MeTA UGANDA WORKPLAN

March 2009

LIST OF ABREVIATIONS

CSO	Civil Society Organisation
DP	Development Partner
EMHS	Essential Medicines and Health Supplies
Gov	Government
HEPS	Coalition for Health Promotion and Social Development
HSDG	Health Systems Development Group
HSPS	Health Sector Programme Support
HSSP	Health Sector Strategic Plan
MoH	Ministry of Health
MPM	Medicines Procurement and Management
NDA	National Drug Authority
PNFP	Private Not for Profit
Prof	Professional Association
PS	Private Sector
PSU	Pharmaceutical Society of Uganda
TWG	Technical Working Group
UCMB	Uganda Catholic Medical Bureau
UNHCO	Uganda National Health Consumers Organisation
UPMA	Uganda Pharmaceutical Manufacturers Association
UPMB	Uganda Protestant Medical Bureau
WB	World Bank
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Uganda is among the least developed countries with a population of 30 million people and a growth of about 3.2% per annum. Many lives are lost because of different diseases like malaria, HIV/AIDS, Non communicable diseases and many others mainly due to limited access to efficacious, affordable essential medicines and health supplies (EMHS). Among the factors limiting access to EMHS include, poverty (35% of the population), high cost of medicines, weak supply and distribution systems, inadequate skilled health workers, limited technology transfer, research and development, Intellectual Property (IP) and inadequate information sharing among the various stakeholders.

This set back has therefore perpetually kept the country with poor health indices notably neonatal mortality at 29 per 1000 live births, Infant mortality at 76 per 1000 live births, Under 5 mortality rate at 137 per 1000 live births, high maternal mortality ratio (MMR) at 435 per 100,000 live births among others. The burden of communicable diseases is still high with 95% of the country endemic to malaria. It is estimated that 320 lives are lost per day due to malaria while HIV prevalence is still high at 6.4%.
Despite government efforts to provide universal access to health services to the majority of the population, and extended support to Private Not for Profit (PNFP) facilities, there remain challenges of inadequate funding to meet the ever increasing health challenges. As a result it is estimated that over 40% of the population seek health care from the private sector forcing them to pay out of pocket beyond their ability.
The major component for a sound health care delivery system is availability and accessibility to quality medicines. The health sector in Uganda is characterised by a rich multi-sectoral support from various stakeholders. This however has not been effectively translated into access and availability of EMHS and therefore the need for greater harmonisation, coordination and information sharing with a view of increasing access to EMHS.

Transparency among the various stakeholders in the health sector and in particular the pharmaceutical sector remain a challenge in the country. DFID is currently committed to supporting Medicines Transparency Alliance (MeTA) an initiative aimed at improving information sharing among various stake holders in the pharmaceutical sector in selected developing countries. The main goal of MeTA is to improve access to EMHS in developing countries in order to achieve the Millennium Development Goal (MDG8) by the year 2015. The concept promotes multi -stakeholder participation through a common forum for transparent information sharing on the key issues and activities that focus on improving access to quality EMHS and related services.
The MeTA initiative has been piloted in seven countries and Uganda is privileged to be among the pilot countries in the first phase. Uganda has accepted participation in the MeTA initiative with a view that the outcome will be translated in improved access to quality, affordable and efficacious medicines. It is also hoped that the community in Uganda will benefit through educative information sharing using various means on the major issues relating to availability, access, affordability, quality, and rational use of medicines.

The development of this proposal has followed the MeTA guidelines provided, consultation of the report of the Private Sector Mapping survey, support from the local technical consultant and financial and technical support from the MeTA International

Secretariat. The National MeTA Council and Secretariat formed at country level will be instrumental in translating support from DFID through MeTA International Secretariat into reality. The enthusiasm expressed by the various stake holders, an enabling environment and functional multi-stakeholder structures, together with support from government will be key to ensure the aim of MeTA is achieved during the pilot phase and beyond.

The MeTA country budget total is **GBP 99,681** for Year 1, of which 54% is allocated for activities, 34% for coordination, meetings and dissemination, and the remainder allotted for contingencies and administrative fees.
An estimated **GBP 42,700** is to be requested from other sources, namely the World Bank (20,000), World Health Organisation (8,500) and from other funding through HEPS (14,200) for MeTA related activities that will be overseen by the MeTA National Council.

2. INTRODUCTION & BACKGROUND

Uganda has a projected population of 30 million based on the 2002 census. Many lives are lost because of different diseases due to limited access to health care and inadequate supply of safe and effective essential medicines notably for HIV/AIDS, malaria, non-communicable and neglected diseases. .

Access to essential medicines and health supplies (EMHS) is limited by a number of factors including poverty, high cost of medicines, inefficient national procurement and distribution systems, inadequate skilled health workers, lack of innovation, limited technology transfer, research and development, Intellectual Property (IP) barriers and inadequate information sharing among the stake holders.

