutical value chain		partnerships
	Develop frameworks to guide PPPs in the sector at central and peripheral level		
	Define systems for evaluating the effectiveness of PPP in the pharmaceutical sector		

¹⁵ Includes all private service providers involved in the pharmaceutical value chain

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATORS
Private sector effectively engaged in policy implementation	Promote access to affordable financing for the private investments in the pharmaceutical sector	MoH HDP HIP	# of private sector organisations accessing affordable financing
	Establish and promote private sector networks for joint engagement on policy implementation	Private actors NMRA	Evidence of private sector engagement
	Identify areas of policy implementation that require active private sector participation	MoH Private actors	
	Prepare pharmaceutical private sector providers to participate in the national health insurance scheme (HR, financial management, quality assurance, data management & reporting, and accountability)	MoH Councils Associations	
	Continuously explore, establish and implement mechanisms for effective engagement of private sector actors	MoH Private actors	
	Disseminate pharmaceutical sector information (policies, regulations, guidelines, manuals) to private sector providers	MoH NMRA Councils	

COMMUNITY ENGAGEMENT

The empowerment of the population will include among others increasing community awareness about the licensing of medicines outlets, dangers of self-medication and the use of substandard and falsified products.

Policy Objective	To harness the synergies and opportunities in the community to maximise the implementation of the NMP		
Indicator	# of functional partners	hips	
Baseline	To be determined	2020 target	To be determined

- 1. Mainstream community engagement in relevant aspects of NMP implementation.
- 2. Empower and promote strong community awareness regarding access to medicines issues.

OUTPUT	INTERVENTIONS	RESPONSIBLE	INDICATOR
Effective community engagement in facilitating policy implementation	 Identify and support community engagement in relevant aspects of policy implementation at national, regional, district and facility level Addressing supply and demand side gaps Monitoring service delivery Monitoring EMHS stock outs at health facilities Compliance with relevant legislation and regulations Health promotion and disease prevention Develop community level score cards and other performance monitoring tools on medicines issues Establish platforms to undertake community dialogue on medicines issues Develop and pilot community engagement models on NMP implementation Support civil society fora / networks/ associations to facilitate joint 	MoH CS HIP HMU	Evidence of effective community engagement
	engagement on policy implementation Develop and disseminate guidance on handling and distribution of medicines by community members	MoH NMRA	
Community empowered on medicines issues	 Promote a strong awareness in the community on relevant aspects of the NMP including: the need for appropriate legislation and regulation on the quality and use of medicines and on substances of abuse the dangers of self-medication appropriate use of medicines Traditional and complementary medicines 	HIP NMRA MoH	Evidence of community awareness

NATIONAL, REGIONAL AND INTERNATIONAL COLLABORATION

Inter-sector collaboration is crucial to implementation of this strategic plan because of the cross cutting nature of a lot of the interventions that have been defined. Every effort will be made to ensure that strong linkages and effective working mechanisms exist with all relevant government bodies.

Policy Objective	To harness the synergies and opportunities available through national, regional and international collaboration to support the successful implementation of the National Medicine Policy		
Indicator	Current Stakehol international)	der and Pa	rtner Map (national, regional and
Baseline	None	2020 target	Comprehensive current map in place

Strategy

Facilitate ongoing collaboration and the exchange of information, skills, expertise and experience with international, regional, national agencies and institutions.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
Active ongoing national	Develop a comprehensive stakeholder map for the sector	МоН	Evidence of collaboration
collaboration facilitating policy implementation	 Strengthen functional working linkages with key national stakeholders including Academia and research – best practices, implementation models, capacity building DGAL - poisons information Centre and forensics HDP & HIP – financing, technical assistance, and service delivery HMU – Monitoring of medicines management Law enforcement agencies – enforcement and compliance DHO – health service delivery MoFPED – financing, subsidies and exemption NEMA – waste management Parliamentary Committees – enactment of laws and advocacy Professional Associations – professional practice and standards URA – EMHS, pharmaceutical equipment import/export UNCST – research, biosafety and biotechnology UNBS – standards, calibration and conformity assessment UNHRO – research 	MoH NMRA Councils NMS NCRL	relevant to NPSSP implementation
Active ongoing regional and international	Prepare a comprehensive map of all stakeholders and partners who can support the NPSSP implementation	MoH NMRA HDP	
collaboration facilitating policy implementation	Identify, establish and maintain collaboration with relevant regional and international bodies: UN agencies, World Bank, Global Fund, WHO, EAC	EAC	
	Identify and adapt best practices relevant to NMP implementation		
	Actively participate in regional cooperation and harmonisation efforts of the EAC and other regional bodies e.g. standards, procurement regulation		
	Encourage the establishment and appropriate utilisation of national and regional centres of technical excellence		

