

CIVIL SOCIETY ASKS FOR MECHANISMS FOR BROADER AND REGULAR MONITORING OF ACCESS TO ESSENTIAL MEDICINES IN THE NEXT UGANDA PHARMACEUTICAL PLAN

BACKGROUND

Uganda's Constitution and National Drug Policy recognise access to medicines – a fundamental element of the right to health¹ – as a goal of State health programmes and interventions. The Constitution requires the State to take all practical measures to ensure the provision of basic medical services, of which medicines are an essential part, to the population.² And, through the National Drug Policy, the State accordingly aims to ensure the availability and accessibility of adequate quantities of affordable, efficacious, safe, and high quality essential medicines and health supplies (EMHS)³ to all people at all times.

In an effort to achieve access, Government and development partners, have increased funding for EMHS and implemented reforms in the logistics and supply chain system. In 2008/09, total Government and donor EMHS expenditure on (including for this period off-budget projects) was estimated at US\$139 million (Ushs 347 billion) or about \$ 4.5 per capita.⁴

In this regard, the U.S. Government was the largest single source of EMHS funding (35.4% of total expenditure) followed closely by Government of Uganda (33.4%) and then by CHAI (10.4%), Global Alliance for Vaccines and Immunization 9.5%, and The Global Fund to Fight AIDS, Tuberculosis and Malaria 4% and other development partners 7.3%.

One of the most important reforms has been the creation of a separate budget vote for EMHS (Vote 116) effective July 2009. In 2011/12, EMHS funding through National Medical Stores (NMS) – handling only about one half of medicines consumed in the public and private-not-for-profit sectors – only reached Ushs204 billion.⁵

Another major reform has been a move away from a “pull system” to a “push system” of EMHS for lower-level health facilities, which a pre-determined kit or basket of EMHS.

RATIONALE

NMS, which is legally mandated to procure and distribute essential medicines and health supplies (EMHS) for the public sector, handles only about half of all medicines consumed in public and PNFP health facilities. Global health initiatives, parallel programmes, Joint Medical Store (JMS), Medical Access Uganda Limited (MAUL), and other players procure and distribute the rest.

¹ WHO Constitution 1946

² Uganda Constitution (1995), National Objectives and Directive Principles of State Policy, Objective XX (Medical services)

³ EMHS as defined in the Essential Medicines and Health Supplies List for Uganda (EMHSLU) 2012

⁴ HEPS-Uganda (2010). Right to Essential Medicines: Tracking Uganda's Health Sector in Budgeting, Financing and Delivery of Essential Medicines

⁵ MOH Policy Statement FY 2011/12

UCAEM

Founded in 2000, Uganda Coalition for Access to Essential Medicines (UCAEM) is a coalition of civil society advocates and advocacy organisations that work together through joint campaigns, research and stakeholder engagement to promote good health through access to essential medicines.

Member organisations are:

HEPS-UGANDA

Coalition for Health Promotion and Social Development. HEPS-Uganda coordinates UCAEM.

AAU

Action AID Uganda

ACREF

African Cultural Research Education Foundation

AGHA

Action Group for Health, Human Rights and HIV/AIDS Uganda Women's Network

AIC

AIDS Information Centre

AIDE

Alliance for Integated Development and Empowerment

CEHURD

Centre for Health, Human Rights and Development

CEPARD

Centre for Participatory Research and Development

FAPAD

Facilitation for Peace and Development

GCWAU

Global Coalition of Women against AIDS in Uganda

HAG

Health Rights Action Group

The existence of this variety of actors, and an accompanying rise in the EMHS budget in the recent years, partly due to the advent of global health initiatives but also to a rise in the government allocation to EMHS, have amplified the urgent need to monitor EMHS stock levels at the point of care.

The purpose this monitoring is to inform the Ministry of Health and other stakeholders of the stock levels in the country to enable them make and implement appropriate logistics decisions in order to avoid wasteful expiries and costly stock-outs of EMHS. This is through providing an early warning mechanism; generating trends in system performance and reliability; promote accountability and transparency throughout the logistics and supply chain; and facilitating information flow and sharing among actors and stakeholders.

Monitoring EMHS access is one of the tenets within the monitoring and evaluation (M&E) framework of the second National Pharmaceutical Sector Strategic Plan (NPSSP II), which has guided the implementation of the National Drug Policy for the past five years. In implementing the NPSSP II (2009/10–2013/14), National Drug Authority (NDA) and Ministry of Health – either independently or in partnership with partners, such as SURE Programme and HEPS-Uganda – have undertaken periodic surveys to monitor different components of access, such as availability, affordability and quality of medicines in the public, PNFP and private sectors.

In spite of these efforts, reports of EMHS stock-outs and expiries affecting some facilities and items have continued, while at the same time various indicators of the NPSSP II remain unreported. Stakeholder access to, and use of, data from the current monitoring mechanisms is limited.

Uganda Coalition on Access to Essential medicines (UCAEM) has been working to improve access to essential medicines through advocacy, stakeholder engagement and analysis. As the drafting of the third National Pharmaceutical Sector Strategic Plan (NPSSP III) gets underway, the undersigned civil society representatives and organisations, under the umbrella of UCAEM, appeal to Ministry of Health to strengthen EMHS monitoring in the new plan.

SPECIFICALLY CIVIL SOCIETY REQUESTS MINISTRY OF HEALTH TO:

- 1) Review current EMHS monitoring systems and strengthen system components in NPSSP III.
- 2) Increase the number of trace medicines routinely monitored from current six to a number that has broader and more representative of the disease burden and medicine needs. Diagnostic kits should be added to routinely monitored EMHS.
- 3) Provide guidance to stakeholders involved in and supporting national medicine monitoring systems.
- 4) Improve information availability and dissemination to ensure accessibility and facilitate usability.

HRAPF
Human Rights Awareness
and Promotion Forum

ICW
International Community of
Women Living with HIV/
AIDS

KADFO
Kampala District Forum of
PLHIV Networks

Mama's Club

Mariam Foundation

NACWOLA
National Community of
Women Living with HIV/
AIDS in Uganda

NAFOPHANU
National Forum for People
Living with HIV/AIDS

POMU
Positive Men's Union

RHU
Reproductive Health
Uganda-

SALT
Support on Aids and Life
through Telephone Helpline

SEATINI
Southern and Eastern Afri-
can Trade Information and
Negotiations Institute

TASO
The AIDS Support Organi-
sation

UGANET
Uganda Network on Law
Equality and Ethics

UHSPA
Uganda Health and Science
Press Association.

UNASO
Uganda Network of AIDS
Services Organization

UYAAF
Uganda Youth Against
AIDS Foundation

UYP
Uganda Young Positives

YAFU
Youth in Action Foundation