The Country therefore still has poor health indicators, with total fertility rate at 6.7, neonatal mortality at 29 per 1000 live births, Infant mortality at 76 per 1000 live births, Under 5 mortality rate at 137 per 1000 live births. High maternal mortality ratio (MMR) at 435 per 100,000 live births. The burden of communicable diseases is still high with 95% of the country endemic to malaria. Lots of lives are lost with an estimate of 320 lives lost per day due to malaria while HIV prevalence is still high at 6.4%. It is estimated that 72% of population access a health facility structure within 5KM radius.

The Government of Uganda through its structures with support from its partners is providing free health care to the population through public health care facilities. And the Private Not for Profit health facilities (PNFP) has received support from government to improve access to health care by the population. These efforts have met big challenges of inadequate funding and other factors that affect access to EMHS.

Due to such challenges in the public and PNFP health system, most of the population has ended up seeking for their health care from the private sector forcing them to pay out of pocket beyond their ability. Medicines contribute the highest burden of out of pocket expenses from both informal and formal medicines outlets across the country.

The health sector in Uganda is characterized by the existence of a substantial number of support organizations (stakeholders, partners, alliances, initiatives, and ventures) often with substantial overlap and multiplications in their areas of interest (malaria, HIV/AIDS, TB, RH, and other Supplies). Such efforts need to be well coordinated in order to benefit from input of the stake holders.

Uganda has had a long history in her collaborative activities in the area of access to medicines. The Ministry of Health has worked with DANIDA since the mid eighties in the area of medicines management including rational use of medicines (RUM). A tripartite collaborative arrangement that includes WHO, HAI-Africa (represented at country level by HEPS) and Ministry of Health that started in 2002 has been involved in a number of activities in the areas of pricing surveys in 2002 and 2004, availability of medicines in both public and private health facilities, Rational Use, quality of medicines and price monitoring have so far been conducted with support from DFID through WHO.

3. NEEDS ASSESMENT

There are two EMHS surveys done and the ongoing price monitoring programme that have some elements of transparency. The NMS and JMS produce annual EMHS price list that is limited to the retail outlets, while tendering for procurement of EMHS is advertised for competitive bidding. The private sector produce price lists for medicines with some whole sellers indicating the recommended retail prices. Despite all this, little work has been done in the area of sustained medicines transparency activities in the

country. This leaves the general population largely dependent on the mercy of providers and the providers at the mercy of the suppliers.
The pricing surveys and monitoring activities so far conducted indicate that 85% of the medicines at NMS cost less than the international reference prices and 72% for JMS. However at retail level, a number of the products were found to cost at least close to an entire days wage for the lowest paid civil servant. This therefore renders the majority of the population without easy access to the required EMHS. There is bias in the dissemination of information to only the international audience and some elites who may be interested in reading publications on medicines. The local poor don't have access to the information in the form it is disseminated. There is limited information going out to the public on rational use of medicines and the benefits that can be realized by the communities if they could be informed of such benefits. On matters of quality, the public is left to guess from what they can see on the shelves at the shops and or pharmacies. While the National Drug Authority (NDA) has done a good job over the years, there are still challenges in the system to capture and share information on landing cost of medicines, their quality and what is expected of the general public in enforcing quality of medicines in the market.
The involvement of civil society organizations (CSOs) in medicines related transparency activities in part has been limited. Some of the reasons for low activity by the CSO in this area have been partly due to capacity problems and lack of facilitation for meaningful advocacy and mobilization of the population around medicines transparency related programmes. With the exception of HEPS and recently AGA, CSO coverage country wide in this area has not been felt by the communities and yet there is a disparate need for CSO involvement to the cause of Medicines Transparency. In an effort to develop their capacity and also to set the foundation for meaningful participation, an alliance of CSOs has been formed with HEPS as the lead agency.

4. IMPROVING TRANSPARENCY & ACCOUNTABILITY

MeTA is a multi-stakeholder approach for increasing transparency around the selection, quantification, procurement, sale and distribution of EMHS in developing countries. The main goal for MeTA is to improve access to essential medicines there by assisting the developing countries to achieve the MDG 8. This initiative is currently supported by DFID for a period of two years with a view of additional support from the WB and WHO.
Uganda is one of the seven selected countries to participate in the pilot phase of MeTA. Uganda has accepted participation in the pilot phase of MeTA and has embarked on converging the various key multi-stake holders involved in medicines management in the public sector, private and CSO's. It is expected that the activities of MeTA will augment efforts of government to improving access to medicines in both the public as well as the private sector. The initiative is in line with the objectives of the Uganda Health Sector Strategic Plan (HSSP). The focus in particular on the following three critical elements of the pharmaceutical supply system makes MeTA strategically positioned to synergize the efforts of the Ministry of Health and the other partners involved:

1. **Availability** of and **access** to medicines and information about medicines; relating amongst others to the areas of selection, procurement modalities, efficiency in the supply system and ensuring value for money (VFM)

2. **Cost** of medicines to patients/consumers involving amongst others the options of pricing policies, regulating mark-ups and VFM

3. **Quality** of medicines, involving quality standards and registration, procurement and importation procedures.

