Attachment B

SURE Program: Activities and Achievements from 2009 to 2013

Policy and regulatory framework: National standards and guidelines have been developed and disseminated to promote evidence-based decision-making in selection and procurement of essential medicines. A national Ugandan Medicines Therapeutic Advisory Committee was established, the Uganda Clinical Guidelines updated (2012), and the Essential Medicines List updated and expanded to include Laboratory and Health Supplies. For the first time the items have been classified according to public health priority as vital, essential and necessary (VEN classification). National Drug Authority inspection criteria were revised to form Good Pharmacy Practice certification standards and inspections extended to include government health facilities. New Good Distribution Practices were developed with NDA to regulate quality of wholesaler services.

Central level capacity and performance**:** MOH coordination and operations have been strengthened. A new central unit in the Pharmacy Division (PD), the Quantification and Procurement Planning Unit (QPPU), now successfully manages national quantification and supply planning of commodities in collaboration with MOH technical program staff. GOU and donor partners, including USG and GFATM, coordinate their procurements according to the national procurement plans. The stock status of key commodities and supplier performance is monitored by QPPU and information reported through the coordination forums for AIDS and Health development partners, MOH technical working groups and related commodity security working groups. The enhanced planning and coordination has facilitated the approval of procurement and supply management plans in GFATM grant applications. The enhanced collaboration also enabled the MOH and partners to work together to develop and implement a rationalization scheme for the HIV supply chain which eliminated the multiple, parallel delivery channels previously operated by MOH and donor partners. Information on broader pharmaceutical sector performance is now readily available through annual pharmaceutical sector surveys, special studies (e.g. assessment of the essential medicines kit-based supply system), and routine monitoring and evaluation carried out by the PD, contributing valuable information to health sector performance reports and MOH decision-making.

District level capacity and performance**:** Logistics management guidelines and tools have been revised and some new ones introduced to streamline and standardize commodity management practices in health facilities. HMIS logistics management information system tools and national Medicines, Laboratory and Health Supplies Management Manual were updated and disseminated. Pharmaceutical Financial Management guidelines and a training curriculum were also developed and implemented to enable district health offices to track and prioritize their EMHS expenditures. Three thousand quality shelving units for medicine stores were procured for 1,970 public and PNFP health facilities to enable staff to appropriately manage their resources.

SPARS: Guidelines, tools and systems were also developed for district and sub health district staff based upon evidence that a combination of performance assessment, regular support

supervision, mentoring in most effective in building knowledge, skills and improving practices. The Supervision, Performance Assessment and Recognition Strategy (SPARS) for medicines management was adopted by the Pharmacy Division as a national program and is being implemented in 105 districts by a network of 456 trained district and health sub-district Medicines Management Supervisors (MMS). The SPARS approach has demonstrated substantial improvements: from baseline to the sixth visit, facility performance on the 25 indicators showed an average 65 percent improvement across the five SPARS areas: storage management, stock management, ordering and reporting, prescribing and dispensing practices. Further, data collected by MMS over 4,000 supervisory visits reveal a strong positive relationship between how well a facility scores on SPARS indicators and the availability of medicines in the facility. Hospitals and HCIVs with the highest performance score (15-20 out of a possible 25) had an average of 90 percent of the 15 tracer medicines available while the poorest performers only had 73 percent of the items available. Among lower level facilities that receive kits the better performers had greater availability of the 15 items (83%) than poorer performers (76%). The data suggests that staff managed their resources differently than did the poorer performers, resulting in fewer stock outs of the tracer medicines. Very importantly, interviews with district and facility staff, conducted as part of the SURE program in May 2013, showed a high level of confidence that these medicine management improvements would continue after the end of SURE because "they now know how to do it". SPARS training and supervision modules specifically for TB (SPARS-TB) and Laboratory (SPARS-Lab) are being developed for roll out this year.

Private-not-for-profit sector supply chain: Joint Medical Store (JMS) is a key supply chain entity, responsible for supplying EMHS to approximately 600 private-not-for-profit (PNFP) largely faith-based facilities that provide subsidized health care across the country. SURE technical and financial support enabled JMS to streamline their warehouse operations and install a new management information system to improve efficiency and planning; establish a structured ordering and distribution system and last mile distribution service using private third party logistics providers to provide better service to existing clients and attract new customers, replacing the previous inefficient cash-and-carry system. As a result, PNFPs will save an estimated $12 million in transport and medicine mark-up costs. In setting up this system JMS is also incentivizing the private transport industry for pharmaceuticals to improve their capacity and quality of service.