A REVIEW TO ASSESS THE MONITORING OF THE NATIONAL PHARMACEUTICAL SECTOR STRATEGIC PLAN NPSSP-II

Consultancy Report

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Acronyms

CSO	Civil Society Organization
CWH	Central Warehouse
DANIDA	Danish International Development Agency
EM	Essential Medicines
EMHS	Essential Medicines and Health Supplies
HEPS	Coalition for Health Promotion and Social Development
M&E	Monitoring and Evaluation
NPSSIP	National Pharmaceutical Sector Strategic Investment Plan
UNHCO	Uganda National Health Consumers Organizations
HSSIP	Health Sector Strategic and Investment Plan
USAID	United Stated Agency for International Development
NHP	National Health Policy
HSSIP	Health Sector Strategic Investment Plan
MDG	Millennium Development Goals
WHO	World Health Organization
NMS	National Medical Stores
JMS	Joint Medical Stores
MAUL	Medical Access Uganda Limited
PSU	Pharmaceutical Society Uganda
NDA	National Drug Authority
NDP	National Drug Policy
IPs	Implementing Partners
SURE	Securing Ugandans Right to Essential Medicines
UNCoLSC	UN Commission on Life-Saving Commodities for Women and Children

Executive Summary

Access to medicines is a fundamental element of the human right to the highest attainable standard of health[1] and is essential for saving lives and improving health outcomes. Uganda as a UN member state has recognized this right in several declarations and policy documents.

The Uganda National Drug Policy operationalised through the National Pharmaceutical Sector Strategic Plan (NPSSP) aims to ensure universal access to essential medicines. Over the past five years Government of Uganda (GoU) and development partners have increased funding for pharmaceutical supplies as well as strengthening of the logistics system. Periodic monitoring is critical to determine whether the global and national efforts achieve their goal to ensure access to medicines for all.

To systematise information, collection and strengthen monitoring, the Coalition for Health Promotion and Social Development (HEPS), under a grant from the UN Commission on Life Saving Commodities (UNCoLSC)[2], supported Ministry of Health through the Pharmacy Division, to review the monitoring of the NPSSP-II in order to strengthen the monitoring of Essential Medicines and Health Supplies (EMHS). UNCoLSC's current global effort is to increase access to Reproductive Maternal Newborn and Child Health (RMNCH) commodities.

Cognizant of the approaching end of the NPSSP-II (2010/11 -2014/15), Ministry of Health (Pharmacy Division) undertook a review to determine the monitoring of the NPSSP-II implementation; existing monitoring systems for essential medicines, strengths, weaknesses and challenges of the existing monitoring systems and how the lessons learned can be used to strengthen the M&E of the next NPSSP-III.

Results from the study reveal a multiplicity of monitoring tools and systems in place at all levels. However, these systems are in silos hindering access and creating gaps in availability to information.

Though reporting is done, the findings showed that 91% (n=12) of the implementing partners report to the funder and 82% at level of implementation while 45% report to the

[1] Constitution of the World Health Organisation (1946)

[2] **The UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC)** was set up as part of the UN Secretary General's *Every Woman, Every Child* programme. It is premised on the projection that a strong worldwide intervention has the power to save over 6 million lives by 2015 through increasing access to, and appropriate use of, 13 lifesaving commodities that are underutilized during pregnancy, childbirth, and early childhood (especially under-five years). The UNCoLSC therefore works to make these 13 life-saving commodities more widely available and used in low-income nations to forestall preventable maternal and children deaths.

Ministry of Health. However, these reports are mainly programme specific not necessarily contributing to the pharmaceutical indicators .

The findings on whether the implementers were aware of the existence of the NPSSIP-II showed that 82% (n=12) knew of the NPSSP-II existence and four out of five main stakeholders were involved in its development; while three of them aligned their strategies to the NPSSP-II. However, the final draft of the NPSSP-II was not shared and the commitment to report on the NPSSP by the respondents remained weak.

The review also noted that stakeholders monitored different EMHS specific to their needs. Of all implementing partners participating in the review, 88% monitored ARVs while 75% monitored TB medicines and Test kits. The challenge however, is that collection of information on essential medicines is not standardized. Currently, the MoH reports on six HSSIP tracer medicines (ACT, ORS, Depo-Provera, Measles vaccine, Fansidar and Cotrimoxazole) these are not inclusive of medicines mainly monitored by the respondents.