MeTA intends to reserve an important role for patients/consumers/CSO in the provision of health services generally and pharmaceutical services in particular. In that respect, therefore, access to relevant information by CSOs is considered of great importance to achieve.
The critical elements MeTA intends to cover have a more or less well established and specific support organizations to move forward. WHO for example pays significant attention to the issues of medicines quality, registration and good manufacturing practices. MeTA's roles need to aim at playing a strong coordinating role between the various organizations working in similar areas, trying to amalgamate support activities into synergies in the area of empowerment of the communities.
MeTA has expressed interest in providing support in the areas mentioned above in collaboration with MoH. The Working Group on Medicines Procurement and Management (WG-MPM) of the Ministry of Health has had discussions on the proposed MeTA support and agreed in principle to the important role that this organization will play in making the agenda of access to medicines a more public domain than it may be at the moment. Among other issues, the guiding principle should be the alignment to the sector priorities and the needs of citizens by facilitating participation of citizens in the design and implementation of programmes. These needs are articulated in the objectives of the HSSP-II and the results of the recent Technical Review Meeting (TRM) of April 2007 and will be incorporated into MoH work plans as soon as activities are finalized.
The following areas for support have been identified:

1. The MoH is currently undertaking a comprehensive tracking study on medicines in Uganda, covering amongst others focal areas of MeTA. I.e. apart from tracking and determining procurement of and expenditures on EMHS from the national level down to facility level, it also aims to establish availability and affordability studies at household level, and consumer satisfaction surveys. To complement the support to the study by the Danida Health Sector Programme Support (HSPS), MeTA offers an opportunity for a multi-stakeholder approach to information sharing, advocacy and follow up of findings and recommendations related to transparency and accountability that emerge from the tracking study, in conjunction with those that arise from reports of the quarterly price monitoring activities.

   Public funds for the procurement of essential medicines are spent at (sub) district and facility levels. The utilization of the available budgets and procurement decisions are largely made at the discretion of the staff at those levels, with the principle intention to obtain VFM. It is questionable how open and transparent the process of decision making is to the users of the services. Undoubtedly such decisions have an influence on the cost and quality of services provided to their customers/patients. It is important to assess possibilities for improved transparency and measures for improved accountability, including feasibility of a more explicit role of independent CSOs in such processes.
   Availability of essential medicines and their cost should ideally be monitored by the Pharmacy Division of the Ministry of Health to inform stakeholders and policy makers, and report on sector performance. In recent years, the MoH has conducted

annual health facility surveys in order to collect information on the HSSP indicator on medicines availability to validate and supplement the routine health management information system. The tripartite collaboration on medicines prices and availability can be expected to continue with support from the MeTA country budget, and with further analysis, could also be used to triangulate data from the above sources. In order to obtain a full picture and understanding, the analysis should be supplemented through a system of data collection from NDA, based on information submitted by importers, manufacturers and wholesalers. Such a monitoring system does not need, however, to pose unacceptable burdens to institutions in the supply chain. The system should be able to enable synchronization with the existing computerized information systems and fed into a tailor made system at the Pharmacy Division. Setting up such a monitoring system will be discussed with all parties to obtain understanding and cooperation. It is anticipated that MeTA will be in position to support this activity, and if the need for further support is identified, then additional funds may be mobilized.

2. The National Drug Authority (NDA) plays a vital regulatory role in the pharmaceutical supply system of Uganda. In principle no medicine is allowed into the market unless registered by the NDA. The register is expected to contain all essential parameters pertaining to the registered medicines, such as composition, strength, dosage form, manufacturer, pharmacotherapeutics, -kinetics, -economics, etc. Ideally the register should be available in a database structure and easily accessible. At the same time NDA has to approve the importation of medicines into Uganda. The Ministry of Health has a strong interest in comprehensive importation figures, as they allow insight into quantities, price and quality of medicines moving legally in the market. Government would also like to make this information available in the appropriate form for other stakeholders in the health sector, including decision-makers in the private sector. An accessible database containing all the relevant data on importations is not available. Support in establishing such a database, linked with the medicines registration database is very essential, yet currently non available. It is also worthwhile to investigate the option of making it mandatory to importers to produce a maximum recommended retail price for each imported medicine and to link this price with the CIF import price and wholesale prices. Locally produced registered medicines should be declared in a similar manner.

   Web- or network based database systems should allow for using the data for essential reference purposes, for instance by the NDA Zonal Offices during inspections, search for counterfeit medicines or for comparing variations in wholesale costs for similar medicines and dosage forms.
   Based on the obtained comprehensive information on each imported or locally produced medicine, the MoH will be able to investigate, propose and implement feasible pricing policies for registered medicines by the permitted outlets (pharmacies, drug shops, etc) in the country. In so doing maximum costs of medicines for consumers can be introduced and enforced. The pricing information should be part of the database system and should be dynamically maintained at established intervals.