RESEARCH AND DEVELOPMENT

The Ministry intends to encourage evidence based decision making in service delivery interventions and thus the strong research focus proposed in this plan. Strong working relations with universities, research institutes and other institutions of learning will be vital to further the agenda. That notwithstanding small operational research projects undertaken by pharmacy professionals and others within their respective work areas will be encouraged.

Policy Objective	-	e basic and ation of the Na				enhances	the	effective
Indicator	# of NPSSP	related resea	rches con	ducted an	d pub	lished		
Baseline	None	2020 target			be det lished	termined, 2	100%	, 0

- 1. Identify, support and facilitate basic and operational research for key areas of policy implementation.
- 2. Promote appropriate research and development for new pharmaceutical products.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR
NMP related research undertaken and disseminated	Strengthen and expand working links between practitioners, relevant research institutions, academia and industry for pharmaceutical policy research	nd HDP cy Academia MTIC ration DD UNHRO PD	Availability and accessibility of a current national pharma- ceutical research database
	Establish mechanisms for collaboration with the UNHRO to support implementation of a pharmaceutical research agenda		
	Support health professionals to undertake research related to medicine policy		
	Integrate basic research methods into pre- in-service and postgraduate training		
	Identify and advocate for areas for NMP related operational research		
	Establish an independent fund for NMP related research and establish competitive research grants		
	Support districts to carry out problem–solving research		
	Establish a system to facilitate the dissemination of useful research findings to all interested parties and promote the use of evidence based interventions to address challenges in the sector		
R&D in new product development	Strengthen the capacity of the NMRA to regulate the conduct of drug-related clinical trials	l NDA produc	# of new products / formulations
conducted	Monitor and evaluate implementation of all clinical trials		
	Establish collaboration mechanisms between pharmaceutical industry and academia on R & D	ТСМР	
	Identify target TCM molecules and formulations for further R & D		

PHARMACEUTICAL INFORMATION SYSTEMS

By the end of the period it is expected that comprehensive robust pharmaceutical information systems will be in place and information generated used continuously to improve access. Existing logistics management information systems (LMIS), at facility level and those at the central level, need to be interfaced in a way that allows free flow of information. It is also expected that ultimately all the systems will be electronic to ensure accuracy, timeliness and ease of access. The establishment of a national financial and commodity tracking system for all public and PNFP facilities has been identified as one of key priorities.

Policy Objectives	on all pharmaceutical p the sectors information 2. To ensure that data from	sh systems to track collect and store management information armaceutical products, personnel and practices in line with rs information needs that data from all pharmaceutical information systems are accessible and utilised at all levels of the health sector	
Indicator	Evidence of use of pharmace	eutical data for decisior	n making
Baseline	To be determined	2020 target	Evidence documented

- 1. Establish and maintain systems to collect, collate, process, analyse and share data on various aspects of implementation of the NMP.
- 2. Promote the use of computerised information systems at all levels.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR	
Information available and used at all levels	 Establish mechanisms to collect, collate and analyse and use data on EMHS from both public and private sector Quantity and value of pharmaceutical products moving within the country EMHS financing Prescribing and dispensing practices Logistics at all levels Service delivery Patient demographics and service utilisation Program targets EMHS utilisation at facility level 	MoH Private Sector School Associations Districts HDP Resource Centre NMRA Civil society	% of institutions submitting timely and complete reports	
	Increase human resource capacity to collect, analyse, disseminate and use data			
	Put in place systems for Health Facilities to keep records and regularly report on stock on hand, average monthly consumption, losses and adjustments			
	Establish mechanisms to gradually integrate PFP health facilities and school clinics into national pharmaceutical information systems			
e- inform- ation	Link LMIS to financial management at all relevant levels	MoH HF	% of facilities reporting	
systems in place	Harness the use of ICT to improve HF pharmaceutical management	HDP HIP Resource	electronically	
	Strengthen and establish linkages between central warehouses and Health Facilities for sharing of relevant logistics management information	Centre HDP MoH Warehouses		
	Expand and fully utilise existing systems, such as Rx Solution at facility level and PIP at the national level	CS		
	Standardise medicine codes across warehouses and facilitate the use of electronic ordering systems			