The findings revealed that the main beneficiaries of the implementing partners are the public and private not for profit (PNFP) sector 92% (n=12); only half of the implementing partners provide services to the private sector.

Conclusion

The review raised a number of issues requiring operational and policy interventions. Operationally, there should be one standard data collection tool to monitor medicines based on a list that is broader and more representative of the disease burden and medicine needs. In addition, there is need to establish mechanisms to ensure better access, dissemination and use of data. In terms of policy, Pharmacy Division should strengthen its coordination role so that different interest of stakeholders can be resolved and consensus reached with set priorities. It was noted that the private sector has not been strongly engaged in the NPSSP implementation.

Recommendations

- There is need to strengthen the M&E of the next NPSSP, to ensure stronger coordination, reporting and feedback between Pharmacy Division and the different stakeholders in the Pharmaceutical sector. This is will done by;
  - Dissemination of the NPSSP to ensure that stakeholders meet their monitoring and reporting obligations.
  - Conduct annual review meetings to discuss performance, set priorities and utilize information
  - Improve the avenues for stakeholders to have access to information.

    - In agreement to the standardized monitoring requirements, submit regular reports and information to the Pharmacy Division
- Standardise the data requirements and develop one standard medicines monitoring tool.
- Revise the number of tracer medicines routinely monitored from current six to a number that is broader and more representative of the disease burden and medicine needs. There is need to include laboratory commodities.
- Engage the private sector in the implementation of the NPSSP.

1 BACKGROUND

1.1 Introduction

Ensuring access to medicines is one of the targets of the Millennium Development Goals (MDGs)[3] and was recognized in the resolutions of the 2014 World Health Assembly as one of the pre-requisites for quality medical care[4]. As a commitment to this and other international resolutions and declarations, Government of Uganda through the Ministry of Health developed the National Drug Policy (NDP) to contribute to the attainment of a good standard of health by the population, through ensuring the availability, accessibility and affordability at all times of essential drugs of appropriate quality, safety efficacy and promoting their rational use.

The NDP is operationalised through the National Pharmaceutical Sector Strategic Plan (NPSSP), a guiding document that outlines the vision, mission, goal, objectives and strategies for its effective implementation.

1.1.1 NPSSP-II strategies and objectives

The specific strategies and corresponding objectives of NPSSP-II is provided in table 1 below.

Table 1: NPSSP-II Strategies and Objectives

Strategy	Objectives
Safety, Efficacy and Quality of Medicines and Related Supplies	▪ To ensure that NDA is a viable, sustainable, well-functioning, cost-effective, efficient autonomous body able to undertake medicine regulation and market control in particular but not limited to inspection/licensing, registration, quality control, post-market surveillance, Pharmacovigilance, drug information/promotion, and clinical trials in collaboration with other agencies.
Strengthening and Enforcement of Regulations	▪ To ensure that quality standards in pharmaceutical services are applied in both public and private sector ▪ To promote a strong awareness in the public of the need for appropriate controls on the handling and use of drugs ▪ To ensure that all Essential medicines are handled correctly and securely

[3] Under MDG 8; Develop a global partnership for development targets access to affordable essential drugs. Measured under indicator 8.12; Proportion of the population with access to affordable essential drugs on a sustainable basis.
[4] 67th World Health Assembly, Agenda Item 15.4, 24 May 2014

Strategy	Objectives
Regional and International collaboration	▪ Promote economies of scales in procurement of pharmaceuticals with partner states. ▪ Establish donor coordination mechanism that promotes integrated procurement of medicines and health supplies(including pooled procurement) ▪ Reduce lead time for the registration of pharmaceuticals within the region
Logistics Management for Medicines and Health Supplies	▪ To support the NMS to cost effectively deliver on their mandate ▪ To implement and continuously Monitor and Evaluate the three year procurement rolling plan ▪ To strengthen the coordination & collaboration between the Pharmacy Division and other MOH programs ▪ To strengthen existing and develop new partnerships with Private sector and Private not for profit in implementation of interventions to improve medicines logistics management
Local production of medicines	▪ Facilitate acquisition of appropriate manufacturing facilities/equipment to comply with GMP ▪ Enable acquisition of improved technology ▪ Encourage Research and Development ▪ Build human resource capacity ▪ Facilitate reduced operational costs ▪ Strengthen regulatory capacity
Human Resource Development	▪ To increase capacity for the production of appropriate human resource for pharmaceutical services ▪ To develop a comprehensive human resource plan for pharmacy professionals ▪ To create an enabling environment for good pharmaceutical services ▪ To establish M&E to monitor and evaluate pharmaceutical services countrywide
Financing of Medicines	▪ To Increase government financing to essential medicines and health supplies ▪ To explore alternative systems for financing EMHS ▪ To implement systems that will ensure optimal and efficient use of available funds
Research and Policy Development	▪ To establish a research grant with mechanism for coordination of research ▪ To strengthen the culture of research right from training school ▪ To establish an operational research grant within the Pharmacy Division ▪ To build capacity for research ▪ To use research findings to provide evidence for policy formulation