There are International Price Indicators providing information about the prices of medicines procured in the international market by institutions, governments and wholesales. They provide a reference on the reasonability of prices quoted in the procurement process of medicines on the international market. It is a valuable indicator of VFM for procurement agencies.
The general public however also needs a reference guide indicating reasonable cost prices of a wide selection of essential medicines and ways and means of determining the quality aspects. Such a guide could be produced at regular intervals by NDA, when registration has occurred, wholesale prices are known and agreements have been reached on acceptable mark-ups at the level of the final medicines outlets. In the dynamic environment of medicines production and procurement such a guide should be updated regularly. Support in design and implementation of such a system by MeTA would be much appreciated.
Consumers should be sensitized, informed and educated on these policies and be provided with opportunities to access information on medicines from the database (registration status, medicines information, price information, etc.). The information should also be made available to surrounding countries (reciprocally) if necessary. It is proposed that MeTA supports the development of such databases, pricing policies and information campaigns. A number of countries, especially in the developed world have deemed it necessary to establish strong regulations on the selection and cost of medicines in order to contain the explosive growth in the cost of pharmaceutical services. It is desired, that as part of the outcomes of the MeTA support, this situation is achieved in Uganda

3. CSOs increasingly play an important role in the functioning of the health sector. It is however not easy to find realistic modalities for their participation. These organizations, however, have a clear interest in monitoring the pharmaceutical supply system in order to make sure medicines are available and affordable to the population. Research into the possible creation of national and regional federations or associations of patients/consumers and giving them a statutory important role in the organization of the health care environment needs to be initiated.

   It is clear that MeTA has an important role and it will be appreciable to provide support. Building capacity of CSOs to effectively play their roles should be part of the support as well as addressing the asymmetric access to information on relevant health issues including those related to medicines. CSOs should receive funds dedicated for CSO capacity-building through a separate funding stream.

4. The entire pharmaceutical sector has an explicit responsibility to ensure the availability of pharmaceutical services of the highest possible quality to all Ugandans.
   In many areas such services are practically limited to the public sector which is often not able to provide the required services thus leaving room for ‘informal’ pharmacies’ to fill the service gaps. This introduces uncertainties about quality and price as well as leakages from public to private outlets. The existing private and public market structure needs to be comprehensively mapped out to identify weaknesses and gaps. The recent innovation in franchising (Africa Affordable Medicines; AAM) could address some of these weaknesses in the private sector market, and possibly also address supply chain inefficiencies affecting both public and private health facilities.
   Professional Pharmaceutical Organizations in Uganda should feel co-responsible in addressing the identified problem areas. The system of providing licenses to

medicines outlets has to be transparent, governed by clear regulations and addressing the imbalances in the availability of properly regulated and inspected medicines outlets. This situation warrants that information is regularly and accurately disseminated to the population to enable them make informed choices. MeTA will provide the appropriate framework for continuing performance assessment of the market, and innovative approaches for improvement.

5. Non-communicable diseases in Uganda increasingly pose challenges to the health care system, where there is understandably a strong concentration on communicable diseases. Effective medicines for diseases such as diabetes, epilepsy, asthma have been available in the market for many years but fail to reach all patients and are largely supplied through the private sector. This is partly related to issues around cost, planning and distribution of such medicines. Inherent consequences are problematic availability and affordability to patients. An example is Insulin that is expensive and needs an adequate cold chain. There is need for an updated assessment of the burden of non-communicable diseases and the consequences of making the required essential medicines from the EMLU available at affordable prices. These medicines should be incorporated as a special focus in the various MeTA activities, with a view to understanding how to best avail sufficient quantities at affordable cost in a fully transparent manner. Market intelligence on imports and prices of such medicines in the regional environment may also be helpful.

5. STRATEGIES

Overall Goal of MeTA Uganda
To increase access to essential medicine especially by the poor and vulnerable

Purpose of MeTA Initiative:
To contribute towards improving governance, transparency and accountability, in procurement, supply and management of medicines in Uganda

Proposed approach to implementation of the MeTA Initiative in Uganda
The MeTA Uganda strategy has been guided by the principle of a multi-stakeholder approach to improving governance, transparency, and accountability, and recognizing the importance of access to information in improving efficiency of supply systems, the market structure, and responsible business practices. The multi-stakeholder approach means that two or more stakeholders jointly implement an activity in the area of their competence and comparative advantage, share the results and analysis, and engage all other stake-holders in deciding how to move forward.
In line with this approach, a core set of stakeholders or institutions were involved in developing activities to be included in the Year 1 work plan, and provided representatives in the interim Secretariat. The MeTA Council, once constituted, reviewed and agreed on the priority activities to be funded, and described in the next section of this work plan. The core set of institutions include HEPS Uganda representing an alliance of CSOs, The Pharmaceutical society of Uganda representing the professionals (pharmacists) working in various private sector institutions, the National Drug Authority, and Ministry of Health.