COORDINATION, MONITORING AND EVALUATION

A meaningful sector contribution towards the progressive realisation of universal health coverage will only be possible with strong leadership and coordination from the centre. Efforts will be focused at establishing structures required for effective coordination, monitoring and evaluation of the all the interventions under the NMP. Key for institutionalisation within the pharmacy division are the quantification and procurement planning, the M&E unit and the appropriate medicines use.

Policy Objectives	1. To strengthen Government stewardship function in coordinating, monitoring and evaluating the implementation of the National Medicine Policy, in close collaboration with all relevant stakeholders
	2. To promote the use of results to inform decision making, policy refinement, performance improvement and organisational learning.
Indicator	Proportion of implementing entities regularly reporting to PD
Baseline	To be determined in 2015 2020 target 100%

- 1. Strengthen the mandate and invest in providing Pharmacy Division with the necessary resources for coordinating, monitoring and evaluating the implementation of the National Medicine Policy.
- 2. Establish functional plans and systems for monitoring and evaluation of the NMP at all levels.
- 3. Strengthen mechanisms for data quality improvement, access, dissemination and use at all levels.

OUTPUT	INTERVENTION	RESPONSIBLE	INDICATOR	
Pharmacy Division has the requisite capacity to oversee	Review the institutional set up and staffing of the Pharmacy Division in light of its mandate	PD MoH	Evidence of adequate PD capacity	
coordinate and support policy implementation	Mobilise resources to ensure PD has the capacity to coordinate and oversee NMP implementation			
	Strengthen the implementation of the peer strategy			
	Advocate for the approval and institutionalisation of all requisite units and structures • QPPU			
	• M & E			
	• AMU			
Functional M&E systems established at all levels	Set up organisational communication structures and partnerships on M&E	Districts% of reportHDPunits with aHIPfunctional N		
	Develop a costed M&E plan	МоН	System	
	Institutionalise and operationalise the M&E unit within Pharmacy Division			
	Develop M&E at all levels, using and strengthening existing institutions and mechanisms where possible			
NMP data used by managers at all	Conduct NPSSP quarterly review meetings	Districts HDP		
levels for decision making	Avail all relevant managers with user rights to the pharmaceutical information portal	HIP MoH		
	Regularly disseminate high quality reports on NMP implementation at all levels			

(Footnotes)

- 1 MoH 2015. Annual Pharmaceutical Sector Performance Report 2013/14
- 2 Stakeholders include regulatory bodies, professional councils, central warehouses, academic institutions

ANNEX I: NPSSP CONTRIBUTORS

1. Task Team

MEMBERS	INSTITUTION
Albert Kalangwa	Consulting Director Access Global Ltd
Amos Atumanya	Regional Inspector of Drugs National Drug Authority
Belinda Blick	Technical Adviser – Strategic Information Ministry of Health - Pharmacy Division
Birna Trap	Chief of Party Uganda Health Supply Chain Project
Denis Kibira	Deputy Director HEPS/Uganda Coalition for Access to Essential Medicines (UCAEM)
Emmanuel Higenyi	Head, Capacity Building Joint Medical Store
Fred Sebisubi	Principal Pharmacist Ministry of Health - Pharmacy Division
Joseph Mwoga	National Professional Officer - Medicines World Health Organisation
Lawrence Were	Reproductive Health Commodity Security Coordinator Ministry of Health - Pharmacy Division
Martin Olowo Oteba	Deputy Chief of Party Uganda Health Supply Chain Project
Morries Seru	Ag. Assistant Commissioner Pharmacy Ministry of Health - Pharmacy Division
Paul Okware	Head Stores and Operations National Medical Stores
Rashid Settala	Project Manager Medical Access Uganda Limited
Sam Omalla	Technical Adviser Uganda Health Supply Chain Project
Sam Opio	Secretary Pharmaceutical Society of Uganda
Thomas Ocwa Obua	Principal Pharmacist Ministry of Health - Pharmacy Division