1.1.2 Implementation arrangement of the NPSSP-II

The Pharmacy Division of the Ministry of Health (MoH) is responsible for implementing the NPSSP as well as for the overall coordination, monitoring, evaluation and reporting. However, in undertaking its implementation responsibilities, the MoH Pharmacy Division collaborates with health professional councils, training institutions, development partners, MoH technical programmes (TB, HIV/AIDS, Malaria), Central Public Health Laboratories (CPHL), MoH Resource Center, and other Government departments and agencies), non-governmental organisations (NGOs), and health projects , regulatory authorities, WHO and other UN agencies supporting health, medicine importers and distributors in the private and public sectors, and others.

Previous efforts by the MoH Pharmacy Division to collaborate with the different stakeholders, and establish mechanisms for access and dissemination of information were largely ad hoc or inadequate due to limited capacity to collect, synthesize, report and share information. In addition, silo monitoring tools and systems developed by the various stakeholders and implementing partners were not aligned to the monitoring and evaluation (M&E) framework of the NPSSP.

Over the course of 2013, the MoH Pharmacy Division developed an M&E framework based on 32 key indicators in order to improve the monitoring of the implementation of the NPSSP. Using this framework, the MoH Pharmacy Division published its first robust indicator-based M&E report in March 2014.

However, gaps continued to exist in the follow-up data reported by stakeholders and collected by the MoH Pharmacy Division. This resulted in a number of indicators going unreported, which meant that this (incomplete) information could not be relied on to make evidence-based policy decisions aimed at enhancing access to essential medicines by the population.

1.2 Purpose of the review

MoH Pharmacy Division has assessed the monitoring of the implementation of NPSSP II with a view of identifying gaps and challenges that need to be addressed in order to strengthen the M&E of the NPSSP II. Results and recommendations from this review will inform the development of the next NPSSP.

The objectives of the review were to;

i) Assess the existing medicines monitoring tools and systems used by the different stakeholders.
ii) Assess stakeholder involvement in monitoring the NPSSP, and their objectives, methodologies and reporting.
iii) Assess the perspectives of the stakeholders on the implementation of the NPSSP-II in terms of strengths and weaknesses, and their recommendations for improvement.

2 METHODOLOGY

The review was a qualitative process that employed self-administered questionnaires and key informant interviews.

2.1 Sampling the target population

Key informants were sampled from national autonomous health bodies, professional councils and health projects that are directly involved in implementation of the NPSSP-II. These were purposively selected on the strength of their relevance and involvement in the NPSSP II implementation. Key informant interviews were held with representatives of:

1) National Medical Stores (NMS)
2) Joint Medical Stores (JMS)
3) Pharmaceutical Society Uganda (PSU)
4) School of Pharmacy

The review team was unable to secure interviews with National Drug Authority (NDA) and Medical Access Uganda Limited (MAUL).

Self administered questionnaires were sent to, and received from, 12 implementing partners who play a role in monitoring of essential medicines. These were:

1) Infectious Disease Institute (IDI)
2) Baylor College of Medicine Children's Foundation - Uganda
3) Strengthening TB and AIDS Response – Eastern Region (Star-E)
4) Strengthening TB and AIDS Response - East Central Region (Star-EC)
5) Uganda Protestant Medical Bureau (UPMB)
6) The Coalition for Health Promotion and Social Development (HEPS)
7) Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN)
8) Northern Uganda – Health Integration To Enhance Services (NU-HITES)
9) Northern Uganda Health Project (NU-HEALTH)
10) Strengthening TB and AIDS Response - South Western Region (STAR-SW)
11) Makerere University-John Hopkins University (MUHJU)
12) Securing Ugandans Right to Essential Medicines (SURE)

Filled out questionnaires were not received from three other implementing partners.