Academia and other institutions from the private sector or pharmaceutical industry, such as generic and local manufacturers, wholesalers, and the new franchising initiative (Africa Affordable Medicines; AAM), are expected to develop additional activities or incorporate their specific interests in the work plan in the subsequent iterations of the work plan. Involvement of the WHO Uganda office and the World Bank Uganda office is through representation on the MeTA National Council where and the role of the representatives is to provide advice and assist with resource mobilisation and provision technical assistance as needed.
The core set of stakeholders will be supported by and engage with a larger forum of stakeholders that will meet at least twice a year to explore key MeTA-related issues in the sector, share and disseminate information from MeTA activities, and contribute to the process of analysis, recommendations, advocacy for change in policy, and finally formulation of new activities.

6. DESCRIPTION OF MeTA WORK PLAN

The MeTA Uganda work plan reflects the MeTA global project focus on strengthening capacity to collect, analyze, utilize, and disseminate data on medicines quality, availability, pricing and use with a view to improving system efficiency and outcomes.

Description of activities
Four activities prioritized for implementation in Year 1 of the Work Plan are described in the table below. Among these are activities or tasks that focus on collection of new data (ongoing quarterly price monitoring surveys, external evaluation of medicines sub-sector plan implementation). One activity is more about analysis and disclosure of existing data routinely collected by the national medicines regulatory authority (NDA). Another is concerned with dissemination of findings of periodic surveys and studies, and multistakeholder follow up to effect change or improved accountability in medicines provision for the Uganda National Minimum Health Care package by local governments, MoH programmes and the global initiatives or development partners committed to funding essential medicines and health supplies. Finally, there is a pilot activity focused on knowledge and behaviors among communities, and practices among private sector drug handlers serving the communities which aims to empower these target groups and enable change through communication and training interventions.
A single activity may deal with several types of data, for instance the quarterly surveys address availability as well as prices and mark-ups at various levels of the supply system; the NDA aims to disclose information on both quality and prices (FOB); and the KABP intervention is concerned with appropriate use as well as price or expenditure burden.
Most of the activities and tasks are structured around collaboration between the stakeholders in implementation and aim to promote collective analysis.

Table: Description of Activities

No.	Activity / Task	Description
1	**Conduct quarterly medicines price monitoring surveys and disseminate findings**	The standard survey methodology developed by the MoH/HAI/WHO project has already been adapted for Uganda, and several quarterly surveys conducted by a trained team at health facility and household levels. MeTA will take over responsibility for these surveys as WHO funding ends. The HEPS medicines adviser will coordinate joint implementation of the activity with MoH, with TA and possibly funding support from WHO.
1.1	Advisory committee meetings	An advisory committee has in the past met prior to each round of surveys to plan and advise on the conduct of the survey and instruments. Under MeTA it may be possible to convene a subcommittee of the Council to undertake this role.
1.2	Conduct survey	A sample will be drawn and the trained team will administer the instruments and collect data on availability and prices for an agreed basket of medicines.
1.3	Reporting and Dissemination	This has been the weakest area in the past, and required ad hoc funding and TA from WHO. MeTA will provide a budget and institutionalize analysis, reporting and dissemination of findings.
2	**Provide online access to NDA information on medicines registration, quality and pricing, clinical trials, and medicines safety for both public and professionals**	MeTA will support development of a dynamic NDA website that will provide accessible and up to date information to clients in the pharmaceutical sector and public. The NDA ICT specialist will coordinate the activity, with outsourced software programming and training assistance, with oversight by MoH and HEPS, and possible TA and funding support through the World Bank.
2.1	Design database driven website, and interactive web pages	The register of medicines, licensed premises, clinical trials information, quality testing and price and volume data from NDA verification of imports and local production will need to be electronically captured and converted into searchable database format for the web pages.
2.2	Train NDA staff in content management system	The content of the register and other databases is continuously changing, and will need to be updated by the authorized NDA staff. These staff will be trained to use web page design and content management software (Dreamwave) such as Joomla, and to log in and update the relevant pages with new information including news, and services for their clients.
2.3	Software licenses and equipment	NDA will purchase licenses for web page design and content management (e.g. Macromedia Dreamweaver) and a multimedia scanner
2.4	Advertising the new services and publication; evaluation of the new services	NDA will promote the new services and features using radio, TV and print media. The NDA Information Dept will evaluate the suitability and modify as needed to enhance effectiveness, using user surveys and interactive website.
2.5	Electronic capture of verification information on medicines importation, analysis of prices and quality	The verification data represent a special case of large volume of data that will need extra inputs including technical assistance, dedicated database design and data entry and/or electronic data capture to facilitate reporting of prices, market volume and trends. Similarly complex is the data capture and reporting of results from mandatory laboratory testing of individual batches of antimalarial medicines and ARVs. MeTA will support proposal