2. Other Contributors

Ministry of Health

Dr. Asuman Lukwago Dr. Jacinto Amanadua Dr. Sarah Byakiika James Mugisha Neville Oteba Dr. Myers Lugemwa Ali Walimbwa Olivia Kiconco

National Medical Stores Moses Kambare Paul Okware Anthony Ddamba Sheilah Nabukeera

National Drug Authority Kate Kikule Dr. Agaba Annet Ssenkindu Solomon Onen Peter Ssali Florence Nakachwa

Medical Access Uganda Ltd Rashid Settaala Ashraf Kasujja Buwembo

Joint Medical Store (JMS) Dr. Bildard Baguma Emmanuel Higenyi

Uganda Pharmaceutical Manufacturers Association Nazeem Mohamed Michael Maynard

Uganda Health Supply Chain Programme, USAID/MSH Monica Amuha Benson Onyango Juliet Kitutu Sam Balyejusa District Health Officials Dr. Ibrahim Mutyaba Dr. Jimmy Opigo Kiryandongo Hospital Representatives Minakulu HC III [PNFP] (James Mwesigwa, Sr Esther Atim) Minakulu HC II (Sr Ilana Adur) Dr. Paul Onek Dr. Rwamasebo Gulu District Health Team Thomas Molteni, Lacor Hospital Sr. Josephine Oyella, Lacor Hospital

Other Partners

Aryeija Oren Kabalu Anthony Asiimwe Beatrice Musumba Benson Onyango Emily Nakagiri Grace Kabaniha Gladys Tugume Jairus Mugadu John Obicho Lawrence Lubyayi Martin Opio Mildred Kabayaga PSU Representatives Ruth Nanziri Stella Nanyonga

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Indicator	RI	Data	Freq		Definition	Baseline	Target	Comments
		source				2015	2020	
Regulation, Legislation and Quality Assurance				-				
Proportion of pharmaceutical products sampled from post marketing surveillance failing quality tests	NMRA	Survey / NMRA QC reports	Annual	z	# of samples from post marketing surveillance failing QC tests for compliance with recognised pharmacopoeia	tbd	<1%	
			1	0	# of samples collected from post marketing surveillance			
# of laws enacted or amended	HOM	Hansard	Annual		# of NMP related laws that have been assented to		~5	
Proportion of regulations actively enforced	NMRA	NMRA reports	Annual	z	# of regulations for which there is evidence of enforcement e.g. licenses, fees, prosecution		%06<	
					# of approved regulations			
Proportion of NMRA budget funded by government	NMRA	Budget speech NMRA	Annual	z	Annual budget allocation for NMRA in the Government budget	%0	>10%	
					Total annual NMRA budget			
Mechanisms in place for joint working between NMRA and others	NMRA	NMRA reports	Annual		Existence of mechanisms as evidenced by minutes of meetings, appointment letters		in place	
Proportion of sampled pharmaceutical products failing	NMRA	NMRA reports	Annual	z	# of samples failing NMRA QC tests	4%	<3%	
NINITAR quality (ests					Total # of samples tested by the NMRA			
The Health Commodity Supply Chain								
Availability of a basket of EMHS at central and peripheral level	HoM	SIMH	Quarterly	z	# of facilities reporting no stock out of the basket in the last six months	tbd	%06<	The basket of EMHS is to be defined in 2015
				Ω	# of facilities sampled			
Proportion of a basket of EMHS for which a current forecast is available	QPPU	F & Q reports	Annual	z	# of EMHS from a predefined basket for which a current forecast is available	tbd	%06<	Current = still within the period for which the forecast
			1		# of items in the EMHS basket			was done
Level of fulfilment of procurement plans	Ξ	HF/ NMS reports	Annual	z	Value of EMHS received by the institution based on its annual procurement plan	tbd	%06<	
				D	Value of EMHS on the institutions annual procurement plan			
% available finances spent on vital EMHS	HF/NMS	HF/NMS	Annual	z	Value of vital EMHS received within a period	tbd	tbd	
		reports			Total value of EMHS received within a period			