2.2 Design

This review involved both cross-sectional and retrospective assessment of the situation of the NPSSP-II monitoring and reporting. The cross-sectional bit focused on the systems,

tools, methods, and stakeholders in place while the retrospective bit looked at past performances.

The key informant interviews mainly consisted of open-ended questions while the questionnaire had a mix of both closed and open ended questions.

2.3 Data collection and management

- Data collection involved both abstraction and primary data collection from the target population using a standard tool (Annex 1). Both self-administered questionnaires and key informant interviews were used to collect the data.
- A total of four key informant interviews were conducted out of the planned six, using a semi-structured interview guide. This was used to capture stakeholder perspectives on monitoring the NPSSP and essential medicines.
- A structured questionnaire was developed by the review team and sent by email to the implementing partners for their responses. Out of the 15 selected partners 12 responded.
- Quantitative data was analysed using Microsoft Excel, while the qualitative data was analysed manually using content analytical methods in relation to the study variables and objectives. Results from the analysis are supported by the verbatim quotes in the results section.

2.4 Ethical consideration

The review team obtained consent of the persons interviewed.

2.5 Limitations

Some of the respondents were not able to complete the questionnaires or grant interviews due to time constraints and busy schedules.

3 FINDINGS

The results are presented along themes aligned to the expected outputs discussed under the respective sub-sections.

3.1 General findings

Districts of operation

The review found that overall, all districts had an implementing partner involved in implementing logistics management activities except Kalangala. Within the districts, the beneficiaries of the implementing partners' interventions were mostly public and private

not for profit (PNFP) facilities. Up to 92% of implementing partners reported providing their services to public facilities, while a similar percentage reported providing their services to PNFP facilities. To the contrary, only half of the implementing partners reported serving private sector facilities.

Existing tools and systems

It was found that respondents monitored different aspects of the supply chain and the NPSSP, and that, in spite of existing national tools and systems such as the DHIS-2, m-TRACK, WAOs and SPARS tool, stakeholders were using silo monitoring tools and systems tailored to their specific objectives.

Monitoring of medicines

Monitoring of access, availability and affordability of medicines is embedded within the monitoring and evaluation (M&E) framework of the NPSSP-II. Respondents were asked if they monitored availability of the six tracer medicines. And beyond these, which other medicines whose availability they monitored, with a view of assessing how many of the 61 medicines and supplies in the different national monitoring systems (HMIS, WAOS and m-Track See Annex 1) were also being monitored by implementing partners.

Results show that 61% (n=12)of the respondents monitored the six tracer medicines but higher proportions of partners monitored ARVs (88%; n=12) and TB medicines and test kits (75%; n=12). The review found that even though HMIS and SPARS tools were available, and used by some respondents, other individual data collection tools were used to collect information on medicines outside the national tools. The respondents recommended a review of the list of medicines monitored and expand it.

Table 2: Medicines monitored by implementing partners

Indicator medicines	%(n=12)
Artemether/ Lumefantrine 100/20mg tablet*	67
Depo- Provera	50
Co-tromoxazole 480mg tablet	75
Sulfadoxine/ Pyrimethamine tablet	67
ORS sachets with zinc tablet	58
Measles vaccine	50
Other programmatic medicines	
Test kits	75
ARVs	88
TB	75

Source: NPSSP review results

3.2 Monitoring arrangements

Level of monitoring

When respondents were asked the level at which they focus their monitoring. All respondents reported conducting facility-level monitoring. Majority of the respondents used the SPARS tool but also have tailored monitoring tools. Implementing partners who collect data using the SPARS tool reported sharing the data with MoH Pharmacy Division. However, logistics information collected using tailored tools is seldom shared with the MoH Pharmacy Division.

Table 3: Level of monitoring focus

Level	% (n=12)
National Level	18
District Level	82
Facility Level	100

Source: NPSSP review results

Monitoring frequency

A majority of the implementing partners (82%) indicated that they undertook monitoring exercises on a quarterly basis, and 27% reported conducting surveys and special studies.