		development and mobilize funding from other sources, with coordination through the Technical Working Group.
3	**Create awareness and empower communities to reduce unnecessary self medication and expenditure burden, targeting medicines handlers and communities in selected districts**	Awareness campaigns on appropriate medicines use are at a fledgling stage with sporadic engagement of CSO and consumer organizations. HEPS has been involved in rights-based training of trainers using a manual. MeTA proposes to adapt and simplify these materials for direct targeting of communities in selected 'pilot' geographical areas, and through media. At the same time, PSU will integrate and coordinate the existing CE training offered for drug handlers in the same areas. The PSU and HEPS will jointly coordinate the pilot activity, with reference to the WHO Uganda IEC strategy. The pilot may require independent evaluation (not included here) before scaling up and/or replication and funding from other sources, to be identified.
3.1	Adapt RUM materials, translate into local languages, publish and distribute	HEPS and PSU will collaboratively arrange for the further development of materials, translations, and distribution channels.
3.2	Training in 4 districts: Lira, Kampala, Mbarara, Palissa	HEPS and PSU will conduct ToT for groups of 50 who will then target community members, health workers and drug handlers in an intensive approach focused on selected, regionally representative districts.
3.3	Radio talk shows (8), produce and air radio jingle	The experience of participatory approaches in the pilot districts will be used to develop national level communication interventions through appropriate and affordable media. MeTA may seek additional funding from other sources to scale up and increase exposure.
4	**Promote transparency in planning, provision and accountability of medicines for the UNMHCP**	MeTA has a particular interest in activities that examine whether existing resources reach the intended beneficiaries, that best value for money is achieved, and that challenges including affordability barriers and equity issues already identified in surveys and studies are followed up and recommendations translated into action. MoH and HEPS will together engage the relevant players and stakeholders in the health sector.
4.1	Evaluate the implementation of the FY 2008/09 sector plan	MeTA will contract an independent evaluation of the actual performance against agreed plans for provision of medicines and health supplies. The last evaluation was for FY 06-07, based on TORs prepared by MoH and funding from WHO. Findings should be channeled through the Technical Working Group and inform decision-making for the updated rolling 3-year Plan.
4.2	Multi-stakeholder follow up of the recommendations of the Quarterly Surveys and the Tracking Study	MoH and HEPS will consult the broader stakeholders before formulating appropriate strategies and a programme of action based on the findings of the initial national price monitoring and ongoing quarterly surveys, and forthcoming findings of the Tracking Study.
4.3	Knock out the stock-out Campaign	HEPS has already identified a source of funding for a campaign to address the issues around poor management of public funds intended for medicines. The activity will be integrated into the MeTA work plans.

Expected outputs from these activities are specified and discussed further in the M&E section and logical framework.

Support for MeTA work plan implementation
In addition to the individual activities above there will be need for broader coordination and support activities. These will follow on from the pre-launch support, that is operation and functioning of the national secretariat, regular meetings of the Council (estimated 9 in Year 1) and two larger stakeholder meetings each year (50 persons, full day, including 10 persons from up-country locations), to include travel and allowances, venue hire and refreshments.
The National Secretariat will require a Coordinator remunerated for 10 days per month. The secretariat (3 members) will receive a stipend based on 4 days time and effort per month. Following the recommendation of the recent Private Sector Mapping consultancy, the secretariat will seek premises located outside the Ministry of Health, which may need to be furnished and equipped with computer, printer telephone and internet connection.
Additional administrative costs of 1300 GBP have been added to cover travel, and/or 1 extra day/month for the coordinator or extra days for the Secretariat staff.

7. RISKS, EXTERNAL FACTORS

Known issues to a truly multi-stakeholder participation in MeTA Uganda were identified through the Private Sector Mapping study and have been addresses as best as possible when designing the MeTA project and governance structures in Uganda. The newly inaugurated Council is aware of the need to continuously examine the process and level of engagement of stakeholders, while ensuring an adequate level of engagement, stewardship and overall ownership by the Ministry of Health.
In particular, the relationship of the MeTA body to the coordination structures in the Uganda health sector will require special attention in order that effective use is made of the innovative approach of MeTA to complement the overall sector strategies and activities.

8. MANAGEMENT ARRANGEMENTS

8.1 The National Council and Secretariat

The Uganda MeTA group has proposed a team comprising of 12 council members from the three key stake-holders, Government, Private Sector and Civil Society Organisations. A National Secretariat has also been proposed comprising of three members, each representing one of the stake-holders, to be approved by the National Council. The Council will be the governing body of the Uganda MeTA group and will be responsible for overseeing all the management and financial activities of the MeTA participating stake-holders and the National Secretariat. A coordinator will be contracted to assist the National Secretariat, and appointment of such coordinator will be by approval of the National MeTA Council. The chair to the National MeTA Council will be rotational among the three key stake-holders.

8.2 Linkage with Ministry of Health Structure

The MeTA Co-chair from the Government side is the secretary to the Technical Working Group on Medicines Procurement and management (TWGMPM) thus facilitating the interface between existing MoH structures and the MeTA Council, as well as feeding and guiding initiatives that may bear an influence on matters of policies into regular MoH structures and mandates.

At the National level, MoH through the TWGMPM will receive regular reports of the agreed activities by the MeTA National Council. Briefs from the MeTA group on issues that require the attention of the TWGMPM will be presented at their meting as and when necessary. It is envisaged that the secretariat and members of the TWG interface with the National stakeholder forum that will take place at least twice a year.