Indicator	R	Data	Freq		Definition	Baseline	Target	Comments
% of facilities with optimal stock levels (between min and	ЦH	MMS/ Survey	Quarterly	z	# of HFs with optimal stock levels on the dav of the	thd	%06<	Current recommendation
max)	-	reports	6.00000	:	visit (between the defined minimum and maximum)	2		is minimum stock 2 and
					Total number of HFs surveyed/ sampled			maximum - 5 months
% of storage facilities that meet minimum standards	МоН	Survey / NMRA reports	Annual	z	# of HFs whose storage facilities meet minimum standards	tbd	%06<	Minimum standards to
					Total number of HFs surveyed/ sampled			
% of facilities reporting no stock outs of a basket of EMHS	HoM	SIMH	Monthly	z	# of HFs reporting no stock outs of a basket of EMHS in the last 3 months	tbd	%06<	Basket of EMHS to be defined: medicines,
				0	Total number of HFs surveyed/ sampled			health supplies and lab commodities
Average lead time from ordering to delivery at HF	Warehouses	Warehouse records	Annual		Average number of days between order receipt at a warehouse and delivery to a sample of health facilities	39 days	tbd	
% of HFs with pharmaceutical waste	HoM	Supervision reports	Annual	z	# of HF with pharmaceutical waste (expired, damaged, poor quality, unwanted) awaiting destruction	tbd	<5%	
				۵	Total number of HFs surveyed/ sampled			
Domestic Manufacturing								-
Proportion of (financial value) of medicines manufactured	UPMA / NMRA	UPMA Records	Annual	z	Value of medicines manufactured in Uganda	tbd	> 10%	Medicines will be defined
in Uganda				۵	Sum of value of medicines manufactured in the country and medicines imported			according to the range or products manufactured domestically
% increase in industry production output	UPMA	UPMA Records	Annual	z	Value of medicines manufactured in Uganda in current year - value of medicines manufactured in Uganda in previous year	tbd	tbd	
				۵	Value of medicine manufactured in Uganda in previous year			
# of locally manufactured EMHS with import restrictions or differential fees or full / partial waiver of import restrictions at bilateral or regional level	NMRA/URA	Reports	Annual		# of EMHS with import barriers or additional fees or tariffs or waivers owing from being domestically manufactured	none	tbd	Medicines will be defined according to the range of products manufactured domestically
Proportion of manufacturing plants with external certification for plant or product	UPMA	UPMA Records	Annual	z	# of manufacturing plants with external regulatory certification	1 (8.3%)	tbd	
					# of manufacturing plants licensed by the NMRA			
Medicines Use								
% of prescriptions for different conditions complying with current clinical guidelines	HoM	HF Records / Survey	Quarterly	z	# of prescriptions complying with current clinical guidelines	Mal - 66%, URTI - 31%,	%06<	Conditions tbd
				D	# of prescriptions reviewed	Ularr - 37%		
Functional AMU program in MoH	HOM	MoH Reports	Annual		Appropriate medicines unit program established, staffed and implementing the strategic plan		tbd	

