



PHARMACEUTICAL SOCIETY OF UGANDA
PSU VIEW ON THE NATIONAL HEALTH INSURANCE BILL, 2019
BILL SUPPLEMENT NO: 10
BILL NO: 27
Gazette No. 38, Volume CXII

GENERAL VIEWS:

1. Lack of inclusivity in the structure

The current structure leaves out the private and community health insurance providers. This results into duplication of regulations for private and risks creation of double standards which may compromise health service delivery

We propose that all health care insurance scheme e.g. Public, Private for profit & Community not for profit, be regulated by the national health insurance scheme with the proposed structure (Ghana, Rwanda, Kenya & Nigeria)

2. The financial structure of the contribution is not adequately defined

The proposed financial contribution structure only considers contributions of the beneficiaries and doesn't mention contribution from government and development partners

In essence contributions from the beneficiaries should be subsidized by government in order to optimize the health care services

3. Lack of reference standards to guide the quality of health care services as a basis for accreditation

There is need to make provision for standards in a health care service provider setting to include; Leadership and accountability, competent and capable staff, clinical care, pharmaceutical care, quality and safety and environment. This should apply across public and private

The proposed provisions and penalties are limited only to private sector providers through requirements by regulatory agencies e.g. National Drug Authority, Medical and Dental Council, Pharmacy Council

4. Inadequate clarity on multiple contributions to the scheme by persons who are both employed and self-employed

The scheme makes it mandatory for employed and any one above 18 years except indigents to contribute to the scheme. This implies that persons who are employed and at the same time self-employed will make double contributions

We propose that they make single contributions



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5. No accountability to the contributors

The scheme only makes provision for the Board to account to the Minister.

There is need to provide for an annual general assembly where the accounts and reports of the board is presented to ensure accountability and transparency the public

6. Lack of decentralization of the scheme management

As observed in current complaint handling mechanism i.e. only stops at regional level. There is need to decentralize this further to the district level

We propose that the role of regional appeal tribunal be expanded to cover management of scheme, investment of funds, set up of district and sub regional offices to increase proximity of the contributors to the scheme and be renamed accordingly. Currently it is at regional level which is inaccessible

7. The scheme does not provide for pharmaceutical services

It is estimated that 60% of the health care budget consist of medicines and health supplies. In addition to ensure optimal and rational use of these products, pharmaceutical services are required. This further safeguards against drug shortages, drug expiries, drug wastage, mitigates anti-microbial resistance and ensures adherence to treatment

Therefore, every service provided are under schedule 1 should include Pharmaceutical services in addition to the medications provided

8. Lack of clarity on value addition from the scheme

The services and provision in the bill relate to what is already being provided and therefore creates an impression of the scheme that the only change is the source of funding from government to beneficiaries/contributors

Additional services should include increased access to advanced diagnostic techniques such as CT scan, MRI and others; expanded list of medicines beyond the essential medicine list; capacity building to increase facility staffing, improved trainings of staffs in different specializations and enhanced incentives and salaries to retain them; increased investment in health facility infrastructures



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9. Scope of services provided by accredited health facilities not provided

Schedule 1 of the bill provides for the services provided by the public health facility

We suggest that another schedule be created for accredited health facilities which includes private/ not for profit hospitals, medical centers, pharmacies, diagnostic centers and others

10. Lack of provision for preventing potential for monopoly by accredited service providers

We propose that there should be limits in the number of outlets per accredited service provider

11. Definition of employer

The bill only defines employer to be Government and Local Government leaving out private companies and enterprise.

We propose that the bill clearly defines employer

12. Accountability

Although the proposed bill provides accountability within three months after the end of each financial year among others, the bill doesn't provide for a mechanism through which contributors (Subscribed members) engages the managers of the scheme fund.