3.3 Reporting arrangements

One of the areas of interest was dissemination of information to foster use. The respondents were asked how and to whom they disseminated the data. The results show that 91% of the respondents shared reports, but that priority reporting was to the funder. Fewer than half of the implementing partners (45%) report to MoH. The respondents noted that MoH Pharmacy Division had made efforts to share the SPARS and stock status reports but the scope remains limited and needs to be broadened.

Figure 1: Proportion of respondents who disseminate monitoring information

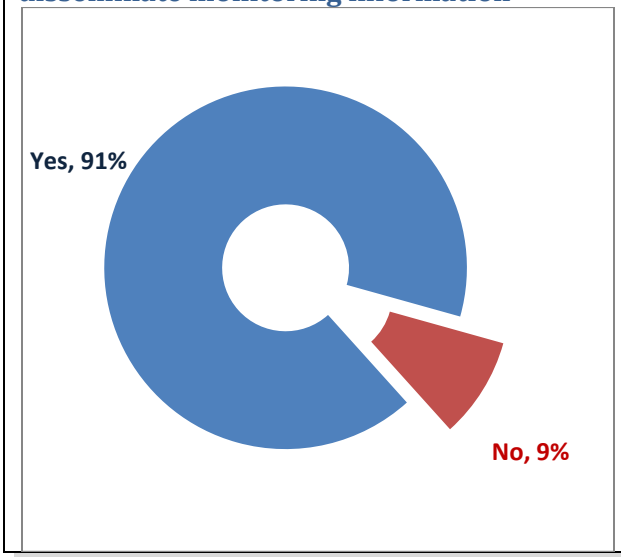
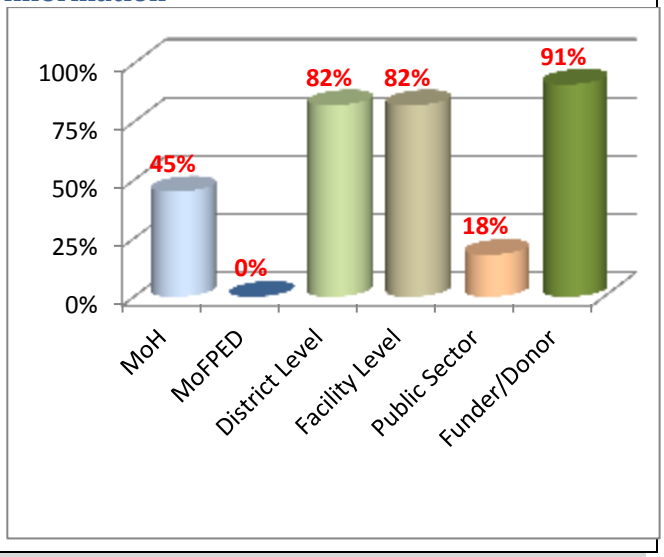


Figure 2: Major recipients of disseminated information



Source: NPSSP review results

Medium of transmission

When asked how information is disseminated, 92% of the respondents reported using reports as their medium of transmission; 67% reported using meetings such as the regional and district coordination meetings; and 33% reported sharing the information online. The respondents noted that MoH Pharmacy Division shared reports regularly and held stakeholder meetings such as the Medicines and Procurement Management Technical Working Group (MPM-TWG) meetings; Commodity Security Group meetings, and regional pharmacists' meetings where implementing partners are also invited.

Data utilisation

In order to strengthen the M&E systems, it is important that information is utilised for action. The findings show that 75% (n=12) of the respondents used this information for monitoring purposes, and 33% (n=12) to inform policy (program reports shared with the MoH). Others use the data to inform redistribution and emergency ordering at facility and district levels. The respondents expressed concern that the frequency of stakeholder engagement through district coordination meetings and the MPM-TWG at national level, had reduced and that often this information has not been shared with the lower levels.

3.4 Assessment of the NPSSP-II implementation

To assess stakeholder perspectives on the implementation of the NPSSP-II, respondents were asked for their thoughts on the overall implementation; what they thought were the strengths and weaknesses; and for recommendations for improvements. All the key informants (n=5) reported having been involved in the development of the NPSSP-II and

62% reported having aligned their strategies to NPSSP II. However, they expressed concern that the NPSSP II was not shared widely enough and felt MoH Pharmacy Division's coordination of reporting the monitoring was not strong enough.

When asked what areas of the NPSSP II were monitored, 92% of the respondents monitored access and availability of EMHS; the least monitored area was affordability and financing of EMHS at 42%.