Indicator	R	Data	Freg		Definition	Baseline	Target	Comments
		Source	-)	
Functional MPIC	HoM	MPIC Reports	Annual		24 hour medicines and poisons information Centre in place, providing information and responding to queries	NMRA DI desk	tbd	
% of ADR reports for which action is taken	NMRA	NMRA Records	Annual	z o	# of ADR reports for which action such as analysis, investigation or feedback is undertaken # of ADR reports received in the period	tbd	%06<	
Traditional and Complementary Medicines				-				
# of domestically produced TCM products on the medicines register	NMRA	NMRA Register	Annual		# of domestically produced TCM products on the medicines register	tbd	tbd	
Presence of a functional TCM desk	HoM	MoH Reports	Annual		TCM desk established, staffed and implementing the strategic plan	none	tbd	
# of TCM products registered	NMRA	NMRA Register	Annual		# of TCM products from both domestic and international sources registered by the NMRA	tbd	tbd	
% of TCM products that fail quality tests	NMRA	NMRA Records	Annual	z	# of TCM product samples that fail NMRA defined quality tests			
			<u> </u>	Ω	# of TCM samples tested			
Medicines Financing & Pricing								
Per capita expenditure on EMHS (based on GoU budget)	HoM	Budget Speech	Annual		Government allocation for EMHS divided by the total population of Uganda	\$2.4	tbd	
Central 'PNFP Vote' implemented	HoM	MoH Budget	Annual		Government support for EMHS for PNFP channeled through a single centralised mechanism	none	functional	
Horizontal equity ratio (difference in allocation / patient in GoU HFs at the same level of care)	SMN	Vote 116 allocation	Annual		Ratio between the highest and lowest result of Health Facility Allocation divided by number of patients seen at the facility		tbd	
Proportion of international indicator price paid by warehouses for a basket of EMHS	MoH	Warehouse Records	Annual	z	Prices paid by the warehouse for a basket of EMHS	NMS - 52% JMS- 54%	tbd	
			<u> </u>	Ω	International indicator price for a basket of EMHS			
WHO/HAI affordability indicator	cs	Survey	bi- annual		Cost of medicines compared to the wages of a lowest paid government work		tbd	Civil Society = networks / coalitions on access to medicines
Localisation of global plan on public health, innovation and intellectual property	CS	Survey	Annual		Evidence of implementation of the global plan on public health, innovation and intellectual property		tbd	Civil Society = networks / coalitions on access to medicines
Human Resources								

Indicator	RI	Data	Freq		Definition	Baseline	Target	Comments
# of pharmacy personnel / 100,000 population Pharmacist	Prof. Councils	PC / PSU records	Annual		# of practicing pharmacists / population	1.67	tbd	
Pharmacy technician		Allied Health professionals	Annual	+ 12	# of practicing pharmacy technicians / population	tbd	tbd	
Comprehensive human resource development blan	МоН	MoH records	Annual	-	Human Resource Development plan in place	none	in place	
Proportion of pharmaceutical personnel positions filled in the public sector	HoM	MoH records	Annual	z	# of positions filled	tbd	tbd	
Pharmacist								
Pharmacy technician				#±	# of positions created			
% of academic and training institutions with core NMP concepts in their curricula	Univ. / HTI	Survey	Annual	z	# of training and academic institutions with core NMP concepts in their curricula	tbd	tbd	
			<u> </u>		# of training and academic institutions offering pharmacy courses	tbd	tbd	
# of pharmaceutical personnel graduating annually	Univ. / HTI	HTI/Univ. records	Annual		Total number of specialist pharmacists and pharmacy technicians graduating from all approved institutions of learning	tbd	tbd	
# of specialist pharmacists/ pharmacy technicians	Univ.	University Records	Annual		Total number of pharmacists and pharmacy technicians graduating from all approved institutions of learning	tbd	tbd	
Private Sector and Community Engagement				-	•	-	-	
# of functional public private partnerships	НоМ	НоМ	Annual	++	# of public private partnerships under implementation	tbd	tbd	
# of private sector organisations accessing affordable financing	HoM	MoFPED	Annual	# 00	# of private sector organisations accessing affordable financing to support implementation of the NPSSP	tbd	tbd	
# of functional private sector networks established	MoH	MoH	Annual	++	# of private sector networks established	tbd	tbd	
Evidence of effective community engagement	cs	Survey	Annual		Evidence of communities engaged in various aspects of NPSSP implementation	tbd	tbd	
Evidence of community awareness	CS	Survey	Annual	<u> </u>	Evidence of community awareness on NPSSP implementation	tbd	tbd	
National, Regional and International Collaboration	on							
Evidence of collaboration relevant to NPSSP implementation	MoH	MoH	Annual	ШО	Evidence of national, regional and international collaboration	tbd	tbd	
Research and Development								