We propose that the bill provides for engagement of the board through Annual General Meeting just like the case in National Social Security Fund



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No	Section 2 Interpretation	Issue Pharmaceutical Services not define	Amendment Definition: It's the science, art and practice of a pharmacy professional as defined by council of the pharmaceutical of Uganda from time to time	Justification Pharmaceuticals services be part of the services provided by the scheme
No	Part 111 Section 8 (2) The Board of Directors of the Scheme	Issue Composition of Board of Director is not representative	Amendment Include key stakeholder; Chair as stipulated in this bill Rep. Medical and Dental Professional Rep. Pharmacy Professional Rep. of Health Insurance Association Rep. Labor Union Rep. Ministry of Finance Rep. Ministry of Health Rep. Ministry of Labor An advocate. Rep. Private Health Association At least 30% are Women	Justification Key stakeholders have been left out <i>(Bench marked on best practice from Ghana)</i>



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No	Part 111 Section 8 (4) The Board of Directors of the Scheme	Issue Appointment of Board is by Minister of Health	Amendment Appointments be done by Prime Minister or by Order of the President	Justification Because of the cross nature of the scheme. For instance cuts across Ministry of Health, Finance, Local Government, Gender Labor and Social Development (Ref. to NHIS of Ghana, Rwanda)
	Section 9	Issue Conflict of interest not catered for	Amendment Change the sub title to read “Disqualification and disclosure of interest”. And create Sub section 9(1) which is currently proposed in (a) & (b) of the bill to read: Disclosure of interest: A member of the Board who has an interest in a matter for consideration (a) shall disclose the nature of the interest and the disclosure shall form part of the record of	Justification How to deal with conflicts of interest is not catered for in the bill. (Ref. to Section 7 of Ghana NHIS)



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			<p>the consideration of the matter; and</p> <p>(b) Shall not be present or participate in the deliberations of the Board in respect of that matter.</p> <p>9(2) to cater for conflict of Interest as proposed below</p> <p>A member ceases to be a member of the Board, if that member has an interest in a matter before the Board and (a) fails to disclose that interest, or (b) is present or participates in the deliberations of the matter</p>	
No	Section 13 Powers of the Board	Issue In this part of the proposed bill, powers of the Board in regards to setting standards for accreditation are not clear	Amendment One of the functions of the Board is to ensure that the available standards for the services to be provided by the scheme are followed prior to accreditation	Justification You can't accredit unless you have standards Improve standards of service as one of the objectives of the board



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No	Section 15 Committees of the Board	Issue Committees of the Board not specified in proposed bill	Amendment Key committees should be defined in this bill with clear roles	Justification Some agencies are already doing the same roles, so there is need to be conversant of roles being played by other stakeholders <i>(Ref Ghanaian Law)</i>
No	Section 22 (1) Contributions by salaried employees	Issue Only employees are contributing therefore they are burdened	Amendment Employer should also contribute	Justification To relief employees of the burden <i>(Ref to Ghana NHIS and Rwanda)</i>
No	Section 26 (4) Benefits under the Scheme	Issue No limit on the cost of service	Amendment Section should be deleted	Justification The bill should provide access to medical services for all without limitation as supported by the Universal access to health care services



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No	Section 27 (4) Payments for benefits	Issue The period of payment of 60 days is too long	Amendment Propose 30 days payment period	Justification Longer payment period will compromise services
No	Section 28 (3) Reserves and investments	Issue There is no policy to guide reserve and investment of the scheme	Amendment Whereas a decision shall be made by the minister of Finance to invest reserve funds priority should be put on investing on facility physical infrastructures, equipment and service in the health sector	Justification Health facilities require funding to improve existing infrastructures, equipment and service in the health sector
No	Section 37(3) Health care providers	Issue Pharmacy is not distinctly mentioned in this section	Amendment Add pharmacy	Justification Pharmacies will also be providing services
No	Section 39 (5) Accreditation committee	Issue Professional regulatory bodies who are charged	Amendment Accreditation should be consultative with professional	Justification Ensure quality standard in the services



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		with ensuring standards are not included in accreditation processes	body	
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No	Section 41 (3) Safeguards against over and underutilization of health care	Issue No regulation or guidance on control of prices for the services under the scheme	Amendment <i>Add sub section 3</i> (f) Medicine and other commodities tariffs (g) Essential medicines lists (h) Service tariffs (i) Data privacy & Security	Justification To control and standardize the cost of medicines and commodities provided across by scheme service providers. Service provision must fall in certain price range <i>(Bench mark Ghanaian NHIS and Rwanda)</i>
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No	Section 56 Authorized officers	Issue Roles of authorized persons in the bill is already catered for by secretariat functions and committees	Amendment This section to be delete	Justification There is duplication of work since the powers invested in the board and the secretariat are being done by secretariat and therefore can lead to conflict
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