

Evolution of Uganda's Essential Medicines and Supplies System

Moses Muwonge



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Pre-1990 **1990s** **2000s**

**Policies,
Laws,
Regulations**

* Essential Drugs management Program transition to Essential Drugs Support

- Public Enterprise reform and Divestiture Act
- National Drug Policy and Authority Act (1993)
- National Medical Stores Act (1993)
- Local Government Act (Decentralization and health sub-districts)
- credit line) (2002)

- Abolition of user fees (2001)
- Public Procurement and Disposal of Public Assets Act (2002)
- District drug inspector position removed (?)
- Vote 116 (2009)
- Pharmacy division

Supply Systems and Structures

Central Medical Store

Joint Medical Store (1979)

National Medical Stores (1993)

Vertical logistics systems
*Tuberculosis (TB)
*Laboratory credit line system
*Vaccines storage & distribution
NMS and JMS expansion

Supply Management Tools

Navision[®]

- Pipeline[®]
- Supply Chain Manager[®]
- MACS/SAGE[®]
- Commodity tracking database



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Lessons Learnt

- The pharmaceutical sector is one of the most studied
- The system has evolved through expert and professional studies and recommendations
- There has been a lot of resources utilized in the evolution
- The system has grown into a complex mix of sub systems



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The Pendulum (1)

- Change from Central Medical Stores as a Ministry of Health (MoH) department to an autonomous National Medical Stores (NMS)
- Change from push to pull to a mixture of pull/push system
- No user fees to user fees to abolition of user fees to a mixture
- Decentralization to centralization i.e. vote 116 vs PHC grants



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The Pendulum (2) - Key Studies

Implemented recommendations include:

- MoH enters dialogue with Ministry of Finance Planning and Economic Development (MoFPED) to consider pre-financing NMS result vote 116 (2008 MoH task force on NMS)
- Increasing NMS warehousing and limiting outsourcing of storage space (EHG 2004)
- National Medical Stores to close stock holding in Kampala (EHG 2004)



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The Pendulum (3)- Key Studies

Implemented recommendations include:

- National Medical Stores to remain a class one parastatal for five years (EHG 2004)
- Change from Navision to MACS/SAGE (SCMS 2007)
- National Medical Stores and National Drug Policy and Authority acts



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The Pendulum (4) – Key Studies

Recommendations not implemented include:

- Define required quantities based on EMLU (EHG 2004)
- Define a detailed procurement plan based on ABC and VEN classification (2004 EHG)
- Consider partially outsourcing distribution of high Volume, low value goods (2004 EHG)
- Harmonize the handling of third party commodities (2008 MoH task force on NMS)



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The Pendulum (5) - Key Studies

Recommendations not implemented:

- Pharmacy section to estimate medicines requirements for third party commodities (2004 EHG)
- Create a call center for orders in conjunction with web based ordering by districts (SCMS 2007)
- Establish connectivity between NMS, NDA, MoH and districts in two phases (2008 task force on NMS)



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Conclusion

- Problems still at large, one problem solved often leads to a new problem
 - One study solves one problem but creates a problem in other areas of the system
- Technical solutions to be linked to policy, political and resources for implementation
- There is need for holistic approach to systems change



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