Indicator	R	Data Source	Freq		Definition	Baseline	Target	Comments
# of NPSSP related researches conducted and proportion published	UNHRO	UNHRO	Annual	βΈ	Total number of researches related to NMP or NPSSP conducted			
conducted						tbd	tbd	
published			<u> </u>	P	Proportion of NMP research that is published	tbd	100%	
Availability and accessibility of a current national pharmaceutical research database	НОМ	UNHRO	Annual	P A	An up to date national database on pharmaceutical research available and used	tbd	tbd	
# of new products / formulations	UPMA	UPMA Records	Annual	#	# of new products or formulations developed	tbd	tbd	
Pharmaceutical Information Systems				-	•			
Evidence of use of pharmaceutical data for decision making	НоМ	MoH Records	Quarterly	ġ. ġ. ĝ	Relevant information availed to and reviewed by decision makers at various levels (facility, district, central)	tbd	tbd	
Proportion of institutions submitting timely and complete reports	HoM	Resource Centre	Monthly	z =	# of institutions submitting timely and complete reports	tbd	tbd	
			<u> </u>	D D	Total number of institutions expected to report			
Proportion of facilities reporting electronically	MoH	Resource	Monthly	* *	# of facilities submitting electronic reports	tbd	tbd	
		Centre	<u> </u>	# D	# of facilities expected to report			
Coordination, Monitoring and Evaluation					•			
Proportion of implementing entities regularly reporting to PD	МоН	MoH Records	Quarterly	N mi su	# of independent entities involved in implementation of the NPSSP that regularly submit reports to PD	tbd	tbd	
				ш. # .Щ	# of independent entities involved in implementation of the NPSSP			
Evidence of adequate PD capacity	MoH	MoH Records	Annual	ب ښ	Evidence of adequate PD capacity to support the full implementation	tbd	tbd	
% of reporting units with a functional M&E System	МоН	MoH Records	Annual	N #(# of reporting units with a functional M & E system	tbd	tbd	
				# 0	# of reporting units			

Key: RI = Responsible Institution Freq = Frequency Univ = Universities Diarr= Diarrhea Mal= Malaria URTI = Upper Respiratory Tract Infection

ANNEX: LIST OF PARTICIPANTS OF NATIONAL RETREAT ON NATIONAL MEDICINES POLICY AND ASSOCIATED STRATEGIC PLAN HELD ON 11TH AND 12TH MAY 2015

No.	NAME	ORGANISATION	TITLE
1.	Lubyayi Lawrence	MoH/PD	M&E specialist
2.	Prof Paul Waako	Dusileine UN	dean
3.	Denis Okidi	UHSC	Tech. Advisor
4.	Philip Apira .O	UHMG	Head of Business DCO/ SCM
6.	Dr. Mugadi Jairus	UPMB	Clinical Services
7.	Lameck Kachali	USAID	Supply Chain Systems Adv.
8.	Gladys Tugume	USAID-SUSTAIN	Deputy Chief of Party
10.	John Obicho	STAR-SW	
14	Lawrence Were	MoH-UNFPA	RHCSC
18.	Amuha Monica	МоН	STO
19.	Benson Obonyo	MSH/UHSC	Advisor
20.	Nakade Shamin	IDI	P.H.C
22.	Turyamureeba Colina	KCCA	H/Asst
24.	Pamela Achii	МоН	QPPU
25.	Arnold Kabbale	МоН	Pharmacist
26.	Agenorwot Anna F	IFRAD	Programmes Manager
27.	Okuna Neville Oteba	PB-MoH	Registrar
28.	Juliet Kitutu	UHSC	STO
29.	Samuel Balyejjusa	МоН	Pharmacist
30	Naymutale Peter Michael C	МоН	Deputy Registrar AHPC
31.	Maynard	C. QCIL	Business manager/Chair
32.	Lubega Abdukarim	РАСЕ	Pharmacist