8.3 Contribution from other key stake-holders

HEPS will be responsible for mobilization and capacity building of the CSOs in advocacy for improved governance, transparency and accountability in procurement, supply and management of medicines in Uganda. It will also play a significant role in the promotion of public awareness and debate on Medicines Policy, availability of and access to medicines. These will be targeting all levels (central, district and community).

The National Drug authority will continue to lead in ensuring quality of the medicines imported, manufactured and sold/distributed in the country. At the NDA, there shall be established a data collection, data analysis and processing centre on both public and private sector procurements, prices and extent of national coverage by appropriate facilities that enable equitable distribution and therefore equitable access to medicines by the general public. Through the registration and inspection processes NDA will continue to gather and disseminate information on medicines registered in Uganda, prices of medicines, quality of medicines, etc. The NDA will with support from MeTA strengthen its website through regular updates.

Private Sector (PS) stakeholders in Uganda have only been included in the national MeTA Council at a very late stage after a comprehensive MeTA International supported Private Sector Mapping exercise (Mission report December 2008), that recommended the participation of three PS representatives. Due to their late inclusion in the MeTA Uganda structure PS involvement in the work plan planning process unfortunately has been minimal. Due to serious time constraints the MeTA Council has agreed with the PS representatives to incorporate their input as much as possible into the current components of the attached work plan without adjusting their basic descriptions and activities. In future work plans or work plan adjustments the national MeTA Council has agreed to initially prioritise on components brought in by PS, while acknowledging that PS considers supply chain linked issues to be major bottlenecks in achieving MeTA objectives.

The WHO country office will play an advisory and resource mobilization role to the country group and support all the processes and actions required to make the MeTA country project a success. WHO will be a core member of the country National Council being represented by the National Professional Officer for essential Drugs Management (NPO/EDM). Similarly, the World Bank will be a core member on the National Council. The national MeTA Council further includes representatives from the Pharmaceutical Society of Uganda (PSU) and the two major PNFP institutions UCMB and UPMB (Uganda Catholic and Protestant medical bureaux).

Participation from Development Partners is primarily envisaged in an advisory capacity.

9. FINANCIAL ARRANGEMENTS

Financial disbursements are expected to be in line with DFID guidelines. The World Health Organization has been contacted and is willing to provide this support. However, in order for WHO to hold the funds to be used under MeTA, MoH will officially write to DfID or MeTA International Secretariat to advise as such with a copy to WHO. Administrative issues including the fee rate would then be handled in collaboration with the MeTA International Secretariat.

It is expected that MeTA international will transfer the money to WHO country office which In turn will disburse the funds to the MeTA Uganda country body. Disbursement will be based on agreed activities. Subsequent disbursements should be based on submission of accountability of the previous activities including a draft report of the activities carried out. An interim arrangement has been made with a consulting firm to hold the funds for the pre-launch budget activities. This arrangement may continue until an agreement is reached with WHO. In case this option does not materialize, and if feasible, an account in the name of MeTA Uganda will be opened and operated by the Council with contracted accounting support. Request of funds by the National Secretariat will be by approval of the National Council basing on the agreed work plan budget lines.

Detailed financial arrangements shall be informed by the experience during the relaunch phase.

10. BUDGET

Work plan for MeTA Uganda (by quarter)

Activities	Budget line	Yr 1 funded by MeTA	Yr 1 funded by other donor	Yr 1 total all sources
Operate the Secretariat	Salary/contract for coordinator	12,000		12,000
	Stipend for Secretariat members	5,000		5,000
	Travel	1,300		1,300
	Office rental and running costs	3,000		3,000
	Communication	2,000		2,000
	Stationery and printing	1,200		1,200
	Equipment	1,500		1,500
	Publication	700		700
	Misc	400		400
Sub-total		**27,100**		**27,100**
Hold Council Meetings	Travel	1,800		1,800
	Venue hire & refreshments	1,000		1,000
Sub-total		**2,800**		**2,800**
Conduct quarterly medicines price monitoring surveys and disseminate findings	Advisory committee meetings		2,000	2,000
	Conduct survey	8,000		8,000
	Dissemination	5,000		5,000
Sub-total		**13,000**	**2,000**	**16,000**
Provide online access to NDA information on medicines registration, quality and pricing, clinical trials, and medicines safety for both public and professionals	Design database driven website, and interactive web pages	4,300		4,300
	Train NDA staff in content management system	3,000		3,000
	Software licences and equipment	2,500		2,500
	Advertising the new services and publication	2,100		2,100
	Evaluation of the new services	900		900
	Electronic capture of verification information on medicines importation, analysis of prices and quality		20,000	20,000
Sub-total		**12,800**	**20,000**	**32,800**
Create awareness and empower communities to reduce unnecessary self-medication and expenditure burden, targeting medicines handlers and communities in selected districts	a) Adapt RUM materials b) Translate into local languages c) Publish and distribute	4,000		4,000
	Training in 4 districts: Lira, Kampala, Mbarara, Palissa	8,000		8,000
	Radio talk shows (8)	1,500	1,500	3,000
	Produce and air radio jingle	1,000	5,000	6,000
Sub-total		**14,500**	**6,500**	**21,000**
Promote transparency in planning provision and accountability for medicines for the UNMHCP	Evaluate the implementation of the FY 2007/08 sector plan	9,000		9,000
	Multistakeholder follow up of the recommendations of the Quarterly Surveys and the Tracking Study	5,000		5,000
	Knock out the stock-out Campaign	-	14,200	14,200
Sub-total		**14,000**	**14,200**	**18,200**
Contingency 6% Avail Bud		6,000		6,000
TOTAL for ACTIVITIES		**93,160**	**42,700**	**135,860**
Administrative fee 7%		6,521		6,521
GRAND TOTAL		**99,681**	**42,700**	**142,381**
Technical assistance request	Local MeTA consultant 15 days per quarter	zero		
Baseline assessment activities	Baseline survey in prescription and dispensing patter in the private sector	zero		