Table 4: Areas of the NPSSP-II monitored

NPSSIP result areas	No. of Respondents	%
Access and availability of EMHS	11	92
Affordability and financing of EMHS	5	42
Safety, efficacy and quality of MHS	8	67
Appropriate use of MHS	7	58
Human Resources in the pharmaceutical sector	9	75

Source: NPSSP review results

The respondents expressed concern about the failure to implement some strategies in NPSSP II. These identified as: strengthening and enforcement of regulations, specifically the enactment of the professional and pharmacy law; pharmaceutical research and development mainly due to lack of policy direction, coordination and inadequate funding for research as the biggest inhibitors; and regional international collaboration, especially in promoting the economies of scale in procurement of pharmaceuticals.

A number of the stakeholders felt that some of the strategies needed to be reviewed with their perspectives expressed below verbatim:

> "***Revise some of the strategies, to measure compliance and enforcement of set guidelines".***
>
> ***"Strengthen the strategies on prescribing practices. Prescribers that prescribe wrong medicines to patients should be punished-jailed".***
>
> ***"Impact of the Pharmacy Council has not been felt- could be due to extremely low staffing levels".***

Table 5 below shows the respondents' perspectives on the key strengths, weaknesses and recommendations.

Table 5: Stakeholder perspectives on the implementation of the NPSSP

Policy Strategy	Strengths	Weaknesses	Recommendations
Safety, Efficacy and Quality of Medicines and Related Supplies	▪ PSU involved in a some consultations	▪ Impact of Pharmacy Council has not been felt, could be due to extremely low staffing levels and not recognized. ▪ Not entirely involved in the implementation process	▪ Establish a pharmacy council that will regulate the registration, discipline and practice of pharmacists. ▪ Greater involvement of the implementers in the implementation process.
Strengthening and Enforcement of Regulations		▪ Some of the strategic objectives have not been implemented- Harmonization of the procurement laws was difficult to achieve due to national interest protection	▪ Revise some of the strategies, to measure compliance and enforcement of set guidelines. Certification should go beyond facilities to certifying products- this is applies to manufacturers ▪ Emphasis on regular inspection instead of only annual inspection go beyond inspecting only condoms and gloves, need to inspect all medicines for quality ▪ All medicines and supplies entering the country should be inspected and not only condoms and gloves
Regional and International collaboration			▪ Assess whether national procurement laws support the East African community laws ▪ Strategy should continue and should be fast tracked
Logistics Management for Medicines and Health Supplies	▪ Implementation of the last mile delivery		▪ Strengthen the coordination and collaboration of Pharmacy Division with not only MoH programmes but include Development Partners
Local production of medicines	▪ Under the PPDA law, locally manufactured products have a 15% preference		▪ Enable a sustainable market for locally produced medicines by implementing MOH policy on margin of preference for locally produced medicines in public procurements

Policy Strategy	Strengths	Weaknesses	Recommendations
Human Resource Development	▪ These objectives are being implemented ▪ Operational comprehensive CPE program implemented- CPE programs ongoing- one online and one physical	▪ limited funding to support the scholarships and grants ▪ A comprehensive human resource management plan not developed yet	▪ Review the pharmaceutical logistics curriculum developed
Financing of Medicines	▪ Government commitment to increasing finances for the procurement of medicines	▪ Initial increase from government was high and has now stagnated. ▪ Government has not prioritised financing for laboratory supplies	**Alternative financing mechanisms:** Develop statutory instruments for comprehensive insurance charged by the health facility to the insurance company ▪ Develop a fund for the HIV/AIDS response ▪ Need for a National Quantification comprehensive for EMHS with consensus of all stakeholders to determine the countries need- Currently the quantifications are disease specific. ▪ Expand a standard list of indicator items monitored
Research and Policy Development	▪ Funding is available though not adequate ▪ For Traditional and Complimentary Medicines - Emphasis has moved from testing efficiency (research based) to the product formulation		▪ Alignment of the research agenda to Makerere University College of Health Sciences and Pharmacy Division. ▪ Research publications should be done. ▪ Need to strengthen reporting by sharing reports and briefs with Pharmacy Division.

4 DISCUSSION OF THE FINDINGS

On existence of monitoring tools and systems, the review found that several implementing partners are currently monitoring various components of access to medicines at different stages in the supply chain. The lack of a standard monitoring tool allowed for the existence of multiple tools. And as a result, this has limited data availability and access.