33.	Anguyo Patrick	KCCA	DTCS
34.	Stella Nanyonga	Naguru Hospital	Senior Pharmacist
35.	Rogers Sekabira	Baylor Uganda	Pharm. Coordinator
36.	Ahimbisibwe E	МоН	РНЕ
37.	Paul Okware	NMS	HOSAO
38.	Myers Lugemwa	МоН	D/PM
39	Sseguya Simon	Mulago hospital	Principal pharmacist
40.	Richard Odoi Adome	Makerere Univ	
41.	Musuba B.F	OP/cab. secretariat	PPS
42.	Comfort Ssenyanwe	PSU	HC member
43.	Murungi A. Marion	IDI	Pharmacy Logistics Specialist
44.	Yiff Grusz	CHAI	CD
45.	Brian Arinitwe	HMU	As. Director
46.	Grace Kabaniha	WHO	NOP.HEC
47.	Joyce Tamale	UHMG	Managing director
48.	John Kamili	Cipla QCIL	FA manager
49.	Dr. Bagambe V	MoH/FCO	Q/A manager
50.	Amony M.Nancy	SCMS	SPA
51.	Nakagiri Emilly	МоН	RPMT
56.	Saudah A Kigande	Alive med	Lab Tech
57.	Mateeba .Tim	МоН	RH
58.	Olivia Kiconco	MoH-RPF	P. Officer RH
60.	Dr. Michael Oketcho	Uganda Heart Institute	Surgeon
61.	Lutoti Stephen	МоН	Research Officer
62.	Dr. Nambatya G.K	NCRI-MoH	Director of research
63.	Asiimwe Anthony	Buliisa	DTLS
64.	Aryeija Oren	Kabale	DMMS

65.	Sr. Josephine Oyela	Gulu	Pharmacist
66.	Mr.Opio Martin	Kitovu hospital Masaka	Medical supp physician
67.	Dr.Opio Jimmy	Моуо	DHO
68.	Nanziri Ruth	Buikwe	MMS
69.	Muthoka .E.N	Tororo	Pharmacist
70.	Dr. Olaro Charles	Fortportal	
71.	Kaggwa David	Wakiso	pharmacist
72.	Dr. Wamasebu Gideon	Manafa	DHO
73.	Prof. P.Waako	Mbale	Dean
74.	Namboira Catherine	Arua	MMS
75.	Namulindwa Noeline	Kitgum	MMS
76	Samuel Mutyaba	МоН	Data manager
77	Obua Thomas	МоН	Sen Pharmacist
78	Onen Solomon	NDA	Regional Inspector of Drugs
79	Brenda Kasya	МоН	Drugs Officer
80	Walimbwa Aliyi	МоН	Senior Health Planner
81	Bamwoze Paul	МоН	IT officer
82	Albert Kalangwa	Access Global	Consultant
83	Dorothy Namuganga	Star-EC	Medical Logistics Officer
84	Dr. Bukoma Patrick	МоН	M&E Specialist
85	Richard Butamwita	CPHL-MoH	Tech. Advisor
86	Komakech Richard	NCRI-MoH	Research Officer
87	Senkungi Ismail	PSU	Pharmacist
88	Dr. Byakiika Sarah	МоН	ACUS QA
89	Mubangizi Emmanuel	Kabale district	SCO
90	Okot Amos	KCCA	Lab Tech
91	Apio Jacinta	St. Mary's Hospital Lacor	Pharmacist

92	Nabattu Nulu	UoMB	M&E
93	Okiror Adakuru	Rene Industries	Pharmacist
94	Nakagiri Emily	МоН	Pharmacist
95	Mildred Kabayaga	UPMB	Supply chain Officer
96	William Mutabazi	Baylor Uganda	Pharmacist
97	Namweseza Zam	APDL	Pharmacist
98	Mr. Oteba Martin	MSH/UHSC	DCoP
99	Rashid Settala	Medical Officer	
100	Talibita Moses	UNHCO	Legal Officer
101	Kalidi Rajab	MUK	Lecturer
102	Dr. Ebong	МоН	

MINISTRY OF HEALTH

Plot 6 Lourdel Rd, Nakasero P.O. Box 7272 Kampala, Uganda Tel: 256-414-340874 /231563 /9 Fax: 256-41-4231584 Email: info@health.go.ug Web: www.health.go.ug