The MeTA country budget total is **GBP 99,681** of which 54% is allocated for activities, 34% for coordination, meetings and dissemination, and the remainder allotted for contingencies and administrative fees. An estimated **GBP 42,700** is to be requested from other sources, namely the World Bank (20,000) and World Health Organisation (8,500) or already funded through HEPS (14,200) for MeTA related goals.
The proposed implementation schedule for the activities by budget line and quarter is reflected in the work plan and budget table shown in Annex 1. The secretariat will further develop this into an implementation plan matrix following approval of the Year 1 work plan by the MeTA International body.

11. MONITORING SYSTEM

A logical framework is presented below. In the first quarter of work plan implementation the monitoring and reporting system will need to be further developed based on the agreed upon set of indicators for each activity, and the expected outputs. Where baseline data exist, targets may be set. Technical assistance will be sought to fill gaps in baseline information, such as the prescribing patterns and dispensing practices in private sector clinics and drug shops. Monitoring progress on the indicators should be part of the responsibility of the Council. The six monthly meetings of the wider stakeholder Forum may present opportunities for critical assessments on accessibility of information, and progressive disclosure of new information. These fora could identify challenges and possible solutions, and also decide on whether independent evaluation of the impact of MeTA activities is required.

LOGICAL FRAME WORK

Narrative	**Objectively verifiable indicators**	**Means of verification**
Goal To contribute to increased access to affordable quality assured essential medicines in cooperation with pharmaceutical companies (MDG 8, Target 17) with a focus on the poor in Uganda.	[Beyond the scope of the pilot]	
Outcomes Improved transparency and governance in pharmaceutical management systems and increased access to medicines by the population	Disclosure of level of stock out of indicator medicines Affordability of medicines.	Routinely collected HMIS data plus MeTA quarterly monitoring at health facility and household level.
Effective advocacy and IEC strategy for medicines utilization developed and implemented.	Strategic plan in place, media exposure (positive and negative messages)	Copy of the strategic plan, media watch, consumer and household surveys, other MeTA tools
Policy on pricing e.g. max retail recommended price or mark-ups	No of meetings with policy makers; Policy and guidelines; reference prices; incentive and enforcement schemes	Copies of policy statements and guidelines, records of incentives and penalties, published reference prices

National multi stakeholder forum created and new stakeholders and partners brought on board for purpose of improving medicine management in the country	No of new stakeholder brought on board; level of engagement and participation	Records at the secretariat; key informant interviews, political mapping
Progressive disclosure on registration status, quality, price and mark-ups, procurement processes, availability, and promotion practices	Access to NDA register, NDQCL quality testing results, GMP certificates, post-market surveillance reports, reports of counterfeits, price (RRP and mark-ups), production and import volumes and values, patents status, availability by level/location, and unethical and ethical promotion practices	Websites MoH , NDA, MeTA or other linked websites; survey availability of published materials
Out puts		
Quarterly medicine price monitoring surveys conducted and findings disseminated	No of quarters each year, stakeholders exposed to findings	Secretariat records, reports of meetings
Up to date Information on registration, quality and price of medicines	Frequency of/most recent updates of Website;	Verification of website against register, databases etc; Feed back from stakeholder (surveys)
Awareness campaign on rational use of medicines conducted in selected districts	Types and no of awareness campaigns conducted; audience reached, understanding of consumers	Reports and records; KABP and std indicator surveys
Training /sensitizing of medicine handlers in drug outlets and communities in selected districts.	No of trainings/sensitization in the districts; participants trained; KABP change	Participant's attendance list, KABP and std indicator surveys
Evaluation of FY 08-09 of the three year procurement plan	Performance indicators, recommendations	Reports , APR
Survey and study recommendations followed up	Activities	Reports, Key informant surveys, routine sector performance assessments and audits
Knock out the stock outs campaign conducted	Audience reached, KABP change	Reports, Key informant surveys, routine sector performance assessments and audits
National secretariat established and Secretariat coordination functions performed (hiring coordinator, equipping the office.	Personnel recruited, days per month; coordination activities conducted	Timesheets, reports and records
Council and larger stake holders meetings conducted	No of meetings held	Minutes of meetings

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