Periodic monitoring of medicines is important in determining national efforts to achieve access to medicines for all. The review found that majority of the respondents are involved in EMHS monitoring and that Ministry of Health monitors six indicator medicines. The HMIS was expanded to include over 30 medicines and the WAOS and m-TRACK systems are currently monitoring ARV medicines, and malaria and medicines for elimination of mother-to-child transmission of HIV (eMTCT) respectively. A number of other EMHS such as laboratory commodities are hardly monitored. To have a wider reaching impact, the respondents felt that a standard list of medicines needs to be developed and the expansion of the current indicator tracer medicines considered.

On monitoring and reporting arrangements, the review found that most respondents relied on the use of routine monitoring (quarterly monitoring) and that there was minimal use of surveys and special studies. However, information sharing was found to be a weak area. Because of poor reporting, a number of the NPSSP indicators remained unreported. It was also noted that data utilisation was mainly for monitoring purposes. Stakeholder engagement through district coordination meetings and technical working group meetings at the national level were coordinated by MoH Pharmacy Division. However, the stakeholders mentioned that the MPM TWG meetings were not frequent enough and that information was rarely shared with the lower level facilities.

Stakeholder ownership of a strategic plan is critical for its successful implementation. The findings showed that there was stakeholder involvement in the development of the NPSSP but limited private sector engagement. A number of the stakeholders had aligned their strategies to the NPSSP. However, the stakeholders felt that weak coordination by MoH Pharmacy Division after the NPSSP II was developed negatively impacted its monitoring and reporting.

5 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The review raised a number of issues requiring operational and policy interventions. Operationally, there should be one standard data collection tool to monitor medicines, based on a list that is broader and more representative of the disease burden and medicine needs. In addition, the need to establish mechanisms to ensure better access, dissemination and use of data is clear. In terms of policy, MoH Pharmacy Division needs to strengthen its coordination role to guide stakeholders during implementation of the NPSSP II, ensure commitment to reporting, and engage stakeholders to review performance and set priorities. As a major stakeholder, the private sector has not been strongly engaged in the NPSSP implementation.

5.2 Recommendations

- There is need to strengthen the M&E of the next NPSSP, to ensure stronger coordination, reporting and feedback between Pharmacy Division and the different stakeholders in the Pharmaceutical sector. This should be done by:
  - Disseminating the NPSSP to ensure that stakeholders meet their monitoring and reporting obligations
  - Conducting annual review meetings to discuss performance, set priorities and utilise information
  - Improving the avenues for stakeholders to have access to information.
  - Submitting regular reports and information to MoH Pharmacy Division
- Standardise the data requirements and develop one standard medicines monitoring tool.
- Revise the number of tracer medicines routinely monitored from current six to a number that is broader and more representative of the disease burden and medicine needs. There is need to include laboratory commodities.
- Engage the private sector in the implementation of the NPSSP

6 ANNEX

6.1 Annex 1: Data Collection Tool

Stakeholder Analysis of the Pharmaceutica

6.2 Annex 2: Stakeholders perspectives

Table 6: Implementing partners' perspectives on the NPSSP implementation

Area	Strengths	Weaknesses	Recommendations
Access and availability of EMHS	a) Improved availability of medicines b) Existence of mechanisms in place to ensure availability of medicines- Kit system, last mile delivery, redistribution strategy, Pull system for high level facilities c) Existence of stock monitoring systems at all levels- Stock Status report at National Level, DSDS	a) Some hard to reach lower health units managing conditions beyond their scope and where referrals can't be arranged call special consideration/waiver to access treatments tagged at higher levels b) Stock outs are still rampant at national and facility level c) Inventory management documentation are a times not available or updated d) Increased population compared to facility capacity e) Push system still causing reluctance to plan for requirements. f) Poor storage facilities at the lower levels	a) Strengthen documentation in order to improve forecasting and procurement at the lower levels b) Improve storage facilities at health facilities c) Address the issue of equity d) Identify alternative options to improve availability of EMHS e) There is need to provide financial support for EMHS capitalization.
Affordability and financing of EMHS	a) A given amount of funds have been ring fenced for facilities based on level of care and quantity of	a) There is no clear sustainability plan in case donor funding comes to an end b) Inadequate medicines financing	a) There is need for government to include the PNFPs in the NMS credit line system or create a special essential drug

Area	Strengths	Weaknesses	Recommendations
	patients seen b) Institutionalization of PHC policy c) Central price monitoring by the MOH d) Financial allocation done centrally e) GoU financing is increased over time f) Donor financing of EMHS g) Availability of a warehouse (JMS) tailored to meet the needs of the PNFP sector where affordability is key.	c) Widespread expiries wastes a lot of resources	programme for PNFPs as it was before b) All roll players (Central warehouses, districts and facilities) need to take responsibility and accountability for expiry of supplies Central warehouses need to be closely monitored. c) Establish a FACTs tracking system d) Identify alternative financing mechanisms- health insurance, equity e) Increase PHC funds to fund other facility cost areas. f)
Safety, efficacy and quality of MHS	a) Existence of a National Pharmacovigilance centre b) NDA carries quality tests to ensure that all medicines and supplies are of high quality, efficacious and safe c) Pharmacovigilance is in place d) Quality of medicines are tested e) Existence of a coordinating body- NDA	a) Inadequate storage facilities especially cold chain at the lower facilities. b) Drug misuse and abuse by both the health workers and the community. c) Porous borders lead to infiltration of drugs with doubted quality d) lack of skilled staff in identifying adverse drug reactions from the patients, e) Poor reporting mechanisms of ADRs f) Limitations in identifying counterfeit/ deteriorated medicines at facility level	a) Strengthen feedback from NDA on reported ADRs b) Strengthen Pharmacovigilance in health facilities c) Strengthen and support NDA functions d) Central warehouse to procure commodities with long shelf lives e) Ensure procurement from licensed sources. NDA to ensure quality of medicines entering the country and increase its in country testing services. Web based ordering for all other EMHS.

Area	Strengths	Weaknesses	Recommendations
Appropriate use of MHS	a) Majorly done in higher level facilities with therapeutic committees b) Rational Medicines use is being strengthened through SPARS mentorship. Guidelines (e.g. UCG, HIV treatment etc.), Essential Medicines list are provided to guide on appropriate prescription and use c) The availability of the national treatment guidelines d) Trainings have been conducted on AMU e) On-job training and mentorship plus regular support supervision visits. Availability of reference materials	a) Reports not shared and the committees rarely meet b) Lower levels don't have these committees c) Inadequate counseling and instructions for the community on drug use. d) Mushrooming drug shops with inadequately trained personnel affects community perception towards rational medicines use e) Poor prescription practices by the health workers. The heavy influence of the private sector f) Limited staff with pharmaceutical training background	a) Ensure all health facilities have an active therapeutic committee. Print and share the treatment guidelines and EMHS list with all health facilities and stakeholders b) Intensify on advocacy on appropriate medicines use for both the health workers and the community. c) Control and monitor drug use in all service providing facilities both public and private d) Need to develop interventions to address AMU .1
Human Resources in the pharmaceutical sector	a) Existence of HR structures b) Staff were seconded by NU-Health to the DHT to support data management c) Task shifting is being used to address gaps d) STAR-E has trained a critical Mass at district level e) The presence of Pharmacists at the RRHS f) Gou effort to increase HRH g) Staff are provided for the department/unit is and for without pharmaceutical	a) Frequent transfers within and outside the health facility and task shifting/multi-tasking requires every health worker in the district is trained b) Not enough staff trained in the area of handling pharmaceuticals, so we resort to training nursing officers and data officers on the basics of managing supply chain c) Some positions are not filled in the DHT and the facilities. E.g. the Assistant drug inspectors in most districts and pharmacy staff in facilities d) Gross understaffing of technical pharmaceutical sector starting from the	a) Continuous training of health facility staff b) Create incentives for pharmaceutical staff to work in hard to reach areas c) Government should proactively advocate and support the training of more technical staff in pharmaceutical sector

Area	Strengths	Weaknesses	Recommendations
	background are oriented. Partners to provide on-job training are available h) Some Pharmacy technicians recruited for the supported facilities	district level down to the facilities. e) Task shifting has been the only option but the staff involved have their core areas of work and often look at pharmaceutical tasks as minor, additional burden and do not have the passion for the task. f) They need facilitation and incentives before they can perform- Attitudinal problem g) Luck of Pharmacy trained staff at the facilities. The dispensing function relegated to the lowest cadre in health care or volunteers. h) Limited staff with pharmaceutical training background	